# Chapter Four: Children and Young People

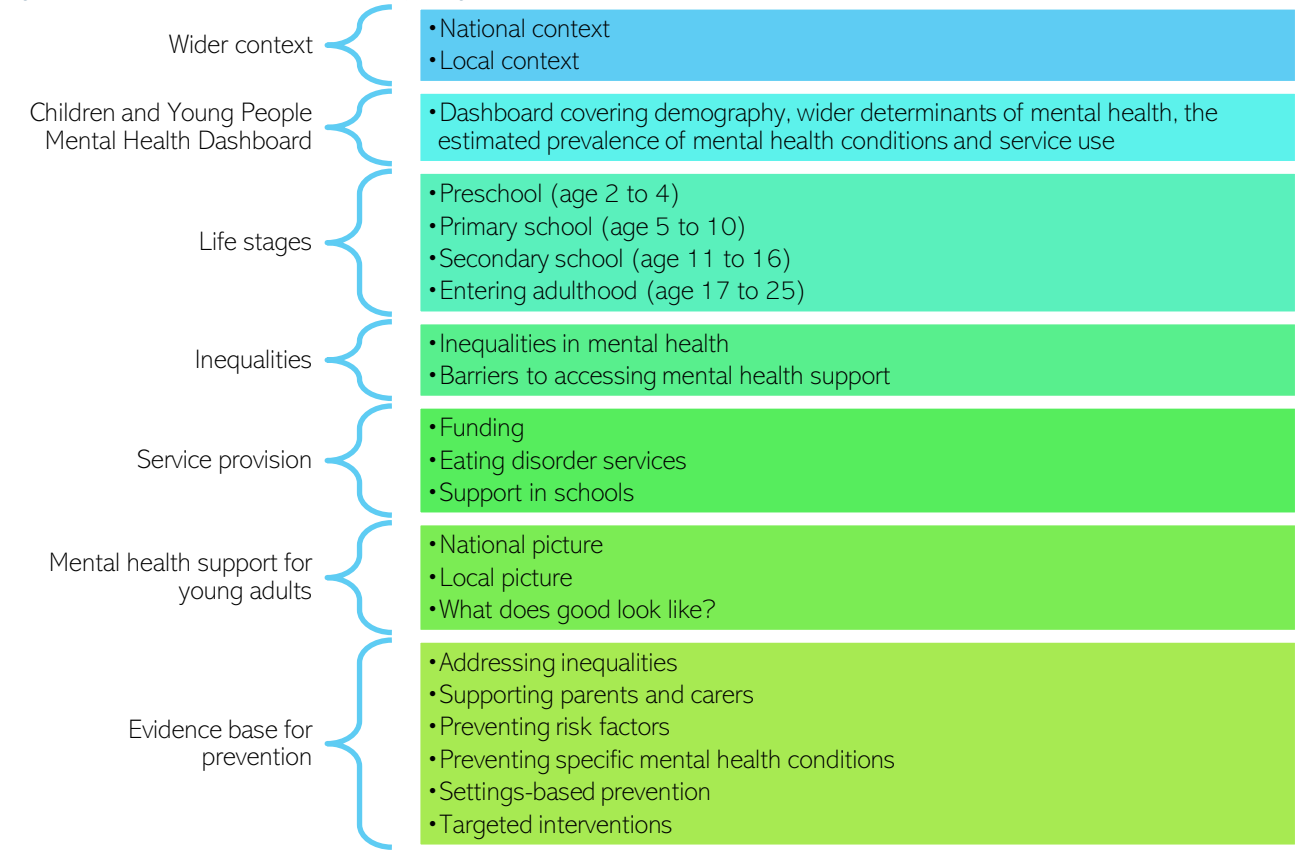
*Note on terminology: Children are defined as individuals aged 2 to 14, young people as 14- to 25-year-olds. Young adults are defined 18- to 25-year-olds, a subset of the young people* (Pari, 2022).

This chapter explores the mental health needs of children and young people in Cambridgeshire and Peterborough across four key transition points in their lives: preschool, primary school, secondary school and entering adulthood. Experiencing poor mental health can have a substantial impact on young people's lives, including on relationships, educational outcomes, employment and life expectancy. Half of all mental health conditions become established before age 14, and 75% by age 24 (Kessler et al., 2005), although treatment does not usually start until many years later (Kessler et al., 2007). This highlights the importance of preventing mental health conditions, which is also covered in this chapter.

This chapter builds on the Cambridgeshire and Peterborough's children and young people's mental health strategy 2022 - 2025, and covers:

- Local and national context of children and young people's mental health
- Transitions across the ages: preschool, primary school, secondary school, and entering adulthood
- The evidence base for promoting good mental health
- Groups facing inequalities in mental health and barriers to accessing mental health support
- Service provision, with a focus on funding, eating disorder services and support in schools
- Mental health support for young adults

*Figure 1: Structure of the children and young people's chapter of the mental health needs assessment*



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# Wider Context

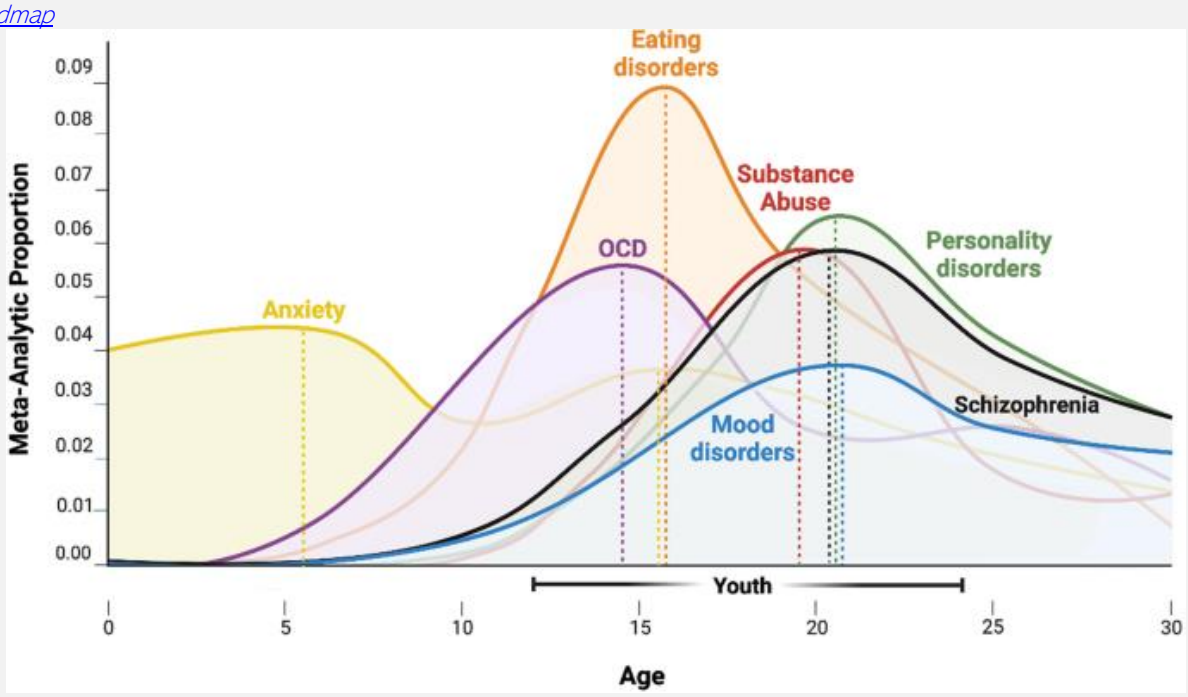
## National context

- Half of all mental health conditions become established before age 14, and 75% by age 24 (Kessler et al., 2005).
- There has been a substantial rise in the number of children and young people in England who have diagnosable mental health conditions. In 2017, 1 in 9 children aged between 5 and 16 had a probable mental health condition; but 2021, this had risen to 1 in 6 (NHS Digital, n.d.) (*note that this survey did not give a full assessment of mental health, and instead estimated the likelihood that a child or young person had a mental health condition, classifying this as either: unlikely, possible or probable).*
- Rates of mental health illness are higher than before the COVID-19 pandemic (NHS Digital, 2022), with one estimate suggesting that 1.5 million children and young people (under 18s) in England will need new or additional mental health support as a direct result of the pandemic (O'Shea, 2020).
    - Disruptions to everyday life and the support systems children and young people rely on (including at home and at school) during the pandemic worsened the mental health of some children and young people, which could impact them in later life (Samji et al., 2022a).
    - The impact of the pandemic on children's and young people's mental health has not been the same for everyone and is likely to exacerbate existing inequalities in mental health (Newlove-Delgado et al., 2022).
- The cost of living crisis is impacting thousands of families, with many young people feeling the impact of financial stresses (Mental Health Foundation, 2023). A national survey of parents and carers carried out in 2022 found that 85% were concerned about how the cost of living crisis will affect their families in the next year (The Children's Society, 2022).
- Even before the COVID-19 pandemic and the cost of living crisis, specialist mental health services for children and young people were not keeping up with increasing demand, leading to growing waiting lists (Royal College of Psychiatrists, 2021b).

What is the age of onset of mental health or neurodevelopmental conditions? (Solmi et al., 2022)

A meta-analysis of studies on this subject found that the median age of onset of mental health conditions is 18 years (with the interquartile range between age 11 and 34). This highlights the importance of identifying risk and mitigating mental health problems in children and young people; as well as ensuring that mental health services are accessible at this crucial age range.

*Figure 2: Age of onset of mental disorders. Image source: Towards a youth mental health paradigm: a perspective and roadmap*




The age of onset varies by condition. This meta-analysis found that there was generally little difference between studies that defined 'onset' by first symptoms, first diagnosis or first hospitalisation; other than symptoms presenting many years before first diagnosis for substance use/addictive behaviours (median 9 years earlier) and mood disorders (median 8 years earlier).

*Table 1: Age of onset of mental health and neurodevelopmental conditions. Adapted from:* (Solmi et al., 2022)

| | Median onset (IQR) | % onset by 14 | % onset by 18 | % onset by 25 |
|---|---|---|---|---|
| Anxiety/fear-related | 17 (9 – 25) | 38.1% | 51.8% | 73.3% |
| Feeding/eating disorders/problems | 18 (15 – 23) | 15.8% | 48.1% | 82.4% |
| Mood disorders | 31 (21 – 46) | 2.5% | 11.5% | 34.5% |
| Neurodevelopmental conditions | 12 (7 – 16) | 61.5% | 83.2% | 95.8% |
| Obsessive-compulsive/related | 19 (14 – 29) | 24.6% | 45.1% | 64.0% |
| Personality disorders/ related traits | 25 (20 – 33) | 1.9% | 9.6% | 47.7% |
| Schizophrenia spectrum disorders / primary psychotic states | 25 (20 – 34) | 3.0% | 12.3% | 47.8% |
| Substance use/addictive behaviours | 25 (20 – 41) | 2.9% | 15.2% | 48.8% |

## National strategies

There has been increasing awareness of the importance of children and young people's mental health over the past 10 years. As summarised in this research briefing, national strategies have focused on prevention and early identification, as well as improving access to mental health services.

*Table 2: National context for children and young people's mental health*

| Year | Policy | Summary |
|---|---|---|
| 2015 | Future in Mind | Highlighted the importance of prevention and early identification; as well as coordinated support and the promotion of good mental health amongst children and young people. |
| 2017 | Transforming children and young | Highlighted the importance of giving every child the 'best start in life', including by protecting and improving children's mental health, and taking a whole family |

| | | |
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| | people's mental health provision | approach. It proposed the introduction of designated mental health leads in all schools, new mental health support teams and trialling reduced waiting times for specialist mental health services. |
| 2019 | NHS Long Term Plan | The NHS Long Term Plan laid out the national policy for improving the healthcare system, from 2019/20 to 2023/24. It set out the following priorities relating to children and young people's mental health (Cambridgeshire and Peterborough Integrated Care System, 2022e):<br>• Test approaches that could deliver four week waiting times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist MH services.<br>• Boost investment in children and young people's eating disorder services to continue seeing 95% of urgent cases within 1 week, and within 4 weeks for non-urgent cases.<br>• With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, 7 days a week by 2023/24.<br>• Extension of New Models of Care/Provider Collaboratives continue to drive integrated pathways.<br>• Develop digitally enabled care pathways for children and young people in ways which increase inclusion.<br>• By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access NHS-funded mental health services.<br>• Mental Health Support Teams (MHSTs) working in schools and colleges – early intervention and whole school approach across 20-25% of country by 2023.<br>• Additional investment in Youth Justice services.<br>• Reduced waiting times and increased support for children and young people with learning disabilities and/or autism<br>• 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services |
| 2020 | Advancing mental health equalities strategy | • Set out key actions NHS England will take to reduce mental health inequalities, in terms of supporting local health systems, data and information and workforce. |
| 2023 | Suicide prevention in England: 5-year cross-sector strategy | • Aims to reduce the suicide rate over the next five years; to improve support for people who have self-harmed; and to improve support for people bereaved by suicide<br>• Focus on providing targeted support to children and young people<br>• Highlighted the need to focus on key transition points, including the transition from children and adolescent mental health services to adult mental health services |

## NICE guidelines

The National Institute for Health and Care Excellence (NICE) offers clinical guidelines and quality standards for recognising, diagnosing and managing a wide range of mental health and neurodevelopmental conditions in children and young people. A review of NICE guidance and the evidence-base for treatment mental health conditions for children and young people (up to age 18) was carried out in 2022.

Key guidance covers:

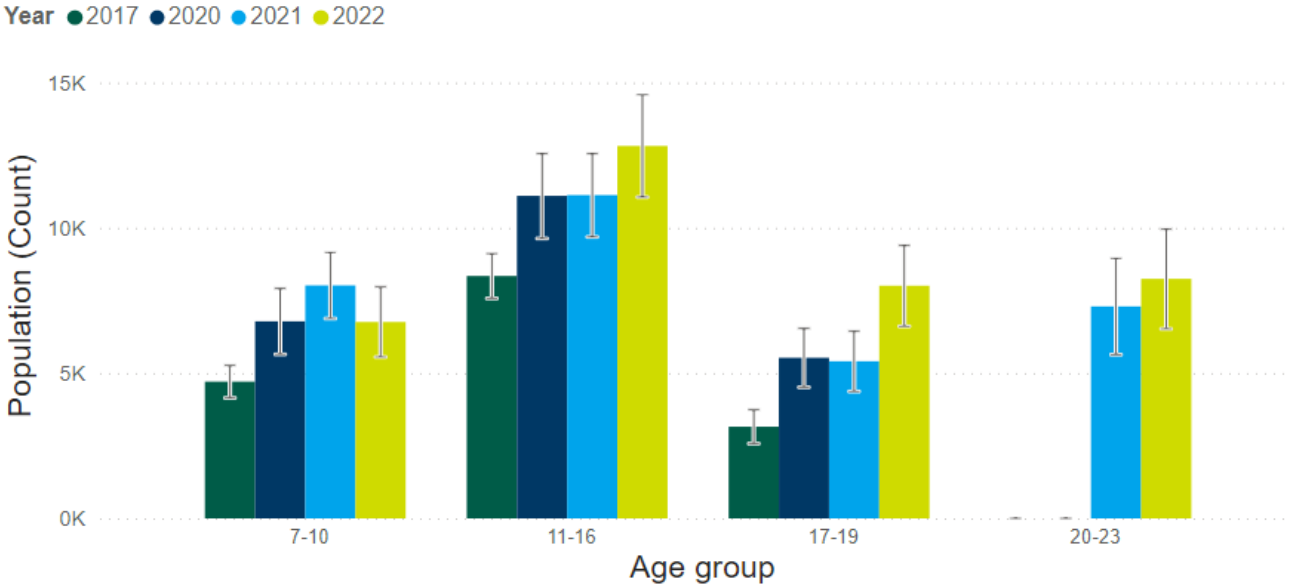
- ADHD guidance

- Antisocial behaviour and conduct disorders in children and young people: recognition and management guidance and quality standard
- Anxiety disorders quality standard
- Autism national guidance and standards
- Bipolar disorder, psychosis and schizophrenia in children and young people quality standard
- Depression in children and young people guidance and depression in children and young people quality standard
- Eating disorders guidance
- Psychosis and schizophrenia in children and young people: recognition and management guidance
- Self-harm: self-harm in over 8s: long-term management guidance, self-harm quality standard, and self-harm in over 8s - short-term management and prevention of recurrence guidance
- Social anxiety disorder guidance
- Social, emotional and mental wellbeing in primary and secondary education guidelines
- Transition from children's to adults' services for young people using health or social care services

## Local context

Children and young people (aged 0 – 24) made up 29.5% of the population of Cambridgeshire and Peterborough in 2021 (Office for National Statistics, 2022b). Based on the national NHS Mental Health of Children and Young People Surveys (NHS Digital, 2022), it is estimated that there are 35,841 children and young people (aged 7 – 23) in Cambridgeshire and Peterborough with a mental health condition (95% confidence interval: 29,750 – 41,931). There are almost 4,000 more children and young people in in our local area with a mental health condition in 2022 compared to 2021.

*Figure 3: Estimated number of children and young people in Cambridgeshire and Peterborough with a 'probable' mental health condition. Data source: dashboard*




*Note that estimates for young people aged 20 to 23 are not included for 2017 and 2020, as national data did not include this age group. This survey did not give a full assessment of mental health, and instead estimated the likelihood that a child or young person had a mental health condition, classifying this as either: unlikely, possible or probable.*

It is also important to note that co-morbidity (multiple mental health conditions) is relatively common. For example, depression and anxiety often co-occur in young people (Cummings et al., 2014).

Why has there been a rise in the number of children and young people with a diagnosable mental health condition?

- The reasons behind the rise of mental illness in children and young people are likely to be complex. Some factors that may be contributed include increases in poverty among children and young people, greater pressures on families and family dysfunction, and pressures on young people such as an increasing exam-oriented school system (Parish et al., 2020).
- On top of this, demand for mental health services is rising more quickly than the actual prevalence of mental health conditions. This may be due to greater awareness and openness around mental health, greater levels of lower-level mental health need which do not meet criteria for a diagnosable mental health condition, and the reduced capacity of universal services to support mental health needs after a prolonged period of austerity (Parish et al., 2020).

There is also the impact of the COVID-19 pandemic. A review of global research identifying many reports of increased depression, anxiety and psychological distress in children and young people over time since the start of the pandemic (Kauhanen et al., 2023).

## Local strategies

Cambridgeshire and Peterborough's children and young people's mental health strategy 2022 - 2025 is the most recent local strategy for children and young people's mental health. A series of reports were published to support this strategy, which covered priorities, a needs profile, service mapping, stakeholder insights, and strategic connections. The priorities were used to guide this chapter of the mental health needs assessment. It also built on the findings of the East of England Children and Young People's Mental Health Needs Assessment, which was completed in 2022 (Pari, 2022).

### Cambridgeshire and Peterborough Health and Wellbeing and Integrated Care Strategy

The Health and Wellbeing and Integrated Care Strategy (2022-2030), developed by the Joint Health and Wellbeing Board of Cambridgeshire County Council and Peterborough City Council, aims to improve the health and wellbeing of the local population. It has three main goals:

a) Increasing the number of years people spend in good health
b) Reducing inequalities in preventable deaths before age 75
c) Achieving better outcomes for our children

This strategy set four priorities for achieving these goals:

1) Our children are ready to enter and exit education prepared for the next phase of their lives
    a. Increase the number of children who show a good level of development (school readiness) when they enter education.
    b. Reduce the number of 16- to 17-year-olds not in Education, Employment or Training (NEET).
    c. Reduce inequalities in both these outcomes.
2) Create an environment for people to be as healthy as can be
    a. Achieve a 5% decrease in childhood overweight/obesity by 2030.
    b. Reduce childhood overweight/obesity to pre-pandemic levels by 2026.
    Reduce adult overweight/obesity levels in pre-COVID-19 times by 2030.
    c. Every child in school will meet the physical activity recommendations.
    d. Achieve a 10% increase in the number of adults who undertake 150 minutes of physical activity per week by 2030.
    e. Reduce inequalities in overweight/obesity.
3) Reducing poverty through better employment, skills and housing
    a. Reduce relative poverty, for example the proportion of children living in relative poverty.
    b. Deliver improved quality and availability of housing that meets health and wellbeing needs, for example increasing the supply of affordable housing for key workers and the proportion of local people in safe and secure accommodation.
    c. Achieve improved employment opportunities and outcomes, for example through better jobs and employability skills provision.
4) Promoting early intervention and prevention measures to improve mental health and wellbeing

a. Increase the proportion of children and young people who score a high mental wellbeing score on the annual school survey (as measured using the Warwick-Edinburgh Mental Well-being Scale).
b. Increase the proportion of adults who report a 'good' or 'very good' score for their life being worthwhile in 2030 compared with 2021/22.
c. Reduce the proportion of children and young people who need to be referred to mental health services.
d. Increase understanding of what people can do, and what choices they can make, to best support their wellbeing and the wellbeing of those they care about.
e. Improve awareness of where and how people can access help and information to prevent mental health problems escalating.

## Other relevant strategies and reports

Other strategies and needs assessments in Cambridgeshire and Peterborough have outlined mental health need.

*Table 3: Local developments in strategy and understanding of children and young people's mental health*

| Year | Strategy/report | Summary |
|---|---|---|
| 2015 | Local Transformation Plan 2015 - 2021 | • Provided a 'collective vision for Cambridgeshire and Peterborough to address the emotional and mental health needs of its children and young people's population' (Cambridgeshire and Peterborough Integrated Care System, 2022e). |
| 2015 | Corporate Parenting Strategy 2015 - 2018 | • Focused on 5 key areas, including ensuring young people in care have good health and wellbeing.<br>• Set a target that 90% of children have a health assessment within 20 days of entering the care system. |
| 2019 | Mental Health and Wellbeing Pre-birth to Age 25 years Needs Assessment November 2019 | • Estimated that there were 34,000 children and young people with a mental health condition in Cambridgeshire and Peterborough in 2019 and that this would increase by 10% by 2024.<br>• Produced a detailed data pack, which highlighted groups of children and young people at greater risk of experiencing poor mental health.<br>• Identified priority areas where Cambridgeshire and Peterborough performed worse than the national average, including hospital admissions due to self-harm, numbers of 'children in need' due to abuse or neglect, the proportion of 16- to 17-year-olds not in education, employment or training (NEET) in Peterborough. |
| 2019 | Making SEND everybody's business (2019 – 2024) | • Set three key priorities: that special educational needs and/or disabilities (SEND) is everybody's business; identifying and responding to needs early; and delivering in the right place at the right time.<br>• Highlighted multiple 'key concerns', including: the need to ensure SEND is not just the concern of a few, the lack of co-ordinated offer at transition points from services working together, and the need for more robust joint commissioning processes.<br>• Targets around mental health included that the number of children and young children with a diagnosable mental health condition receiving treatment increases in line with NHS targets. |
| 2019 | Best Start in Life Strategy 2019-2024 | This strategy aims to improve life chances of young children (from conception up to age 5):<br>• It highlighted inequalities across Cambridgeshire and Peterborough (such as for children taking free school meals). Whilst there are a range of services available for families, best practice is not available for all and there is a need for a more integrated approach.<br>• Highlighted key gaps in mental health services: lack of integration, training for professionals in schools, and a lack of staff training in both |

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| | | physical and mental health. Also raised issue of long wating lists and challenges faced by those who do not meet service thresholds. |
| 2019 | Health and Wellbeing Strategy 2019 - 2024 | This strategy identified helping children achieve the 'best start in life' as key priority. One outcome for measuring this was 'developing an integrated approach for older children and adolescents. |
| 2021 | Children and Young People's Mental Health and Wellbeing Local Transformation Plan: 2021 refresh and overview of 2015 - 2021 | This report reflects on local progress towards the recommendations of the Five Year Forward View for Mental Health. It highlighted the following risks:<br>• Increase in demand and acuity across all areas of need, and longer waiting times due to increased demand.<br>• Challenges of sufficiently skilled workforce.<br>• Uncertainty of future demand and long-term impact of the COVID-19 pandemic.<br>• Challenging health and social care landscape.<br>• Ensuring sufficient funding is available to address current demand and historic funding shortfalls. |
| 2021 | Strong Families, Strong Communities; Cambridgeshire and Peterborough Early help strategy, 2021 | Early Help provides multiagency support for families. This strategy outlined four goals for Early Help, including providing earlier support for children and young people experiencing poor emotional wellbeing to stop issues from becoming entrenched. |
| 2022 | 07-2022 Covid Impacts and Needs Assessment Evidence Pack 2 | Reviewed the impacts of COVID-19 on children and young people, including the mental health impacts. National data indicated that the initial lockdown had a strong negative impact and increased social isolation; and local data from Cambridgeshire schools showed that students had poorer wellbeing compared to before the pandemic. |

Other local strategies that are not specifically focused on children and young people's mental health, but are highly relevant to this topic, include:

- Think Communities
- All Age Carers Strategy Refresh 2018 - 2022
- Cambridgeshire County Council's commitment to tackling poverty & improving social mobility 2019
- Cambridgeshire and Peterborough Health Inequalities Strategy (2020)
- Cambridgeshire and Peterborough All-Age Autism Strategy 2021-2026
- Suicide Prevention Strategy 2022 – 2025

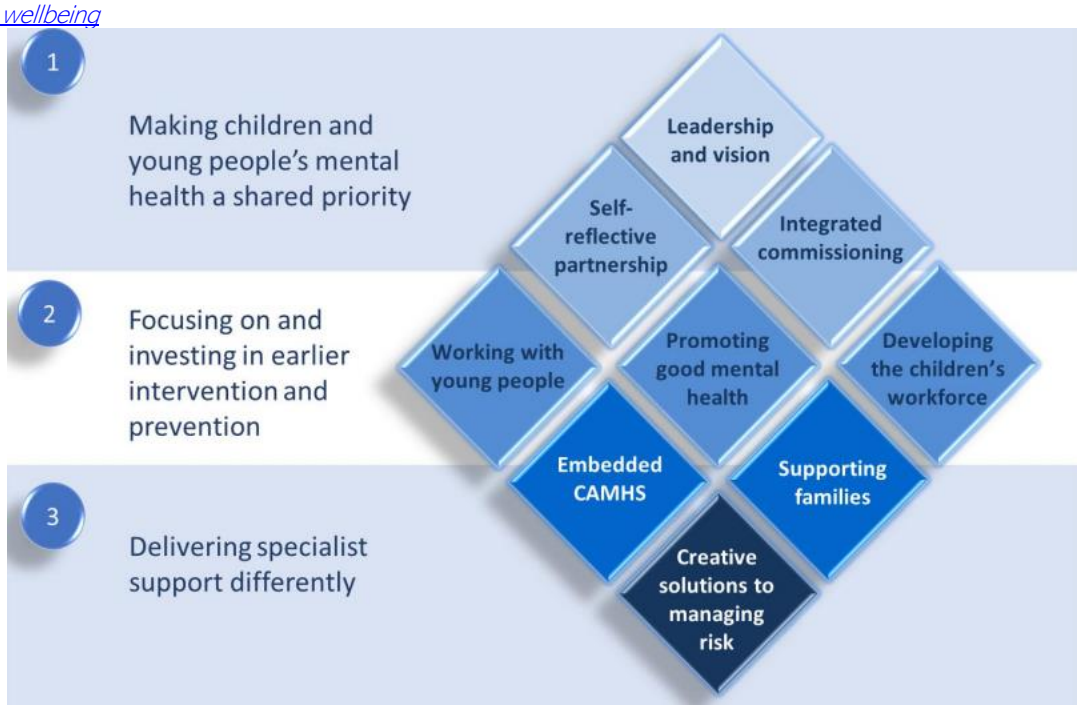
## How can local partners work together effectively to support children and young people's mental health and emotional wellbeing?

A report commissioned by the Local Government Association in 2019 identified three ways of working and nine key enablers to improving children and young people's mental health and emotional wellbeing (Parish et al., 2020). These are summarised below (Parish et al., 2020):

1) Making children and young people's mental health and wellbeing a shared priority
    a. Leadership and vision: political leaders who advocate for children and young people's mental health; and senior officers and leaders promoting partnership working across the system.
    b. Self-reflective partnership: robust governance structures with a clear agreement of what partnerships aim to achieve. Partnerships should be built on trusting relationships.
    c. Integrated commissioning: shared commissioning plans and objectives between local authorities and the ICS, to create a good environment for spending decisions.
2) Focusing on and investing in earlier intervention and prevention
    a. Working with young people: meaningful inclusion of young people at each level of the system, from service feedback to shaping system priorities.

   b. Promoting good mental health: working with universal services, such as perinatal services, schools and youth centres, was thought to be key for prevention and earlier intervention.
   c. Developing the children's workforce: equipping professionals who work with children, such as staff in nurseries, schools and youth services, with the skills and knowledge to have supportive conversations about mental health with children and young people.
3) Delivering specialist support differently
   a. Embedded child and adolescent mental health services (CAMHS): integrating specialist mental health expertise in the delivery of key services supporting children and young people.
   b. Supporting families: holistic family-based support, such as around parental conflict and parental mental health conditions.
   c. Creative solutions to managing risk: exploring how best to support children and young people with complex mental health or emotional challenges, whose needs may not always be met by traditional approaches offered by CAMHS.

*Figure 4: Themes for establishing an effective partnership-based approach to supporting children and young people's mental health. Image source: Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing*




## Additional Resources

- State of the nation 2022: children and young people's wellbeing
- Children and young people's mental health: An independent review into policy success and challenges over the last decade
- Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing

# Evidence base for prevention

This section focuses on the evidence around preventing the development of mental health conditions. Preventing difficulties developing into diagnosable mental health conditions can reduce the impact of poor mental health on children and young people and limit the costs of treatment (Clarke et al., 2021).

- Promoting children and young people's mental health and wellbeing will have a positive impact on their cognitive development, learning, physical health, and social and economic prospects in adulthood (Public Health England, 2019b).
- Contrastingly, poor mental wellbeing at this age increases the likelihood in later life of mental health problems, harmful drug and alcohol use, and involvement in criminal activity (Public Health England, 2019b).
- Upstream interventions for mental health are the most cost-effective approach and have been shown to reduce pressure across the healthcare system, from GPs to accident and emergency departments (Children and Young People's Mental Health Coalition & Centre for Mental Health, 2022). Lost opportunities for intervention in early childhood have been estimated to cost England £16.1 billion in 2018/19 alone (Centre for Early Childhood, 2021).
- Key elements of universal mental health programmes aimed at children and young adults are psychoeducation, problem-solving, communication skills and insight building; all of which are likely to be important for interpersonal development and good mental health (Boustani et al., 2020).

This subsection of the needs assessment is based on Campion's 2012 review of public mental health (Campion, 2019).

*Figure 5: Evidence-base for preventing poor mental health and promoting good mental wellbeing. Adapted from:* (Campion, 2019)

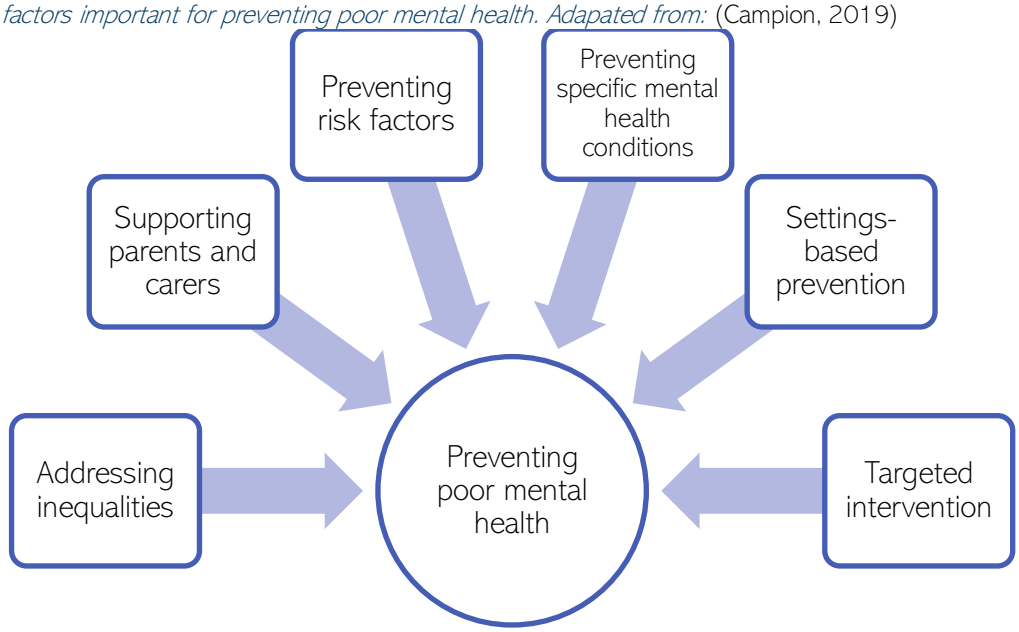

Other relevant reports about the prevention of poor mental health and promotion of good wellbeing include:

- NHS East of England has recently produced a report on 'Children and Young People's Mental Health: Early Intervention and Prevention Programmes', a review on universal and targeted interventions and practical considerations for these interventions.
- Digital approaches may be useful in preventing poor mental health. A more detailed review of digital interventions for children and young people's mental health is currently being undertaken by the NHS East of England team and will be available to access in Summer 2023.
- The World Health Organisation's Helping Adolescents Thrive toolkit suggests strategies and implementation approaches to promote and protect children and young people's (aged 10 – 19) mental health (World Health Organisation & Unicef, 2021).
- Public Health England's framework identified six principles to shape thinking about young people's health and wellbeing, and placed relationships at the centre (Public Health England, 2015).

- The Local Government Association's report on case studies of 'whole household' approaches to young people's mental health, which involve families in support (Local Government Association, 2023).

The following factors are important for preventing poor mental health: addressing inequalities, supporting parents and carers, preventing risk factors, preventing specific mental health conditions, settings-based prevention and targeted intervention.

*Figure 6: Six factors important for preventing poor mental health. Adapated from:* (Campion, 2019)




Local people (children and young people, parents and professionals) in the East of England highlight that prevention of mental health difficulties and the promotion of good mental health as a top priority for mental health services (Howarth et al., 2019).

## Addressing inequalities

The evidence base on reducing mental health inequalities for children and young people is covered in chapter 2 of this needs assessment.

## Supporting parents and carers

Children's relationship with their parents or carers has a major impact on their social and emotional wellbeing. Loving and trusting relationships, connection and feeling supported are all associated with positive wellbeing; whilst parental mental health conditions, family breakup and hostility are associated with negative wellbeing (Public Health England, 2019b).

- The 'foundations of good mental health are put in place before a child is even born' (Children's Commissioner, 2022). Evidence-based interventions to promote good mental health during this time period include minimising alcohol consumption during pregnancy (Gilinsky et al., 2011), and interventions improving the outcomes of parental mental health conditions (National Institute for Health Care Excellence, 2016). More detail is given on this in the chapter on perinatal mental health.
- Parenting programmes can help to improve parental mental health and child emotional outcomes; and prevent children from developing mental health conditions, including anxiety disorders (Campion, 2019; Yap et al., 2016)
    - Meta-analyses suggest that parent-led and brief parenting interventions (lasting under 8 sessions) can be effective for children who have, or are at risk of having behavioural problems (Tarver et al., 2014; Tully & Hunt, 2016). These approaches may be useful when expanding the reach of parenting interventions.

    - The Golden Threads project is carrying out a systematic review of interventions that promote young children's mental health or related parenting outcomes. This project will identify common elements of these interventions, as well as important delivery and implementation factors. Findings will be published in August 2024.
- A review of 'what works to enhance inter-parental relationships and improve outcomes for children' identified many international interventions with had positive impacts on relationships between parents and child outcomes. It highlighted the importance of targeting both parent-child and couple relationships for sustaining positive outcomes for children in cases on ongoing parental conflict (G. T. (Gordon T. Harold et al., 2016).

A national report found that parents describe a range of benefits after attending parenting programmes. This included improvements in behaviour for children with severe behavioural problems, reductions in family stress levels and better parental mental health; although maintaining this progress could be challenging. Some children and parents with multiple and complex needs reported needing ongoing support (Khan, 2018).

***What is the local picture?***

- Parenting programmes are offered across Cambridgeshire and Peterborough and cover a host of topics such as Stepping Stones, a parenting course for parents with children who have SEND or ADHD, and courses for parents raising teenagers (Hedges et al., 2019).
- There is a range of universal and voluntary and community sector services supporting new and expectant parents, including the Healthy Child programme and Family Hubs.

## Preventing risk factors

Almost a third of all mental health conditions in adulthood are directly connected to an adverse childhood experience (ACE) (Kessler et al., 2010). Preventing adversity is therefore key to improving population mental health.

- Prevention of child abuse falls under child protection, which is covered by a range of legislation and NICE guidelines (NICE, 2017a). These guidelines highlight the importance of safeguarding vulnerable children and early interventions to address child abuse and maltreatment (NICE, 2017a).
- There are NICE guidelines on identifying, preventing and reducing domestic violence and abuse, including in young people (National Institute for Health and Care Excellence, 2014).
- Evidence-based approaches to reducing child maltreatment and abuse include education for new and expectant parents, home visiting programmes, and parent training programmes (Campion, 2019).
- School-based programmes can reduce bullying, violence and students' knowledge about sexual abuse prevention (Campion, 2019). All state schools in the UK are required to have a policy for bullying prevention.
- The World Health Organisation identified seven strategies for ending violence against children in their INSPIRE report (World Health Organization, 2016).
- Evidence also shows effective approaches to mitigating the impact of adversity in children and young people, as detailed in a report by the Department of Health and Social Care Reviews Facility (Lester et al., 2019).
    - Some evidence suggests that psychological interventions (cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR)) can prevent and treat post-traumatic stress disorder (PTSD) and lead to a short-term reduction in symptoms in children and young people who have undergone a traumatic event (Gillies et al., 2016).
    - Supportive and trusted relationships with adults are particularly important for children who have experienced adversity. The health impact of experiencing 4 or more ACEs is mitigated by having continuous support from an adult figure in childhood (Bellis et al., 2017).

Other important risk factors for poor mental health include physical activity, which a meta-analysis has shown is linked to improvements in children's mental health (Ahn & Fedewa, 2011). Physical activity interventions in children and young people (aged 10 to 21) have small to moderate impacts on externalising and internalising problems (Spruit et al., 2016).

***What is the local picture?***

- Children's social care services in Cambridgeshire and Peterborough are responsible for safeguarding children and child protection
- Early Help is a council run service offering support to families that need additional support but that do not reach social care thresholds. Service user data is included in the Children and Young People's Mental Health Strategy (Cambridgeshire and Peterborough Integrated Care System, 2022d).

## Preventing specific mental health conditions

Some interventions have been shown to help prevent specific mental health conditions in children and young people, including anxiety and depression, conduct disorders, eating disorders, and self-harm and suicide.

*Table 4: Evidence base for prevention of mental health conditions in children and young people. Adapted from:* (Campion, 2019)

| Condition | Evidence base for prevention |
|---|---|
| Anxiety and depression | • Universal interventions (Ahlen et al., 2015), including school-based approaches (Durlak et al., 2011)<br>• Psychological interventions (Stockings et al., 2016)<br>• Early intervention for sub-threshold depression (Campion, 2019)<br>• The Changing Minds, Changing Lives report brings together evidence-based approaches to preventing the development of depression in children and young people, supporting their recovery and helping them to maintain this. They also provide evidence around building depression-resilient communities. |
| Conduct disorder | • School-based universal interventions (Durlak et al., 2011) |
| Eating disorders | • Universal prevention, including media literacy, CBT and psychoeducation (Watson et al., 2016) |
| Self-harm and suicide | • The evidence base around prevention of suicide and self-harm is covered in the Cambridgeshire and Peterborough Suicide Prevention Strategy. |

The National Institute for Health and Care Excellence (NICE) provides the evidence base for the treatment of every mental health condition. The Anna Freud Centre has also summarised information about treatment options.

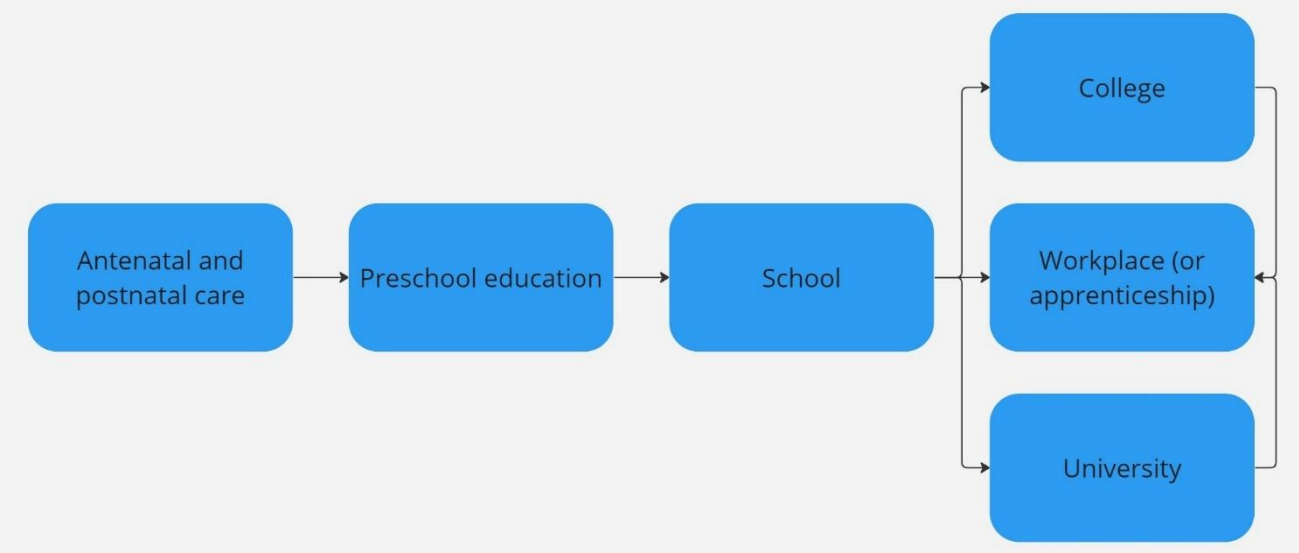
***What is the local picture?***

- Mental Health Support Teams (MHSTs) and the Children's Wellbeing Practitioner (CWP) team provide evidence-based early interventions for mild to moderate mental health need in children and young people in schools.
- The Body Project, an evidence-based eating disorder prevention programme, has been funded in Cambridgeshire and Peterborough. The Personalised Eating Disorder service (PEDs) is also running training to equip people with tools to recognise and respond to those at risk of developing eating disorders.
- The Cambridgeshire and Peterborough Suicide Prevention Strategy covers local work preventing suicide and self-harm.

## Settings-based prevention

Interventions can be targeted at specific settings, from antenatal and postnatal care to the workplace (Campion, 2019).

*Figure 7: Settings for interventions to prevent poor mental health across the life-course*




Examples of interventions include:

- Antenatal and postnatal care settings can improve the coverage of smoking cessation programmes and interventions to reduce substance use during pregnancy. They can also promote the prevention and treatment of parental mental health conditions (Campion, 2019).
- Preschool education programmes focusing on social and emotional development have been shown to reduce child externalising problems (Schindler et al., 2015).
- School factors explain a small but significant proportion of the varying mental health of young people (Ford et al., 2021). School-based programmes have been shown to reduce violence, bulling and help to prevent domestic violence.
- University-based interventions can be effective in reducing anxiety, depression and psychological distress in students who are showing early signs of poor mental health (Conley et al., 2017).
- Workplaces can be designed to promote good mental health, with examples including flexible working policies and supporting workers' recovery or management of mental health conditions (Harvey et al., 2014). Unemployment interventions, including those focused on job-hunting skills, personal development and maintaining paid work, have been shown to reduce mental distress and increase employment (Harvey et al., 2014).

***What is the local picture?***

- Chapter 3 of the needs assessment covers the services providing support for families during the perinatal period (from pregnancy to two years after birth).
- Mental health support in schools is covered below.

## Targeted interventions

Interventions can be targeted at children and young people at higher risk of developing mental health conditions.

*Table 5: Targeted interventions for the prevention of mental health conditions in children and young people.*

| Groups | Evidence base for prevention |
|---|---|
| Children in care | • NICE recommends that preventative interventions should be offered to care experienced young people, based on need (NICE, 2022) |
| LGBTQ+ children and young people | • Whole-school approaches that address the 'marginalisation, silence and victimisation' faced by LGBTQ+ students (Mcdermott et al., 2022)<br>• Social support systems (including school professionals, school climate and families) (Leung et al., 2022) |

| | |
|---|---|
| | • Pupils in schools with strong positive messaging about being LGBTQ+ feel safer at school than those without – regardless of if they are LGBTQ+ themselves (Just Like Us, 2021) |
| Refugees | • There is some evidence that individual and group psychotherapeutic interventions, as well as art-based interventions, can help to reduce symptoms of poor mental health in teenage refugees (Hettich et al., 2020) |

***What is the local picture?***

- Mental Health Clinicians are embedded in social care teams in Cambridgeshire to work with children and families in the social care system with mental health disorders. This is to be slimmed down and in part replaced with fewer mental health nurses working only with adults (the Herefordshire model) (Hedges et al., 2019).
- The Kite Trust supports the wellbeing of LGBTQ+ young people (aged 30 or under) in Cambridgeshire and Peterborough.
- Barnardo's offers a range of support to young people leaving care, LGBTQ+ young people, and children seeking asylum.

### Additional Resources

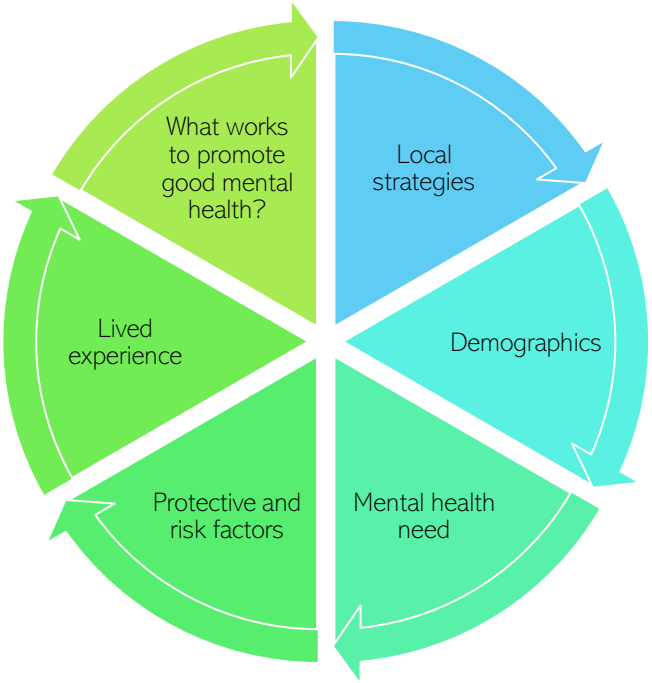
- World Health Organisation Guidelines on promotive and preventive mental health interventions for adolescents: helping adolescent thrive
- What works to enhance inter-parental relationships and improve outcomes for children
- A chance to change: delivering effective parenting programmes to transform lives
- Healthy child programme schedule of interventions guide
- What helps to support people affected by Adverse Childhood Experiences? A review of evidence
- Public Health England guidance on Supporting public health: children, young people and families

# Life stages

Children and young people navigate a range of changes during their lives, including through the education system. These transition points can provide opportunities for children and young people's growth and learning but can also have a negative impact on their lives, particularly if they have multiple stressors in their lives (Bagnall et al., 2022).

This section will consider the mental health and wider needs of children and young people broken down into four key age groups: preschool (age 2 to 4); primary school (age 5 to 10); secondary school (age 11 to 16); and entering adulthood (age 17 to 25). It will also consider what works to promote good mental wellbeing in children and young people.

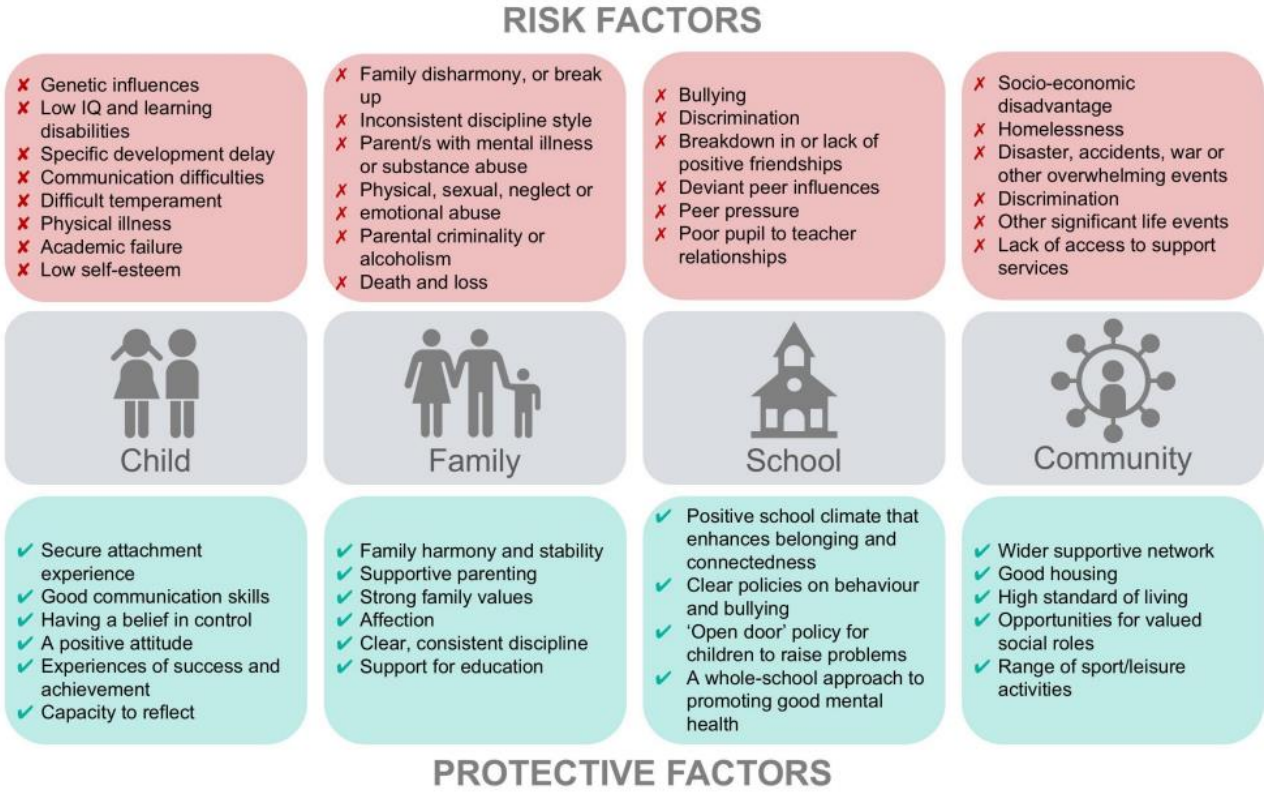
*Figure 8: Structure of this section of the needs assessment*




## Protective and risk factors

These sections include prevalence of risk and protective factors in Cambridgeshire and Peterborough. The negative impact of risk factors on a child or young person can be counteracted by protective factors, such as the presence of a supportive adult (Public Health England, 2019b).

*Figure 9: Risk and protective factors for children and young people's mental health. Image source: Public Health England*



Some protective and risk factors, such as family, poverty and adverse childhood experiences, run across all age groups.

## Adverse childhood experiences

Adverse childhood experiences (ACEs) are a 'a set of 10 adverse experiences in childhood which are associated with an increased risk of poor health and other problems in later life' (Asmussen et al., 2020). They range from common experiences (such as parental separation) to horrific experiences (such as abuse) and typically identified as 10 experiences, including those (Asmussen et al., 2020; Felitti et al., 2019):

- Directly related to young people: physical abuse, psychological abuse, sexual abuse, physical neglect, psychological neglect.
- Related to their household: parental separation/divorce, having a close family member with a mental health condition, having a close family member spend time in prison, witnessing domestic abuse, and having a close family member with harmful drug or alcohol use.

However, recent UK research has also included living in households where a parent has died, spending time in care, and experiencing homelessness as ACEs (Lester et al., 2019).

*Figure 10: 10 key adverse childhood experiences. Image source: Liverpool CAMHS*


Most young people are resilient to experiences of adversity or will recover from the initial symptoms of poor mental health over time (Yule et al., 2000). However, exposure to prologued or severe ACEs can trigger 'toxic stress', which is an extreme level of stress that can have damaging impacts on health across the lifespan (Nelson et al., 2020; UNICEF, 2021a). The cumulative impact of adverse experiences is an important risk factor for poor mental health (Kessler et al., 2010), with individuals who have multiple ACEs being many more times likely to develop mental health conditions and substance use. Almost a third of all mental health conditions in adulthood are directly connected to an ACE (Kessler et al., 2010). Compared to experiencing no ACEs, an adult who experienced four or more ACEs is (Public Health England, 2019b):

- 4 times more likely to be a high-risk drinker
- 11 times more likely to have smoked cannabis
- 16 times more likely to have used heroin or crack cocaine

It is important to note that ACEs do not cover all childhood risk factors for poor mental health; or exist in isolation (Asmussen et al., 2020). Exposure to one ACE is a risk factor for experiencing subsequent ACEs, which means that the burden of ACEs (and associated outcomes) disproportionately impacts some individuals (Felitti et al., 2019). On top of this, many ACEs are linked to social inequalities such as poverty and deprivation, with children from lower socioeconomic backgrounds being at higher risk of experiencing ACEs (Bellis et al., 2014; Walsh et al., 2019). Recent research has also suggested that parental conflict, and how this is expressed and managed, may

be more important to child outcomes than divorce (G. T. Harold & Sellers, 2018). This suggests that exposure to ACEs may be less informative without also understanding the wider context of this experience.

***What is the local picture?***

- By age 18, 40 to 60% of the population will have experienced a single ACE and 4 to 20% will have experienced four or more ACEs (Asmussen et al., 2020). One estimate is that that 15,000 children in Cambridgeshire and Peterborough have experienced four or more ACEs (Cambridgeshire and Peterborough Integrated Care System, 2022f).
- The prevalence of ACEs is estimated to be highest in areas with higher rates of child poverty. One study which ranked English local authorities by the estimated prevalence of ACEs suggests that there is a much higher prevalence of ACEs in Peterborough, and much lower in East Cambridgeshire, South Cambridgeshire, and Huntingdonshire (Lewer et al., 2020).

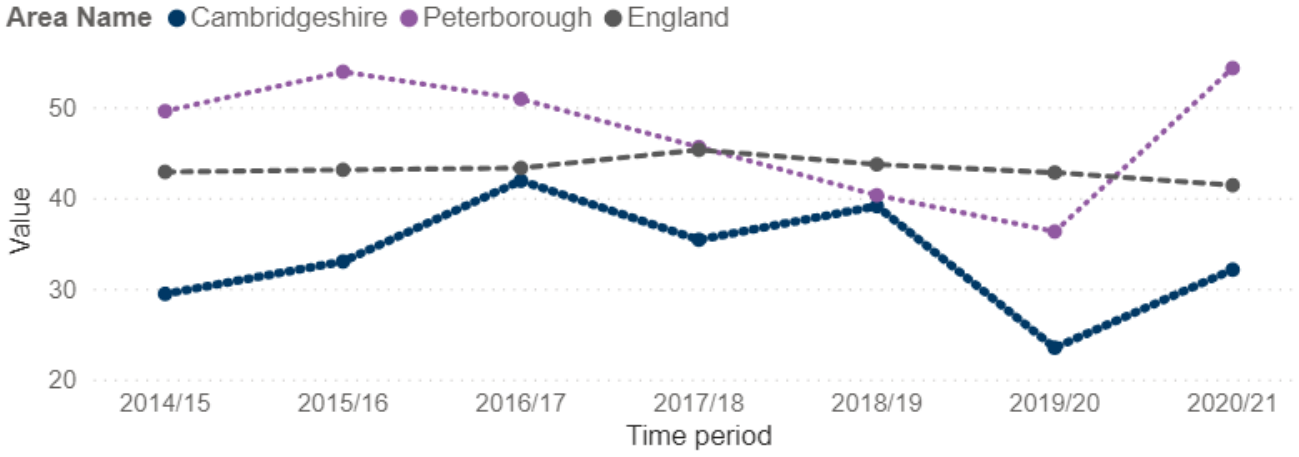
*Table 6: ACE ranking (ranking between 1 and 324, where 1 indicates the local authority with the lowest estimated prevalence of ACEs in England, and 324 the local authority with the highest prevalence) across Cambridgeshire and Peterborough, 2020. Data source:* (Lewer et al., 2020)

| | Rank of ACEs by local authority |
|---|---|
| Cambridge | R138 |
| East Cambridgeshire | 2 |
| Fenland | 135 |
| Huntingdonshire | 15 |
| Peterborough | 275 |
| South Cambridgeshire | 7.5 |

There is some data on the number of children and young people with specific ACEs:

- It is estimated that 29,000 children and young people in Cambridgeshire and Peterborough live or have lived in couple-parent families whose parents had a 'distressed relationship' (Cambridgeshire and Peterborough Integrated Care System, 2022f). A couple-parent family is classified as experiencing relationship distress if either parent reports that 'most or all the time they consider divorce, regret living together, quarrel, or get on each other's nerves' (Department for Work and Pensions, 2022).
- In 2020/21, there were 442 children (under 18s) on child protection plans in Cambridgeshire, and 285 in Peterborough. This means that they were at 'continuing risk of significant harm' due to physical, emotional or sexual abuse, or neglect. The rate of children on child protection plans is similar to the national average in both Cambridgeshire and Peterborough.

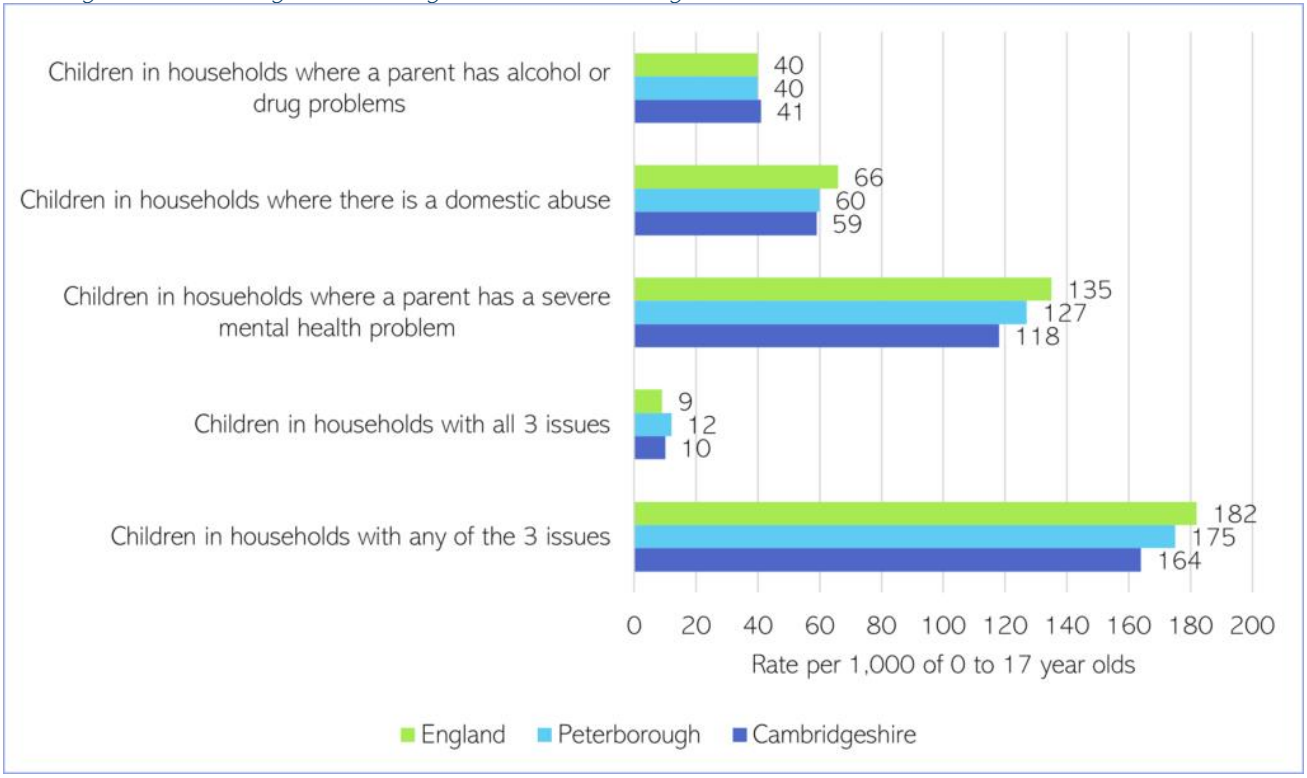
*Figure 11: Rate of children (aged under 18) on child protection plans, per 10,000, from 2012/13 to 2020/21. Data source: Fingertips*



*Note: Children are put on child protection plans if they are at continuing risk of 'significant harm', as a result of physical, emotional or sexual abuse, or neglect.*

- The rate of children in households with a combination of parental alcohol and drug problems, parental severe mental illness (SMI) and domestic abuse is higher than the national rate in Cambridgeshire and Peterborough.

*Figure 12: Prevalence of parental substance use, mental ill health and domestic abuse. Source: Parents with problem alcohol and drug use: Data for England, Cambridgeshire and Peterborough, 2019 to 2020, NDTMS.*




Additional Resources

- Adverse childhood experiences: What we know, what we don't know, and what should happen next
- Addressing childhood adversity and trauma
- Adversity in childhood is linked to mental and physical health throughout life

## What works to promote good mental wellbeing?

The wider determinants of health, such as poverty and housing, impact mental wellbeing across the ages. The evidence base on addressing the wider determinants of mental health, to promote the wellbeing of children and young people, is covered in chapter 1 of this needs assessment.

## Preschool (age 2 to 4)

- Good mental health, wellbeing, and cognitive development in under 5s is shaped from before conception by a complex interplay between genetic factors, and environmental protective and risk factors (Khan, 2016).

- There are strong associations between untreated parental mental health conditions during the perinatal period (pregnancy and the first two years after birth), and the development of child mental health conditions. Infant mental health (under 2s) is covered in chapter 3 of the mental health needs assessment.

## Local strategies

Recent local strategies have aimed to provide early support for parents and young children experiencing poor mental health, as well as early identification and support for 'at risk' families.

*Table 7: Summary of recent local strategies relating to the mental health of children aged 2 to 4*

| | Best Start in Life Strategy (2019-2024) | Strong Families, Strong Communities strategy (2021-2026) | Cambridgeshire and Peterborough's children and young people's mental health strategy (2022- 2025) | Joint Health and Wellbeing Integrated Care Strategy (2022 – 2030) |
|---|---|---|---|---|
| Healthy pregnancies for parents and children | X | | | |
| Early identification and support for at risk families | X | X | X | |
| Well-prepared parents (e.g. antenatal education and parenting programmes) | X | | | X |
| Promotion of attachment and parent-child bonding | X | | | |
| Support child development | X | | | X |
| Embed 5 to Thrive across the system | X | X | | X |
| Provision of support through local hubs | X | | X | X |
| Improving outcomes for children presenting with challenging behaviour | | X | | |
| Providing earlier support for children experiencing poor emotional wellbeing | | X | X | |
| Greater investment in perinatal and early years mental health support | | | X | |
| Ensuring appropriate information about mental health for parents of young children | | | X | X |
| Ensuring help and treatment for perinatal mental health conditions | | | X | |
| Increasing levels of school readiness and reducing inequalities in this outcome | | | | X |

## Demographics

- There were 48,630 under 5s in Cambridgeshire and Peterborough in 2021, which is equivalent to 5.5% of the total population (Office for National Statistics, 2022b).
- There was a 4.1% decline in the population of under 4s from 2011 to 2021 (Office for National Statistics, 2022b).
- There is a greater concentration of under 4s in Peterborough, where this age group makes up 7% of the population (Office for National Statistics, 2022b).

## Mental health need

- Almost all young children go through 'phases', such as experiencing anxiety in new situations, which resolve as part of typical child development. Some children become stuck in negative patterns of relating to the world, which can be distressing for both the child and their parents or carers (Khan, 2016). This can include excessive crying and persistent sleeping difficulties.
- Between the ages of 2 to 4, poor child mental health, development or neurodevelopmental difficulties tend to be identified by the persistence of severe difficulties and tracking developmental milestones (Khan, 2016). Some children will continue to experience difficulties: longitudinal studies suggest that half of children showing high levels of disruptive behaviour at age 3 and 4 continue to show this behaviour at school age (Gardner & Shaw, 2009).
- A large-scale national survey carried out in 2017 found that 5.5% of preschool children (aged 2 to 4) may have a mental health condition. The rate was higher in boys (6.8%) than in girls (4.2%) (NHS Digital, 2018).

Based on the national NHS Mental Health of Children and Young People Surveys (NHS Digital, 2022), it is estimated that there are 1,664 preschool children with a diagnosable mental health condition, autism or ADHD in Cambridgeshire and Peterborough (95% confidence intervals: 1,346 – 2,052). Note that autism and ADHD are not mental health conditions, but have been included in these estimates as diagnoses are accessed through child and adolescent mental health services (via YOUnited).

*Table 8: Estimated prevalence of mental health conditions in children (aged 2-4) in Cambridgeshire and Peterborough. Data source: dashboard*

| Area name | Estimate | Lower estimate | Upper estimate |
|---|---|---|---|
| Cambridge | 212 | 172 | 262 |
| East Cambridgeshire | 157 | 127 | 193 |
| Fenland | 175 | 142 | 216 |
| Huntingdonshire | 331 | 268 | 408 |
| Peterborough | 482 | 390 | 595 |
| South Cambridgeshire | 306 | 248 | 378 |
| Total | 1,664 | 1,346 | 2,052 |

*Note: lower and upper estimates are generated from 95% confidence intervals*

The vast majority of 2- to 4-year-olds with a mental health condition, have a condition that is specific to their age group. Definitions of these conditions are included in this survey report.

*Table 9: Estimated prevalence of conditions specific to preschool children in children (aged 2-4) in Cambridgeshire and Peterborough. Data source: dashboard*

| Area name | Sleeping | Pervasive developmental disorder/autism | Oppositional defiant disorder | Feeding disorder | Elimination (toileting) disorder | Total |
|---|---|---|---|---|---|---|
| Cambridge | 48 | 52 | 71 | 30 | 8 | 210 |
| East Cambridgeshire | 36 | 38 | 52 | 22 | 6 | 155 |
| Fenland | 40 | 43 | 59 | 25 | 7 | 173 |
| Huntingdonshire | 75 | 81 | 110 | 46 | 13 | 326 |
| Peterborough | 110 | 118 | 161 | 68 | 19 | 476 |
| South Cambridgeshire | 70 | 75 | 102 | 43 | 12 | 302 |
| Total | 378 | 408 | 555 | 234 | 66 | 1,642 |

## Protective and risk factors

In 2021/22, almost 3 in 10 (29%) children in Peterborough did not achieve a good level of development at 2 to 2.5 years, compared to 16% of children in Cambridgeshire (Office for Health Improvement and Disparities, 2022). Levels of good development are below the national average in Peterborough, but higher than average in Cambridgeshire. Whilst developmental assessments do not assess mental health, developmental delays identified at this age are associated with poorer long-term outcomes, including general wellbeing and mental health (Public Health England, 2019b).

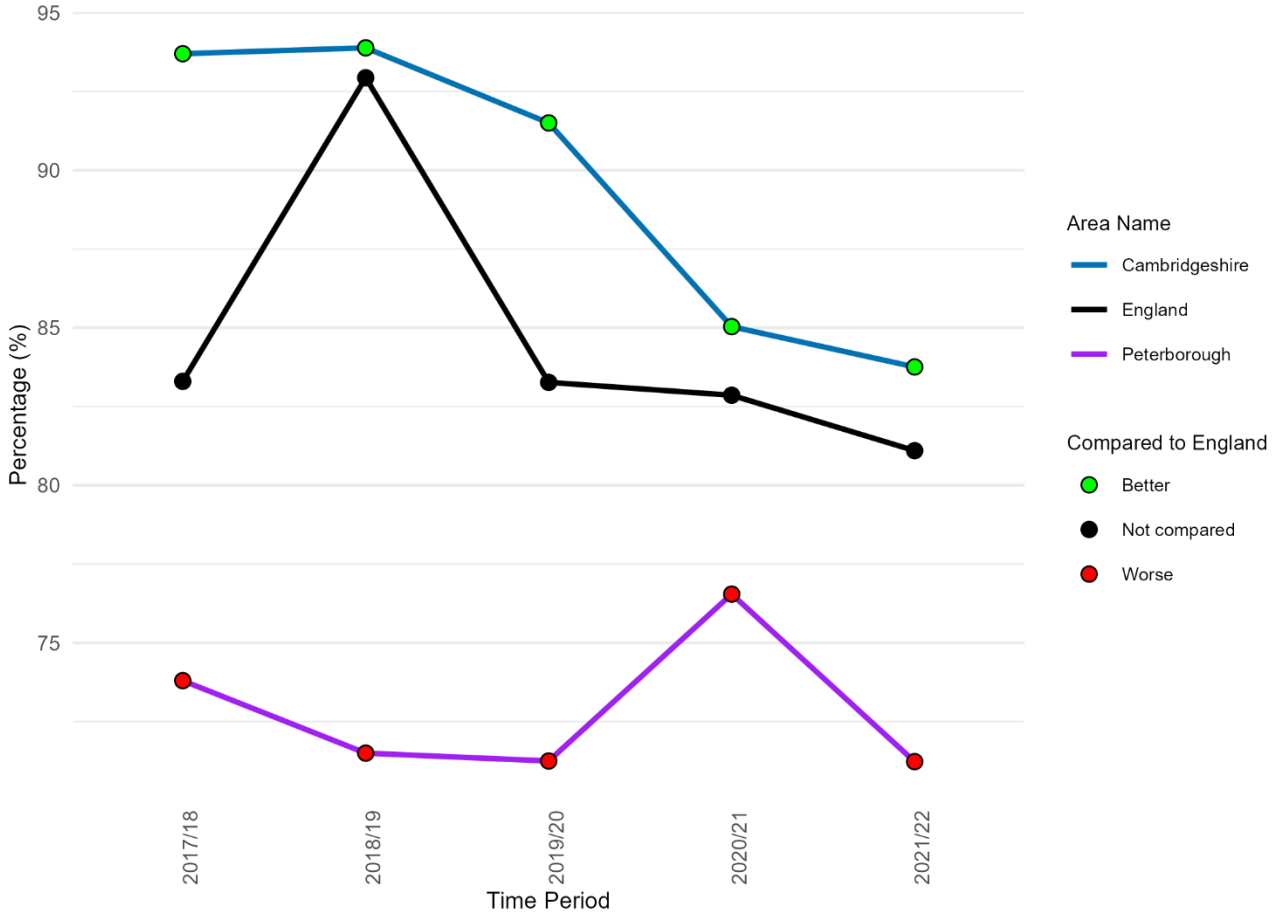
### Development outcomes at 2 to 2.5 years

Whilst developmental assessments do not assess mental health, developmental delays identified at this age are associated with poorer long-term outcomes, including general wellbeing and mental health (Public Health England, 2019b).

#### *What is the local picture?*

In 2021/22, 84% of children in Cambridgeshire achieved a good level of development at 2 to 2.5 years, compared to 71% in Peterborough (Office for Health Improvement and Disparities, 2022). Levels of good development have been consistently higher than the national average in Cambridgeshire, but consistently below average in Peterborough.

*Figure 13: % of children achieving a good level of development at 2 to 2.5 years, 2017/18 to 2021/22. Data source: Fingertips*




Note that only around 50% of infants in Cambridgeshire and Peterborough received this health check in the final quarter of 2021/22, in part due to staffing pressures on this service. Infants who miss these checks are at risk of not receiving support provided through these checks (Unicef, 2022).

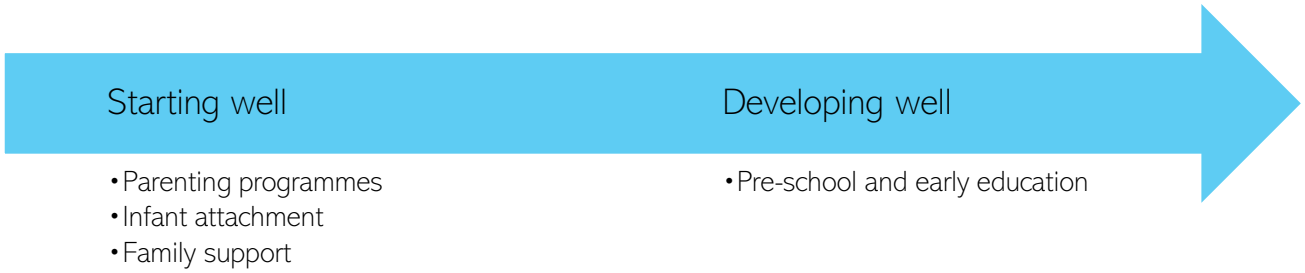
## What do families say is important in promoting mental health in young children?

- A large national survey carried out in August 2022 found that (Unicef, 2022):
    - 2 in 5 parents in England with a child under 4 had been worried about the behaviour, or social or emotional wellbeing, of their child.
    - 59% of parents with a child under 4 report that they have struggled with their own mental health; with 1 in 10 not receiving any mental health support, despite wanting help. Parents on lower incomes are more likely to experience poor mental health.
- National research involving parents whose child showed severe behavioural problems found that (Khan, 2018):
    - Even when parents were concerned about their child's wellbeing and behaviour, they delayed getting help. Reasons for this delay included not knowing if their child's behaviour was within healthy developmental ranges, not knowing where they should access support, and feelings of failure and stigma.
    - Most parents eventually sought out support, typically from GPs or schools, but few received early help. Some parents had to talk to multiple professionals before getting the help they needed.
    - Children's challenging behaviour could impact wider family relationships, and the wellbeing of other children in the house. Many parents felt that attending parenting courses would help them to reduce family stress levels.

## What works to promote good mental wellbeing?

Mental wellbeing is an important outcome in itself. Higher mental wellbeing is also linked to being better able to deal with stressful events, recover faster from illnesses, and being less likely to put your health at risk (Public Health England, 2019c).

*Figure 14: Factors important for promoting good mental wellbeing in children aged 2 to 4. Adapted from:* (Campion, 2019)




### Starting well

Promoting good mental wellbeing and giving children a good start in life is a key aim of the Government's Best Start for Life strategy (Department of Health & Social Care, 2021).

*Figure 15: Giving every child the best start in life. Image source: UKHSA*


Evidence-based interventions for this age group include:

- Interventions that support parents and promote their mental and physical health (such as smoking cessation programmes and support with infant feeding) are linked with a range of positive outcomes for children, including emotional and social development (Campion, 2019).
- Reviews show that parenting and home visiting programmes improve attachment in preschool children; and that parenting interventions can improve attachment in children (under age 13) with severe attachment difficulties (Wright & Edginton, 2016).
- Family support programmes can improve parental self-esteem and child mental health (Kuhn & Laird, 2014). Programmes that provide multiple types of support seem to be the most effective.
- A universal parenting programme for parents with children under 7, which ran across 3 English local authorities, showed significant improvements in parenting efficacy and wellbeing (Lindsay & Totsika, 2017).

### *What is the local picture?*

- Parenting programmes are offered across Cambridgeshire and Peterborough and cover a range of topics. This includes Stepping Stones, a parenting course for parents with children who have SEND and/or ADHD, and courses for parents raising teenagers (Hedges et al., 2019).
- There is a range of universal supporting new and expectant parents, including the Healthy Child programme; as well as voluntary and community sector services.
- The Best Start in Life approach aligns with the recent investment in Family Hubs in Cambridgeshire and Peterborough.

## Developing well

- NICE guidelines cover promoting health and wellbeing in under 5s highlight that health visitors should discuss the factors that may pose a risk to children's social and emotional wellbeing with parents and carers during each of their 5 key contacts with families; and that children should have their speech and language skills assessed at their 2 to 2.5 year integrated review (National Institute for Health and Care Excellence, 2016).
- NICE guidelines on supporting the wellbeing of vulnerable children highlight the importance of home visiting and high-quality early education services for children at risk of developing, or already showing signs of, behavioural, emotional or social problems (NICE, 2012).

***What is the local picture?***

- Many local families are struggling to manage childcare costs, in part due to the cost of living crisis (Jarvie et al., 2023).
    - The average cost of 25 hours per week of childcare for three- and four-year-olds (including the universal entitlement to 15 hours per week funded childcare) in the East of England is £89.85. This is 82% higher than the English region with the lowest price (£49.26 per week in the North West).
    - The East of England has the lowest level of provision for early years childcare across England.
    - There may be further variation in the cost of childcare within Cambridgeshire and Peterborough.

### Additional Resources

- Missed opportunities: 0-4 years olds
- Leading and delivering early childhood services: 10 insights from 20 places across England and Wales
- Common Practice Elements to Improve Social, Emotional, and Behavioural Outcomes of Young Children in Early Childhood Classrooms
- Helping little minds thrive

## Primary school (age 5 to 10)

- Children start primary school at age 4 or 5. Children starting primary school in 2023 will have been infants during the COVID-19 lockdowns; whilst children born in or after 2020 will only have known a 'post-COVID' world.
- Good mental health is key to a healthy and happy childhood; whilst enduring mental health problems make it harder for children to reach their full potential in school and their social lives (Khan, 2016).

### Local strategies

Local strategies have highlighted the need for early identification and intervention for children experiencing poor mental health; holistic support for children and their families (such as around poverty and housing); and clear communications about what is available to support children's mental wellbeing.

*Table 10: Summary of recent local strategies relating to the mental health of children aged 5 to 10*

| | Strong Families, Strong Communities strategy (2021-2026) | Cambridgeshire and Peterborough's children and young people's mental health strategy (2022- 2025) | Joint Health and Wellbeing Integrated Care Strategy (2022 – 2030) |
|---|---|---|---|
| Early identification and support for at risk families | X | | |
| Evidence-based parenting programmes | | X | |
| Maximising use of local hubs | X | X | X |
| Supporting children (9 - 12) to make a successful transition to adolescence | X | | |
| Providing earlier support for children experiencing poor emotional wellbeing | X | X | |
| Increase capacity for help and treatment for 5–10-year-olds | | X | |
| Provision of holistic support for children and families | | X | |

| | | | |
|---|---|---|---|
| Communications about what is available to support mental wellbeing | | X | X |
| Whole school approach to mental health | | | X |
| Tackling poverty | | | X |
| Improving children's wellbeing and resilience | | | X |

## Demographics

- In 2021, there were 54,455 children aged between 5 and 9 in Cambridgeshire and Peterborough, which is 6.1% of the total population (Office for National Statistics, 2022b).
- There was a 20.7% increase in this age group between 2011 and 2021 (Office for National Statistics, 2022b). This change did not occur evenly across the county: there was a 5.1% increase in East Cambridgeshire, but a 37.7% increase in Peterborough (Office for National Statistics, 2022b).

## Mental health need

Based on the national NHS Mental Health of Children and Young People Surveys (NHS Digital, 2022), it is estimated that there are 6,229 children aged between 5 and 10 with a diagnosable mental health condition, autism or ADHD in Cambridgeshire and Peterborough (95% confidence interval: 5,629 – 6,887). Note that autism and ADHD are not mental health conditions, but have been included in these estimates as diagnoses are accessed through child and adolescent mental health services (via YOUnited).

*Table 11: Estimated prevalence of mental health conditions in children (aged 5 – 10) in Cambridgeshire and Peterborough. Data source: dashboard*

| Area name | Estimate | Lower estimate | Upper estimate |
|---|---|---|---|
| Cambridge | 766 | 692 | 847 |
| East Cambridgeshire | 612 | 553 | 677 |
| Fenland | 656 | 593 | 725 |
| Huntingdonshire | 1,208 | 1,092 | 1,336 |
| Peterborough | 1,797 | 1,624 | 1,987 |
| South Cambridgeshire | 1,190 | 1,075 | 1,316 |
| Total | 6,229 | 5,629 | 6,887 |

*Note: lower and upper estimates are generated from 95% confidence intervals*

The most common conditions are behavioural and emotional disorders. Full breakdowns, which include upper and lower estimates based on 95% confidence intervals, are included in the dashboard.

*Table 12: Estimated prevalence of mental health conditions in 5 to 10 year olds in Cambridgeshire and Peterborough, 2023. Data source: dashboard*

| | Cambridgeshire | Peterborough |
|---|---|---|
| Any mental disorder | 4,433 | 1,797 |
| | | |
| Any emotional disorder | 1,919 | 778 |
| *Any anxiety disorder* | *1,827* | *740* |
| Separation anxiety | 484 | 196 |
| Generalised anxiety disorder | 343 | 139 |
| Obsessive compulsive disorder | 59 | 24 |
| Specific phobia | 370 | 150 |
| Social phobia | 79 | 32 |
| Agoraphobia | 12 | 5 |

| | | |
|---|---|---|
| Panic disorder | 12 | 5 |
| Post-traumatic stress disorder | 94 | 38 |
| Other anxiety disorder | 561 | 227 |
| Body dysmorphic disorder | 36 | 15 |
| *Any depressive disorder* | *141* | *57* |
| Major depressive episode | 90 | 36 |
| Other depressive episode | 51 | 21 |
| | | |
| Any behavioural disorder | 2,330 | 945 |
| Oppositional defiant disorder | 1,697 | 688 |
| Conduct disorder confined to family | 72 | 29 |
| Unsocialised conduct disorder | 139 | 56 |
| Socialised conduct disorder | 147 | 59 |
| Other conduct disorder | 276 | 112 |
| | | |
| Any hyperactivity disorder | 802 | 325 |
| Hyperkinetic disorder | 744 | 301 |
| Other hyperactivity disorder | 58 | 24 |
| | | |
| Any less common disorder | 1,025 | 415 |
| Pervasive Developmental Disorder (PDD)/Autism | 687 | 279 |
| Eating disorders | 25 | 10 |
| Tics/Other less common disorders | 531 | 215 |

## Protective and risk factors

In Cambridgeshire and Peterborough:

- Bullying: 30% of Year 5 and 6 pupils in Cambridgeshire have been bullied in the past year (Cambridgeshire and Peterborough Integrated Care System, 2022f). Being bullied is associated with psychological distress and symptoms of mental illness (Takizawa et al., 2014).
- Educational attainment: in 2019/20, 63% of students in Cambridgeshire and 56% in Peterborough met expected standards in reading, writing and maths at the end of key stage 2, compared to the national average of 65% (Office for Health Improvement and Disparities, 2022). International studies have shown that pupils dealing with mental health problems (particularly depression) are likely to go on to have poorer school attainment (Riglin et al., 2014).
- School absences: 10.0% of primary school students are persistently absent from primary school in Peterborough, which is above the national average (8.8%) and the rate in Cambridgeshire (8.0%) (Office for Health Improvement and Disparities, 2022). Children with a mental health condition are more likely to be absent from school (NHS Digital, 2022), which puts them at risk of disrupting their education and exacerbating inequalities.
- School readiness: the proportion of children achieving a good level of development (known as school readiness) by the end of reception was lower than the national average in Peterborough (60.7%) in 2021/22 but was similar to the national average in Cambridgeshire (65.8%). School readiness is linked to wellbeing, health and educational attainment (Viv Bennett, 2015).
- Worries and self-esteem: a 2022 survey of Year 5 and 6 pupils in Cambridgeshire found that 32% reported having a lot of worries.

### Bullying

Being bullied is associated with psychological distress and symptoms of mental illness (Takizawa et al., 2014). Bullying in childhood has been shown to have a long-term impact on individuals:

- One study found that children who were bullied in childhood (at age 7 and 11) were around twice as likely to experience depression and suicidality (suicidal thoughts and plans) as an adult (Takizawa et al., 2014).
- Another study found that adults who were frequently bullied in childhood were more likely to have contact with mental health services from childhood to midlife, compared to those who had not been bullied (Evans-Lacko et al., 2017).
- Nationally, LGBTQ+ young people are twice as likely to report having been bullied in the past year, compared to their non-LGBTQ+ peers (Just Like Us, 2021).

***What is the local picture?***

It is estimated that there are 4,000 secondary school students in Cambridgeshire and Peterborough who 'often' feel afraid to go to school due to bullying (Cambridgeshire and Peterborough Integrated Care System, 2022f). This estimate is based on the health-related behaviour survey, in which 30% of pupils (Year 5 and 6s) responded that they were bullied at or near school or away from school in the last 12 months. 25% had been bullied at/near schools and 14% had been bullied away from school.

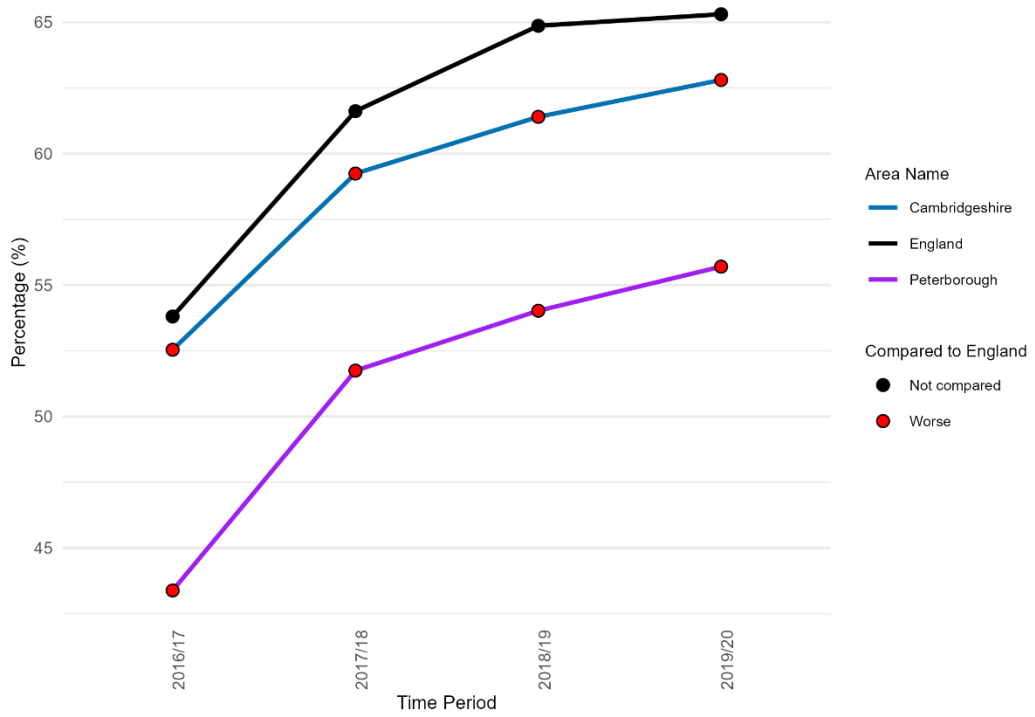
## Educational attainment

- International studies have shown that pupils dealing with mental health problems (particularly depression) are likely to go on to have poorer school attainment (Riglin et al., 2014).
- Nationally, 92% of children who do not meet expectations in English and Mathematics at the end of primary school, do not pass English and Mathematics GCSE (Farquharson et al., 2022).

***What is the local picture?***

In 2019/20, 63% of students in Cambridgeshire and 56% in Peterborough met expected standards in reading, writing and maths at the end of key stage 2, compared to the national average of 65% (Office for Health Improvement and Disparities, 2022). Although they have increased over the past 5 years, both areas have been consistently below the national average in this measure.

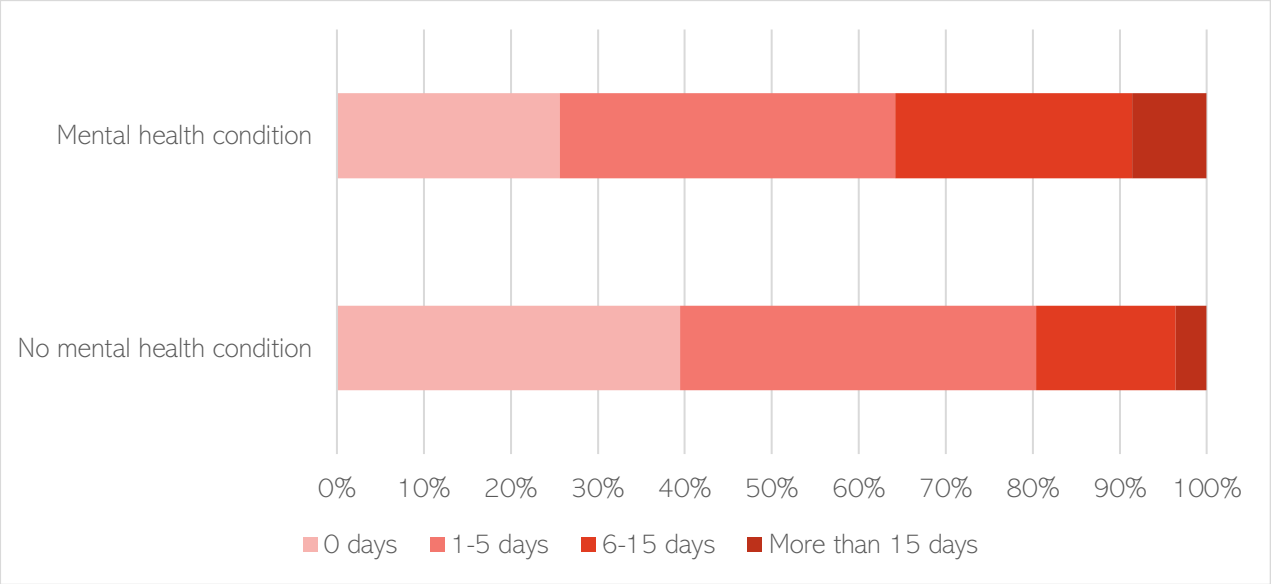
*Figure 16: Key stage 2 pupils (age 10-11) meeting the expected standard in reading, writing and maths. Data source: Fingertips*



## School absences

Children with a probable mental health condition are more likely to be absent from school (NHS Digital, 2022), which puts them at risk of disrupting their education and exacerbating inequalities. Twice as many children aged 7 to 10 with a probable mental health condition missed over 3 weeks of school in 2022 (9%), compared to those unlikely to have a mental health condition (4%).

*Figure 17: Number of missed days of schooling by mental health of 7- to 10-year-olds in 2022. Data source:* (NHS Digital, 2022)



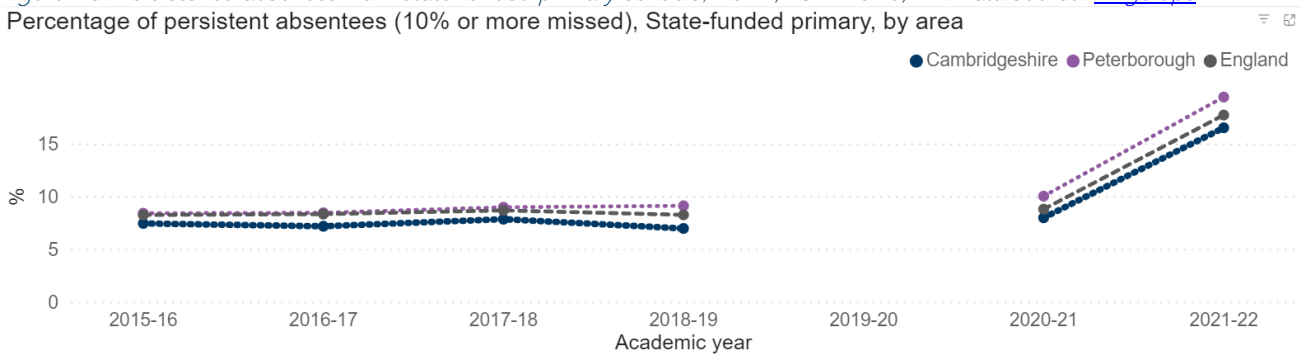

*Note: this survey did not give a full assessment of mental health, and instead estimated the likelihood that a child or young person had a mental health condition, classifying this as either: unlikely, possible or probable.*

- A national survey carried out in summer term of 2021 (the academic year most impacted by COVID-19) found that many schools were experiencing above average levels of pupil attendance issues, and that pupil anxiety was the most common reasons for absence from school (Department for Education, 2022b).
- Young carers, children who are not accessing the support they need with their mental health and children with special educational needs and/or disability (SEND), and children with a history of exclusion and absence are at higher risk of persistent absence (Children's Commissioner, 2023a).
- Nationally, the number of children who missed 50% of more possible education sessions almost doubled from the 2018/19 to the 2021/22 school year (Children's Commissioner, 2023a). Many of these absences for reasons other than just illness, suggesting this cannot be explained by COVID-19 infections preventing people from attending school.

### *What is the local picture?*

- In 2021/22, overall absence rates from primary schools were 6.3% in Cambridgeshire and 6.6% in Peterborough, compared to 6.3% nationally. These are the highest rates in the past 6 years.
- Rates of persistent absences (attendance rates below 90%) from primary school have increased substantially in recent years, in line with national trends. 19.4% of primary school students are persistently absent from school in Peterborough, higher than the national average (17.7%) and the rate in Cambridgeshire (16.5%) (Office for Health Improvement and Disparities, 2022).

*Figure 18: Persistence absences from state-funded primary schools, 2014/15 – 2020/22. Data source: Fingertips*




*Note: persistent absences are defined as attendance below 90%, the equivalent of missing one day a fortnight of school. There is no data for 2019/20.*

## School readiness

- School readiness is linked to wellbeing, health and educational attainment. Children who have low self-esteem or self-confidence, or poor socio-emotional skills, may find the transition to primary school particularly challenging (Viv Bennett, 2015).
- The current cohort of children starting primary school went through the COVID-19 lockdowns when they were toddlers. There are reports that a higher proportion of these children lack confidence when interacting with their peers and of increases in referrals for support around language and communication needs (Unicef, 2022).

Nationally, levels of school readiness vary by child characteristics. In 2021/22 (Department for Education, 2022a):

- Boys, children who did not have English as their first language, and children who were eligible for free school meals are all less likely to have a good level of development.
- More than 7 in 10 Chinese, Indian, and White and Asian children had good levels of development, compared to less than 4 in 10 Gypsy/Roma children and children with Irish Traveller heritage.
- 55% of children in the most deprived decile had a good level of development, compared to 75% in the least deprived decile.
- Children born in the autumn were more likely to reach a good level of development than children born in the summer months.

### *What is the local picture?*

In 2021/22:

- The proportion of children achieving a good level of development at the end of reception in Peterborough was significantly lower than the national average and has been since 2013/14. The proportion in Cambridgeshire has been statistically similar to the average since 2012/13.
- Almost 1 in 4 children leaving reception had communication and language skills below expected levels in Peterborough, which is significantly lower than the national average (Office for Health Improvement and Disparities, 2022).
- Over 1 in 4 children did not meet the expected level in their Year 1 phonics check in Cambridgeshire and Peterborough. Although the proportion of children achieving the expected level has been increasing since 2011/12, this still falls below the national average in both Cambridgeshire and Peterborough.
- Levels of school readiness declined compared to previous years, which may be linked to disrupted early years education because of the COVID-19 pandemic. Further trend data is included in the dashboard.

*Table 13: Percentage of children achieving aspects of school readiness in Cambridgeshire and Peterborough, 2021/22. Data source: Fingertips*

| | Good level of development at the end of reception | Expected level in communication and language skills at the end of reception | Expected level in Year 1 phonics check |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Cambridgeshire | 65.8 | 80.5 | 74.0 |
| Peterborough | 60.7 | 76.8 | 71.0 |
| England | 65.2 | 79.5 | 75.5 |

*Note: red indicates scores are worse than the national average, orange that they are statistically similar, and green that they are better. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.*

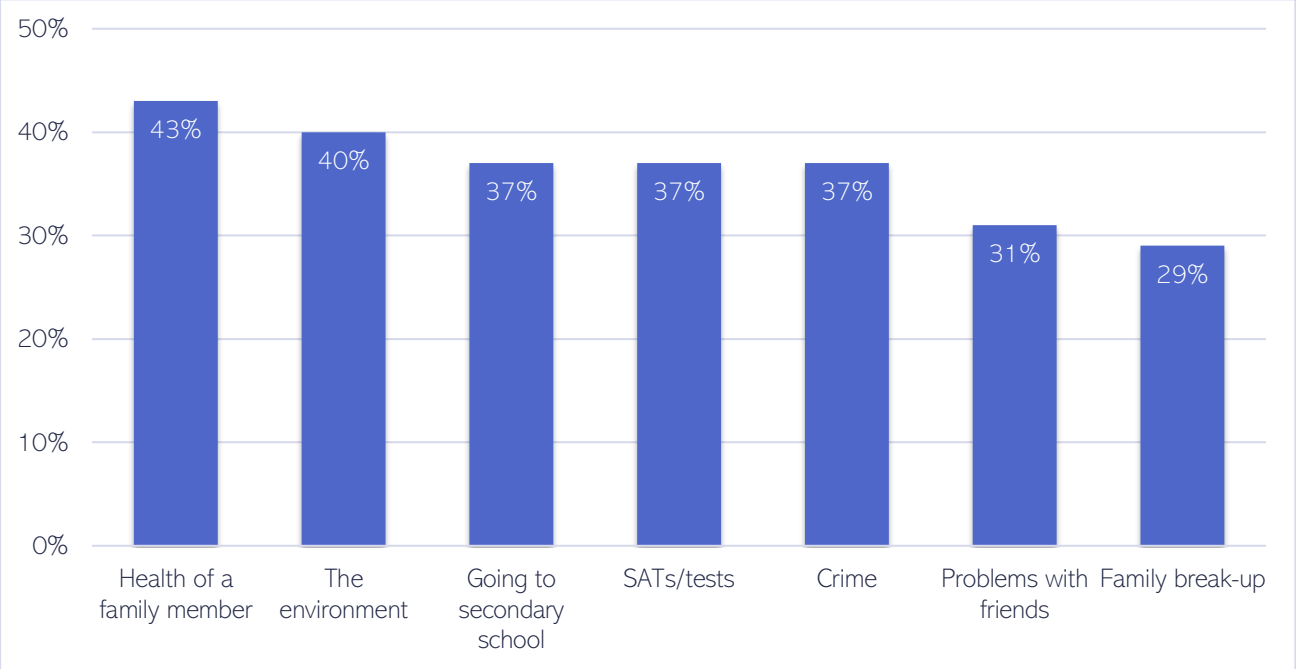
## Worries and low self-esteem

High self-esteem is associated with good mental wellbeing and is protective for mental health, whilst poor self-esteem is associated with a wide range of mental health conditions (Mann et al., 2004). A large scale national survey carried out in Spring 2021 found that 1 in 5 children (4 to 17) were worried about their mental health, which made mental health children's largest worry (Children's Commissioner for England, 2021).

### *What is the local picture?*

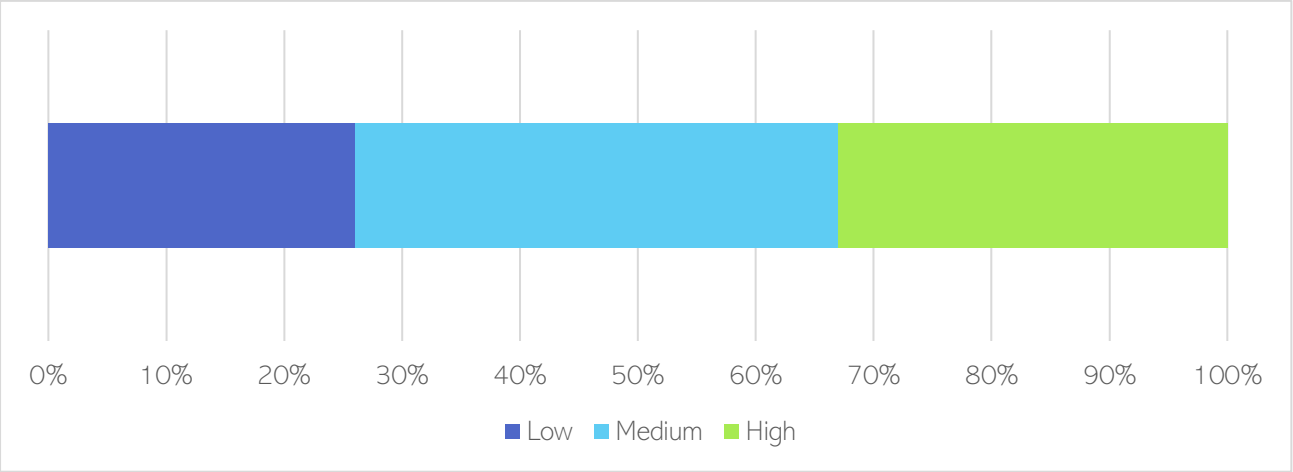
A sample of Year 5 (1036) and Year 6 students (1258) in Cambridgeshire completed the health-related behaviour survey in 2022. 84% of pupils said they worried about one of the problems 'quite a lot' or 'a lot', with the most common worries being around the health of family members and the environment. Almost a third (32%) worried about more than 5 of the issues listed. Boys and children from the least deprived quintiles were less likely to have multiple worries, whilst children receiving free school melas or who had a disability or long-term illness were more likely to do so.

*Figure 19: Percentage of pupils responding that they worry about the following 'quite a lot' or 'a lot' (top 7). Data source: Health-related Behaviour survey 2022*




Self-esteem scores (based on social confidence and relationships with friends) showed that 35% of pupils had a high self-esteem. Boys were more likely to have high self-esteem (37%), whilst children who identified their gender in some way other than boy/girl (5%) and children with a disability or long-term illness (21%) were less likely.

*Figure 20: Self-esteem scores of Year 5 and Year 6 pupils. Data source: Health-related Behaviour survey 2022*




Other measures relevant to mental health included:

- 61% of pupils agreed that their school teaches them to deal with their feelings positively
- 7% of pupils said that the amount of sleep they normally get is not enough for them to concentrate at school
- 3% of Year 6 pupils responded that they had an alcoholic drink (not just a sip) in the last 7 days

## What do children and their families say is important in promoting mental health?

In 2021, the Children's Commissioner carried a survey of over half a million children and young people in England (equivalent to almost 6% of this age group) (Children's Commissioner, 2022). Children reported that spending time online can create pressures in their lives, with online bullying having a particularly strong impact on their mental health. Children say that they want more access to safe places where they can play and socialise; and more time set aside to have fun and focus on activities they enjoy, such as sport, hanging out with friends and listening to music (Children's Commissioner, 2022).

> *'There need to be more outdoor places with free activities. A healthier environment for everyone with sports being more affordable. I think PE needs to be more regular in schools because it is just as important as maths and all of that because it can make people happier, healthier, more focused and active' – Girl, aged 10* (Children's Commissioner, 2022)

National research shows that children believe that there should be adults at school that will listen to their concerns and act if there is a problem (Children's Commissioner, 2022). They would like school to be a place of support, where talking about mental health is normalised and they are able to receive mental health support (Children's Commissioner, 2022). Children would like to have options about where they can access early support for their mental health, so they can choose what is best for them (Children's Commissioner, 2022).

> *'Adults can help the child out by having calm time with the adult. It can help their mind to calm down' – Girl, aged 9* (Children's Commissioner, 2022).

## What works to promote good mental wellbeing?

Interventions can promote children's mental wellbeing and may also help protect against the development of mental health conditions.

### *School-based interventions*

Whole school approaches to mental health are endorsed by NICE guidelines (NICE, 2022), Public Health England, and the Department of Education (Public Health England & Department of Education, 2021). When well-delivered, school-based interventions can provide children and young people with the skills they need to thrive socially and academically and help them to develop essential behavioural skills (UNICEF, 2021b); with a particular benefit for

children and young people at higher risk of developing mental health conditions (Weare & Nind, 2011). They also have a strong economic argument: for every £1 invested in school-based interventions targeting depression, anxiety and suicide, there is a return on investment of £21.50 over 80 years (UNICEF, 2021a).

A systematic review of school-based interventions found that (Clarke et al., 2021):

- There is strong evidence that universal social and emotional learning interventions enhance young people's social and emotional skills, and lead to short-term reductions in depression and anxiety.
- Universal and targeted cognitive behavioural therapy (CBT) can reduce symptoms of depression and anxiety in the short- and medium-term.
- There is a range of evidence supporting the reduction of risk factors in schools:
    - Bullying prevention interventions can lead to long-term reductions in bullying frequency.
    - Some evidence suggests that programmes targeted at young people at risk of experiencing sexual violence can reduce sexual violence and harassment.
    - Some evidence shows that violence prevention interventions can lead to small and short-term reductions of aggressive behaviour.
- High-quality programme implementation (in terms of delivery quality, the number of sessions and student engagement) are vital for programmes to be successful, with some studies finding that there were only positive impacts when programmes were well implemented.
- Some interventions, including depression and anxiety prevention programmes, are more effective when targeted at young people showing symptoms of these conditions.

This review highlighted that schools should be supported to use well-evidenced programmes to improve young people's wellbeing (Clarke et al., 2021). It recommended that programmes are more likely to be successful when introduced as part of a whole-school approach to improving mental health and wellbeing, which consider mental health and wellbeing within the curriculum, behavioural policies, pastoral support, engagement with the broader school community and staff wellbeing. Teachers need to be supported to respond to young people's mental health needs; and there should be external mental health professionals to support the most vulnerable pupils (Clarke et al., 2021).

The Mental Health Foundation has identified facilitators and barriers to the implementation of effective mental health support in schools (Abdinasir, 2019):

*Table 14: Facilitators and barriers to the implementation of effective mental health support in schools. Adapted from:* (Abdinasir, 2019)

| Facilitators | Barriers |
|---|---|
| • A whole organisation approach to mental health<br>• Leadership and management that values wellbeing<br>• Students having an active role in their learning and a voice in the community<br>• Attention to staff development, health and wellbeing<br>• Effective identification of need for mental health support<br>• Working with parents and carers, with high levels of engagement<br>• Targeted support for young people with particular needs | • Funding constraints<br>• A lack of staff training and support in mental health<br>• Low levels of wellbeing among school staff<br>• Limited involvement of schools in local health and care partnerships<br>• Inconsistent or limited national guidance |

<u>What is the evidence around school absenteeism?</u>

A search of the science direct database was carried out by Johannes Jaenicke for articles from 2018-2023 with the keywords: School, Anxiety, Measure, Intervention, Attendance. This yielded 3666 results with n = 734 review articles, n = 2919 research articles, n = 4 mini reviews, n = 13 practice guidelines. Several different attendance intervention strategies were identified which prevent address school absenteeism:

*School based anxiety intervention programs*

School-based anxiety intervention programs general report success in reducing school related anxiety and depression. These programs can be offered (i) to all students, (ii) on a targeted basis for at risk students, (iii) on an indicated basis for students with more severe symptoms, or (iv) self-referral basis. Employed interventions include mindfulness-based interventions (García-Rubio et al., 2023), cognitive behavior therapy (Brown et al., 2019) and acceptance and commitment therapy (Petersen et al., 2023). Whilst showing good efficacy at reducing school-based anxiety, the evidence on school absenteeism is limited.

*Incentive and reward-based interventions.*

School-based recognition and reward programs are seen as an effective means of increasing school attendance. These programs reward students for regular attendance and make parents aware of attendance policy and unexcused absences.

Interventions include sending parents a notice letter by the teacher of an unauthorized absence and recognising students that having perfect attendance. Importantly, when schools texted parents about attendance, the biggest improvements were seen when messages contained specific tools and tips to parents to improve attendance (Institute of Education Sciences, 2022).

A reward-based intervention, 'Perfect Pals Program', rewarded students with perfect attendance with monthly free school meals, small treats and having their pictures on the school bulletin boards. This saw a steady increase in the number of students attending the 'Perfect Pals' luncheons and 93% of surveyed teachers agreed that the incentive was a good idea (Peek, 2009)

*Approaches targeting illness related absenteeism*

Several studies were found which evaluated the role of strategies to promote hand hygiene and asthma management to reduce illness-related absenteeism (Hammond et al., 2000; Rodriguez et al., 2013). It was found that mean absenteeism due to illness decreased when full-time nurses were added and that the overall reduction in absenteeism due to infection was 19.8% for schools that used alcohol gel hand sanitizer compared with control schools. However, many factors affect why students go to school, and schools cannot address attendance alone.

*School and community-based interventions*

The University of Minnesota currently runs a 'Check and Connect' intervention which has been implemented across the United States in 48 states. The Check component assigns a mentor that regularly assesses student performance and progress while the Connect component involves program staff giving individualized attention to students in partnership with school staff, family members and community service organizations. This found a 25%-30% improvement in students staying in and progressing in school (US Department of Education, 2015).

In Check and Connect, basic interventions involve regular structured discussions between the mentor and student about school progress, time management and conflict resolution strategies. Intensive interventions are tailored to specific student and family variables. There is a focus on problem solving, academic support, and recreational and community service activities. The program also focuses on family outreach, with mentors expected to have frequent contact with family members.

*Multi-modal approaches*

These approaches aim to create partnerships between schools, families, social workers, and outside organizations in the community including the police.

The ACT Now Program is an institutionalized response to absenteeism in Arizona, USA, which focused on three key elements, (i) the enforcement of a mandatory school attendance law by holding parents accountable, (ii) a program that offers services to youth and their parents to address the root causes of absenteeism, (iii) sanctions for parents and youth for continued absenteeism or for those who fail to successfully complete the program. It

was found to be effective in breaking the cycle of absenteeism before it lead to school dropout (Baker et al., 2001).

A study which compared student attendance in elementary schools and developed school-wide programs of school, family, and community partnerships showed that in schools working to implement these partnerships, student attendance improved an average of 0.5%, whereas in comparison schools, rates of student attendance declined slightly from 1 year to the next. Further analysis suggested that school outreach to families was the driving mechanism that caused this effect (Sheldon, 2007).

Chang and Romero set out a comprehensive repose to absenteeism in their 2008 Present, Engaged, and Accounted For report (Chang & Romero, 2008). This calls for effective absence monitoring and programs which (i) prepare children for entry into school, (ii) ensure access to preventative health care, (iii) offer a high quality education that response to diverse learning styles, (iv) engage families of all backgrounds in their children's education, (v) educate parents about the importance of attendance, (vi) encourage families to help each other attend schools, (vii) offers incentives for attendance to all children, (viii) conducts early outreach to families with poor attendance and (ix) coordinates with public agencies.

***What is the local picture?***

- Healthy Schools provides training and resources to support a whole school approach to promoting resilience and mental health. 13 schools have currently achieved the full Healthy Schools accreditation and 37 are on the pathway.
- Many schools in Cambridgeshire and Peterborough are supported by Mental Health Support Teams (MHSTs), which promote the whole school approach to mental health (add link).
- Artscapers is a mental health art-in-nature programme running in a small number of schools in Cambridgeshire, which has been shown to improve children's wellbeing.

***Afterschool***

- Afterschool programmes aimed at developing the social skills of children and young people (aged 5 to 18) have been associated with increased self-esteem, greater academic achievement, and reduced problem behaviours (Durlak et al., 2010). This research on 'after school programmes' focused on activities for children in primary and secondary (age 5 to 18) that took place after school hours.

How can community spaces impact wellbeing?

- The Space to Thrive report highlights the importance of community spaces, such as community hubs, sports facilities and green spaces, in supporting mental health (Locality, 2023):
  - These spaces can offer a free or low-cost 'third space' outside of school and home, where children and young people can have fun, learn new skills and build relationships.
  - Voluntary and community sector organisations report that community spaces improve wellbeing and reduce demand for acute mental health services. They also suggest that community spaces increase social connection, sense of belonging, and improve wellbeing.
  - Many community organisations face challenges, including relying on short-term funding, workforce issues and being used as a 'holding space' for young people with complex mental health needs who are waiting to access mental health services.
- Children and young people living in rural areas may be less able to access youth services that would be protective for their mental health (Environment Food and Rural Affairs Committee, 2023).

***What is the local picture?***

- A 2023 survey of families across Great Britain found that 1 in 10 children worry about not having anywhere safe to go in their neighbourhood in summer. 46% of parents and carers said they will struggle to afford family holidays and days out, and 1 in 5 will not be able to take time off work to spend time with their

children (Barnardo's, 2023). The children's charity Barnardo's has warned that the risk of exploitation for children will increase over the holidays, due to rising levels of poverty (Barnardo's, 2023).

- Since 2010, there has been a 30% reduction in the number of children's centres in Cambridgeshire; and a 53% reduction in the number of children's centres in Peterborough (Department for Education, 2022a). The majority of the activities and services offered at these centres are aimed at under 5s.
- There is a range of programmes for children and young people in Cambridgeshire and Peterborough, such as youth groups run by Romsey Mill (Hedges et al., 2019).

### Additional Resources

- Missed opportunities: 5-10 years old
- Attendance is everyone's business, which highlights child-centred solutions for improving school absences
- Working together to improve school attendance: Guidance for maintained schools, academies, independent schools, and local authorities
- Reports from the Department of Education and Children and Young People's Mental Health Coalition on behaviour and mental health in schools
- Making the grade: How education shapes young people's mental health
- Promoting children and young people's mental health and wellbeing A whole school or college approach
- Resources for schools and colleges from the Anna Freud Centre
- Persistent absence and support for disadvantaged pupils

## Secondary school (age 11 to 16)

- In state schools in Cambridgeshire and Peterborough, children start secondary school at age 11. During this stage of their lives, children's mental health continues to be impacted by family and environmental factors (Khan, 2016).
- At this age range, children and young people spend much of their time in school, which can be the context in which poor mental health or neurodevelopmental difficulties surface or gain wider attention (Khan, 2016). Schools can be healthy and inclusive environments, which promote mental wellbeing and help to prepare children for the future (UNICEF, 2021a); as well as places where children can experience bullying, discrimination and stress about academic performance, all of which are risk factors for poor mental health (UNICEF, 2021b).
- Children starting secondary school in 2023 will have experienced COVID-19 lockdowns during their primary school years (when they were age 8 or 9). Teachers and parents report that children whose transition to primary school was impacted by COVID-19 lockdowns missed out on opportunities and found this time period harder as a result (Bagnall et al., 2022).

### Local strategies

Priorities of local strategies relating to children and young people's mental health highlight the importance of working with young people, to support their transition to adulthood.

*Table 15: Summary of recent local strategies relating to the mental health of children and young adults aged 11 to 16*

| | Strong Families, Strong Communities (2021-2026) | Cambridgeshire and Peterborough's children and young people's mental health strategy (2022-2025) | Joint Health and Wellbeing Integrated Care Strategy (2022 – 2030) |
|---|---|---|---|
| Early identification and support for at risk families | X | | |

| | | | |
|---|---|---|---|
| Evidence-based parenting programmes | | X | |
| Maximising use of local hubs | X | X | X |
| Supporting children (9 - 12) to make a successful transition to adolescence | X | | |
| Safeguarding and creating opportunities for at risk adolescents | X | | |
| Providing earlier support for children experiencing poor emotional wellbeing | X | X | |
| Provision of holistic support for children and families | | X | |
| Communications about what is available to support mental wellbeing | | X | X |
| Whole school approach to mental health | | | X |
| Reducing the number of 16-17 year olds who are not in education, employment or training | | | X |

## Demographics

- There were 54,303 children aged between 10 and 14 in Cambridgeshire and Peterborough in 2021. This age group made up 6.0% of the total population of Cambridgeshire and Peterborough (Office for National Statistics, 2022b).
- There has been a 17.6% population increase in this age group between 2011 and 2021 (Office for National Statistics, 2022b).

## Mental health need

Based on the national NHS Mental Health of Children and Young People Surveys (NHS Digital, 2022), it is estimated that there are 9,056 children aged between 11 and 16 with a diagnosable mental health condition, autism or ADHD in Cambridgeshire and Peterborough (95% confidence interval: 8,308 - 9,858). Note that autism and ADHD are not mental health conditions, but have been included in these estimates as diagnoses are accessed through child and adolescent mental health services (via YOUnited).

*Table 16: Estimated prevalence of mental health conditions in children (aged 11 – 16) in Cambridgeshire and Peterborough. Data source: dashboard*

| Area name | Estimate | Lower estimate | Upper estimate |
|---|---|---|---|
| Cambridge | 1,117 | 1,025 | 1,216 |
| East Cambridgeshire | 911 | 836 | 992 |
| Fenland | 939 | 862 | 1,022 |
| Huntingdonshire | 1,748 | 1,604 | 1,903 |
| Peterborough | 2,554 | 2,343 | 2,781 |
| South Cambridgeshire | 1,785 | 1,638 | 1,944 |
| Total | 9,056 | 8,308 | 9,858 |

*Note: lower and upper estimates are generated from 95% confidence intervals*

Full breakdowns by type of mental health condition, which include upper and lower estimates based on 95% confidence intervals, are included in the dashboard (add link).

*Table 17: Estimated prevalence of mental health conditions in 11 to 16 year olds in Cambridgeshire and Peterborough, 2023. Data source: dashboard*

| | Cambridgeshire | Peterborough |
|---|---|---|
| Any mental disorder | 6,501 | 2,554 |
| | | |
| Any emotional disorder | 4,052 | 1,592 |
| *Any anxiety disorder* | 3,583 | 1,408 |
| Separation anxiety | 258 | 101 |
| Generalised anxiety disorder | 724 | 284 |
| Obsessive compulsive disorder | 294 | 116 |
| Specific phobia | 400 | 157 |
| Social phobia | 469 | 184 |
| Agoraphobia | 218 | 86 |
| Panic disorder | 511 | 201 |
| Post-traumatic stress disorder | 265 | 104 |
| Other anxiety disorder | 762 | 299 |
| Body dysmorphic disorder | 448 | 176 |
| *Any depressive disorder* | 1,231 | 483 |
| Major depressive episode | 855 | 336 |
| Other depressive episode | 376 | 148 |
| *Mania/Bipolar affective disorder* | 12 | 5 |
| | | |
| Any behavioural disorder | 2,821 | 1,108 |
| Oppositional defiant disorder | 1,560 | 613 |
| Conduct disorder confined to family | 41 | 16 |
| Unsocialised conduct disorder | 275 | 108 |
| Socialised conduct disorder | 660 | 259 |
| Other conduct disorder | 285 | 112 |
| | | |
| Any hyperactivity disorder | 902 | 354 |
| Hyperkinetic disorder | 747 | 293 |
| Other hyperactivity disorder | 155 | 61 |
| | | |
| Any less common disorder | 991 | 389 |
| Pervasive Developmental Disorder (PDD)/Autism | 553 | 217 |
| Eating disorders | 267 | 105 |
| Tics/Other less common disorders | 284 | 111 |

## Protective and risk factors

In Cambridgeshire and Peterborough:

- Children in care: there were 426 children in care (aged between 10 and 15) in 2021 (Office for Health Improvement and Disparities, 2023). Nationally, 45% of children in care, and 72% of children in residential care, have a diagnosable mental health condition (Lewis & Lenehan, 2012).
- Contact with the criminal justice system: 119 children and young people (aged between 10 and 17) in Cambridgeshire and Peterborough were first-time entrants to the youth justice system in 2021 (Office for Health Improvement and Disparities, 2023). One large scale survey found that 95% of people in Young

Offender Institutions have a mental health condition, and 80% had multiple mental health conditions (Lader et al., 2003).

- Educational attainment: there is a gap between the average attainment 8 scores in all pupils, and pupils who are eligible for free school meals, across all districts in Cambridgeshire and Peterborough (Office for Health Improvement and Disparities, 2023).
- Physical activity: fewer than half of children and young people (aged 5 to 16) in Cambridgeshire and Peterborough meet recommended levels of physical activity (Office for Health Improvement and Disparities, 2022). Evidence suggests that physical activity helps to reduce depression symptoms, reduce anxiety and improve the self-esteem of children and young people; whilst sedentary behaviour is associated with poor mental health (Biddle & Asare, 2011).
- School absences: local rates of persistent absences from secondary schools (attendance below 90%, the equivalent of missing at least one day a fortnight) have increased since the 2018/19 school year (Office for Health Improvement and Disparities, 2022). Children who have a mental health condition are more likely to be absent from school (NHS Digital, 2022), which may disrupt their education and risks exacerbating inequalities.

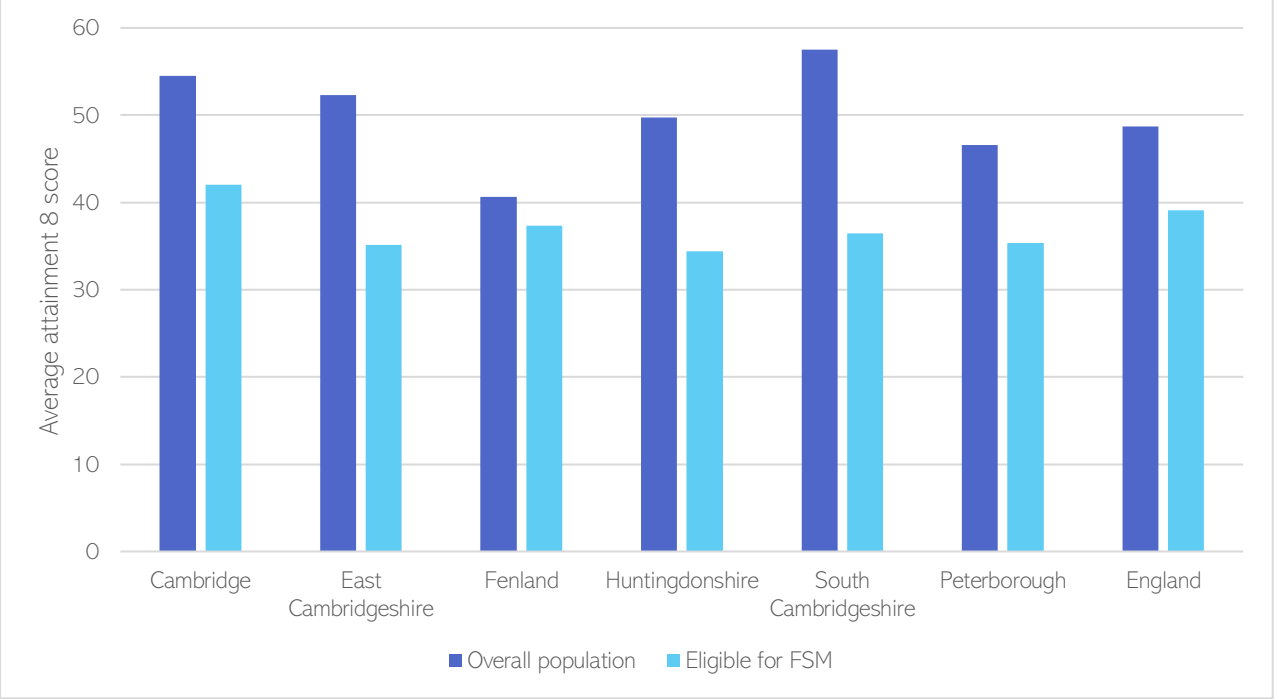
## Education attainment

Education disparities faced by students who grow up in income-deprived households (and are eligible for free school meals) are associated with lower earnings later in life (Office for National Statistics, 2022d), which is an important wider determinant of mental health. International studies have shown that pupils dealing with mental health problems (particularly depression) are likely to go on to have poorer school attainment, particularly in the later teenage years (Riglin et al., 2014).

### *What is the local picture?*

There is a substantial gap between average attainment 8 scores, and the average attainment 8 scores of pupils who are eligible for free school meals, across all areas of Cambridgeshire and Peterborough.

*Figure 21: Average attainment 8 scores in all pupils, and pupils eligible for free school meals (FSM), 2021/22. Data source: Fingertips*



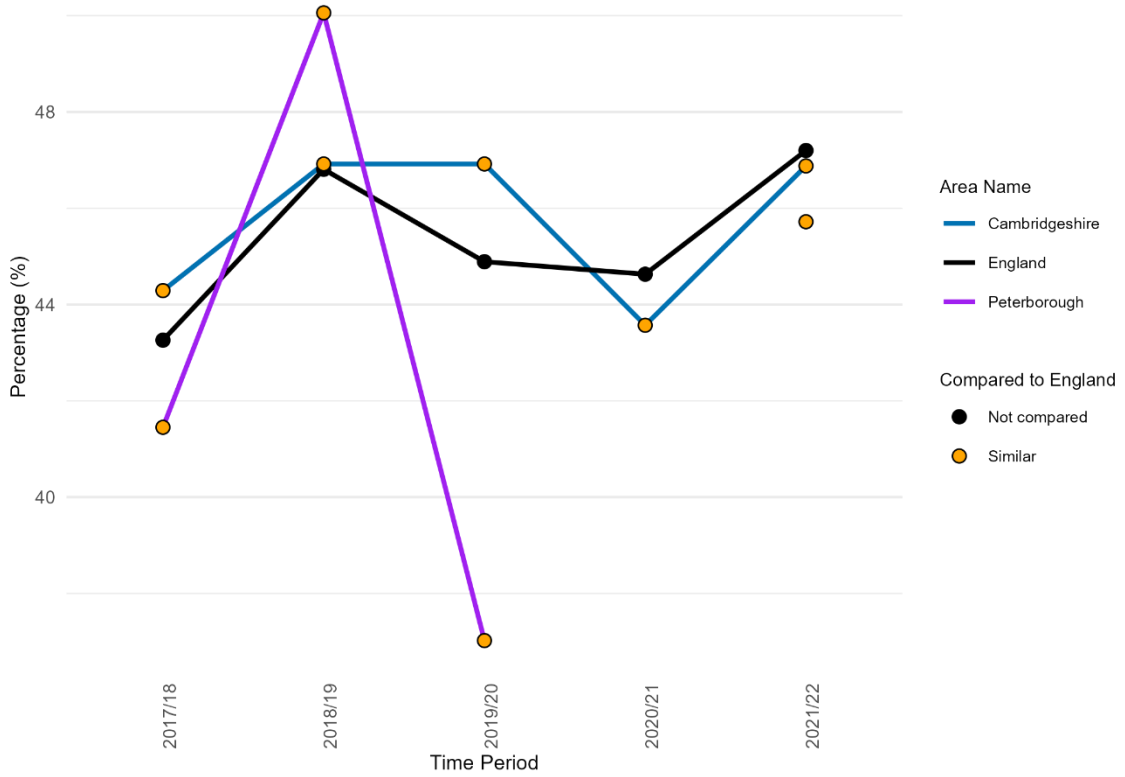
## Physical activity

Evidence suggests that physical activity helps to reduce depression symptoms, reduce anxiety and improve the self-esteem of children and young people; whilst sedentary behaviour is associated with poor mental health (Biddle & Asare, 2011).

### *What is the local picture?*

It is recommended that all children do 60 minutes of moderate-to-vigorous physical activity (such as playing in the park) per day, across each week. However, fewer than half of children and young people (aged 5 to 16) in Cambridgeshire and Peterborough meet recommended levels of physical activity (Office for Health Improvement and Disparities, 2022). This is statistically similar to the national average.

*Figure 22: Percentage of physically active children and young people (aged 5 to 16), 2018/19 – 2020/21. Data source: Fingertips*

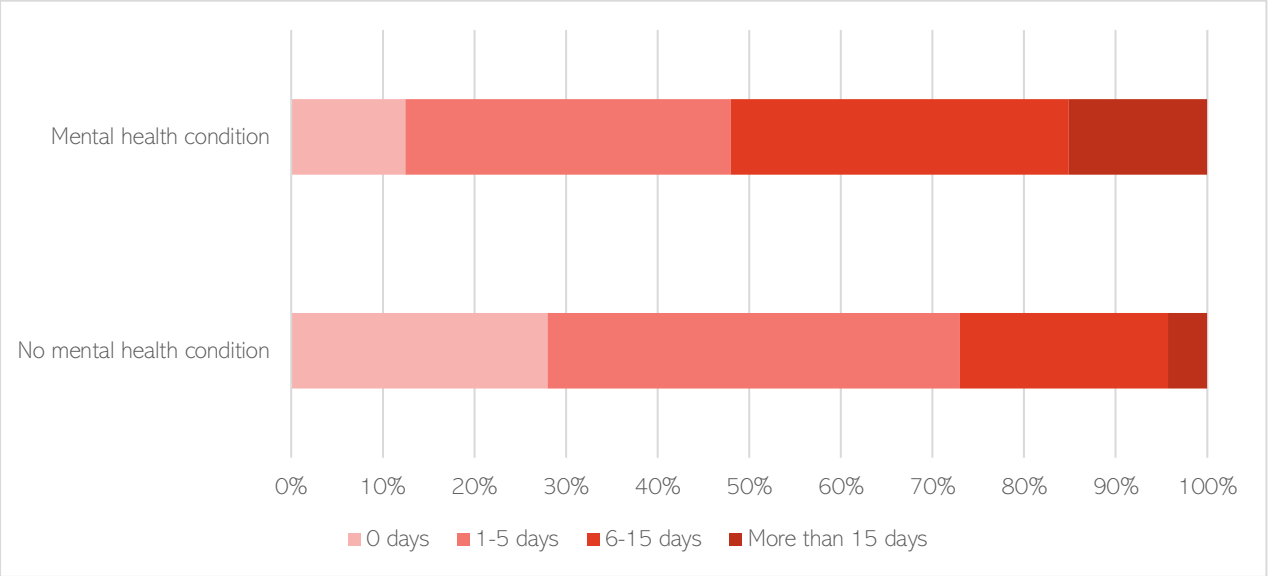



*Note: to be classed as 'physically active', children must do 60 minutes of moderate-to-vigorous physical activity per day, across each week.*

## School absences

- Children who have a mental health condition are more likely to be absent from school (NHS Digital, 2022), which may disrupt their education and risks exacerbating inequalities.
- National data shows that 28% of 11- to 16-year-olds without a mental health did not miss any days from school in 2022, compared to 12% of those with a probable mental health condition (28%). 15% had missed over 3 weeks of school, compared to 4% of those unlikely to have a mental health condition (NHS Digital, 2022).

*Figure 23: Number of missed days of schooling by mental health of 11- to 16-year-olds in 2022. Data source:* (NHS Digital, 2022)



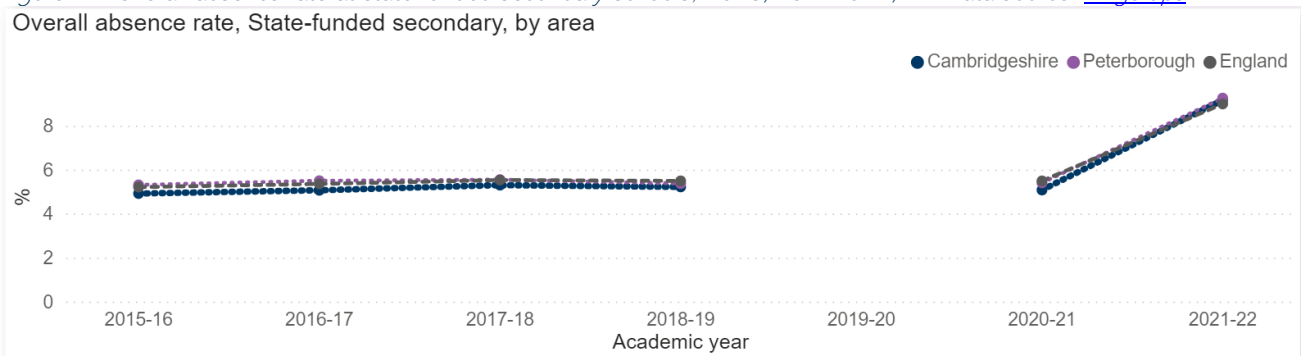

*Note: this survey did not give a full assessment of mental health, and instead estimated the likelihood that a child or young person had a mental health condition, classifying this as either: unlikely, possible or probable.*

- A national survey carried out in summer term of 2021 found that many schools were experiencing above average levels of pupil attendance issues, and that pupil anxiety was the most common reasons for absence from school (Department for Education, 2022b).
- Young carers, children who are not accessing the support they need with their mental health and children with special educational needs and/or disability (SEND), and children with a history of exclusion and absence are at higher risk of persistent absence (Children's Commissioner, 2023a).
- Nationally, the number of children who missed 50% of more possible education sessions almost doubled from the 2018/19 to the 2021/22 school year (Children's Commissioner, 2023a). Many of these absences for reasons other than just illness, suggesting this cannot be explained by COVID-19 infections preventing people from attending school.

### *What is the local picture?*

Overall absence rates from secondary schools have risen both locally and nationally since 2020/21, to 9.2% in Cambridgeshire, 9.3% in Peterborough and 9.0% across England.

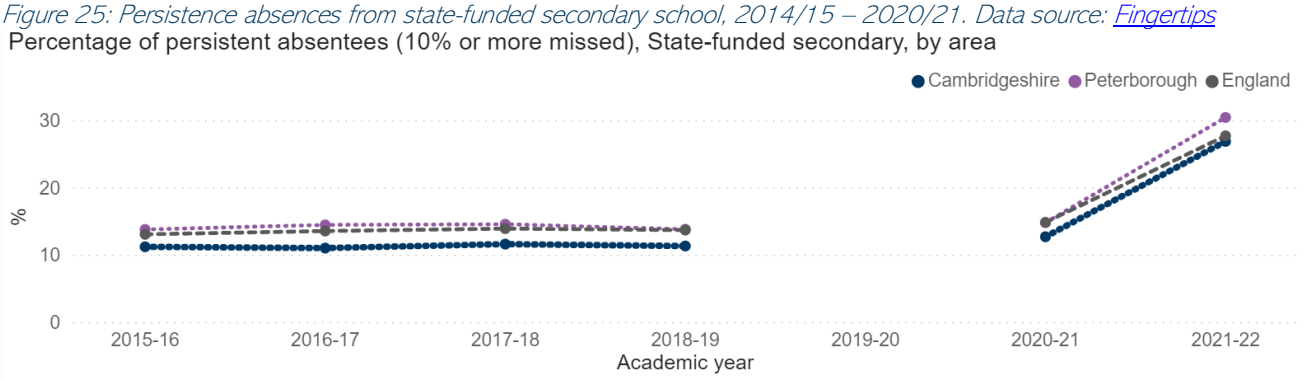
*Figure 24: Overall absence rate at state-funded secondary schools, 2015/16 – 2021/22. Data source: Fingertips*




Locally, rates of persistent absences from secondary schools (defined as attendance below 90%, the equivalent of missing at least one day a fortnight) have also increased since 2018/19, in line with national trends. Over a quarter of students were persistently absent from secondary school in 2020/21. The proportion of secondary school

students who were persistently absent from school was higher in Peterborough (30.0%), compared to Cambridgeshire (26.9%) or the national average national (27.7%).

*Figure 25: Persistence absences from state-funded secondary school, 2014/15 – 2020/21. Data source: Fingertips*




The rate of pupils who miss 50% or more school sessions (severe absences) has also increased in recent years. Special schools (schools that provide specialist support for pupils with special education needs) have the highest proportion of school absences, compared to primary and secondary schools.

## What do children, young people and families say is important to mental health and wellbeing?

In 2021, the Children's Commissioner carried out a survey of over half a million children and young people in England (equivalent to almost 6% of this age group) (Children's Commissioner, 2022). This survey showed that young people want their schools to be a place where everyone feels able to talk about their mental health and where they can access mental health support if needed.

> *'We shouldn't just have assemblies on mental health because it's Mental Health Awareness Week. We should have them in general and all year round' – Boy, aged 15* (Children's Commissioner, 2022)

Young people also highlighted they want to be able to access early support for their mental health, and that they face difficulties accessing specialist mental health services. Some young people found it very difficult to access support, particularly those dealing with past trauma, and were told by services that they were not 'high risk' enough to meet NHS thresholds for specialist support (Children's Commissioner, 2022).

> *'How far does it have to get? Sometimes to you sit there and you think what I have to actually do to get the support, how far do I have to go?' – Girl, 15, in focus group* (Children's Commissioner, 2022)

A 2019 study, involving local people (over 200 children and young people, parents and professionals) in the East of England emphasise the role that education can play in promoting good mental health as top priority for mental health services (Howarth et al., 2019). They also suggest that focus should be on how mental health services are accessed and delivered, rather than the specific types of support available. Local people feel that successful mental health services should be measured in terms of children and young people's ability to participate in their day-to-day lives, including the quality of their relationships and ability to enjoy and achieve at school, rather than focusing on symptoms of mental illness (Howarth et al., 2019).

## What works to promote good mental wellbeing?

There is a range of evidence-based interventions to promote children and young people's mental wellbeing. Many of these interventions may also help protect against the development of mental health conditions.

### *School-based interventions*

Whole school approaches to mental health are endorsed by NICE guidelines (NICE, 2022), Public Health England, and the Department of Education (Public Health England & Department of Education, 2021). When well-delivered,

school-based interventions can provide children and young people with the skills they need to thrive academically and socially; help them to develop essential behavioural skills (UNICEF, 2021b); and particularly benefit children and young people at higher risk of developing mental health conditions (Weare & Nind, 2011). They also have a strong economic argument: for every £1 invested in school-based interventions targeting depression, anxiety and suicide, there is a return on investment of £21.50 over 80 years (UNICEF, 2021a).

A systematic review of school-based interventions found that (Clarke et al., 2021):

- There is strong evidence that universal social and emotional learning interventions enhance young people's social and emotional skills, and lead to short-term reductions in depression and anxiety.
- Universal and targeted cognitive behavioural therapy (CBT) can reduce symptoms of depression and anxiety in the short- and medium-term.
- There is a range of evidence supporting the reduction of risk factors in schools:
    - Bullying prevention interventions can lead to long-term reductions in bullying frequency.
    - Some evidence suggests that programmes targeted at young people at risk of experiencing sexual violence can reduce sexual violence and harassment.
    - Violence prevention interventions can have a small and short-term impact on aggressive behaviour.
- High-quality programme implementation (delivery quality, the number of sessions and student engagement) are vital for programmes to be successful, with some studies finding that there were only positive impacts when programmes were well implemented.
- Some interventions, including depression and anxiety prevention programmes, are more effective when targeted at young people showing symptoms of these conditions.

This review highlighted that schools should be supported to use well-evidenced programmes to improve young people's wellbeing (Clarke et al., 2021). It recommended that programmes are more likely to be successful when introduced as part of a whole-school approach to improving mental health and wellbeing, which consider mental health and wellbeing within the curriculum, behavioural policies, pastoral support, engagement with the broader school community and staff wellbeing. Teachers need to be supported to respond to young people's mental health needs; and there should be external mental health professionals to support the most vulnerable pupils (Clarke et al., 2021).

The Mental Health Foundation has identified facilitators and barriers to the implementation of effective mental health support in schools (Abdinasir, 2019):

*Table 18: Facilitators and barriers to the implementation of effective mental health support in schools. Adapted from:* (Abdinasir, 2019)

| Facilitators | Barriers |
|---|---|
| • A whole organisation approach to mental health<br>• Leadership and management that values wellbeing<br>• Students having an active role in their learning and a voice in the community<br>• Attention to staff development, health and wellbeing<br>• Effective identification of need for mental health support<br>• Working with parents and carers, with high levels of engagement<br>• Targeted support for young people with particular needs | • Funding constraints<br>• A lack of staff training and support in mental health<br>• Low levels of wellbeing among school staff<br>• Limited involvement of schools in local health and care partnerships<br>• Inconsistent or limited national guidance |

***What is the local picture?***

- Healthy Schools provides training and resources to support a whole school approach to promoting resilience and mental health. 13 schools have currently achieved the full Healthy Schools accreditation and 37 are on the pathway.

- Many schools in Cambridgeshire and Peterborough are supported by Mental Health Support Teams (MHSTs), which promote the whole school approach to mental health (add link).
- Artscapers is a mental health art-in-nature programme running in schools in Cambridgeshire, which has been shown to improve children's wellbeing.

*Afterschool*

- Afterschool programmes aimed at developing the social skills of children and young people (aged 5 to 18) have been associated with increased self-esteem, greater academic achievement, and reduced problem behaviours (Durlak et al., 2010). This research on 'after school programmes' focused on activities for children in primary and secondary (age 5 to 18) that took place after school hours.

How can community spaces impact wellbeing?

- The Space to Thrive report highlights the importance of community spaces, such as community hubs, sports facilities and green spaces, in supporting the mental health (Locality, 2023):
  - These spaces can offer a free or low-cost 'third space' outside of school and home, where children and young people can have fun, learn new skills and build relationships.
  - Voluntary and community sector organisations report that community spaces improve wellbeing and reduce demand for acute mental health services. They also suggest that community spaces increase social connection, sense of belonging, and improve wellbeing.
  - Many community organisations face challenges, including relying on short-term funding, workforce issues and being used as a 'holding space' for young people with complex mental health needs who are waiting to access to mental health services.
- Children and young people living in rural areas may be less able to access youth services that would be protective for their mental health (Environment Food and Rural Affairs Committee, 2023).

*What is the local picture?*

- A 2023 survey of families across Great Britain found that 1 in 10 children worry about not having anywhere safe to go in their neighbourhood in summer. 46% of parents and carers said they will struggle to afford family holidays and days out, and 1 in 5 will not be able to take time off work to spend time with their children (Barnardo's, 2023). The children's charity Barnardo's has warned that the risk of exploitation for children will increase over the holidays, due to rising levels of poverty (Barnardo's, 2023).
- Since 2010, there has been a 30% reduction in the number of children's centres in Cambridgeshire; and a 53% reduction in the number of children's centres in Peterborough (Department for Education, 2022a). There is a range of programmes for children and young people in Cambridgeshire and Peterborough, such as youth groups run by Romsey Mill (Hedges et al., 2019).

### Additional Resources

- Missed opportunities: 11-15 years olds
- Attendance is everyone's business, which has child-centred solutions for tackling school absences
- Working together to improve school attendance: Guidance for maintained schools, academies, independent schools, and local authorities
- Reports from the Department of Education and Children and Young People's Mental Health Coalition on behaviour and mental health in schools
- Making the grade: How education shapes young people's mental health
- Promoting children and young people's mental health and wellbeing A whole school or college approach
- Resources for schools and colleges from the Anna Freud Centre
- Persistent absence and support for disadvantaged pupils

## Entering adulthood (age 17 to 25)

- Young people aged 17 to 25 are entering adulthood. Mental health conditions that occur at this age can have long-term impacts on young adult's lives, which can increase over time and impact future life chances, including increasing the likelihood of difficulties at education and unstable employment (Khan, 2016).
- It has been estimated that around a quarter of disability (measured in disability-affected life years or DALYs) experienced by young people aged 15-19 in Cambridgeshire and Peterborough is due to mental health conditions (Institute for Health Metrics and Evaluation, 2022), making this a major proportion of the burden of disease.
- Entering adulthood often comes with multiple transition points, such as leaving school, entering the workforce, and moving out of the family home. Young adults experiencing difficulties with finances, housing, education and employment are more likely to experience poor mental health.

### Local strategies

Recent local strategies have highlighted the importance of working with young people, to support their transition to adulthood; and the need for help and treatment for young people who are not in employment, education or training (NEET).

*Table 19: Summary of recent local strategies relating to the mental health of young adults*

| | Strong Families, Strong Communities (2021-2026) | Suicide Prevention Strategy (2022-2025) | Cambridgeshire and Peterborough's children and young people's mental health strategy (2022-2025) | Joint Health and Wellbeing Integrated Care Strategy (2022 – 2030) |
|---|---|---|---|---|
| Supporting young adults to make a successful transition to adulthood | X | | | |
| Safeguarding and creating opportunities for at risk adolescents | X | | | |
| Suicide prevention for young adults outside of education settings | | X | | |
| Whole school approach to supporting mental health | | | X | X |
| Increasing the capacity for health and treatment for 16-25 year olds | | | X | |

| | | | | |
|---|---|---|---|---|
| Clear communications and guidance around mental health for young adults | | | X | X |
| Support for young people not in education, employment or training | | X | X | |
| Reducing the number of 16-17 year olds who are not in education, employment or training | | | | X |

## Demographics

- In Cambridgeshire and Peterborough in 2021, there were 51,080 young people aged between 15 and 19 (5.7% of the total population) and 55,561 young adults aged between 20 and 24 (6.2% of the total population) (Office for National Statistics, 2022b).
- Young adults (aged 20-24) make up 14.3% of the population of Cambridge City, in part due to the high number of university students of this area (Office for National Statistics, 2022b).

## Mental health need

Based on the national NHS Mental Health of Children and Young People Surveys (NHS Digital, 2022), it is estimated that there are 5,273 children aged between 17 and 19 with a diagnosable mental health condition, autism or ADHD in Cambridgeshire and Peterborough (95% confidence interval: 4,567 - 6,064). Note that autism and ADHD are not mental health conditions, but are included here as young people seeking a diagnosis are child and adolescent mental health services (via YOUnited).

*Table 20: Estimated prevalence of mental health conditions in children (aged 17 – 19) in Cambridgeshire and Peterborough. Data source: dashboard*

| Area name | Estimate | Lower estimate | Upper estimate |
|---|---|---|---|
| Cambridge | 1,527 | 1,323 | 1,756 |
| East Cambridgeshire | 414 | 359 | 476 |
| Fenland | 498 | 431 | 573 |
| Huntingdonshire | 838 | 725 | 963 |
| Peterborough | 1,195 | 1,035 | 1,374 |
| South Cambridgeshire | 801 | 694 | 921 |
| Total | 5,273 | 4,567 | 6,064 |

*Note: lower and upper estimates are generated from 95% confidence intervals*

Full breakdowns by type of condition, which include upper and lower estimates based on 95% confidence intervals, are included in the dashboard (add link).

*Table 21: Estimated prevalence of mental health conditions in young adults (aged 17 to 19) in Cambridgeshire and Peterborough, 2023. Data source: dashboard*

| | Cambridgeshire | Peterborough |
|---|---|---|
| Any mental disorder | 4,078 | 1,195 |
| | | |
| Any emotional disorder | 3,597 | 1,054 |
| *Any anxiety disorder* | 3,150 | 923 |
| Generalised anxiety disorder | 771 | 226 |
| Obsessive compulsive disorder | 165 | 48 |
| Specific phobia | 154 | 45 |

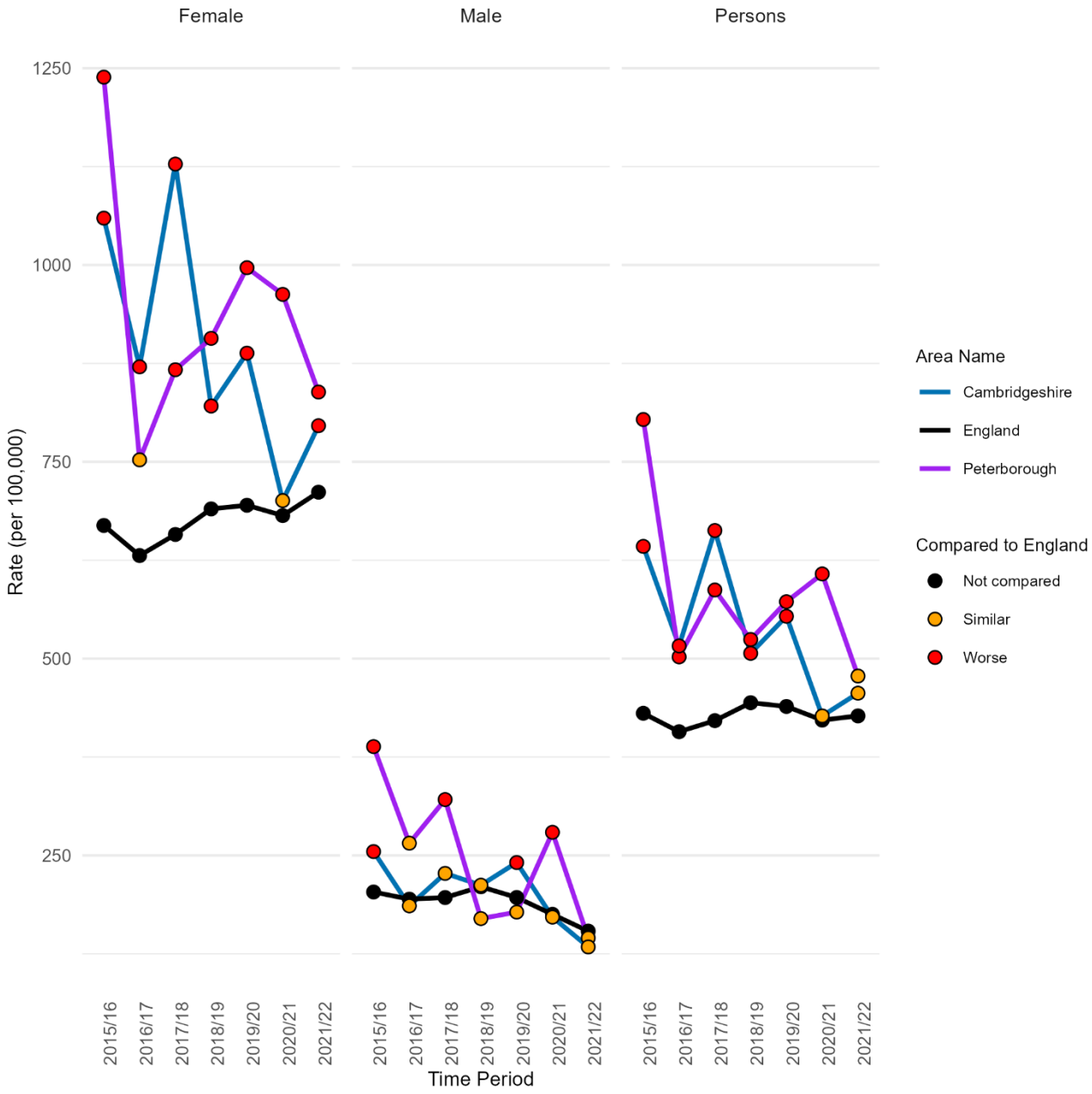
| | | |
|---|---|---|
| Social phobia | 431 | 126 |
| Agoraphobia | 407 | 119 |
| Panic disorder | 830 | 243 |
| Post-traumatic stress disorder | 320 | 94 |
| Other anxiety disorder | 545 | 160 |
| Body dysmorphic disorder | 756 | 221 |
| *Any depressive disorder* | 1,162 | 340 |
| Major depressive episode | 848 | 248 |
| Other depressive episode | 314 | 92 |
| *Mania/Bipolar affective disorder* | 31 | 9 |
| | | |
| Any behavioural disorder | 191 | 56 |
| Oppositional defiant disorder | 86 | 25 |
| Socialised conduct disorder | 51 | 15 |
| Other conduct disorder | 53 | 16 |
| | | |
| Any hyperactivity disorder | 191 | 56 |
| Hyperkinetic disorder | 104 | 30 |
| Other hyperactivity disorder | 88 | 26 |
| | | |
| Any less common disorder or condition | 430 | 126 |
| Pervasive Developmental Disorder (PDD)/Autism | 118 | 35 |
| Eating disorders | 188 | 55 |
| Tics/Other less common disorders | 149 | 44 |

## Self-harm

Self-harm is when somebody intentionally damages or injures their body and can be a way of expressing or coping with overwhelming emotional distress. Hospital admissions data provides one insight into self-harm, although as it does not capture the true prevalence within our local area. A detailed review of self-harm prevalence in children and young people in Cambridgeshire and Peterborough was carried out by Fullscope in 2022 (Fullscope, 2022). Self-harm will also be covered in chapter 8 of the mental health needs assessment.

There were over 700 hospital admissions due to self-harm amongst children and young people (aged 10 to 24) in Cambridgeshire and Peterborough 2020/21. The rate of hospital admissions was above the national average in both Cambridgeshire and Peterborough from women and girls, but similar to the national average in men and boys.

*Figure 26: Hospital admissions due to self-harm in 10- to 24-year-olds per 100,000 of the population, 2008/9 – 2020/21. Data source: Fingertips*




## Protective and risk factors

Young adults experiencing difficulties with finances, housing, education and employment are more likely to experience poor mental health.

- Homelessness: in 2021/22, there were 934 households in Cambridgeshire and Peterborough owed duty under the Homelessness Act where the main applicant was aged 16 to 24 (Office for Health Improvement and Disparities, 2022). The estimated prevalence of mental health conditions in young people experiencing homelessness ranges from 48 to 98% (Hodgson et al., 2013).
- Substance use: there were 185 hospital admissions due to substance use in young people (aged 15 to 24) in 2018/19 to 20/21. Hospital admissions due to substance use are below the national average in both Cambridgeshire and Peterborough.

- University students: In Cambridge, there are around 12,000 students at Anglia Ruskin University and 24,000 students at the University of Cambridge. The prevalence of mental health conditions seems to be similar in university student and non-student populations (Royal College of Psychiatrists, 2021a).
- Young parents: in 2020/21, there were 45 new mothers under the age of 18 across Cambridgeshire and Peterborough (Office for Health Improvement and Disparities, 2022). Mothers under 20 have higher rates of poor mental health for up to 3 years after birth, and are 3 times more likely to experience postnatal depression, compared to older mothers (Public Health England, 2019a).
- Young people not in employment, education or training (NEET): in 2021, 2.9% of 16- and 17-year-olds (381 young people) in Cambridgeshire were either NEET or their activity was unknown; compared to 5.0% of 16- and 17-year-olds in Peterborough (254 young people) (Department for Education, 2021). Amongst young people who are NEET, there is a high prevalence of mental health problems and substance abuse issues (Goldman-Mellor et al., 2016).

## University students

The prevalence of mental health conditions seems to be similar in university student and non-student populations (Royal College of Psychiatrists, 2021a). However, some students can be at greater risk of experiencing mental health conditions due to a combination of academic, social and financial factors (Thorley, 2017). A review of risk and protective factors for students found that (Campbell et al., 2022):

- LGBTQ+ students are at 1.5 to 4.5 times more likely to have mental health problems, including depression, anxiety, self-harm and suicidal behaviour.
- Experiences of childhood trauma are significantly associated with poor mental health, although it is unclear if this poses additional stresses for students at university.
- Autistic students are more likely to experience depression than their peers.
- Students with a personal or family history of mental illness are more likely to experience mental health problems during university.
- Protective factors include social support and psychological strengths (such as self-esteem and resilience).

Nationally, suicide rates amongst university students have increased since 2010. However the suicide rate is lower in students compared the same age group in the general population (Gunnell et al., 2020).

### *What is the local picture?*

Half of all young adults enter higher education by the time they are 30 years old (Universities UK, 2021). In Cambridge, there are around 12,000 students at Anglia Ruskin University and 24,000 students at the University of Cambridge.

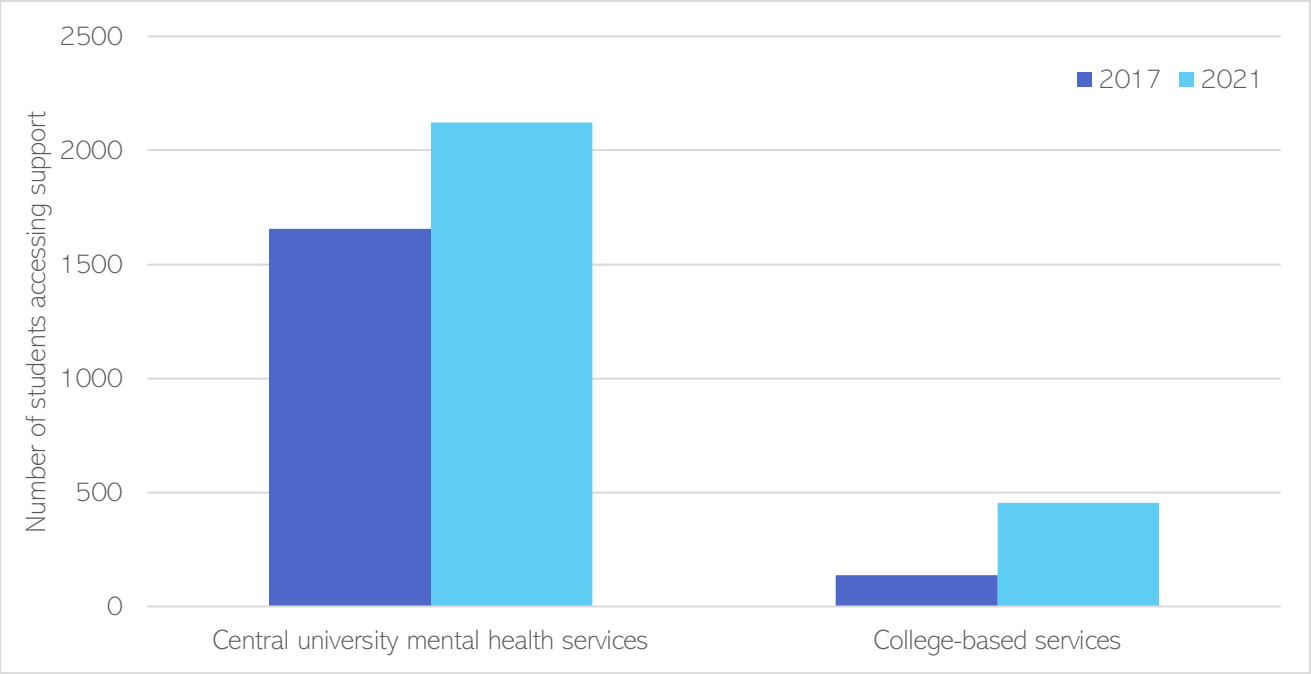
- A 2018 survey of over 1700 students at Anglia Ruskin University found that (Belcher, 2018):
    - 1 in 3 students reported having a mental health condition before coming to university.
    - Most respondents experienced stress, anxiety and sleep problems whilst at university.
    - Half of students were worried about their own mental health and/or the mental health of a friend.
    - 2 in 3 students felt their studies had contributed to their mental health problems.
- A 2018 survey at the University of Cambridge found that (Ropek-Hewson, 2019):
    - 67% of postgraduate students reported having mental health problems (both diagnosed and undiagnosed). Women, LGBTQ+ students, and students in the humanities were more likely to report mental health problems.
    - 61% of respondents felt that a 'competitive and high pressured university environment' had impacted their mental health; and 37% reported that financial problems had an impact.

In terms of accessing support:

- A 2018 survey of over 1700 students at Anglia Ruskin University found that concerns about waiting times for the Counselling and Wellbeing Service, as well as the availability of counsellors, were common (Belcher, 2018).

- There was a 28% increase in the number of people accessing support from the University of Cambridge's central mental health services from 2017 to 2021 (Shepka & Mulroy, 2022). 3 times as many people sought out mental health support from college-based mental health services over this time period.

*Figure 27: How many students accessed the following forms of mental health support at the University of Cambridge, in 2017 and 2021? Data source: (Shepka & Mulroy, 2022)*




### What do young people and families say is important to mental health and wellbeing?

Agnes to add: supported accommodation project (Centre 33) highlights the importance of giving young people a voice; report from The Kite Trust

### What works to promote good mental wellbeing?

There is a range of evidence around the promotion of good mental wellbeing in adults, which will be covered in chapter 4 of the needs assessment.

### Additional Resources

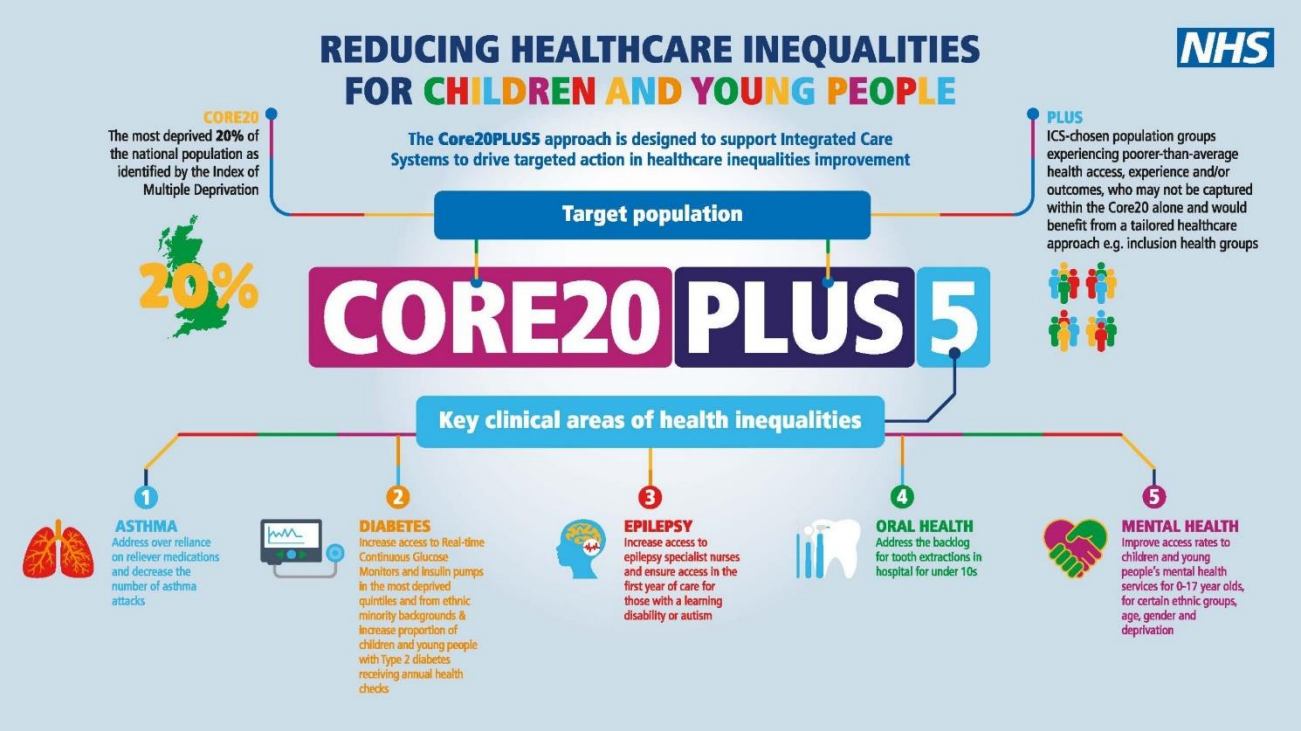
- Missed opportunities: 16-25 years olds
- On My Mind: How adolescents experience and perceive mental health around the world
- Young and Homeless 2021
- Young People's Mental Health in the Workplace: A report for the Health Foundation's Young People's Future Health Inquiry
- Persistent absence and support for disadvantaged pupils

# Inequalities

There are well-established risk factors for poor mental health in young people. These factors were detailed in the Children and Young People's Mental Health Strategy (Cambridgeshire and Peterborough Integrated Care System, 2022f) and the Mental Health and Wellbeing Pre-birth to Age 25 years Needs Assessment November 2019 (Hedges et al., 2019).

- NHS England has developed CORE20PLUS5 model to understand health inequalities. 'Improving access rates to children and young people's mental health services for 0–17-year-olds, for certain ethnic groups, age, gender and deprivation' is a key priority of this model (NHS England, 2023a)

*Figure 28: CORE20PLUS5 model for understanding healthcare inequalities for children and young people. Image source: NHS England*




## Inequalities in mental health

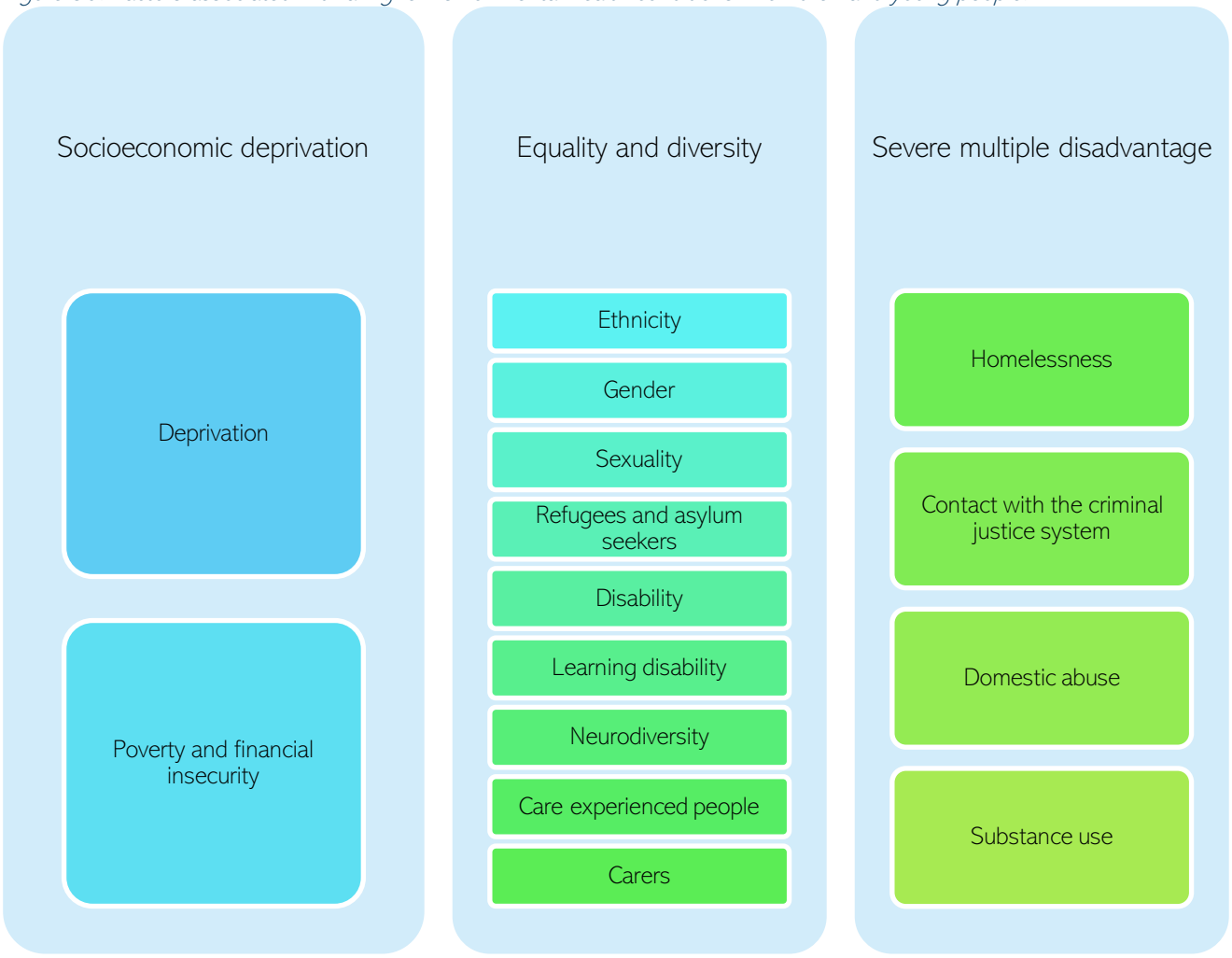
Chapter One of this needs assessment includes more information on relevant wider determinants of health in Cambridgeshire and Peterborough:

- Deprivation
- Poverty and financial insecurity
- Homelessness, housing and environmental justice
- Education and life-long learning
- Employment and working conditions
- Crime, safety and violence
- Community wellbeing

*Figure 29: Wider determinants of mental health covered in chapter one of this needs assessment*


Chapter two covers population groups that are more likely to experience inequalities in mental health, in terms of: increased risk of experiencing mental health conditions, risk factors, and inequalities in the access, experience and outcomes from mental health services.

*Figure 30: Factors associated with a higher risk of mental health conditions in children and young people.*




## Socioeconomic deprivation

- Deprivation: 1 in 5 children in Peterborough and Fenland live in income deprived households, which is a significantly higher level than the national average (Office for Health Improvement and Disparities, 2022).
- Poverty and financial insecurity: there are over 25,000 children (under 16s) in Cambridgeshire and Peterborough living in low income families (Office for Health Improvement and Disparities, 2022)

## Equality and diversity

- Ethnicity: 30% of school pupils in Cambridgeshire and 56% in Peterborough classified themselves as belonging to an ethnic group other than White British in the 2022/23 school year (Department for Education, 2023b).
- Gender: national data shows that 1% of 16- to 24-year-olds are transgender (Office for National Statistics, 2022a). There is a lack of data on younger age groups.
- Sexuality: national data states that 7% of 16- to 24-year-olds are LGB+ (Office for National Statistics, 2022c). There is a lack of data on younger age groups.
- Refugees and asylum seekers: there is a lack of local data on the number of children who are refugees or seeking asylum (Cambridgeshire and Peterborough Integrated Care System, 2022f).
- Disability: there are 19,000 school pupils in Cambridgeshire and Peterborough with a statutory special education need (SEN) plan or receiving SEN support (Cambridgeshire and Peterborough Integrated Care System, 2022f).

- Learning disability: add data from Emily. The mental health needs of children and young people with learning disabilities will be covered in the Cambridgeshire and Peterborough Learning Disabilities Needs Assessment (published in 2024).
- Neurodiversity: it is estimated that there are over 2,700 autistic people aged between 5 and 24 in Cambridgeshire and Peterborough (Cambridgeshire County Council & Peterborough City Council, 2021). There will be a specific chapter of the mental health needs assessment focusing on neurodiversity (published in 2024).
- Care experienced people: in 2022, there were 597 children in care in Cambridgeshire and 354 children in care in Peterborough (LG Inform, 2022).
- Young carers: it is estimated that there are 5,000 young carers aged between 11 and 17 in Cambridgeshire and Peterborough (Cambridgeshire and Peterborough Integrated Care System, 2022f).

### Severe multiple disadvantage

*'The young people we are focusing on are unlikely to self-diagnose mental health difficulties or self-refer themselves for treatment and help. Already under extreme pressure, often struggling with school and most at risk of being targeted by those wishing to exploit them, these young people need mental health support that seeks them out, delivers in a way that meets their needs in the community and is there for the long term.' – Children and Young People's Mental Health Coalition (Children and Young People's Mental Health Coalition & Centre for Mental Health, 2022)*

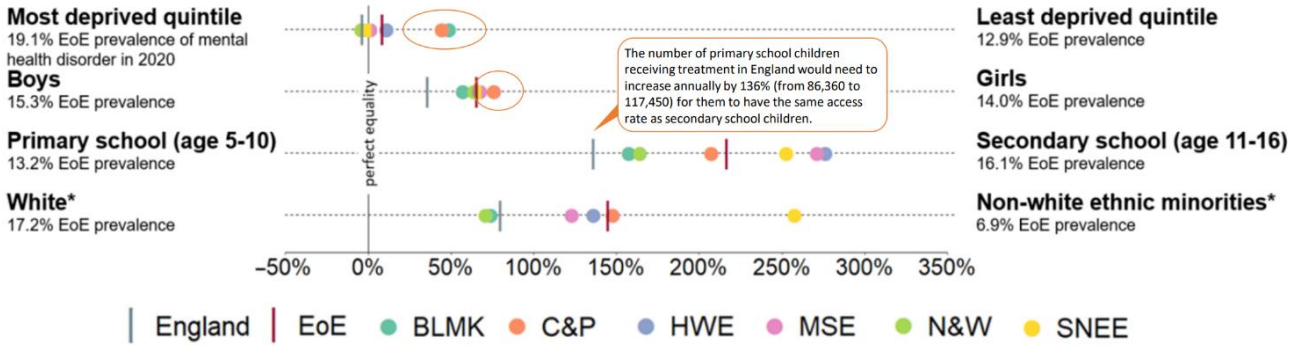
- Contact with the criminal justice system, including the wider needs of young offenders: there were 119 first time entrants to the youth justice system (aged 10 to 17) in 2021 (Office for Health Improvement and Disparities, 2022).
- Homelessness: 2381 young people (aged 16 to 24) in Cambridgeshire and Peterborough approached by their local authority because they were homeless, or at risk of being homeless, in 2021/21 (Centrepoint, 2023).
- Victims of crime: national data suggests that 12.0% of children under 12, and 18.4% of young people aged 11 to 17, have witnessed domestic abuse or threatening behaviour at home (Moroz, 2021).
- Substance use, including parental substance use: there were 185 hospital admissions due to substance use in young people (aged 15 to 24) from 2018/19 to 2020/21 (Office for Health Improvement and Disparities, 2022).
- School exclusion: it is estimated that almost all children who are excluded from school have some form of mental health condition (Gill et al., 2017).

### What are the largest inequalities in children and young people's mental health?

An analysis of inequalities in the two contact access rate (the number of children and young people who have received at least two contacts with a mental health service, following a referral) in 2020/21 showed that that greatest inequalities in access to services in Cambridgeshire and Peterborough were by age and ethnicity. Inequalities by deprivation and gender were larger in Cambridgeshire and Peterborough than in other areas in the East of England.

- This graph shows the percentage needed to increase the number of treated children and young people from the group on the left (e.g. boys) to have the same treatment access rate at the group on the right (e.g. girls). The greater the percentage, the larger the inequality.
- Ethnicity is unknown for 13.2% of treated patients; but even if we assume these patients all have a White ethnic background, there would still be an inequality. The grouping of ethnic groups into 'non-white ethnic minorities' is likely to have masked underlying differences within this group.
- This analysis was limited as it did not consider other factors that may be linked to inequalities (such as the presence of long-term health conditions) or overlapping experiences of inequalities (such as comparing access rates between boys living in highly deprived areas to girls living in less deprived areas).

*Figure 31: Inequalities in the two contact access rate in the East of England, 2020/21. Image source: Cambridgeshire and Peterborough Children and Young Persons Mental Health ICS Data Insight Pack (June 2022).*




*Note: EoE is the average for the East of England; BLMK is Bedfordshire, Luton and Milton Keynes Integrated Care System (ICS); C&P is Cambridgeshire and Peterborough ICS; HWE is Hertfordshire and West Essex ICS; MSE is Mid and South Essex ICS; N&W is Norfolk and Waveney ICS; and SNEE is Suffolk & North East Essex ICS.*

Wider research tells us that:

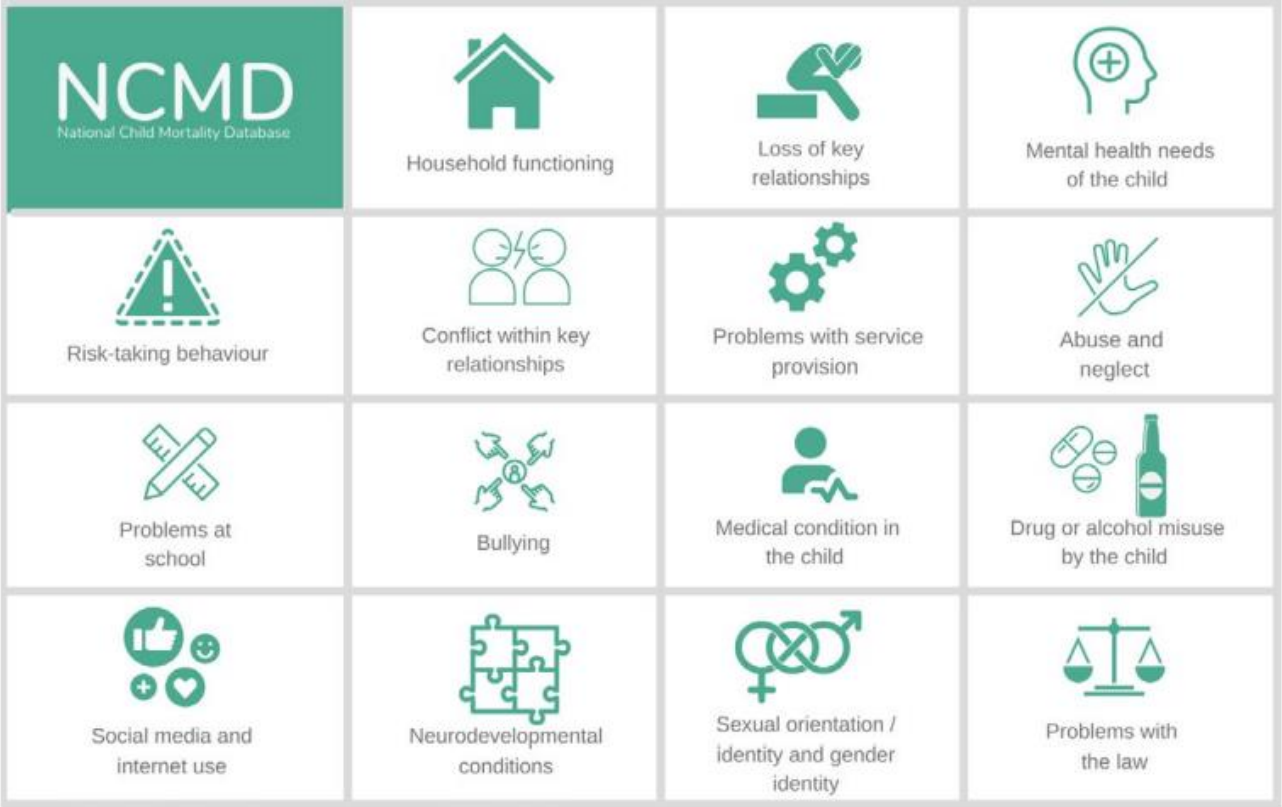
- The strongest risk factors for depression in young people are a family history of depression and psychosocial stress (with chronic severe stresses, such as negative family relationships and bullying, being the most impactful) (Thapar et al., 2012).
- Children and young people who were female, in their teenage years, or had neurodiverse or chronic physical health conditions were more likely to experience poor mental health in the first year of the COVID-19 pandemic (Samji et al., 2022b).

## What are the risk factors for suicide?

*'The death of a child by suicide is an unimaginable tragedy. A young life is lost, a family is devastated, the society where it happens is diminished. The risk, it should be stressed, is low but the need to improve prevention could not be higher.' – National Child Mortality Database*
(National Child Mortality Database, 2021)

The National Children Mortality Database analyses child deaths by suicide. The most recent report analysed the 108 probable suicides of children and young people (under 17s) between April 2019 and March 2020, which accounts for around 2 deaths per week (National Child Mortality Database, 2021). Suicides were more common in boys than girls, and 78% of deaths occurred in 15- to 17-year-olds (National Child Mortality Database, 2021). Common risk factors included factors relating to household functioning (such as parental separation and domestic abuse), loss of key relationships and mental health needs (National Child Mortality Database, 2021).

*Figure 32: Factors present in suicides, as identified in child death reviews in England from April 2019 to March 2020. Image source: National Child Mortality Database*




More recent data shows that deaths by suicide in children and young people did not increase during the first stage of the COVID-19 pandemic (form April to December 2020) (Odd et al., 2021).

## Barriers to accessing mental health support

General barriers to accessing mental health support were covered in chapter 2 of this needs assessment. A review exploring barriers to access with mental health services for children and young people identified (Radez et al., 2021):

***Structural barriers***

- Lack of funding for services
- Logistical barriers, such as lack of time
- Transportation barriers, particularly for people living in rural areas
- Costs associated with mental health services (such as time missing work)

***Healthcare system barriers***

- Lack of available services
- Lack of information about services (such as not knowing who to talk to)
- Long waiting times
- Inflexibility of services
- Complicated process of seeking help (such as having to make multiple phone calls)

***Individual barriers***

- Lack of mental health literacy (such as not knowing a problem is serious enough to need help)
- Preferences for informal support or managing their mental health by themselves
- Previous poor experiences with mental health services

- Expectations around healthcare professionals' attitudes (from both parents and young people)
- Concerns around confidentiality and/or sharing personal information with a stranger

Stigma can have a negative impact on children and young people with mental health conditions. It can damage their relationships with friends and family, and lead to exclusion from school, sports and community groups (Thornicroft et al., 2022). Young people who feel that their families do not take their problems seriously are less willing to seek out mental health support (UNICEF, 2021b); whilst encouragement from support networks is an important facilitator to young people accessing professional support for their mental health (Radez et al., 2021).

It is also important to highlight that many children and young people's referrals to mental health services are rejected: across England, an estimated 130,000 referrals to specialist services were rejected in 2018/19 (Children and Young People's Mental Health Coalition & Centre for Mental Health, 2022). Inappropriately high eligibility thresholds for services can mean that children and young people's mental health problems escalate to the point of crisis (Children and Young People's Mental Health Coalition & Centre for Mental Health, 2022).

## Additional barriers for 'at risk' groups

- National research suggests that children with complex or less well-understood needs, which do not fit clearly into diagnostic categories, may find it harder to access specialist support from the NHS. This includes support for children with conduct disorders (Crenna-Jennings & Hutchinson, 2019). This means that some individuals 'ricochet around services' and do not receive a good level of care (Children and Young People's Mental Health Coalition & Centre for Mental Health, 2022).
- Young adults are the most likely age group to experience poor mental health, but the least likely to identify that they have a condition that may benefit from treatment (Khan, 2016). This age group also faces specific barriers to accessing support (add link).

Barriers to accessing mental health support faced by university students

- National research suggests that fewer than 1 in 5 university students meeting criteria for mental health conditions seek or receive any treatment (Duffy et al., 2019).
- There has been an increase in demand for university mental health services over recent years, which may be due to increasing risk factors for poor mental health (such as financial pressures and social isolation) and decreased stigma around seeking support (Duffy et al., 2019).
- Continuity of care can be difficult for students. There are 'significant difficulties' coordinating care between primary and specialist care, and support provided by universities (Universities UK, 2021):
    - There is a lack of information sharing between higher education providers and NHS services, and students often need to report their stories multiple times when moving between university and GP services.
    - Students who experience more complex mental health issues which require support from secondary mental health services, often find frequent transitions between NHS trusts difficult, due to discontinuity of care and differing thresholds between mental health services.
    - Most of the student population is transient and moves between family homes and university several times per year. Students can often fall through gaps in care between home and university GPs, particularly if they move back home during periods of mental health crisis.
- International students may face additional barriers to accessing mental health support, because of language and cultural differences, and a lack of understanding of the UK healthcare system (Universities UK, 2021). The University of Cambridge has a higher proportion of international students than the national average (HESA, 2023).

## What do young people say about barriers to accessing care?

- Centre 33's Some to Talk To service supports people aged 13 to 25 with a range of issues, including emotional health, sexual health and finances. An evaluation of this service found that young people who chose to access this type of support had a higher level of psychological distress and presented with more

needs than young people who accessed traditional forms support (Snell & McHayle, 2022). Young people reported (Snell & McHayle, 2022):

- That the flexible support offered by Centre 33 made it easier for them to access services and ensure they get the right support for their mental health.
- The importance of having agency and control over the support offered to them, the flexible approach to waiting times, and feeling that Centre 33 cared for them as individuals.

### Additional Resources

- Vulnerability in childhood: a public health informed approach
- Tackling mental health disparities: Ten evidence-based actions that government could take in the forthcoming white paper
- Making a Difference to Young People's Lives through Personalised Care: Mental Health Inequalities and Social Deprivation
- The importance of ethnicity for understanding young people's experiences of health inequalities
- Young Person's Toolkit
- Language matters: How to talk about health inequalities in the context of young people
- Inequities in children and young people's mental health services | The Strategy Unit
- No child left behind: Understanding and quantifying vulnerability
- National Institute of Health Research's framework for public mental health

# Service provision

## National picture

There has been a significant rise in demand for mental health services for children and young people, which has not been matched by increases in service provision (House of Commons Committee, 2021).

- Pre-pandemic, around 60% of children and young people who had a mental health condition were not accessing mental health support (Health and Social Care Committee, 2021).
- There are substantial delays between when people first display the symptoms of poor mental health and starting treatment: this ranges from 6-8 years in mood disorders, 6 years in bipolar disorder and between 9 to 23 years for anxiety disorders (Fusar-Poli, 2019).
- High access thresholds and long waiting times for services mean that many young people's mental health problems escalate to the point of crisis (Care Quality Commission, 2018a).
  - In 2021-22, the average time spent waiting after being referred to specialist mental health services and receiving treatment in England increased to 40 days, from 32 days in 2020-21 (Children's Commissioner, 2023a).
  - Around 1 in 4 children who were referred to services in 2020/21 did not get accepted at all (their referrals were closed before treatment) (Children's Commissioner, 2023b).
- There are 'unsustainable' staff shortfalls in many mental health services (Health and Social Care Committee, 2021), and staff shortages are a major barrier to improving and expanding mental health services. During 2021-22, 17,000 staff (12%) left the NHS mental health workforce, up from 13,000 (9%) a year earlier (Department of Health & Social Care, 2023).
- There are too many children and young people in inpatient units subject to inappropriate care; including care that is far from home and involves restrictive interventions, the experiences of which are often traumatic (Health and Social Care Committee, 2021).

## Local picture

Local service provision can be understood through the THRIVE framework, which was introduced in Cambridgeshire and Peterborough in 2015, to replace the tiered model of mental health services (i-THRIVE, 2023). This person-

centred and needs-led approach was developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

*Figure 33: Services available for children and young people in Cambridgeshire and Peterborough. Image source: Mapping spend across children and young people's mental health services Cambridgeshire and Peterborough (add link)*


The Mental Health and Wellbeing Pre-birth to Age 25 years Needs Assessment (2019) included a mapping of services in Cambridgeshire and Peterborough supporting children and young people's mental health. The Cambridgeshire and Peterborough's children and young people's mental health strategy 2022 - 2025 (2022-2025) built on this analysing service data from:

- Health services: YOUnited, Child and Adolescent Mental Health Services, the First Response Service, Emotional Health and Wellbeing Service, Adult Mental Health Services and adult inpatient data.
- Local authority services: Early Help.
- Voluntary and Community sector services: Blue Smile, Centre 33, Choices Counselling, CPSL Mind, Kooth.com, Ormiston Families, Romsey Mill, Talk to Stars, Turtle Dove Cambridge, YMCA Trinity Group and Young People's Counselling Service.

## How are local services performing?

A review carried out by the Children's Commissioner, published in 2023, explored how each Clinical Commissioning Group (CCG) in England compared in terms of children's access to mental health services (Children's Commissioner, 2023b). Cambridgeshire and Peterborough CCG was ranked as the 21st worst performing by overall score, out of 106 CCGs. The per child spend on mental health support was particularly low compared to other areas.

*Table 22: Scoring of NHS Cambridgeshire and Peterborough CCG children's mental health services in the 2021/22 financial year. Adapted from: Children's mental health services 2021-2022*

| CCG | Spend per child aged 0-17 (£) | % of budget spent on CYPMHS | Average wait in days | % referred to CYPMHS | % referrals closed before treatment | CCG overall score |
|---|---|---|---|---|---|---|
| Cambridgeshire and Peterborough | 55 | 0.8 | 44 | 6.4 | 30 | 11 |
| National average | 77 | 1.0 | 40 | 6.0 | 32 | - |

Scores were based on (Children's Commissioner, 2023b):

a) *'Mental health spend per child - calculated using NHS Five Year Forward View for Mental Health spending figures and Office for National Statistics population estimates for Clinical Commissioning Group areas (where higher spend per child corresponds with a higher score)*
b) *CCG spending on children's mental health as a percentage of a CCG's total allocation (where higher spending corresponds with a higher score)*
c) *Average waiting time for children who receive a second contact with services (where lower average waiting times corresponds with a higher score)*
d) *Total number of children referred to children's mental health services as a proportion of the under-18 population (where higher shares of children referred corresponds with a higher score)*
e) *The percentage of referrals that are closed before treatment (where a lower percentage of referrals closed corresponds with a higher score)*

*For each indicator, CCGs were ranked from best to worst and assigned to 5 quintiles. Scores are then given to each CCG based on their quintile group, with the best performing 20% of CCGs being given a score of 5 while the worst performers are given a score of 1. We then add these quintile scores together to form an overall score ranging from a minimum of 5 (worst) to a maximum of 25 (best) for each CCG. An overall score of 5 would indicate being in the bottom quintile across all 5 measures while a score of 25 would indicate being in the top quintile across all measures. Greater weight was given to spending in the overall measure by using two spending indicators to compensate for the fact that some CCGs will have invested in lower-level MH services that will not necessarily be reflected in the number of children referred, average waiting times or percentage of referrals closed.'* – Taken from Children's mental health services 2021-2022

### Additional Resources

- Briefing: Improving children and young people's mental health services
- Children and young people's mental health
- Children's mental health services 2021-2022
- Further detail on the THRIVE model of mental health services
- Anna Freud Centre for Children and Families tool Understanding treatment options
- East of England Mental Health Crisis Care Toolkit – Children and Young People

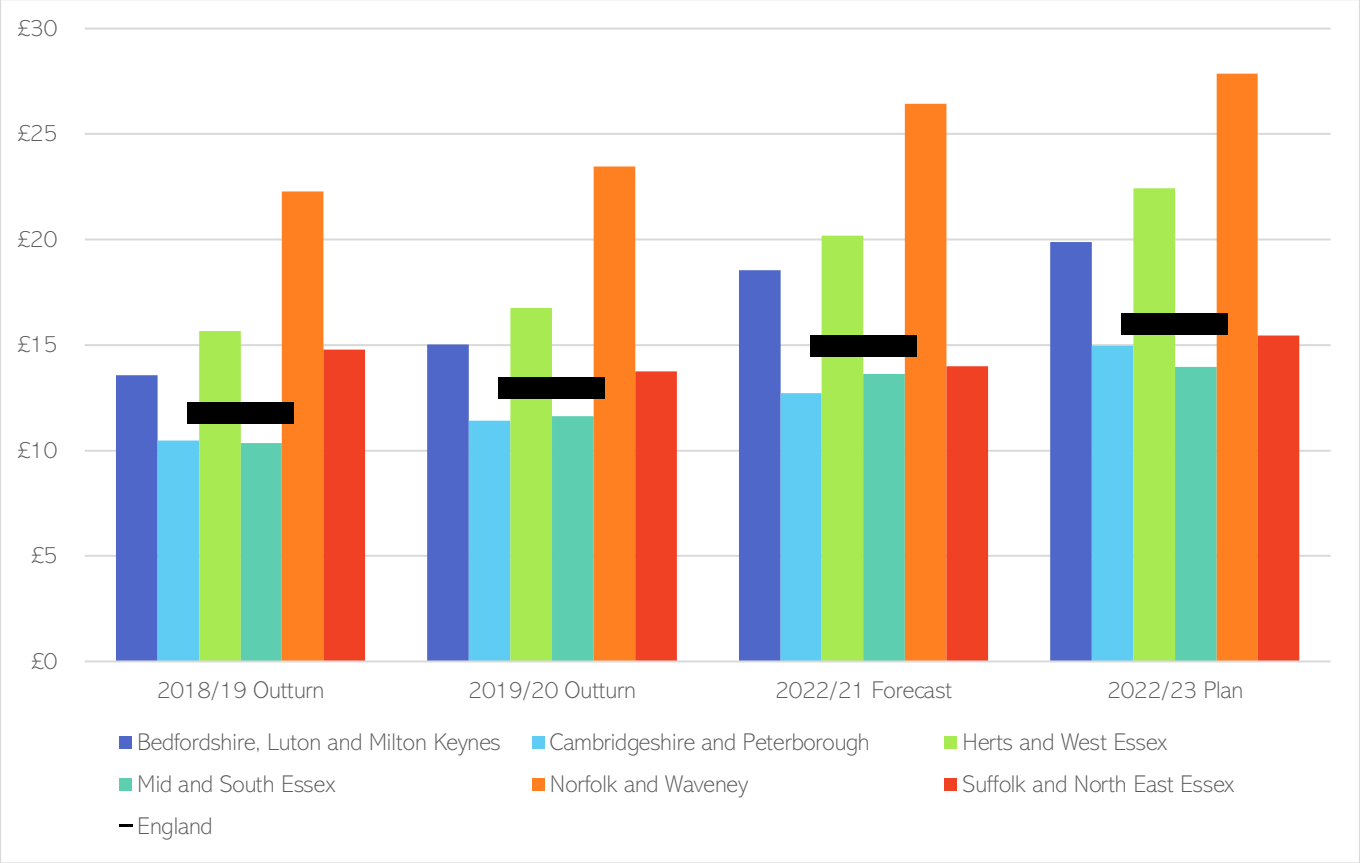
## Funding

- Per head spending on mental health services for children and young people in Cambridgeshire and Peterborough has been lower than the national average and other integrated care systems in the East of England in recent years.
- Cambridgeshire and Peterborough spent less than the regional average on Youth Justice and Children's and Families Services in 2020/21. Cambridgeshire spent substantially lower than the regional average on services for children in care in 2020/21.

### Funding for mental health services

Analysis of the Dataset for Mental Health Planning 2022/23 shows that spend per head of the total population in Cambridgeshire and Peterborough on children and young people's mental health is lower than other integrated care systems in the East of England. Although spending on children and young people's mental health within Cambridgeshire and Peterborough is increasing over time, it is also consistently lower than the national average. The full analysis can be found here.

*Figure 34: Integrated care board spend per head of total population on Children and Young People's Mental Health (excluding learning disabilities and eating disorders), 2018/19 – 2022/23. Source: Mapping spend across children and young people's mental health services Cambridgeshire and Peterborough*

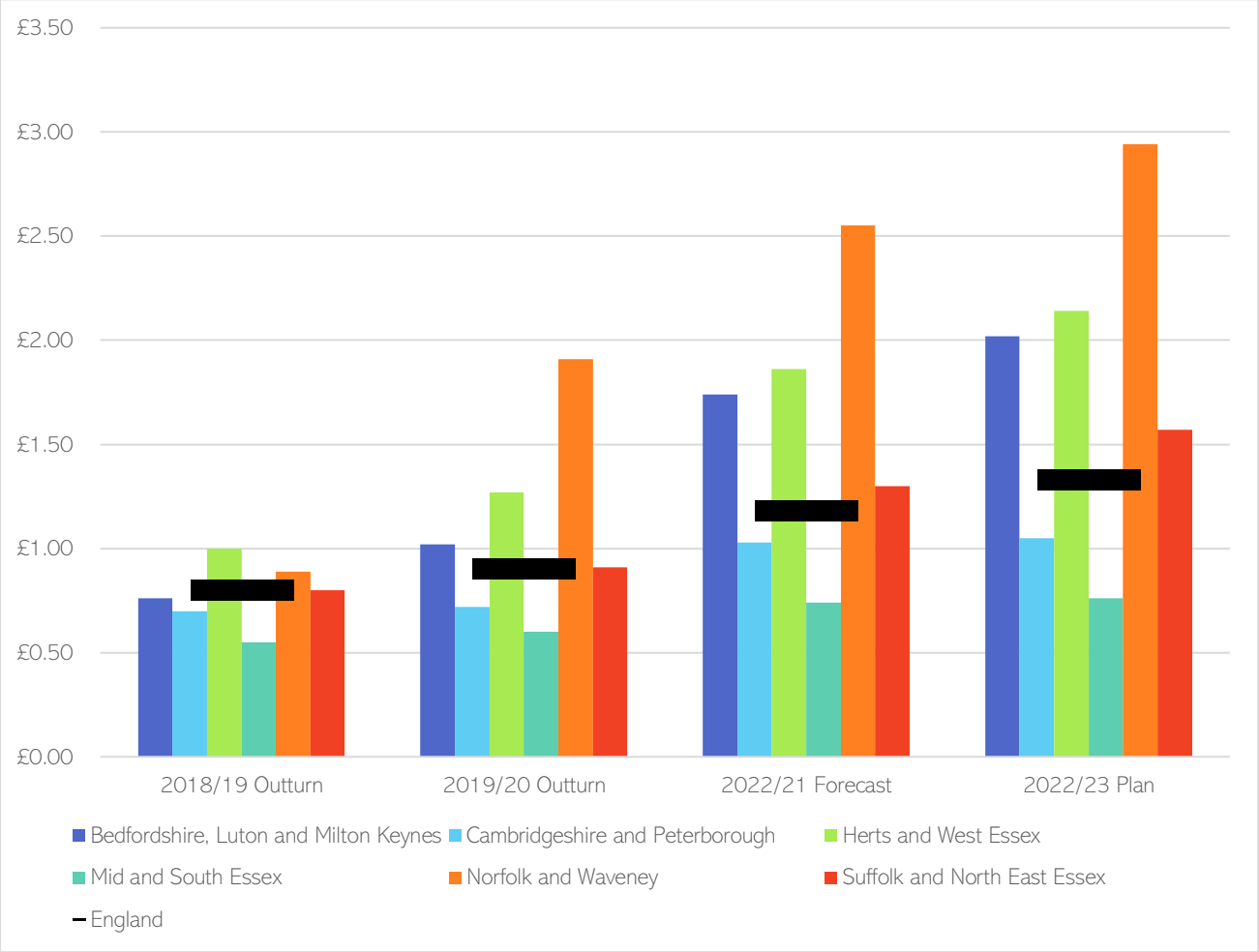



Office for National Statistics (ONS) mid-2020 population estimates were used to calculate per head spend by the population of children and young people (aged 0 to 17). This analysis found that spend per head in Cambridgeshire and Peterborough is lower than most integrated care systems in the East of England.

*Figure 35: Integrated care board spend per head of 0-17 and total population on Children and Young People's Mental Health (excluding learning disabilities and eating disorders), 2021/22. Data source: Mapping spend across children and young people's mental health services Cambridgeshire and Peterborough (add link)*


Similarly, spend per head on children and young people's eating disorder services in Cambridgeshire and Peterborough is lower than most other integrated care systems in the East of England and the national average.

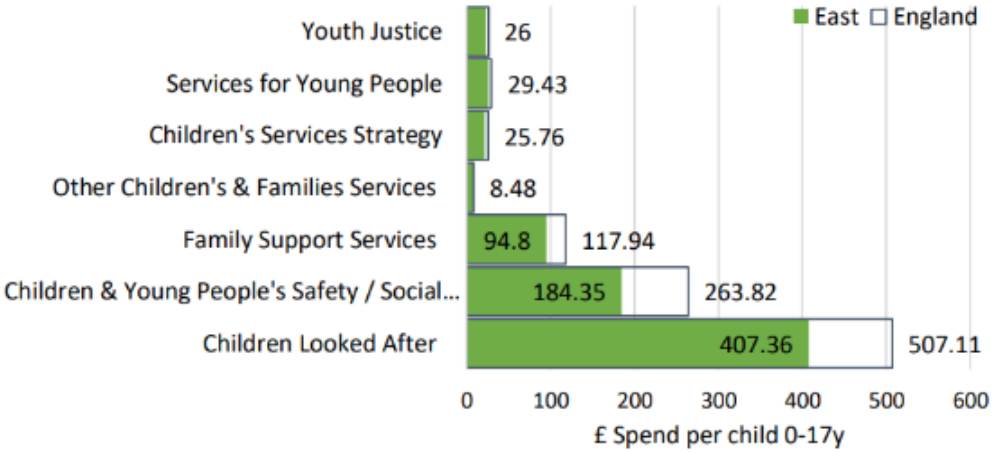
*Figure 36: Children and Young People's Mental Health ICB spend on eating disorders, per head of total population, 2018/19 – 2022/23. Source: Mapping spend across children and young people's mental health services Cambridgeshire and Peterborough (add link)*




## Funding for youth services

In the East of England, the planned spend on Family Support Services, Children and Young People's Safety and children in care was lower than the national average in 2021/22.

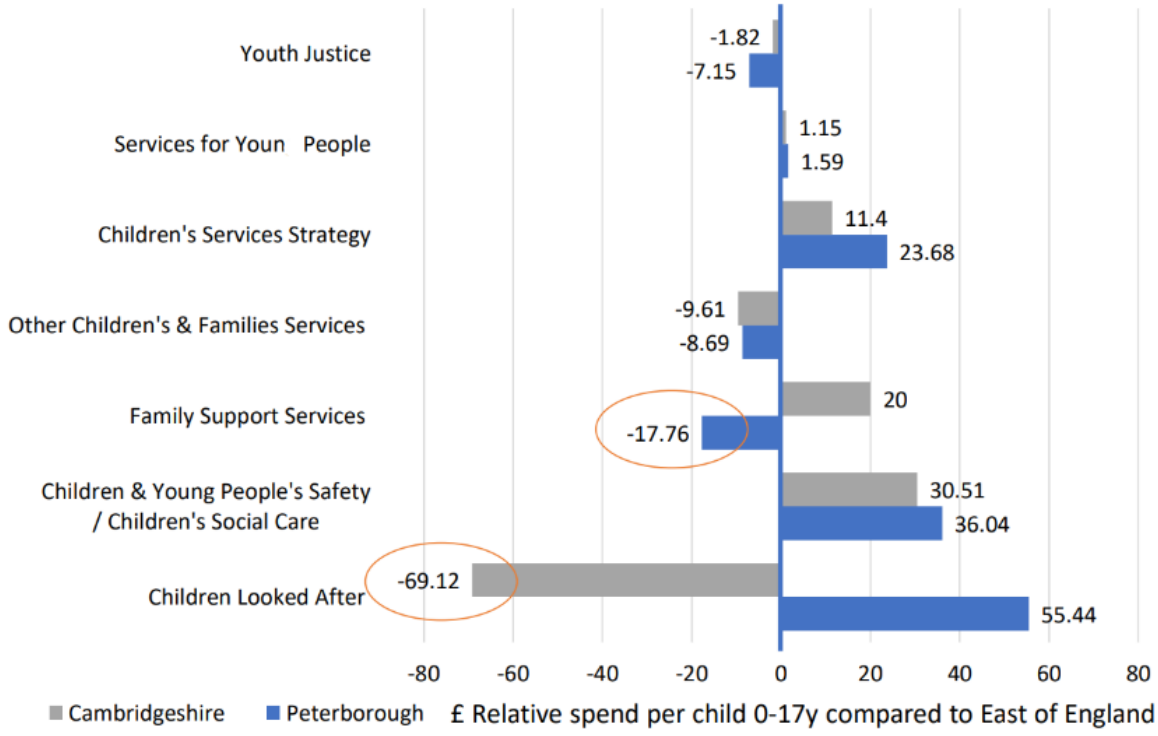
*Figure 37: Planned spend for East of England relative to the national average, 2021/22. Image source: Cambridgeshire and Peterborough Children and Young Persons Mental Health ICS Data Insight Pack (June 2022). Data source: LG Inform*




*Note that: 'services for young people' includes support for young people who use substances, young parents and other vulnerable teenagers; 'other children's and families services' includes counselling and grants to voluntary organisations, 'family support services' includes support for family interventions and disabled children, and 'Children Looked After' includes residential care, fostering, adoption and leaving care support.*

Spending on Youth Justice and Children's and Families Services per child population (0-17) is lower than the regional average in Cambridgeshire and Peterborough. Cambridgeshire spends substantially lower than the regional average on services for children and young people in care.

*Figure 38: Per child (0-17) spending in Cambridgeshire and Peterborough, relative to the East of England average, 2021/22. Image source: Cambridgeshire and Peterborough Children and Young Persons Mental Health ICS Data Insight Pack (June 2022). Data source: LG Inform*




*Note that: 'services for young people' includes support for young people who are NEET, substance use, young parents and other vulnerable teenagers; 'other children's and families services' includes counselling and grants to voluntary organisations, 'family support services' includes support for family interventions and disabled children, and 'Children Looked After' includes residential care, fostering, adoption and leaving care support.*

## Eating disorder services

- Young adulthood is the most common age of onset for eating disorders (Treasure et al., 2020). Many people with eating disorders also have another mental health condition (including mood and anxiety disorders) and/or neurodevelopmental conditions (Treasure et al., 2020).
- Nationally, there has been a rise in the number of children and young people presenting to eating disorder services since 2021 (Children's Commissioner, 2023c).
- In the Children and Young People's Mental Health Strategy (2022), local stakeholders (mental health system professionals, young people and their families) raised eating disorders as a top priority (Cambridgeshire and Peterborough Integrated Care System, 2022a).

### Local context

Eating disorders were raised by local stakeholders (mental health system professionals, young people and their families) as a key priority in the local Children and Young People's Mental Health Strategy in 2022 (Cambridgeshire and Peterborough Integrated Care System, 2022a). The strategy committed to achieving the following goals by 2025 (Cambridgeshire and Peterborough Integrated Care System, 2022c):

- Meet the rising demand for help with disordered eating (success will be measured by a year-on-year increase in help and treatment for disordered eating).
- Ensure there is specific help and treatment across the spectrum of need for disordered eating.
- Ensure touch points with families (such as education and faith communities) are equipped with the basic skills and information to recognise and respond appropriately to disordered eating.
- Commission or support coproduction projects around the needs of children and young people with disordered eating.
- Provide positive and constructive information to young people about disordered eating, that challenges stigma and promotes getting help.

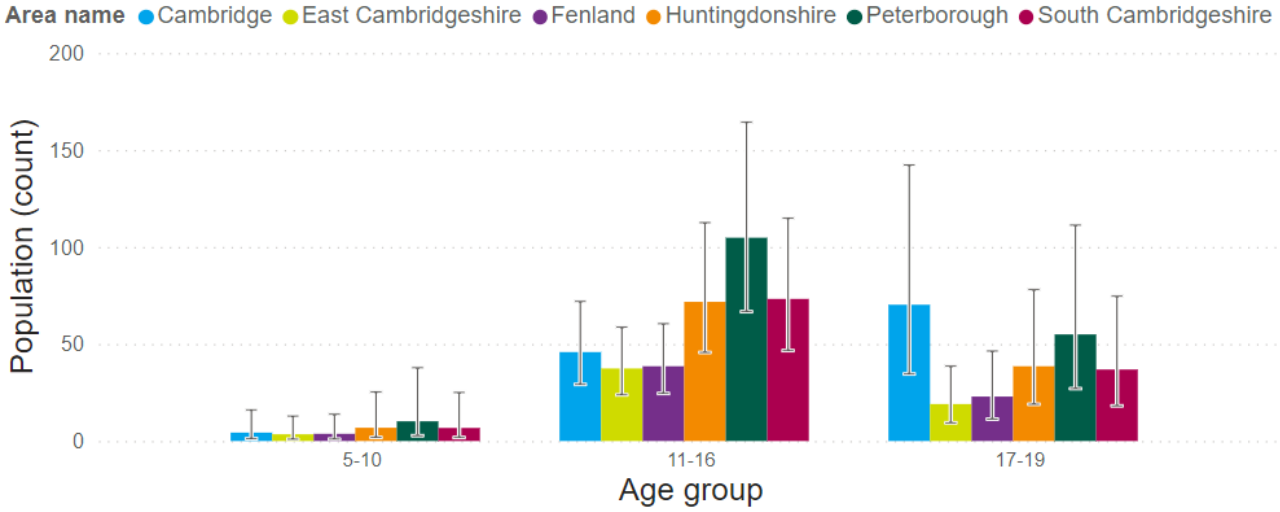
Other recent strategies have also made commitments to improving eating disorder support:

- The NHS Long Term Plan (2019) committed to boosting investment in children and young people's eating disorder services, in order to maintain the goal of seeing 95% of urgent cases within 1 week, and within 4 weeks for non-urgent cases (NHS, 2019).
- The local Children and Young People's LTP (2021) committed to developing a core service, home treatment, a commissioned medical monitoring pathways (linking between specialist services and primary care) and support for people with avoidance restrictive food intake disorder (ARFID) (Cambridgeshire and Peterborough Clinical Commissioning Group, 2021).
- The Cambridgeshire and Peterborough All-age Autism Strategy (2021) highlighted that need for appropriate mental health information for neurodiverse children and young people, and their families, including information around disordered eating (Cambridgeshire County Council & Peterborough City Council, 2021).
- Eating disorder services in Cambridgeshire and Peterborough have recently undergone transformation in key areas, including the development of home treatment offers and a medical monitoring pathway with a clear link between specialist services and primary care. This transformation was delayed by the COVID-19 pandemic.

### Mental health need

It is estimated that there are 649 children and young people under age 20 with an eating disorder in Cambridgeshire and Peterborough (95% confidence interval: 365 – 1,205). This definition was based on disturbances in eating behaviours, appetite or food intake; and includes anorexia nervosa, bulimia nervosa, and binge-eating. 60% of children and young people estimated to have an eating disorder are aged between 11 and 16.

*Figure 39: Estimated numbers of children and young people (aged 5 to 19) with eating disorders in Cambridgeshire and Peterborough, 2023. Data source: dashboard (add link)*

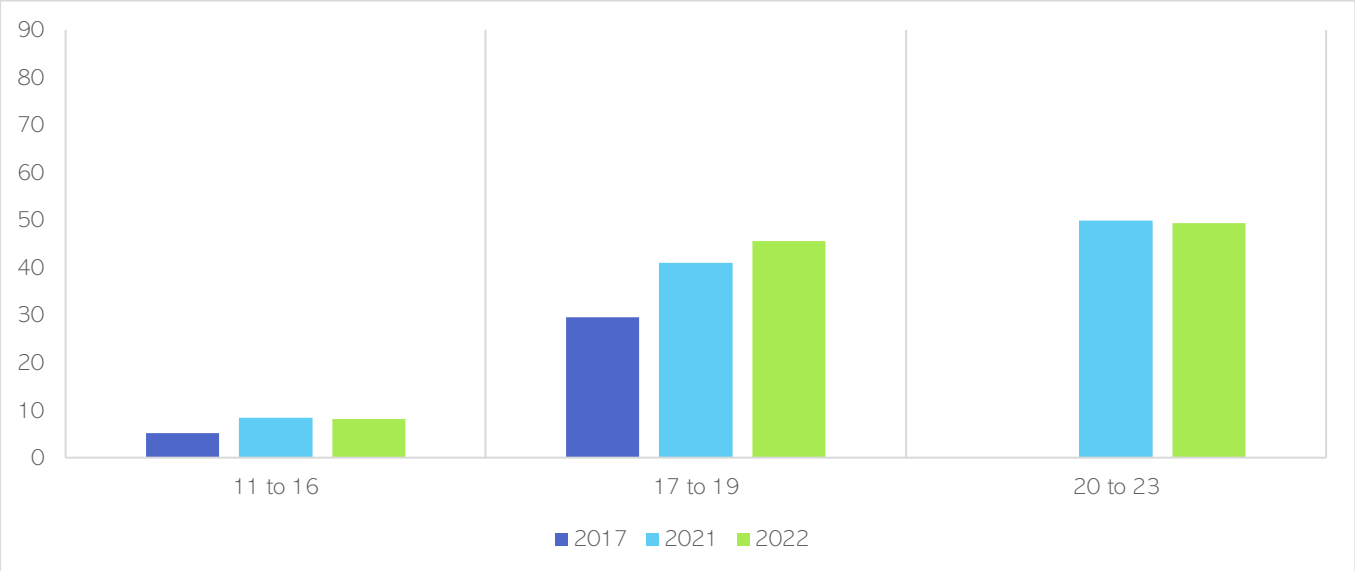



There is anecdotal evidence from local professional that there has been a rise in the complexity of eating disorder presentations in recent years.

## How common are eating problems?

Nationally, an increasing number of young people aged 17 to 19 are screening positive for possible eating problems (NHS Digital, 2022). 'Eating problems' do not mean that the someone has an eating disorder but indicates an increased likelihood of problems with eating. For boys and young men, the greatest increase in eating problems over the past 5 years has been in the 17 to 19 age group (NHS Digital, 2022).

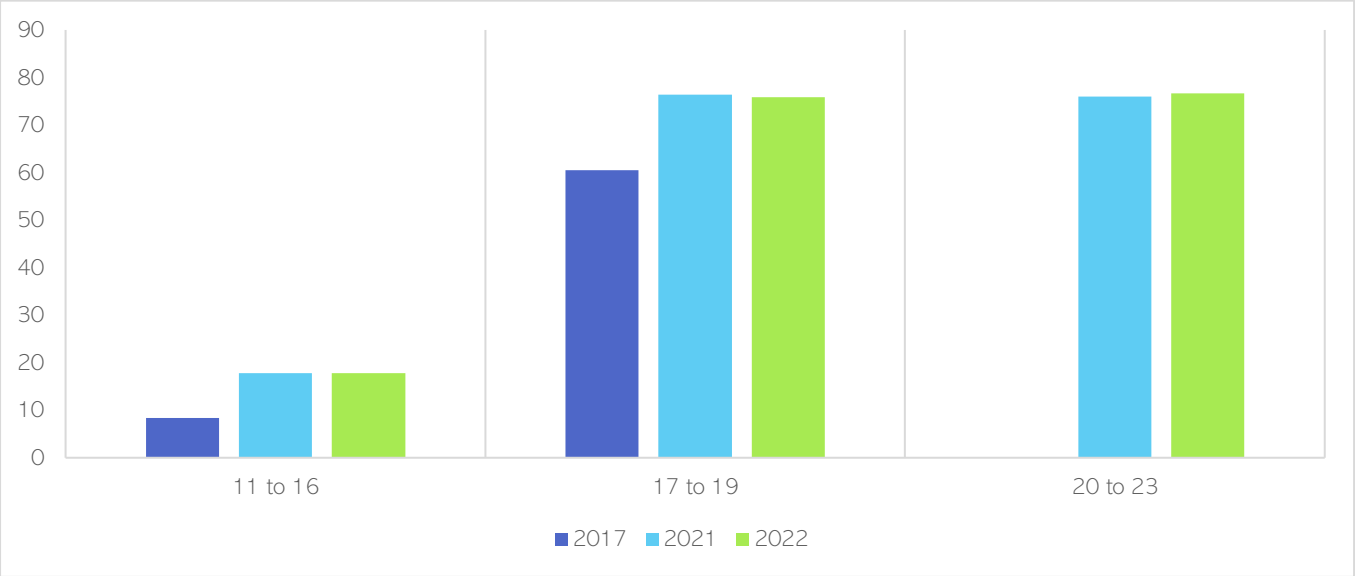
*Figure 40: Proportion of boys and young men screening positive for possible eating problems by age, 2017, 2021 and 2022. Data source:* (NHS Digital, 2022)




*Note that screening positive does not mean that the child or young person has an eating disorder but indicates an increased likelihood of problems with eating. Young people aged 20 to 23 were not asked this question in 2017.*

Since 2017, there has been a rise in the number of young women screening positive for possible eating problems. There was a large increase in 11- to 16-year-olds (from 8.4% to 17.8%), as well as in the 17 to 19 age group (from 60.5% to over 75%) (NHS Digital, 2022).

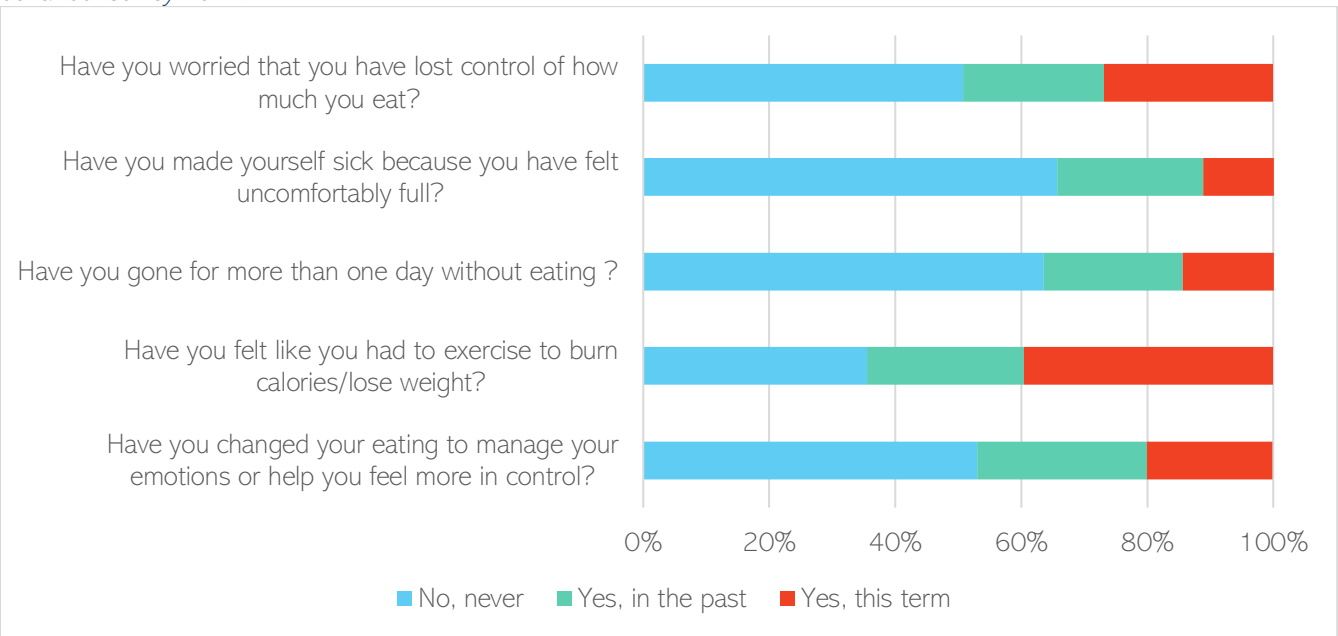
*Figure 41: Proportion of girls and young women screening positive for possible eating problems by age, 2017, 2021 and 2022. Data source:* (NHS Digital, 2022)




*Note that screening positive does not mean that the child or young person has an eating disorder but indicates an increased likelihood of problems with eating. Young people aged 20 to 23 were not asked this question in 2017.*

Local data from the 2022 health-related behaviour survey shows that a significant proportion of Year 8 pupils (aged 12 to 13) in Cambridgeshire and Peterborough had worries around food. A high proportion have felt they needed to exercise to burn calories or lose weight; and have been worried about losing control of how much they have eaten. 3.0% of Year 8s had ever used weight loss medication or laxatives to lose weight.

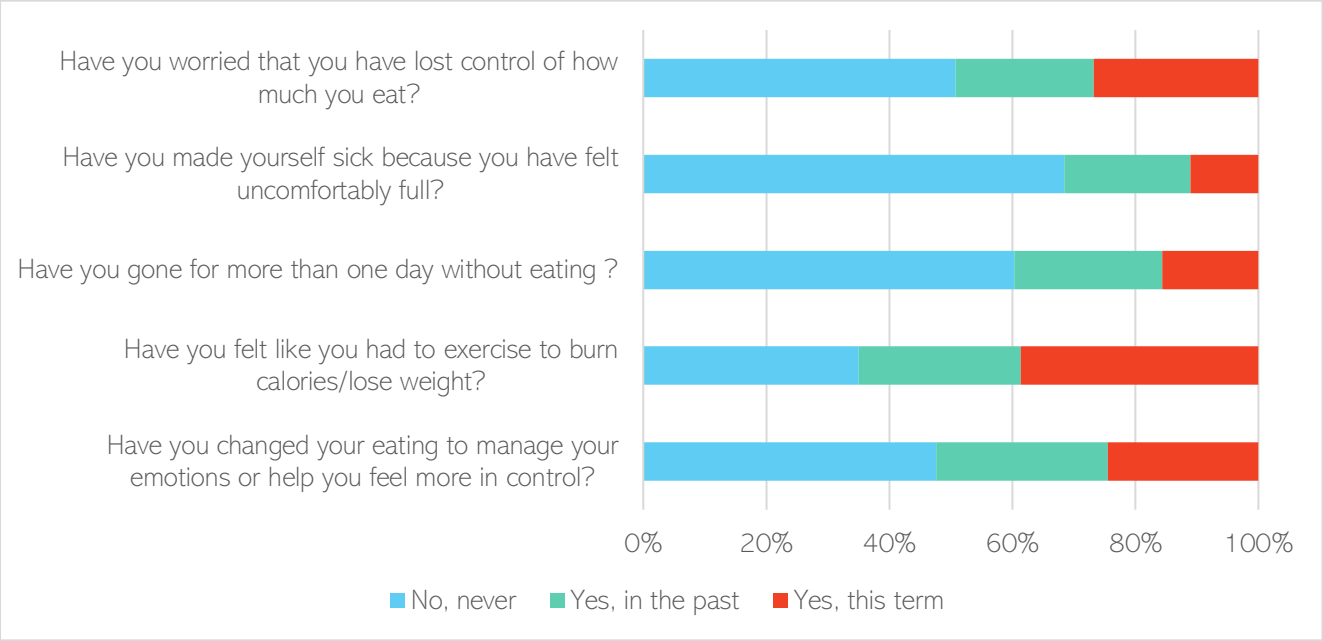
*Figure 42: Self-reported eating behaviours of Year 8s in Cambridgeshire and Peterborough. Data source: Health-related behaviour survey 2022.*




*Note: missing data, where students did not answer questions, was excluded from this graph.*

There were similar eating behaviours in Year 10s (aged 14 to 15) in Cambridgeshire and Peterborough. 3.8% of this year group had ever used weight loss medication or laxatives to lose weight.

*Figure 43: Self-reported eating behaviours of Year 10s in Cambridgeshire and Peterborough. Data source: Health-related behaviour survey 2022.*




*Note: missing data, where students did not answer questions, was excluded from this graph.*

## Service provision

YOUnited acts as an integrated hub which accepts referrals from all professionals working with children and young people who have a suspected eating disorder.

Personalised Eating Disorder Support (PEDS) offers support for those with anorexia, bulimia, and binge eating disorder where the individual does not meet the criteria for the NHS secondary care eating disorder team. They also support people at risk of these eating disorders, who experience symptoms affecting their quality of life (Personalised Eating Disorder Support, 2023).

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) provides support for people with moderate to severe eating disorders. This includes:

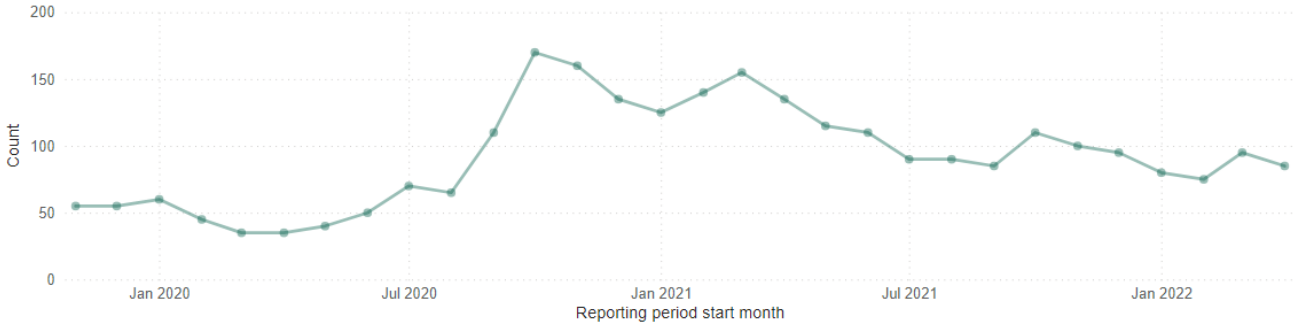
- The children and young people's community eating disorder service (CEDS), which offers assessment and treatment of children and young people screened by YOUnited as needing review of a possible eating disorder. This includes a home support pathway, therapies and medical monitoring support.
- Adult eating disorder services, which provide assessment and support to adults (over 18s) with moderate to severe eating disorders across Cambridgeshire, Peterborough and Norfolk. They provide support to people within the community and have 14 inpatient beds (Ward S3).

## Service use

The Children and Young People's Mental Health Strategy included a review of local mental health services but did not focus on eating disorders services, which were grouped under the wider umbrella of 'specialist mental health teams' (Cambridgeshire and Peterborough Integrated Care System, 2022b).

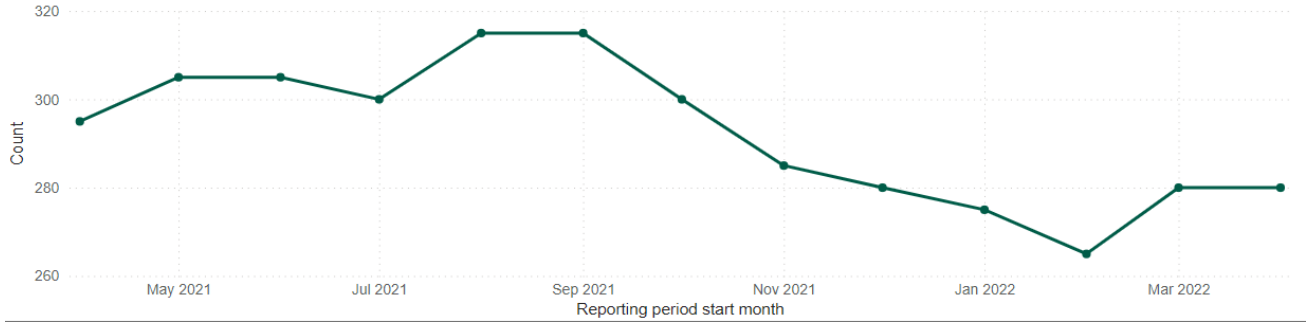
Over the past few years, new monthly referrals with eating disorder issues increased from September 2020. They were elevated throughout the early stages of COVID-19 pandemic and remained above baseline by Spring 2022.

*Figure 44: New referrals with eating disorder issues. Data source: Mental Health Services Data Set*




The waiting list for treatment for eating disorders in Cambridgeshire and Peterborough decreased at the start of 2022, from a peak of 315 in August and September 2021 to 280 in April 2021.

*Figure 45: Referrals with eating disorder issues waiting for treatment at the end of each month, where patients are aged between 0 and 18. Data source: NHS Mental Health Services Dataset*




## Support in schools

- In 2017, the Government's Green Paper for transforming children and young people's mental health set out plans for providing additional mental health support in schools and colleges, for children and young people aged 5 to 18 (Department of Health and Social Care & Department for Education, 2017).
- The NHS Long Term Plan (219) committed to establishing Mental Health Support Teams (MHSTs) in 25% of education settings by the end of 2023 (NHS, 2019).
- The government has committed to supporting all schools and colleges (including primary and secondary schools) to have a senior mental health lead by 2025, by offering a £1,200 grant to cover training costs (Department for Education, 2023c).

In Cambridgeshire and Peterborough:

- Mental health support for schools is provided by mental health support teams (MHSTs) or Children's Wellbeing Practitioners (CWP) and Emotional Health & Wellbeing Practitioners (EHWP).
- Every school can access a government grant to train a senior mental health lead.
- The Cambridgeshire and Peterborough Healthy Schools Programme supports schools in maximising the health and wellbeing of children. 13 schools have currently achieved the full Healthy Schools accreditation and 37 are on the pathway.
- Information about resources available to support and promote the emotional wellbeing of pupils for school staff is provided on the Keep Your Head website.

### Mental health support teams

MHSTs consist of senior clinicians, therapists and education mental health practitioners (NHS England, 2019). Each team typically covers 20 schools and colleges (around 7,500 to 8,000 children and young people) (NHS England, 2019). They have three key aims (NHS England, 2023c):

- Delivering evidence-based interventions for children and young people who have mild-to-moderate mental health issues, such as CBT for those experiencing anxiety or low mood. There should be a range of routes into accessing this support, including self-referral (NHS England, 2019).
- Supporting senior mental health leads in schools/colleges to introduce or develop whole school approaches to mental health.
- Providing advice to school/college staff, and liaising with external specialist support, to help children and young people get the support they need and stay in education.

*Figure 46: Eight principles to promoting a whole school or college approach to mental health and wellbeing. Image source: Transforming Children and Young People's Mental Health Implementation Programme*


## What is the evidence base?

- For every £1 spent on MHSTs, there is a return of £1.90 in savings to the state (Barnardo's, 2022). This is likely to be an underestimate on the cost-effectiveness of MHSTs, as this analysis was only based on one-to-one interventions offered by MHSTs and does not include the impact of whole school approaches.
- Nationally, 3 in 4 children and young people would like more support with their mental health in schools (Barnardo's, 2022). Almost 3 in 4 (73%) parents would like greater funding for mental health in schools (Barnardo's, 2022).
- An evaluation of MHSTs across 25 trailblazer sites found that (Ellins et al., 2022):
    - There was substantial progress in implementing these teams, which were welcomed by schools and colleges. MHSTs allowed staff to access advice about mental health issues faster and helped them feel most confident in supporting children and young people.
    - However, there were concerns about retaining education mental health practitioners and that some young people who had mental health problems beyond 'mild to moderate need', but did not meet the criteria for specialist services, were falling through the gaps.

There is ongoing work in the East of England (as of July 2023) to review the impact of MHSTs.

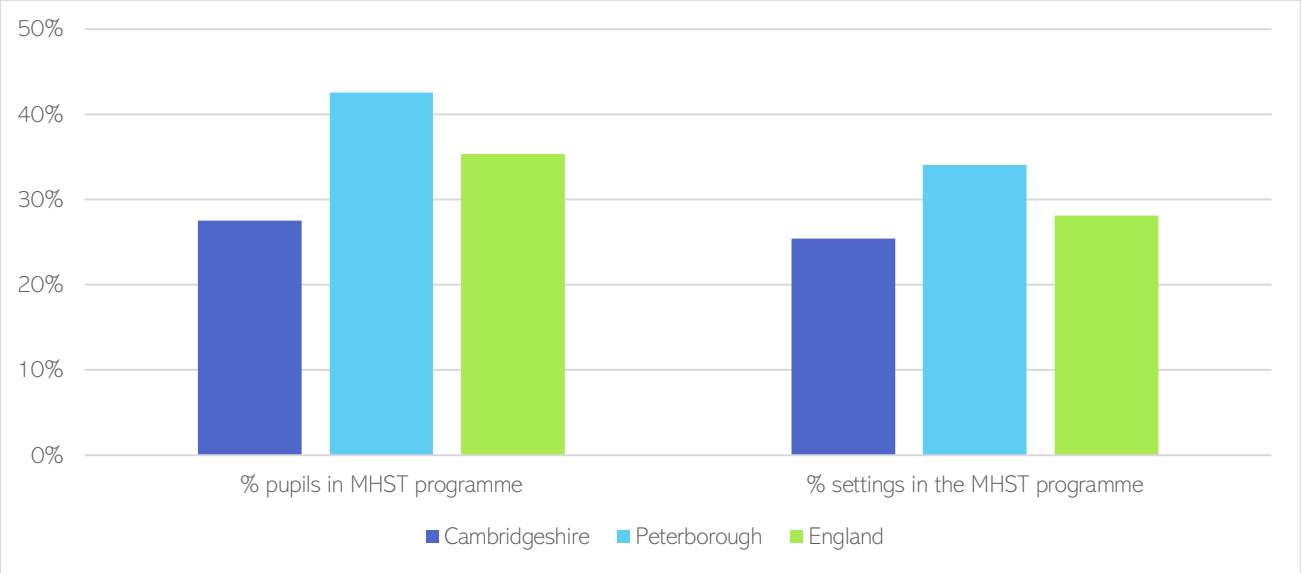
## What is the local picture?

There will be a total of 10 MHSTs across Cambridgeshire and Peterborough by 2024, which will be fully operational by 2025.

*Figure 47: Timeline showing the introduction of new MHSTs across Cambridgeshire and Peterborough. Adapted from:* (Cambridgeshire Community Services NHS Trust, 2023)


There are over 150,000 pupils in primary schools, secondary schools and colleges who are covered by an MHST in Cambridgeshire and Peterborough in 2022-3. This equates to 28% of pupils in Cambridgeshire and 43% in Peterborough. Comparatively, 35% of pupils are covered across England (Department for Education, 2023a).

*Figure 48: Coverage of MHSTs by percentage of pupils/learners and percentage of eligible settings, 2022-23 (up to waves 5 and 6 of the national roll-out). Data source:* (Department for Education, 2023a)




## Support for schools not covered by MHSTs

Children's Wellbeing Practitioners (CWP) and Emotional Health & Wellbeing Practitioners (EHWP) provide support for schools not covered by MHSTs.

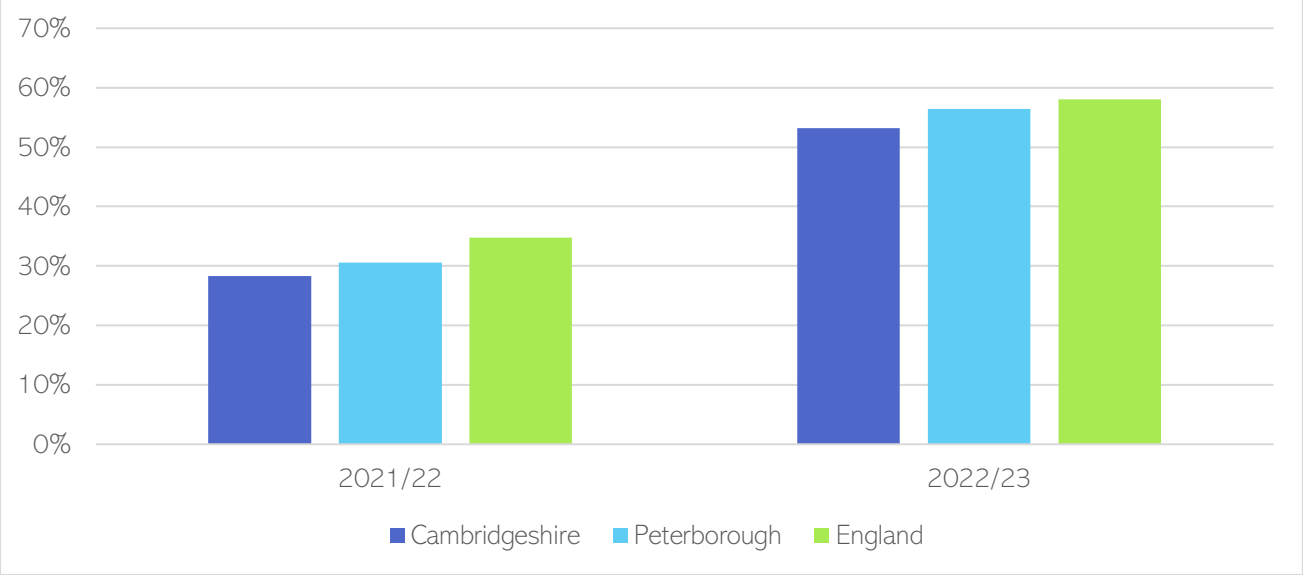
- The Children's Wellbeing Practitioner (CWP) team provide evidence-based early interventions for mild to moderate mental health need in children and young people.
    - They work directly with children, young people and families and can provide up to 8 sessions of support (which can be face-to-face, over the phone or delivered online)
    - They accept referrals from schools which are not covered by MHSTs, as well as children and young people who are home-schooled or attend private schools.
- The emotional health and wellbeing practitioner team is a multidisciplinary team that does not work directly with children or families, but instead supports professionals to improve the emotional health and wellbeing of children and young people by providing early intervention guidance and signposting.
    - This team covers local schools which do not have MHSTs, and professionals working outside of education settings.

## Senior mental health leads

- State-funded schools and colleges in England are able to apply for a grant to train a senior mental health lead, in order to develop and implement a whole school/college approach to mental health (Department for Education, 2023c).

- 53% of education settings (primary schools, secondary schools, or further education colleges) in Cambridgeshire, and 56% in Peterborough, had taken up the government grant for senior mental health lead training by 2022/33, compared to 58% in England (Department for Education, 2023a).

*Figure 49: Cumulative uptake of senior mental health lead grants in state-funded schools and further education colleges in Cambridgeshire and Peterborough, 2021/22 to 2022/23. Data source:* (Department for Education, 2023a)




### Additional Resources

- Mental Health Support Teams for Children and Young People in Education: A Manual
- Mental health in schools: Positive practice report
- The whole school and college approach to emotional health and mental wellbeing
- 5 steps to mental health and wellbeing: a framework for schools and FE colleges
- College mental health self-evaluation tool (C-MET)
- Cambridgeshire PSHE
- The Cambridgeshire and Peterborough Healthy Schools Programme supports schools in maximising the health and wellbeing of children.
- Government guidance on senior mental health lead training

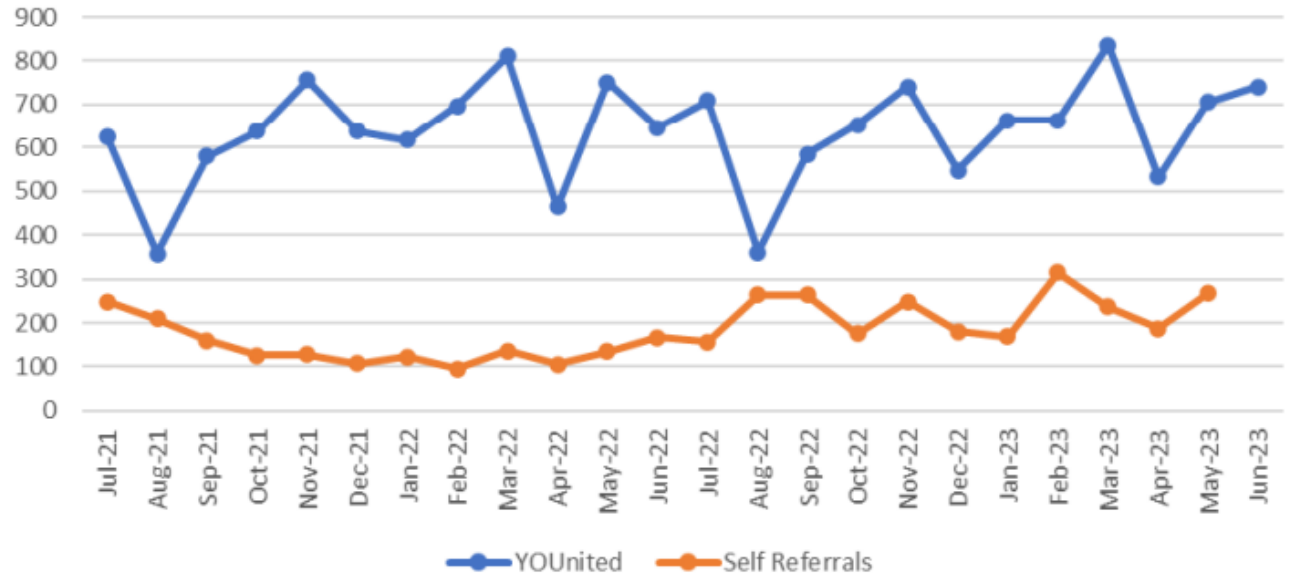
## YOUnited

YOUnited is a referral hub for children and young people (up to the age of 25) in Cambridgeshire and Peterborough. Referrals are triaged and reviewed, and then support is offered through the iThrive model.

- YOUnited is the referral hub for all non-crisis mental health referrals for children and young people up to age 17. It is also the referral hub for neurodevelopmental conditions in children and young people (aged 11 to 18 in Cambridgeshire, and 5 to 18 in Peterborough).
- Currently only professionals can refer to YOUnited, but young people (aged 13 to 25) can self-refer to Centre 33.

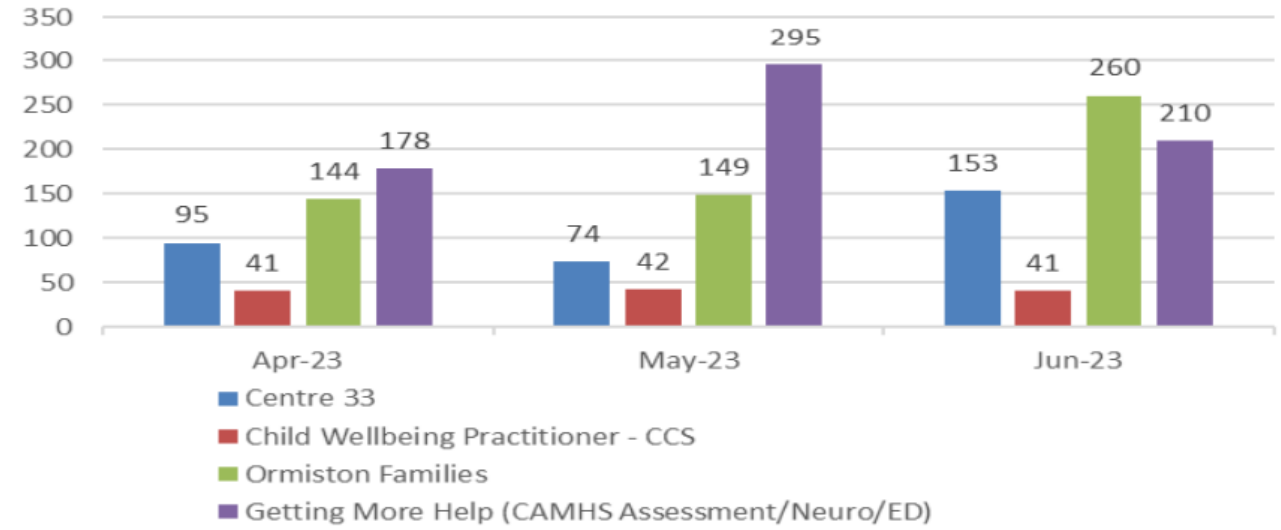
There is substantial annual variation in the number of referrals into YOUnited, ranging from under 400 to over 800. The peak times in the year are March, July and November.

*Figure 50: Referrals into YOUnited, 2021 – 2023. Data source: Mi reports/SystmOne/Charity Log*



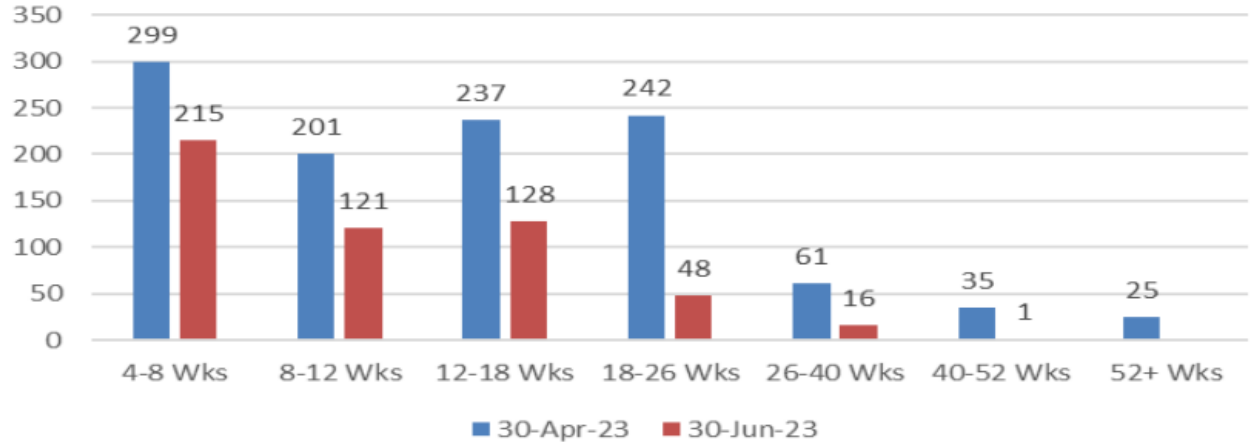

The majority of referrals in April and May 2023 were for the 'getting more help' pathway, which covered assessment by Child and Adolescent Mental Health Services (CAMHS), support and diagnosis with neurodevelopmental conditions and eating disorder services. In June 2023, the majority of referrals were for Ormiston Families.

*Figure 51: YOUnited referrals, 2023/24 Q1. Data source: Mi reports/SystmOne/Charity Log*




From April to June 2023, there was a substantial reduction in the number of children and young people on the waiting list for assessment. This improvement in waiting times has been achieved by the range of measures, including increasing YOUnited assessment capacity, a self-booking system for young people accessing Centre 33 and a pilot testing the use of Single Session Thinking (SST). SST aims to ensure that 'more time is spent having meaningful contact with children and young people'. SST involves making the most of each contact between the professional and young person as though it is the only contact, although additional support is available for those who need it.

*Figure 52: Children and young people waiting for assessments (for 'getting help'), from YOUnited April – June 2023. Data source: Mi reports/SystmOne/Charity Log*




# Mental health support for young adults

*Note on terminology: transition is the 'planned transfer of young people with long-term conditions and/or complex needs from child-centred to adult-orientated health and social care systems'* (Care Quality Commission, 2016).

- Many young adults experience poor mental health:
  - Half of all mental health conditions become established before age 14, and 75% by age 24 (Kessler et al., 2005).
  - The onset of severe and enduring mental health conditions (such as schizophrenia and eating disorders) often begins in late teenage years and early adulthood (Anderson et al., 2022).
  - National data shows that almost 1 in 4 young women (age 17 to 19) are likely to have a mental health condition, with 43% of young women aged 17 to 24 reporting having self-harmed (Peytrignet et al., 2022).
- Young adulthood is often the cut off age of children and young people's mental health services, at which point young people receiving care must either transition into adult mental health services or be discharged (Healthcare Safety Investigation Branch, 2018).
- Some 17-year-olds are not referred into children and young people's mental health services because they will reach the cut off age of these services before they get to the end of long waiting lists (Healthcare Safety Investigation Branch, 2018).
- Young people report finding it difficult to navigate new service settings or to manage their mental health and wellbeing after being discharged from children and young people's mental health services, especially as the availability and type of support offered can change dramatically (Public Health England, 2019b).
- Young people may become disengaged or lost in the transition process, which can result in them later re-presenting to services with a greater severity of need or when in mental health crisis (Public Health England, 2019b).

## National picture

- Many young people are not referred on to adult mental health services from children and young people's mental health services, despite having an ongoing mental health need. Young people with neurodevelopmental conditions, emerging personality disorders, and depression or anxiety are more likely to 'fall through the gaps' between services (National Collaborating Centre for Mental Health, 2023).
- Many young people have a poor experience of transition (Healthcare Safety Investigation Branch, 2018), including overly quick transitions, lack of transition planning (Hunn & Clarke, 2022) and disruptions to care (Cambridgeshire and Peterborough Integrated Care System, 2022f). It has been estimated that just 4 to 13% of young people have a transition meeting all four criteria for optimal transition (defined as

continuity of care, a period of joint working between child and adult mental health services, at least one transition planning meeting, and information transfer between services) (Appleton et al., 2019).

- Up to half of young people who do transition later disengage from adult services (Care Quality Commission, 2018c). This can lead young adults to later present to services with a greater level of need or when in mental health crisis (Healthcare Safety Investigation Branch, 2018). National data shows that 1 in 20 young adults (aged 17 to 23) with a mental health condition have sought support with their mental health from accident and emergency departments (NHS Digital, 2022).

Reasons why this happens include:

- Some young people who have received care from children and young people's mental health services do not meet criteria for adult mental health services, which are often different (Care Quality Commission, 2018c).
- There are long waiting times when being transferred to adult mental health services (Appleton et al., 2019).
- Differing approaches to care between services can make it difficult to young people to adapt to adult mental health services (Appleton et al., 2019).
- There can be a lack of appropriate provision, inflexible NHS procedures and lack of funding for young people in some areas (Appleton et al., 2019; Singh et al., 2010) .
- Transitions between services under the age of 19 increase the risk associated with this time period, as this is likely to coincide with significant changes in young people's lives (Healthcare Safety Investigation Branch, 2018). This includes moving to a new area or between short-term rental contracts, starting employment and beginning further study.

There is also a group of young adults who present to mental health services for the first time between the ages of 18 and 25. This group faces many of the same difficulties in accessing care.

### What are young people's experiences?

Young people's experiences of transition to adult mental health services are often negative. Young people report that (Healthcare Safety Investigation Branch, 2018; Street et al., 2018):

- A lack of planning can mean that transitions feel too sudden.
- They often feel left out of discussions around transitions and can feel powerlessness.
- A lack of information can mean that they feel worried they will be left without support. Young people report hearing contradictory messages from different clinicians and that no single person took charge of their transition planning.
- Staff in adult mental health services lacked information about young people, which meant they had to re-tell their story and re-prove their need for mental health support.
- They do not feel that 18 is a suitable age at which to transition to adult mental health services.
- They were discharged from children and young people's mental health services, despite not feeling ready or able to cope without support.

Similarly, parents report feeling worried about their child's future after they had 'fallen through the gap' between children and young people's mental health services and adult mental health services, and often take on a more active role in their care as a response (Appleton et al., 2021) .

## Local picture

- After the death of a young person by suicide in 2020, the local coroner raised concerns about the 'gap between urgent and non-urgent services' for vulnerable young adults and the barriers this age group faces to accessing support. This was highlighted as a key ongoing concern whilst the system plans to extend services to age 25 (Barlow, 2022).
- The East of England Children and Young Person Mental Health Needs Assessment (2021) included 'proactive transitions' from children and young people's mental health services to adult mental health services as a key priority (Pari, 2022).

- The Suicide Prevention Strategy highlights the importance of smooth transitions when entering adult mental health services, stating that: 'considerable effort should be made when a young person enters adult services to ensure that the quality of care that they receive is consistent and suited to their needs' (Cambridgeshire County Council, 2022).
- The Cambridgeshire and Peterborough's Children and Young People's Mental Health Strategy set 'learning about the feasibility of services for 14-25- year olds' and increasing mental health system capacity for 16- to 25- year olds as key priorities (Cambridgeshire and Peterborough Integrated Care System, 2022f).
    - Priorities:
        - 'Drawing together learning about the feasibility of services for 14-25-year-olds' was a key priority in ensuring young people who need mental health support are not unable to access it because they are the ''wrong age''
        - Increasing system capacity for 16- to 25-year-olds
    - Stakeholders:
        - Highlighted concerns about transitions across age ranges and between systems, with young adults being reported to have the greatest difficulties accessing healthcare (which was perceived to be complicated and bureaucratic)
        - Highlighted the need to provide a specialist mental health response for young adults from age 16 (or potentially 14) to 25.
    - Service mapping:
        - Stated that more needs to be done to understand the capacity for treatment for mental health conditions in young adults
        - Difficulties accessing mental health care may contribute to crisis support making up a high proportion of service contacts of young adults
        - Adult services have significant reach to young people aged 20-25. The largest treatment offer for this age group is IAPT, which accepts 26% of referrals.

Currently (in Summer 2023), the YOUnited referral hub is the single point of referral for mental health and emotional wellbeing support in Cambridgeshire and Peterborough. Children and young people are directed through support based on the i-THRIVE model. YOUnited accepts professional referrals for:

- Mental health and emotional wellbeing, up to age 17
- Suspected eating disorders, up to age 18
- Neurodevelopmental diagnoses, up to age 18
- Centre 33 (which provides one-to-one counselling and support), up to age 25

17- to 25-year-olds with suspected severe mental illnesses (SMI) currently fall through gaps in services and face a complicated route to accessing secondary mental health care. If they are not in contact with adult mental health services, including young adults who have not been through service transition from children and young people's mental health services, they must repeat their stories multiple times. This cohort can only access support by:

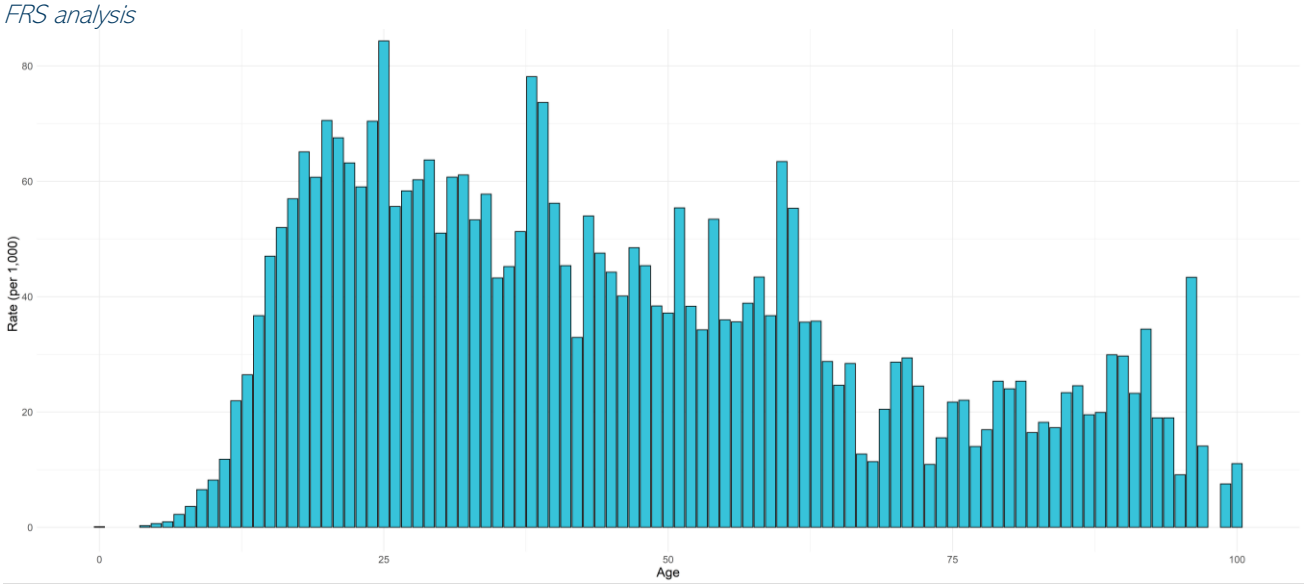
1) Explaining their need for support to their GP
2) Going through a consultation with another healthcare professional
3) If accepted for treatment, waiting for an assessment with another mental health service

## What does the data tell us?

### High levels of mental health crisis

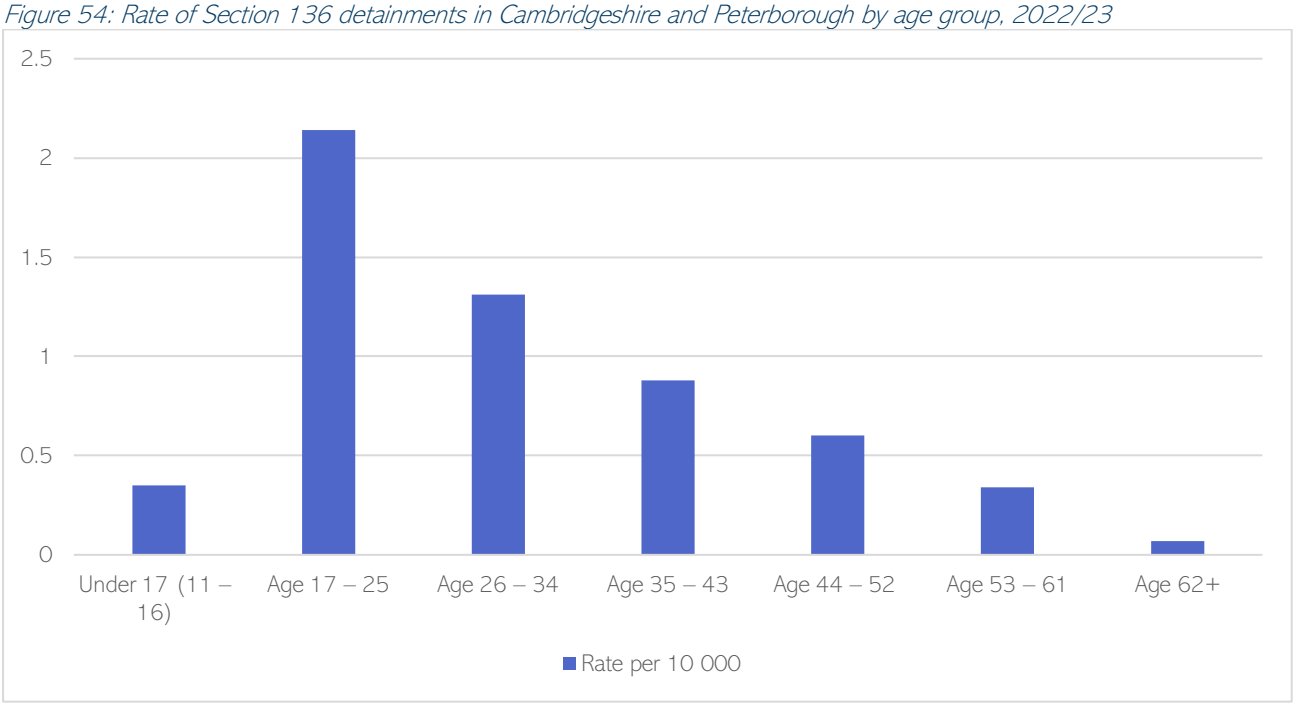
The First Response Service (FRS) provides support for people experiencing a mental health crisis and is available 24/7. Support offered can include telephone support, a face-to-face assessment and referral to other CPFT services. A detailed analysis of service use in FRS between August 2021 and March 2023 was carried out, which showed that there is an increasing rate of referrals from ages 15 to 18, with a sharp peak at age 25.

*Figure 53: Age distribution of unique accepted referrals rate (per 1,000) to FRS, August 2021 – March 2023. Data source: FRS analysis*




Similarly, young adults have the highest rate of detainment under Section 136 of the Mental Health Act. Section 136 is when police take or keep individuals at a 'place of safety'.

*Figure 54: Rate of Section 136 detainments in Cambridgeshire and Peterborough by age group, 2022/23*



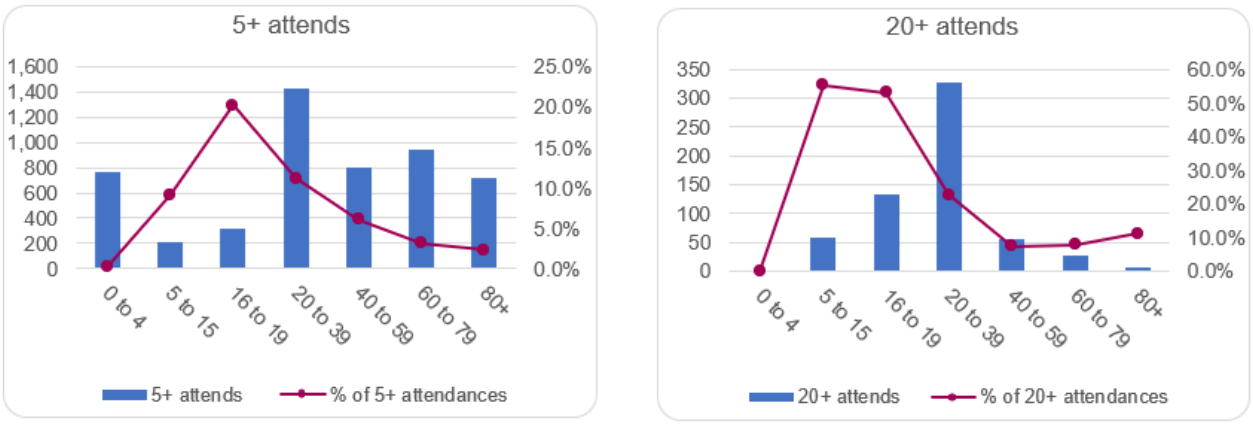

## Young adults end up at Accident and Emergency

Patients attending Accident and Emergency services five or more times in the past year (May 2022 to April 2023) represent 0.45% of the population in Cambridgeshire and Peterborough but accounted for more than 1 in 10 (11.4%) of A&E attendances.

The most common chief complaint of young adults (aged 16 to 19) presenting at Accident and Emergency 5+ times in the past year is 'psychosocial/behaviour', which was the chief complaint in 20% of attendances. Repeat attendances may be a sign that people are not receiving appropriate care from services once they leave hospital.

'Psychosocial/behavioural' factors were also the chief complaint for those attending Accident and Emergency 20+ times during the past year, across 5 to 15 year olds, 16 to 19 year olds, and 20 to 39 year olds. As shown below, this was particularly stark for young adults (aged 16 to 19) who attended Accident and Emergency 20+ times in the past year, for whom mental health attendances made up half of the reasons why people attended Accident and Emergency.

*Figure 55: Mental health related attendances involving frequent A&E visitors. Data source: High Intensity Use Tool ICB (NHSE East of England)*




## Young people have multiple needs

Almost all young people seeking support from Centre 33, a local organisation that provides holistic support for young people up to the age of 25, have multiple needs. Out of the young people seeking support through the 'Someone to Talk to' service in 2021/22 (Centre 33, 2022):

- 93% have more than one need, with the most common need (92%) being around mental health
- 54% sought help with up to 8 different needs
- 40% sought help with issues around employment, housing and finances
- Almost 1 in 3 seeking mental health support were experiencing severe psychological distress

## What are young people's experiences?

A report by Healthwatch Cambridgeshire and Healthwatch Peterborough, published in 2021, spoke to a very small sample of 8 young people and 5 parent carers about their experiences of transitions from children and adolescent's mental health services to adult's mental health services. This report found that:

- All of the people surveyed reported having been negatively impacted after facing difficult journey trying to access mental health support.
- Everyone surveyed reported having limited or no help navigating mental health service, with most families saying that they found it hard to understand the healthcare system. One parent stated: '*we didn't feel there was anybody on our side. We don't know anything about the funding. There is a lot of hope at every step of this journey…but it just hasn't worked out*'.
- The majority of young people reported having little awareness of which mental health services were available to them, including little awareness of the Keep Your Head website.
- Everyone surveyed felt there was a lack of holistic care, with one parent stating '*Nobody seems to stand back and think "what are this young person's needs?*
- Many of the young people had experienced long waits to access child and adolescent mental health services. Some young people raised particular concerns around autistic people seeking mental health support for many years.
- Half the young people spoken to reported that not meeting the criteria for mental health services had been a difficulty for them. In some cases, young people reported becoming very unwell and in crisis and attending Accident and Emergency. Then they might meet the criteria to enter CAMHs or AMHs because they have deteriorated to such an extent.

## What does good look like?

The NHS Long Term Plan (2019) committed to extending service models to provide a 'comprehensive offer' of mental health support for 0- to 25-year-olds, that reaches across children and young people's and adult mental health services. 0 - 25 models should provide an integrated approach across multiple services, including education, social care and the voluntary sector (NHS, 2019).

- Mental health support for 0- to 25-year-olds would align with other services for young people, including support for care leavers (Department for Education, 2018) and support for some young people with special educational needs and/or disabilities (SEND) (Department for Education, 2017).
- Evidence suggests that delaying transition at the age of 25 would benefit young people and ensure that the maximum period of risk would pass. This approach would require services to be available for young people who do not meet the criteria for traditional adult mental health services (Healthcare Safety Investigation Branch, 2018).

NICE guidelines (2016) highlight nine 'overarching principles' of good transition from children's to adults' services (NICE, 2016):

1) Involving young people and their parents/carers in services design, delivery and evaluation related to transition.
2) Ensuring transition support is developmentally appropriate.
3) Ensuring transition support is strengths-based.
4) Ensuring transition support is person-centred.
5) Integrated working between service managers across children's and young people's health and social care services.
6) Proactive identification and planning for young people with transition support needs by service managers.
7) Every service taking responsibility for sharing safeguarding information with other organisations.
8) Checking that the young person is registered with a GP.
9) Consider ensuring that the young person has a named GP.

### 0 – 25 models for mental healthcare

- A report by the National Collaborating Centre for Mental Health assessed the evidence of how the needs of young adults can be meet within mental healthcare (National Collaborating Centre for Mental Health, 2023). It highlights that mental health services for young adults (18- to 25-year-olds) tend to work best where they have been co-produced with local young people and professionals and ran jointly with multiple providers.
- NHS East of England Regional Mental Health Team has produced a detailed report on what good looks like when designing services for young adults. They drew on international literature and 6 focus groups with different youth services across England, to identify key frameworks for these services (Hunn & Clarke, 2022).
- Young people have described the importance of 'flexible' and 'gradual' entry and exit points for mental health services. Instead of complex routes into treatment and long waiting times, this can provide personalised care in which they do not have to repeat their story multiple times (National Children's Bureau, 2021).
- The 2018 Care Quality Commission review highlighted that 'commissioners and service planners across health, social care, education and the criminal justice system must plan and commission services jointly, pooling their resources where necessary, so that services can work flexibly across organisational boundaries to provide person-centred care built around each child or young person and their parents, families and carers – rather than expecting children and young people to work around the complexities of the system' (Care Quality Commission, 2018b).

### Improving services transitions

There is a range of guidance for services that support young people transitioning from children and young people's mental health services (Healthcare Safety Investigation Branch, 2018). Key elements are flexible, managed

transitions that involve shared decision making with the young person; continuity of care; and follow-up after transition (Healthcare Safety Investigation Branch, 2018).

- NHS England guidance (2015) states that 'whatever the age at which a young person leaves one mental health system for another, the transition must be carefully planned with the young person and, where appropriate, their family' (NHS England, 2015). It also states that commissioners may need to 'look to other services' to support young people who are not eligible for adult mental health services (NHS England, 2015).
- The NHS East of England team produced 'Transition Standards for Eating Disorder Services in the East of England' in June 2022, which includes a self-assessment checklist for implementing these standards.
- NHS England Commissioning for Quality and Innovation (QUIN) payments in 2017-19 incentivised providers to improve transitions. They required services to have a transition plan which included personal transition goals agreed with the young person; and that young people approaching the age of transition should have a meeting to prepare at least 6 months beforehand (Healthcare Safety Investigation Branch, 2018)
- The Care Quality Commission (CQC) has produced a guide which highlights what good looks like for inpatient transition (Care Quality Commission, 2018c).
- There may be benefits to using specific tools to empower young people in their transition planning (Healthcare Safety Investigation Branch, 2018). Many acute NHS trusts use the 'Ready Steady Go' toolkit for empowering young people and improving transitions (TIER, 2023). This tool has been recommended by NICE (NICE, 2017b).
- However, only a few interventions aimed at improving transitions have been evaluated (Embrett et al., 2016).

### Additional Resources

- Transforming mental health services from 0-25: A case for change
- Joint Commissioning Panel for Mental Health's Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services
- NHS England's Commissioning for Quality and Innovation National Scheme 2017 to 2019 and model service specification for transitions from child and adolescent mental health services
- NICE guidance Transition from children's to adults' services for young people using health or social care services
- Social Care Institute for Excellence guidance, research and case studies on moving from adolescent to adult mental health services.
- Improving transition from children to adult mental health services
- Core components of successful transitions from child to adult mental health care (as decided by a national survey with youth, caregivers, and health professionals)
- Joining up the commissioning of young people's services across health, social care, housing and youth services
- Building Bridges: Developing a Needs Led Transition Pathway Between Child and Adult Mental Health Services

# Areas for future work

The Children and Young People's Mental Health Strategy identified key system priorities for Cambridgeshire and Peterborough (Cambridgeshire and Peterborough Integrated Care System, 2022c). In alignment with this, this

mental health needs assessment has identified areas of ongoing work to develop the local understanding of mental health need:

### General

- Work to develop a learning health system for children and young people's mental health
- Investigate the overlap between physical and mental health conditions in children and young people locally, and the integration of physical and mental healthcare
- Work towards understanding every service across the THRIVE model, including in terms of: service provision, workforce, and equality of access. For example:
    - Are crisis and acute services for children and young people equitably provided across the county?

### Evidence-base for prevention

- Assess local provision against the evidence-base for preventing adverse childhood experiences
- Investigate what preschool education programmes are in place to promote good mental wellbeing

### Life stages

- Explore the lower than average levels of school readiness and communication and language skills in reception children in Peterborough, with the aim to identify how this could be addressed
- Understanding approaches to the earlier identification of children experiencing difficulties with their mental health
- Strengthen the whole-school approach to mental health across the county and address the barriers to this being implemented effectively
- Map out the local mental health prevention and early support offer for young people who are not in employment, education or training (NEET)
- Map local support for children in care against NICE guidelines around interventions to promote physical, mental, and emotional health and wellbeing of looked-after children, young people and care leavers
- Investigate the number of children and young people who are in home education in Cambridgeshire and Peterborough, including the proportion with special education needs (SEND)

### Inequalities

- Assess the mental health needs locally of children and young people who are at risk of, or experience, criminal exploitation
- Replicate this analysis of inequities in children and young people's mental health services for Cambridgeshire and Peterborough Integrated Care system

### Service provision

- Continue work to understand whole pathways across children's mental health services, including NHS, voluntary sector and local authority support (in terms of access, outcomes, inequalities and workforce)
- Build on the work showing that local per head spending on mental health services, and some other support services, for children and young people are lower than the national and regional average.
- Understand the reasons behind the increase in referrals to YOUnited over recent years, including analysing referral pathways
- Develop a plan to increase the proportion of local schools with a senior mental health lead
- Better understanding the waiting times for local eating disorder services
- There is feedback that avoidant restrictive food intake disorder (ARFID) contributed to the rises in eating disorders over the pandemic. Explore this and investigate the service provision for people with ARFID.
- Explore the benefits and risks of increasing the use of digital interventions to meet mental health needs
- Evaluating the impact of increasing the use of single session therapy (SST)

### Transitioning from child to adult mental health services

- There is clear evidence and an agreement that there should be a 0-25 model for mental health support, as described in the NHS Long Term Plan. Develop a roadmap with system partners to making this happen, with key deliverables at different stages.

- Evaluate local eating disorder services against the East of England self-assessment checklist for transition standards

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