



Office for Health
Improvement
& Disparities

Children and Young People's Mental Health in Yorkshire and the Humber:

What do we know about factors influencing children and young people's mental health and the current need in the region, and how might COVID impact on these?

August 2022 (updated from a previous PHE version September 2021)

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Introduction

Evidence has shown that children and young people's mental health can have a big impact on a child's development, health and life chances. Emerging evidence suggests that the pandemic has increased poor mental health and wellbeing in children. This slide pack pulls together the latest data, resources and evidence available about children and young people's mental health, and where possible, demonstrates any further impact that COVID-19 has had.

This resource provides a regional overview for Yorkshire and the Humber using a combination of data and evidence. The data is taken from indicators on children and young people's mental health published by PHE, NHS Digital and NHS England. The evidence was obtained from researching a range of published national reports, resources and journals. The aim is to support public health teams and commissioners in the region to inform recovery and plans to improve children and young people's mental health through public health interventions and collaborative working.

This data pack is not intended to be used alone and nor is it an evidence review. The data may be indicative of level of need in an area or be indicative of service use and provision available. This slide pack should be considered alongside other available evidence, local knowledge, and experience of services and population needs.

Summary (1/2)

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Mental health is an important consideration for all life stages and the impact of mental health problems on children and young people's lives can be significant.

Evidence shows that children and young people with mental health problems are more likely to have negative life experiences early on, that can damage their life chances as they grow towards adulthood.

Summary (2/2)

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10%

children aged 5-16 years suffer from a clinically significant mental health illness



25%

of children who need treatment receive it



50%

of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 14



75%

of those with lifetime mental illness (excluding dementia) will experience symptoms by the age of 24



5x

maternal depression is associated with a 5 fold increased risk of mental health illness for the child



1.3x

boys aged 11-15 years are 1.3x more likely to have a mental illness compared to girls aged 11-15 years



60%

of looked after children have some form of emotional or mental health illness



18x

young people in prison are 18x more likely to take their own lives than others of the same age

Mental health problems affect a significant number of children and young people, with the most recent data suggesting that one in ten children and young people has some form of clinically diagnosable mental health disorder.

Structure and navigation

This slide pack is divided into eight sections and various sub sections, these are quickly accessible by clicking the tab along the top of each slide or down the left-hand side. Clicking a tab will take users to the start of the relevant section.

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The tab for the section you are currently in is coloured green, as is the navigation guide down the left-hand side enabling users to see where they are in within a specific section. Most sections use the following structure:

- Section overview (the purpose of the section and what the section covers)
- Key messages for the region for the section
- Evidence for why indicators have been included in this data pack (where applicable)
- Data presented as charts, tables
- Important caveats to note

**Note: the tabs and navigation pane are best navigated in presentation mode or in the pdf version.*

Section 2

Examining the wider determinants, risk and protective factors for children and young people's mental health (updated Jul'22)

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Section 2 overview (1/2)

The purpose of this section is to explore the wider determinants and risk and protective factors that make it more (or less) likely that children and young people will go on to develop mental health problems.

Section overview

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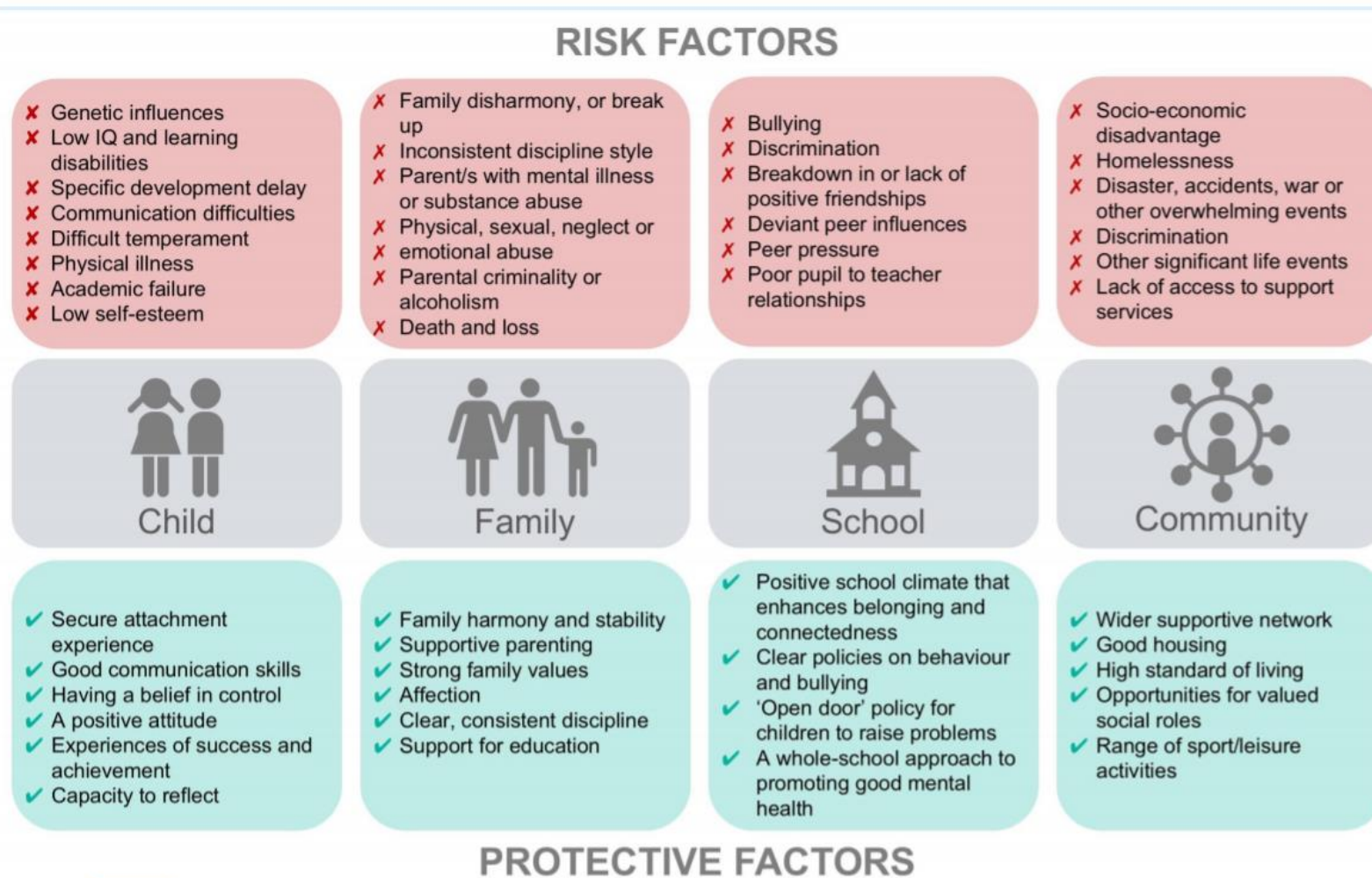
The Marmot review 2010 states that:

- The conditions in which people are born, grow, live, work, and age are responsible for health inequalities
- Early childhood in particular, impacts on health and disadvantage throughout life
- The cumulative effects of hazards and disadvantage through life produce a finely graded social patterning of disease and ill health.
- Negative health outcomes are linked to the stress people experience and the levels of control people have over their lives and this stress and control is socially graded.
- Mental well-being has a profound role in shaping physical health and contributing to life chances, as well as being important to individuals as a social measure

[The Marmot Review](#) shows that children and young people's physical, emotional and mental wellbeing are significantly shaped by the social determinants of health into which children and young people are born, live, learn and grow. A child's individual genetic predisposition, intelligence and personality, as well as their family relationships, school life and overall community environment in which they live in, all impact on whether a child is likely to develop a mental health disorder or not. As such, it is important to recognise these factors to gain a population understanding of children and young people's mental health in Yorkshire and the Humber.

Section 2 overview (2/2)

Risk and protective factors for CYP's mental health



There are four categories of risk and protective factors for children and young people's mental health (the individual child, the child's family, the child's school and the community the child lives in).

These can be broken down into **risk factors** (more likely to have a negative effect on a child's mental health) and **protective factors** (more likely to have a positive impact).

Data has been included that aims to give a population view of as many of these factors as possible (see caveats).

Key messages: Wider determinants, risk and protective factors for children and young people's mental health

- There are strong links between poverty and mental health and Yorkshire and the Humber is one of the more deprived regions in England. Whilst children in low-income families continues to be such a key issue for the region, mental health in children and young people is likely to remain a priority.
- The proportion of children missing school through pupil absenteeism or fixed term exclusions is higher in the region compared to nationally for both primary and secondary schools and is linked to mental health issues.
- Academic achievement can act as a protective factor giving a child a sense of worth, as well as opportunities. Yorkshire and the Humber is significantly worse than the England average on the % of children achieving a good level of development in reception. The average GCSE attainment 8 scores is also significantly lower than average for the region with most local authorities significantly worse than the England average. This may mean that for many children, academic expectations from a young age may be lower than other areas.
- Yorkshire and the Humber has significantly worse rates of first-time entry to the youth justice system and teenage conception rates compared to England. These factors are found to be a both a cause and consequence of mental health problems in young people. Having an existing mental health problem can increase the likelihood of this behaviour, and conversely mental health problems can develop (or be exacerbated) by contact with the youth justice system or through teenage pregnancy.
- Yorkshire and the Humber has significantly higher rates of children classed as overweight or obese compared to England which is an additional risk factor for mental health conditions.
- The region also has high rates of children in care and children in need due to abuse or neglect. These are considered potential risk factors for developing mental health problems.

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Evidence for the impact of children in low-income families on children and young people's mental health

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Children in poverty is associated with poorer health, educational outcomes and adverse long-term social and psychological outcomes, leading to poor health and life chances in adulthood (Wickham et al, 2016). Studies have identified a link between children living in poverty and an increased risk of developing mental health disorders. [The Marmot Review](#) reported that children living in the lowest 20% income bracket were 2 to 3 times more likely to develop mental health problems compared to children living in the highest 20% income bracket).

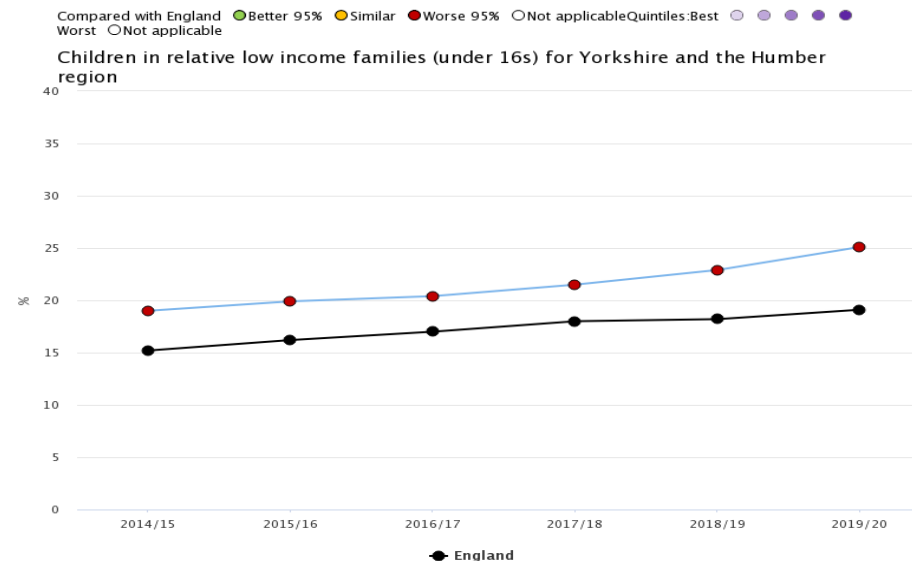
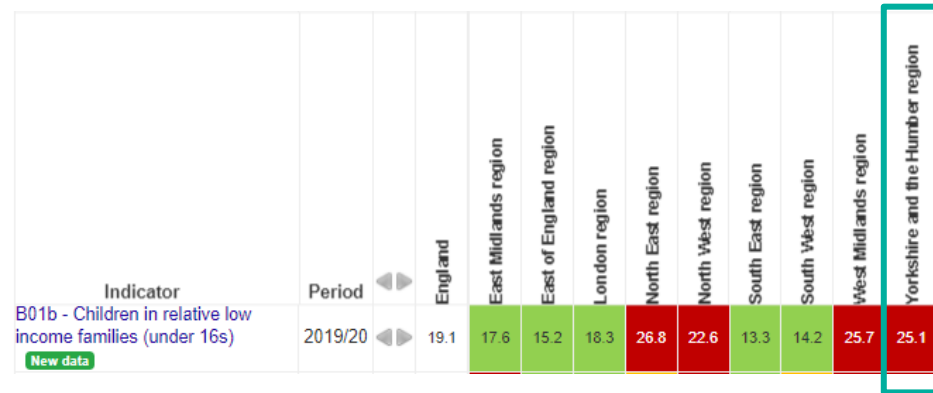
Other studies suggested between a 3 to 4.5-fold increase in children likely to experience severe mental illness for those in bottom quintile for income compared to the top quintile ([Mental Health of Children and Young People in Great Britain; 2004](#)), ([Children of the new century: Mental health findings from the Millennium Cohort Study](#)).

Children in relative low-income families – This measure is useful for comparing the situation in local areas and measuring the number and proportion of individuals who are currently in low income compared to the current median income ([Fingertips](#)).

Children in absolute low-income families – This measure is useful for tracking changes over time in relation to a fixed reference point and is designed to assess how low incomes are faring with reference to inflation ([Fingertips](#)).

Children in Relative low-income families

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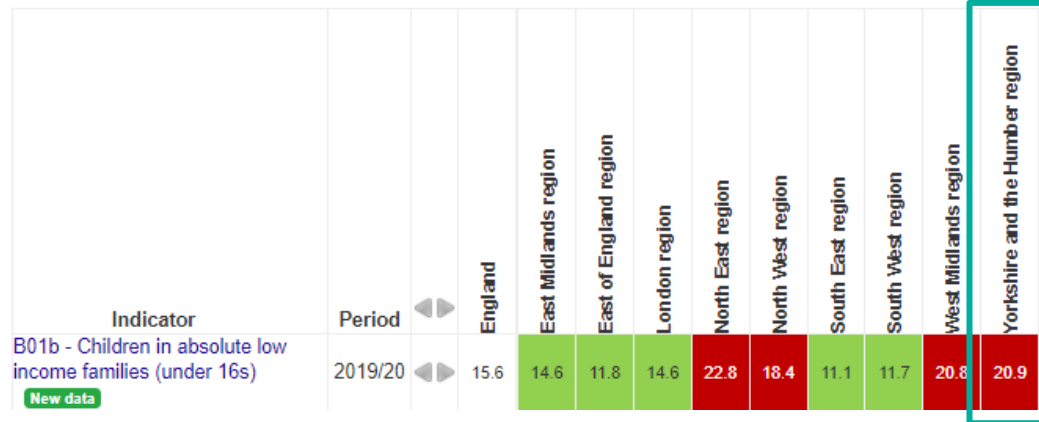
Children in relative low income families (under 16s) 2019/20

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	2,065,267	19.1	19.1	19.1
Yorkshire and the Humber region	↑	263,502	25.1	25.0	25.2
Bradford	↑	48,100	37.6	37.3	37.9
Kingston upon Hull	↑	16,834	32.2	31.8	32.6
Kirkcaldy	↑	25,553	28.5	28.2	28.8
North East Lincolnshire	↑	8,519	27.4	27.0	27.9
Doncaster	↑	15,850	26.3	26.0	26.7
Rotham	↑	13,230	25.6	25.3	26.0
Sheffield	↑	26,875	25.4	25.1	25.7
Barnsley	↑	11,378	24.7	24.3	25.1
Calderdale	↑	10,179	24.6	24.2	25.0
Leeds	↑	36,496	23.8	23.6	24.0
North Lincolnshire	↑	7,471	23.4	22.9	23.8
Wakefield	↑	14,152	21.2	20.9	21.5
East Riding of Yorkshire	↑	9,407	16.8	16.5	17.1
North Yorkshire	↑	15,198	14.7	14.5	14.9
York	↑	4,260	13.0	12.6	13.3

- In 2019/20, a quarter (25,1%) of children were in relative low-income families in Yorkshire and the Humber which is higher than the England average (19.1%), equating to nearly 264,000 children
- There is an increasing trend, and a widening gap with England
- In 2019/20, 12 local authorities in Yorkshire and the Humber had a significantly higher percentage of children in relative low-income families, with LA values ranging from 13.0% up to 37.6%.

Children in Absolute low-income families

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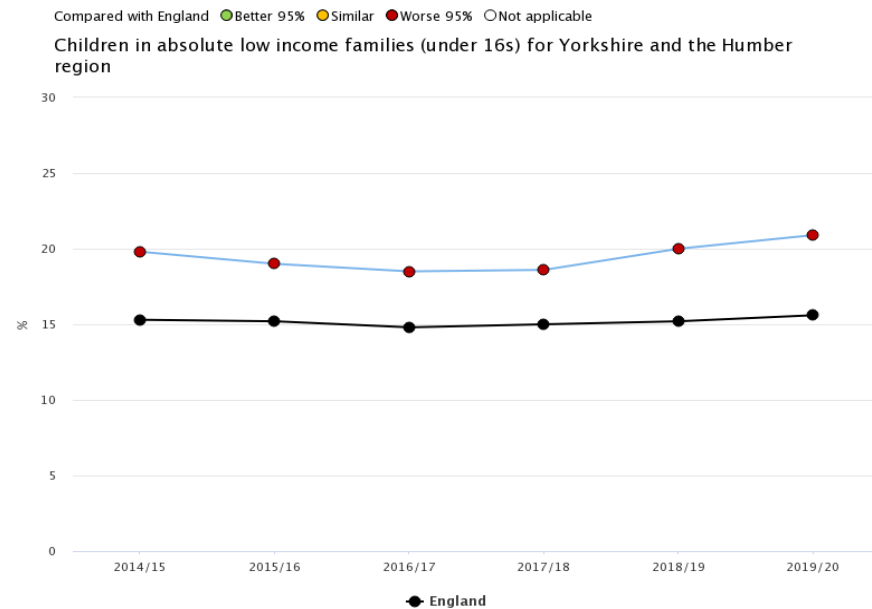


Compared with England: Better 95%, Similar, Worse 95%, Not compared

Recent trends: No significant change, Increasing & getting worse, Increasing & getting better, Decreasing & getting worse, Decreasing & getting better

Children in absolute low income families (under 16s) 2019/20 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	1,685,298	15.6	15.6	15.6
Yorkshire and the Humber region	↑	219,929	20.9	20.9	21.0
Bradford	↑	41,302	32.3	32.0	32.5
Kingston upon Hull	↑	13,799	26.4	26.0	26.8
Kirklees	↑	21,491	24.0	23.7	24.3
North East Lincolnshire	↑	6,915	22.3	21.8	22.7
Doncaster	↑	13,294	22.1	21.7	22.4
Sheffield	↑	22,549	21.3	21.1	21.6
Rotherham	↑	10,981	21.3	20.9	21.6
Calderdale	↑	8,615	20.8	20.4	21.2
Barnsley	↑	9,344	20.3	19.9	20.7
Leeds	↑	30,197	19.7	19.5	19.9
North Lincolnshire	↑	6,108	19.1	18.7	19.6
Wakefield	↑	11,546	17.3	17.0	17.6
East Riding of Yorkshire	↑	7,792	13.9	13.6	14.2
North Yorkshire	↑	12,558	12.1	11.9	12.3
York	↔	3,438	10.5	10.1	10.8



- The Yorkshire and Humber region has the second highest percentage of children in absolute low-income families in 2019/20 (20.9%), equating to nearly 220,000 children.
- This is an increasing trend, in particular, during the most recent years where the gap with England is widening
- In 2019/20, 12 local authorities in Yorkshire and the Humber had a significantly higher percentage of children in absolute low-income families, this ranged from 10.5% up to 32.3%.

Evidence for the impact of educational risk factors on children and young people's mental health

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16-17 year olds not in education, employment or training (NEET) or whose activity is not known - Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. Spending time not in employment, education or training (NEET) has been shown to have a detrimental effect on physical and mental health ([Local action on health inequalities: Reducing the number of young people not in employment, education or training](#)).

Pupil absence and exclusions

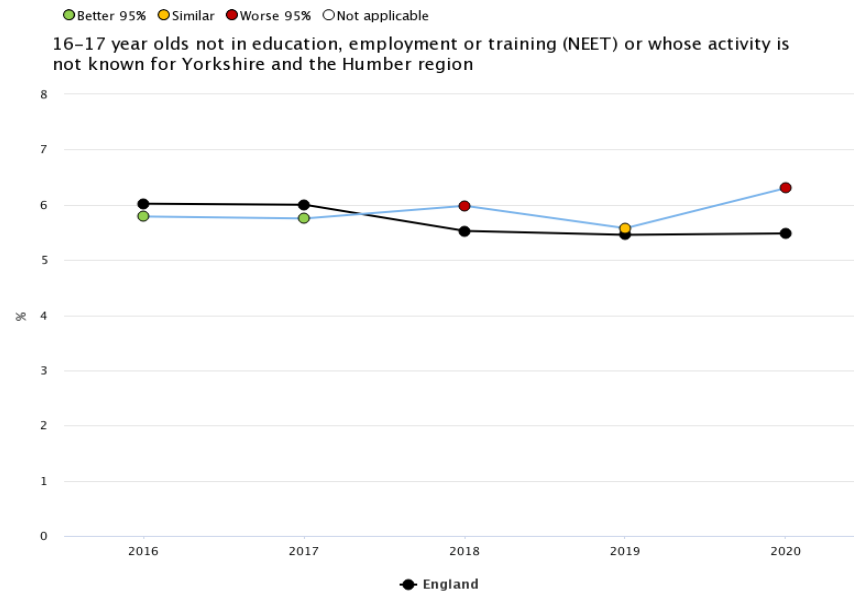
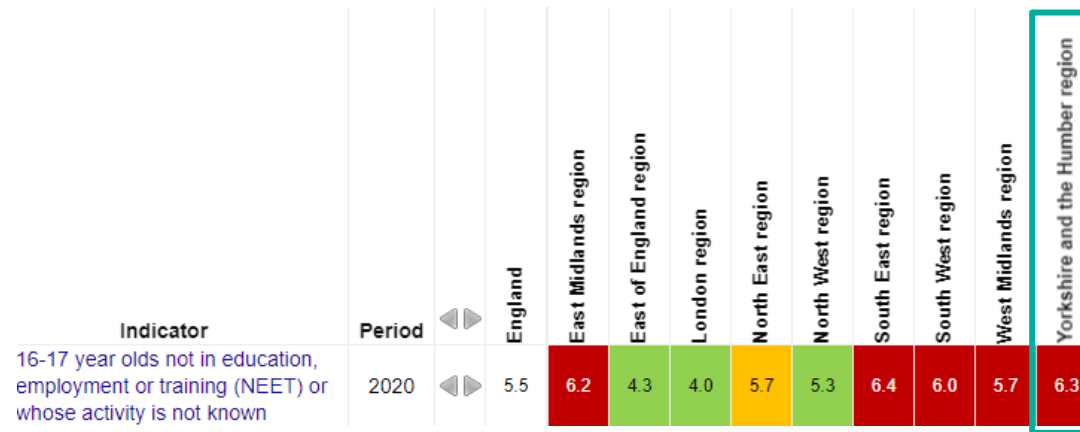
Evidence indicates that the educational experience of children up to the age of 12 years should provide opportunities for engagement in tasks considered fulfilling and worthwhile in order to promote their mental wellbeing. Disillusion or exclusion from school are risk factors for children's mental wellbeing ([National Collaborating Centre For Mental Health](#)).

Pupils with special education needs (SEN)

Pupils with certain types of Special Educational Need (SEN) are at increased likelihood of mental health problems, for example children with autism or learning difficulties are significantly more likely to have conditions such as anxiety ([Mental health and behaviour in schools](#)).

16-17 year olds not in employment, education or training (NEETS)

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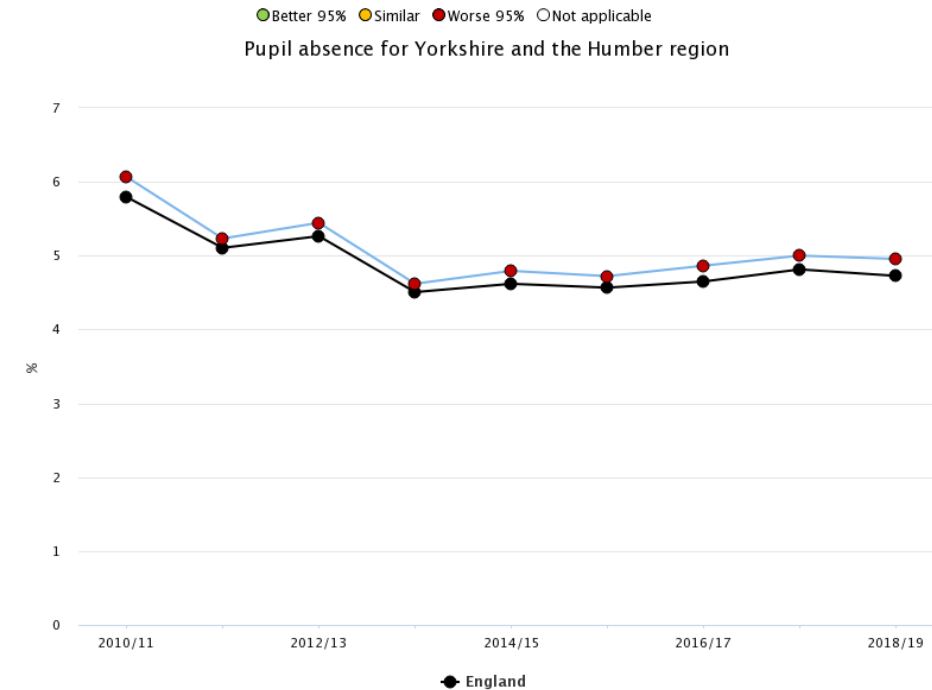
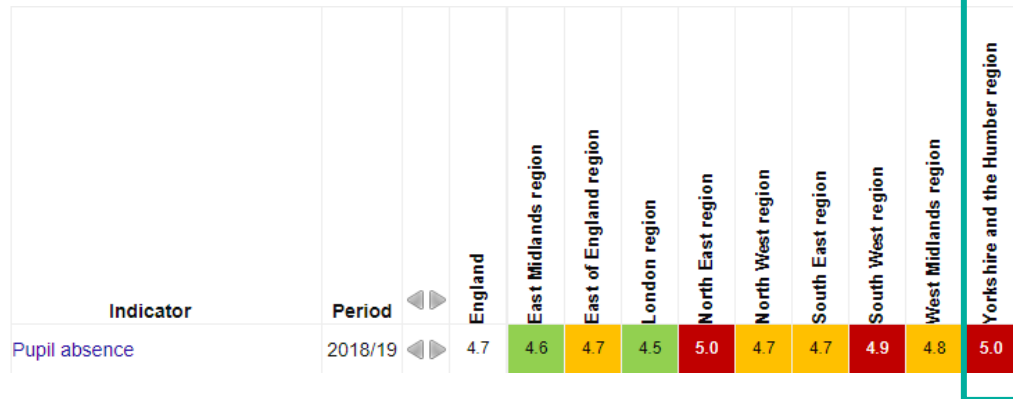


16-17 year olds not in education, employment or training (NEET) or whose activity is not known 2020

Area	Recent Trend	Count	Value	95% Lower Ci	95% Upper Ci
England	Decreasing & getting better	64,720	5.5	5.4	5.5
Yorkshire and the Humber region	Increasing & getting worse	7,470	6.3	6.2	6.4
North Yorkshire	Increasing & getting worse	1,320	11.4	10.8	12.0
Leeds	Increasing & getting worse	1,300	7.9	7.5	8.3
Sheffield	Increasing & getting worse	870	7.4	6.9	7.8
Bradford	No significant change	960	6.6	6.2	7.0
North East Lincolnshire	No significant change	220	6.2	5.4	7.0
Barnsley	Decreasing & getting better	290	5.8	5.2	6.6
Rotherham	No significant change	350	5.6	5.1	6.3
Kingston upon Hull	No significant change	310	5.3	4.8	6.0
North Lincolnshire	No significant change	190	5.1	4.4	5.9
Doncaster	Decreasing & getting better	330	4.9	4.4	5.4
Wakefield	Decreasing & getting better	330	4.4	4.0	5.0
East Riding of Yorkshire	No significant change	280	4.1	3.7	4.6
Kirklees	No significant change	430	4.1	3.7	4.4
Calderdale	No significant change	190	3.9	3.4	4.4
York	No significant change	110	3.0	2.6	3.8

- Yorkshire and the Humber is significantly worse than the England average for the proportion of 16-17 years olds not in employment, education or training, almost 7,500 16-17 year olds in region were classed as NEETS in 2020
- The most recent trend data suggests an increase in the proportion of NEETs, widening the gap with the England average
- LAs ranged from 3.0% up to 11.4% with a regional average of 6.3%

Pupil absence (1/2)



■ Better 95%
 ■ Similar
 ■ Worse 95%
 ■ Not compared
 Recent trends: — Could not be calculated
 ➔ No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better

Pupil absence 2018/19 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	119,207,289	4.7	4.7	4.7
Yorkshire and the Humber region	↑	12,677,662	5.0	4.9	5.0
Bradford	↑	1,610,713	5.4	5.3	5.6
Barnsley	➔	579,761	5.4	5.1	5.6
Wakefield	➔	860,260	5.3	5.1	5.5
Doncaster	➔	745,014	5.2	5.0	5.4
Sheffield	➔	1,272,415	5.1	5.0	5.3
Rotherham	➔	699,274	5.1	4.9	5.4
Kingston upon Hull	➔	615,107	4.9	4.7	5.1
Leeds	➔	1,836,302	4.9	4.7	5.0
North East Lincolnshire	➔	365,505	4.8	4.6	5.1
Kirklees	➔	1,008,971	4.7	4.5	4.9
North Yorkshire	↑	1,187,181	4.7	4.5	4.8
North Lincolnshire	➔	377,154	4.7	4.4	5.0
York	➔	363,439	4.6	4.3	4.9
East Riding of Yorkshire	➔	646,490	4.5	4.3	4.7
Calderdale	➔	510,076	4.5	4.3	4.7

- The Yorkshire and Humber region is significantly worse than the England average for the proportion of pupil absences in 2018/19 (5.0% for Yorkshire and the Humber compared to 4.7% for England) as at 2018/19
- Trend data has been fluctuating in line with the national average, but the gap between the region and England remains
- In 2018/19, 6 LAs in Yorkshire and the Humber were significantly worse than average, with the % of pupil absences ranging from 4.5% up to 5.4%

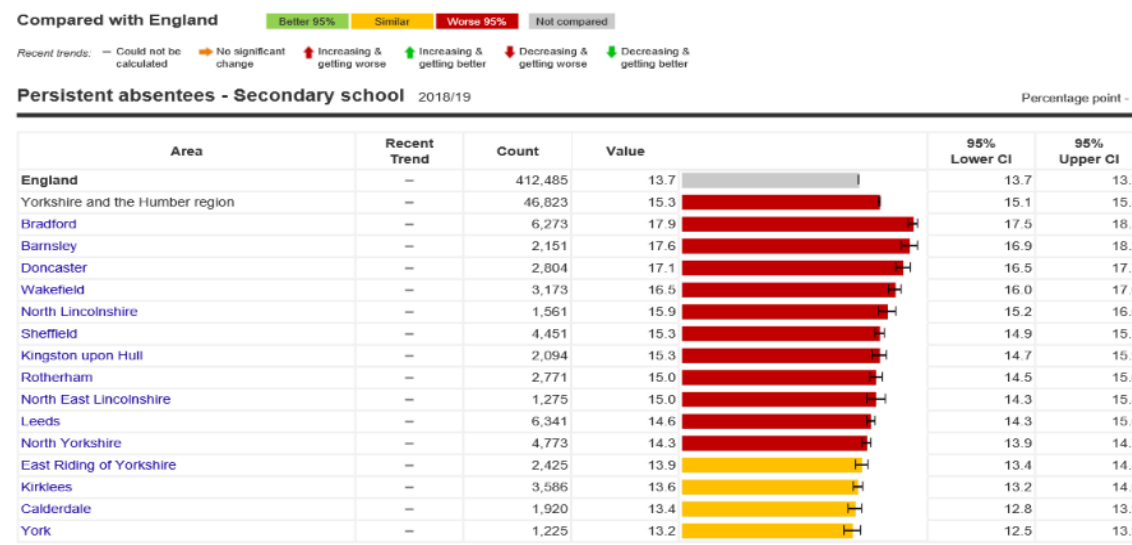
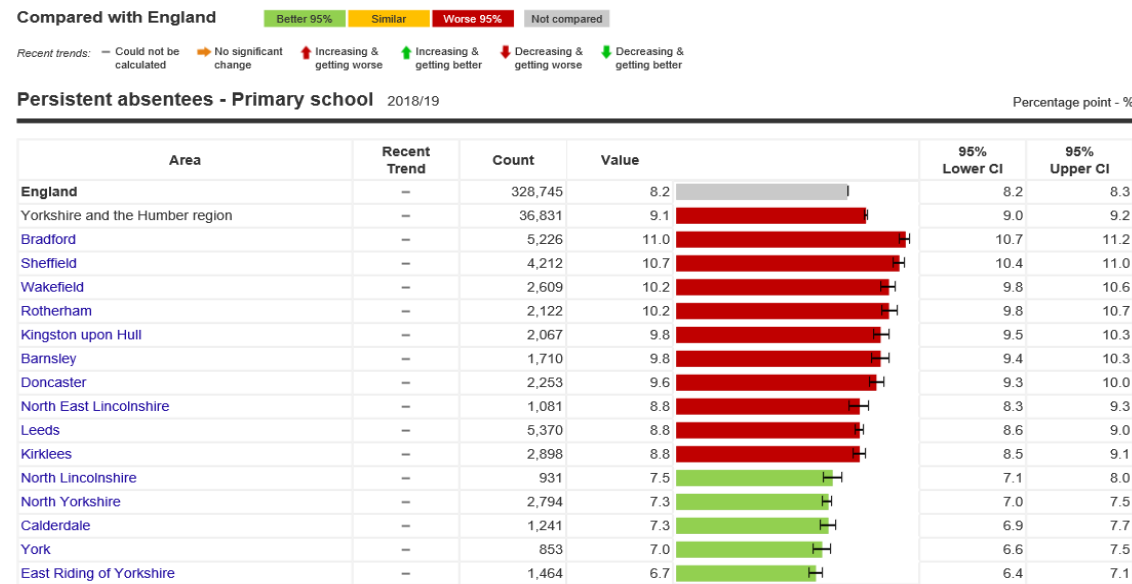
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Pupil absence (2/2)

There are 10 LAs in the region significantly worse than the England average for primary school pupil's absenteeism and 5 LAs that are significantly better (2018/19)

All 10 of these are also significantly worse for secondary school pupil's absenteeism, with an additional 1 LA also becoming significantly worse and no LAs were significantly better than the England average (2018/19)

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School exclusions (1/2)

		Better 95%	Similar	Worse 95%	Not compared													
Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Primary school fixed period exclusions: rate per 100 pupils	2016/17	1.37	1.52	1.99	1.11	1.40	2.13	1.03	1.77	1.99	0.82	1.77	1.65	1.19	1.70	2.15	2.00	1.39
Secondary school fixed period exclusions: rate per 100 pupils	2016/17	9.4	16.0	45.0	7.4	9.6	50.8	6.9	6.9	11.1	14.5	17.2	21.3	11.2	17.2	18.6	20.0	6.1

- The Yorkshire and the Humber region is significantly worse than the England average on both indicators on school exclusion for primary and secondary schools

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Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better ⬆ Increasing ⬇ Decreasing

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Primary school fixed period exclusions: rate per 100 pupils	2016/17	⬆	⬆	➡	⬆	⬆	⬆	➡	⬆	⬆	⬆	⬆	⬆	⬆	⬆	⬆	⬆	⬆
Secondary school fixed period exclusions: rate per 100 pupils	2016/17	⬆	⬆	➡	⬆	⬆	⬆	➡	➡	⬆	⬆	⬆	⬆	⬆	⬆	➡	➡	

- The direction of travel for both indicators suggests an increase in the rate of fixed period exclusions per 100 pupils

School exclusions (2/2)

- When separated out into primary and secondary school, 9 LAs were significantly worse than the England average for pupil exclusions from primary school, and 3 LAs were significantly better as at 2016/17
- For secondary school, 10 LAs were significantly worse than average, with the majority showing a worsening trend as at 2016/17

Section overview

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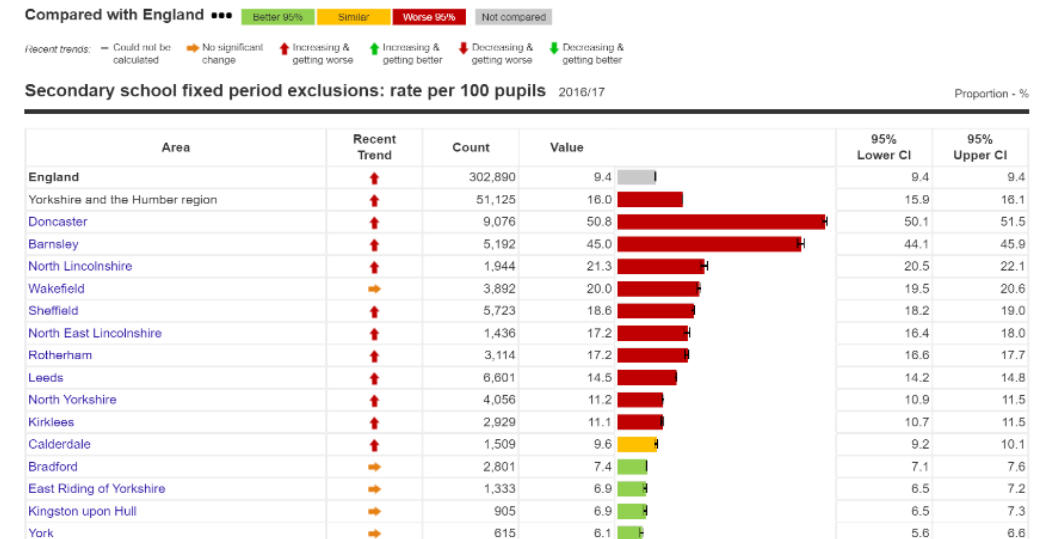
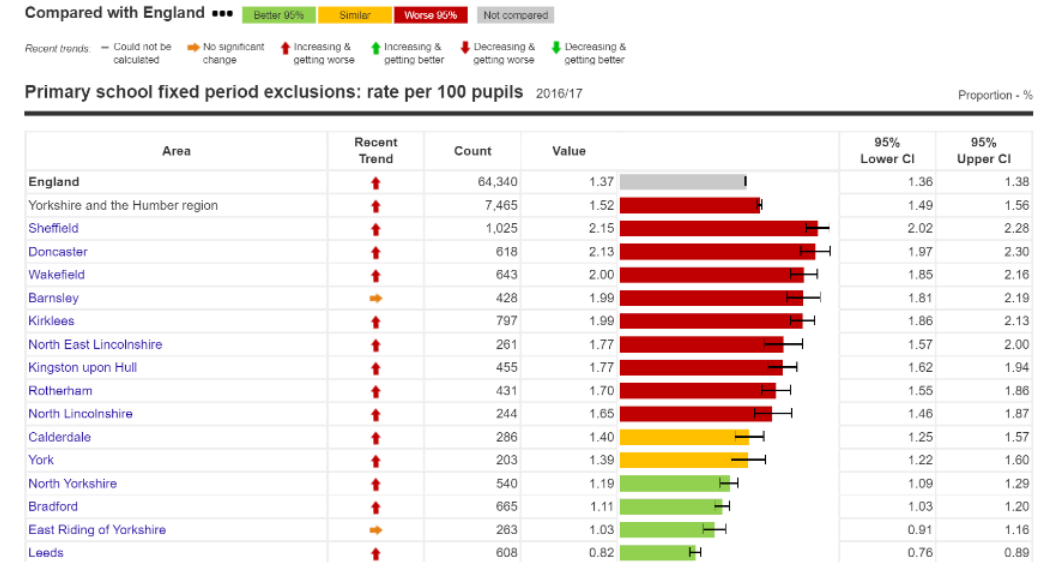
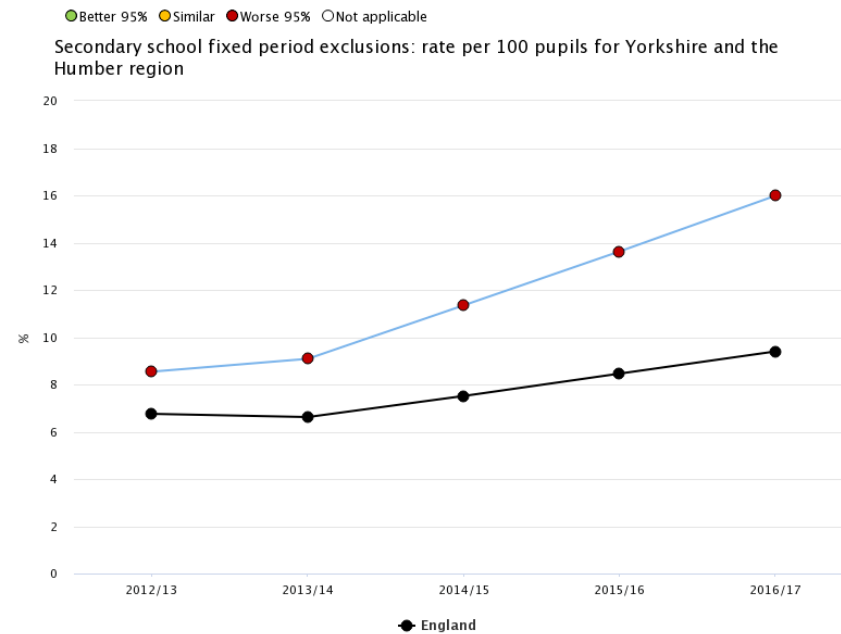
Low income

Education factors

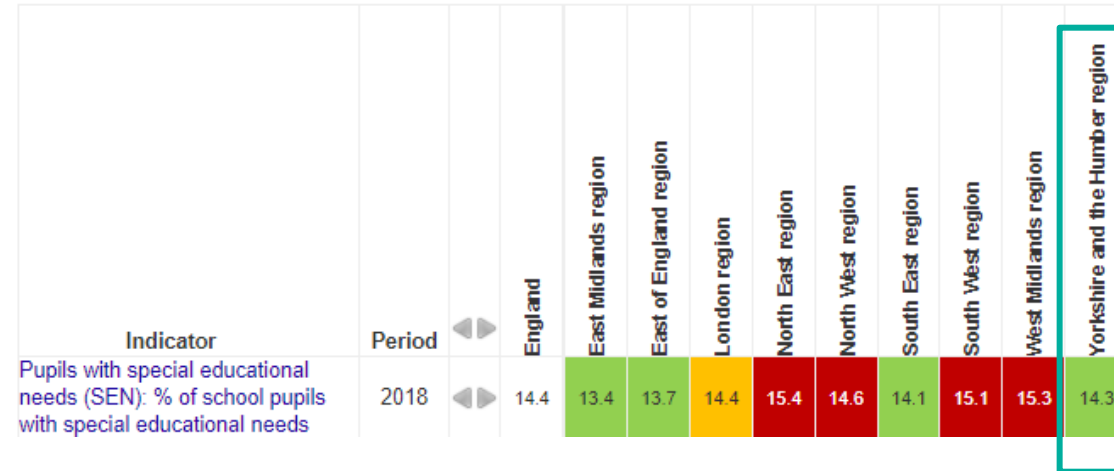
Behavioural

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Pupils with special education needs (SEN)

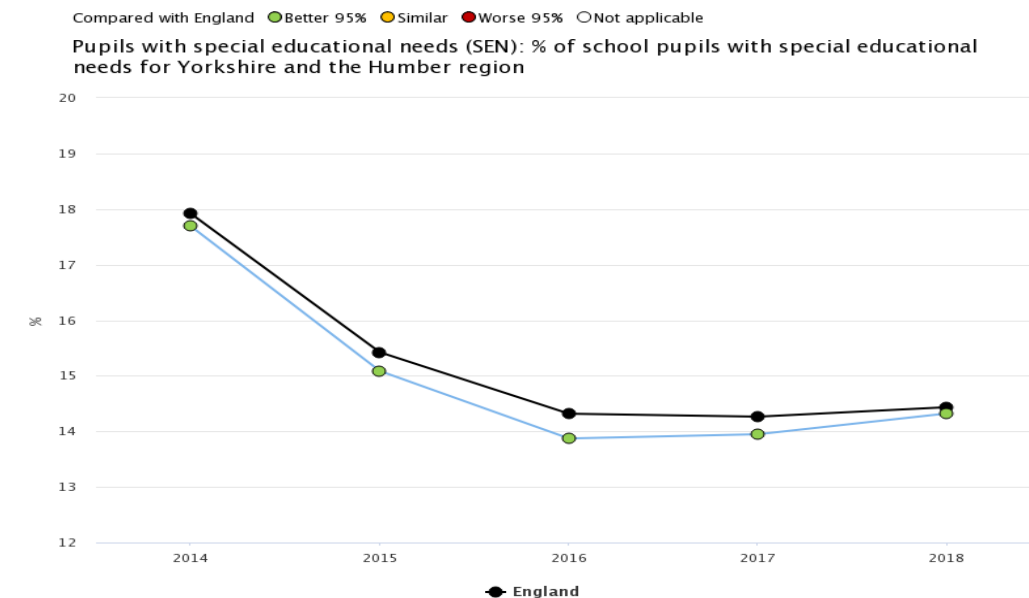


Compared with England

Recent trends: — Could not be calculated, — No significant change, — Increasing & getting worse, — Increasing & getting better, — Decreasing & getting worse, — Decreasing & getting better

Pupils with special educational needs (SEN): % of school pupils with special educational needs (School age) 2018

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	1,168,144	14.4	14.4	14.5
Yorkshire and the Humber region	↓	118,092	14.3	14.2	14.4
Kingston upon Hull	↓	6,747	16.8	16.4	17.1
Rotherham	↓	7,292	16.4	16.1	16.8
Bradford	↓	16,275	16.4	16.2	16.7
Sheffield	↓	13,151	16.4	16.2	16.7
Barnsley	↓	4,968	14.7	14.4	15.1
Calderdale	↓	5,188	14.2	13.9	14.6
North Lincolnshire	↓	3,391	13.9	13.5	14.4
Leeds	↓	16,893	13.8	13.6	14.0
Wakefield	↓	7,198	13.7	13.4	14.0
Doncaster	→	6,444	13.6	13.3	13.9
East Riding of Yorkshire	→	5,929	13.1	12.8	13.4
North East Lincolnshire	→	3,092	13.1	12.7	13.5
Kirklees	↓	8,568	12.7	12.5	13.0
North Yorkshire	↓	10,126	12.3	12.1	12.5
York	↓	2,850	11.3	10.9	11.6



- The Yorkshire and the Humber region has a lower % of pupils with special educational needs compared to England at 14.3% in 2018. This equates to over 118,000 children in the Yorkshire and the Humber region
- The most recent trend data suggests a stable trend since 2016 in the % of school pupils with SEN, and an increase regionally
- The % of pupils with special educational needs ranges from 11.3% to 16.8% within the region

Evidence for the impact of educational protective factors on children and young people's mental health

Section overview

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Low income

Education factors

Behavioural

Vulnerable/ ACE

Caveats

Education – Inequalities in educational outcomes affect physical and mental health and children's ability to fulfil their potential, to flourish and take control of their lives ([The Marmot Review](#)).

Good development at 2.5 – The universal health review at age 2 to 2.5 years uses the Ages and Stages Questionnaire (ASQ) to assess child development outcomes. Development delays identified at this stage are associated with poorer long-term outcomes including mental health and general wellbeing ([Mental Health and Wellbeing: JSNA Toolkit](#)).

School readiness

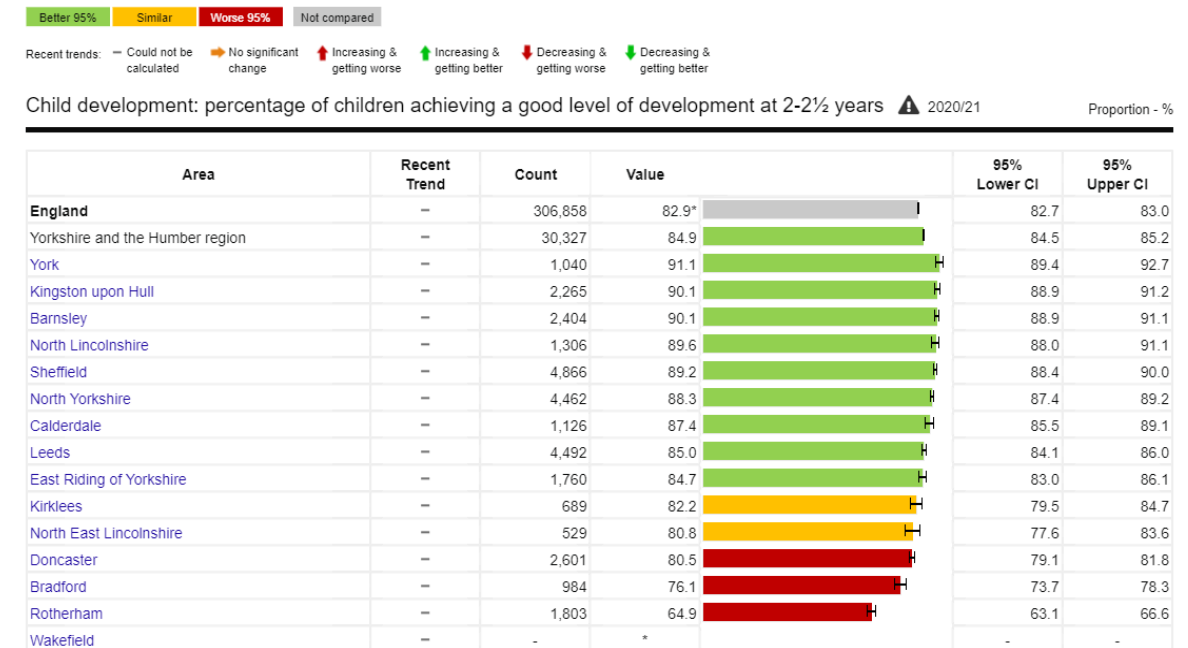
This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life ([Fingertips](#)).

Average attainment 8 score - Children's education and development of skills are important for their own wellbeing and for that of the nation as a whole. Children with poorer mental health are more likely to have lower educational attainment evidence suggests that the highest level of educational qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources ([Fingertips](#)). Studies suggest that educational attainment is a protective factor against developing psychiatric disorders ([Erickson et al, 2016](#)).

% children achieving a good level of development at 2.5 years

- Section overview
- Key messages
- Low income
- Education factors
- Behavioural
- Vulnerable/ ACE
- Caveats

Indicator	Period	England	London region	East Midlands region	North West region	West Midlands region	South East region	Yorkshire and the Humber region	South West region	East of England region	North East region
Child development: percentage of children achieving a good level of development at 2-2½ years (Persons, 2-2.5 yrs) ⚠️	2020/21	82.9*	79.6*	79.9*	81.1*	81.6	83.4*	84.9	85.6	86.1	87.2
Child development: percentage of children achieving the expected level in communication skills at 2-2½ years (Persons, 2-2.5 yrs) ⚠️	2020/21	86.8*	84.8*	85.2*	87.8*	78.1	88.5*	89.6	87.7	91.0	90.4
Child development: percentage of children achieving the expected level in fine motor skills at 2-2½ years (Persons, 2-2.5 yrs) ⚠️	2020/21	92.0*	93.1*	90.6*	93.8*	81.4	91.6*	94.4	93.0	96.0	94.7
Child development: percentage of children achieving the expected level in gross motor skills at 2-2½ years (Persons, 2-2.5 yrs) ⚠️	2020/21	91.8*	92.6*	89.2*	94.3*	81.2	92.3*	94.3	91.6	94.4	94.8
Child development: percentage of children achieving the expected level in personal-social skills at 2-2½ years (Persons, 2-2.5 yrs) ⚠️	2020/21	90.2*	91.5*	89.0*	93.1*	73.9*	90.9*	93.8	91.6	93.4	93.7
Child development: percentage of children achieving the expected level in problem solving skills at 2-2½ years (Persons, 2-2.5 yrs) ⚠️	2020/21	91.9*	92.8*	90.1*	94.0*	81.0	92.5*	94.4	92.0	95.0	94.5

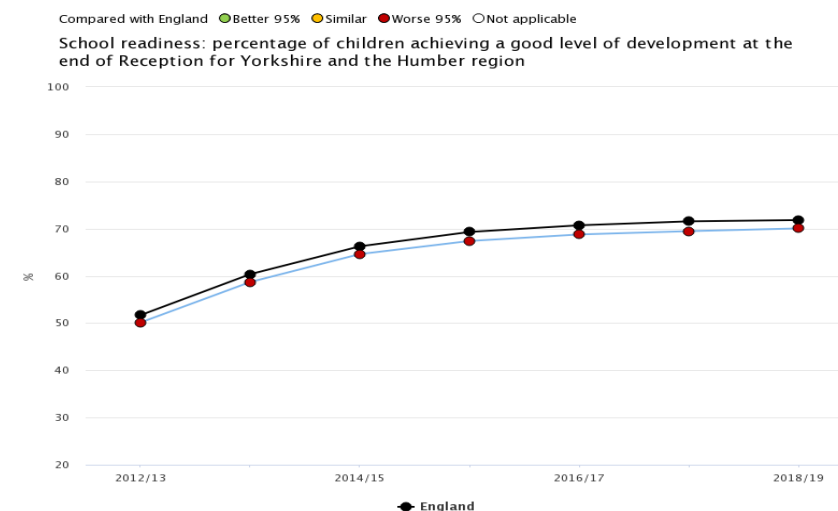
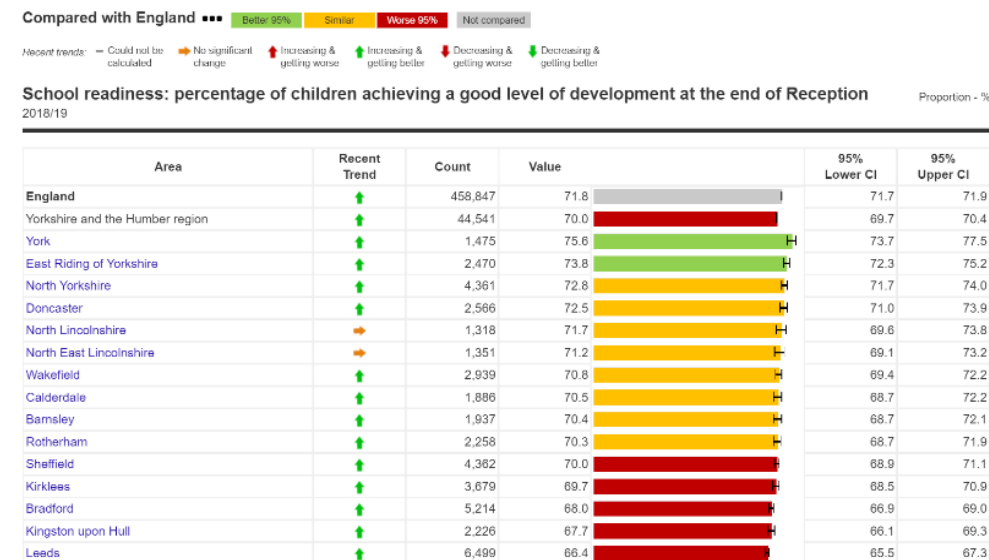


- The Yorkshire and the Humber region is significantly better than England average on all development measures at 2.5 years
- For the overall measure of development, 3 LAs are significantly worse and 9 LAs are significantly better than average in Yorkshire and the Humber
- ⚠️ There are concerns about the quality of data for these indicators

% children achieving a good level of development at reception

- Section overview
- Key messages
- Low income
- Education factors
- Behavioural
- Vulnerable/ ACE
- Caveats

Indicator	Period	England	East Midlands region	East of England region	London region	North East region	North West region	South East region	South West region	West Midlands region	Yorkshire and the Humber region
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	71.8	70.3	72.3	74.1	71.8	68.9	74.6	72.0	70.1	70.0
School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	2018/19	82.2	81.1	82.7	82.6	82.2	79.2	85.1	83.7	79.8	82.1
School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	2018/19	72.6	71.1	73.2	74.8	72.5	69.7	75.5	73.0	70.9	70.6



- The Yorkshire and the Humber region is significantly worse than England average on 2 out of 3 school-readiness indicators
- For the overall measure of development, 5 LAs are significantly worse than average in Yorkshire and the Humber
- Trends for LAs in the region (apart from 2) are increasing and getting better

Average attainment 8 score

Better 95% Similar Worse 95% Not compared Quintiles: Best Worst Not applicable

Display Values Trends Values & Trends

Indicator	Period	England	East Midlands region	East of England region	London region	North East region	North West region	South East region	South West region	West Midlands region	Yorkshire and the Humber region
Average Attainment 8 score	2020/21	50.9	49.6	51.0	54.3	49.3	49.6	52.1	51.3	49.5	49.2
Average Attainment 8 score of children in care	2020	21.4	21.5	21.8	22.3	21.7	20.9	20.2	20.1	23.1	21.2

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Average Attainment 8 score	2020/21	50.9	49.2	47.1	46.8	51.4	47.0	52.0	46.9	49.6	49.7	46.6	48.7	52.0	48.9	48.1	49.6	55.1
Average Attainment 8 score of children in care	2020	21.4	21.2	27.5	24.2	24.8	20.9	26.4	21.8	22.3	21.0	25.0	20.5	14.8	15.4	20.0	18.9	21.0

Better 95% Similar Worse 95% Not compared
 Recent trends: — Could not be calculated, — No significant change, — Increasing & getting worse, — Increasing & getting better, — Decreasing & getting worse, — Decreasing & getting better

Average Attainment 8 score 2020/21

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	29,278,221	50.9	50.8	51.0
Yorkshire and the Humber region	—	2,885,743	49.2	49.0	49.4
York	—	95,081	55.1	54.2	56.0
North Yorkshire	—	301,140	52.0	51.5	52.5
East Riding of Yorkshire	—	171,177	52.0	51.4	52.6
Calderdale	—	127,029	51.4	50.6	52.2
Leeds	—	411,635	49.7	49.2	50.2
Wakefield	—	178,260	49.6	48.9	50.3
Kirklees	—	253,010	49.6	49.0	50.2
Rotherham	—	142,923	48.9	48.2	49.6
North Lincolnshire	—	89,884	48.7	47.8	49.6
Sheffield	—	276,991	48.1	47.5	48.7
Barnsley	—	121,134	47.1	46.3	47.9
Doncaster	—	152,496	47.0	46.3	47.7
Kingston upon Hull	—	132,556	46.9	46.1	47.7
Bradford	—	347,551	46.8	46.3	47.3
North East Lincolnshire	—	84,878	46.6	45.7	47.5

- The Yorkshire and the Humber region has a significantly worse average attainment 8 score compared to England and 11 out of 15 LAs were significantly worse than average
- For children in care, two LAs in the region are in the worst quintile for average attainment 8 score. The region also has one of the highest scores compared to England

Evidence for the impact of behavioural risk and protective factors on children and young people's mental health (1/2)

Section overview

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Caveats

First time entrants to youth justice system (aged 10-17) - Children and young people at risk of offending or within the youth justice system are at risk of higher than usual rates of mental health problems ([No child left behind: understanding and quantifying vulnerability](#)). This is because the original risk factors that led to their offending also predict mental health problems, various aspects of offending itself may cause mental health problems and interactions with the criminal justice system are stressful and may on their own lead to anxiety and depression, particularly those associated with custody ([The Mental Health Needs of Young Offenders](#)).

Teenage conception rates – At an individual level, many teenage parents will be effective parents and raise healthy children, without negative outcomes. At a population level, however, teenage parents and their children are more vulnerable to poorer health and other outcomes ([No child left behind: understanding and quantifying vulnerability](#)). Most teenage pregnancies are unplanned and around half end in an abortion ([Teenage pregnancy](#)). Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty than older mothers ([No child left behind: understanding and quantifying vulnerability](#)). As such, teenage pregnancy is associated with an increased risk of mental health problems.

Evidence for the impact of behavioural risk and protective factors on children and young people's mental health (2/2)

Section overview

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Education factors

Behavioural

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Caveats

Hospital admissions for alcohol and substance misuse – Adolescence is a developmental period often associated with high-risk behaviours. While some risk-taking behaviour is considered normative in adolescents, research has indicated an association between risky behaviours and mental ill-health. Anxiety and depression are found to positively and significantly predict the occurrence of risky behaviours ([Soleimani et al, 2017](#)). Therefore hospital admissions for both drug and alcohol use in under 18s have been selected as measures of extreme risky behaviour in adolescents.

Obesity and physically activity- Overweight and obese children are more likely to experience adverse outcomes such as psychiatric and psychological symptoms and disorders compared to their healthy weight counterparts ([Rankin et al, 2016](#)). Physical activity has a huge potential to enhance wellbeing, even a short burst of 10 minutes' brisk walking increases our mental alertness, energy and positive mood. Participation in regular physical activity can increase self-esteem and can reduce stress and anxiety. It also plays a role in preventing the development of mental health problems and in improving the quality of life of people experiencing mental health problems ([How to look after your mental health using exercise](#)).

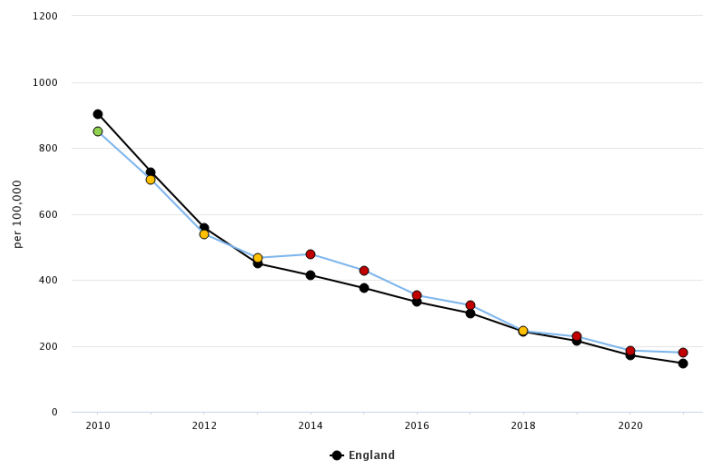
First time entrants to youth justice system

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- Key messages
- Low income
- Education factors
- Behavioural**
- Vulnerable/ ACE
- Caveats

Indicator	Period	England	East Midlands region	East of England region	London region	North East region	North West region	South East region	South West region	West Midlands region	Yorkshire and the Humber region
First time entrants to the youth justice system New data	2021	146.9	155.4	128.8	187.0	138.8	133.2	133.5	119.2	134.8	179.6
Children entering the youth justice system (10-17 yrs)	2020/21	2.8	2.6	2.6	3.5	2.8	2.4	2.6	2.5	3.0	3.2
Children aged 10 to 14 years in the youth justice system	2015/16	2.5	2.1	1.9	2.5	4.0	2.5	1.8	2.7	2.9	3.1
Young people aged 15 years in the youth justice system	2015/16	9.8	8.4	8.4	11.9	13.6	10.1	7.3	9.5	10.5	10.9
Young people aged 16 years in the youth justice system	2015/16	12.3	10.5	10.2	15.8	15.7	12.3	9.8	11.3	13.8	13.0
Young people aged 17 years in the youth justice system	2015/16	15.6	14.4	12.4	20.7	19.4	16.3	13.3	13.1	16.8	14.8

● Better 95% ● Similar ● Worse 95% ○ Not applicable

First time entrants to the youth justice system for Yorkshire and the Humber region



● Better 95%
● Similar
● Worse 95%
○ Not compared

Recent trends:
 — Could not be calculated
→ No significant change
↑ Increasing & getting worse
↑ Increasing & getting better
↓ Decreasing & getting worse
↓ Decreasing & getting better

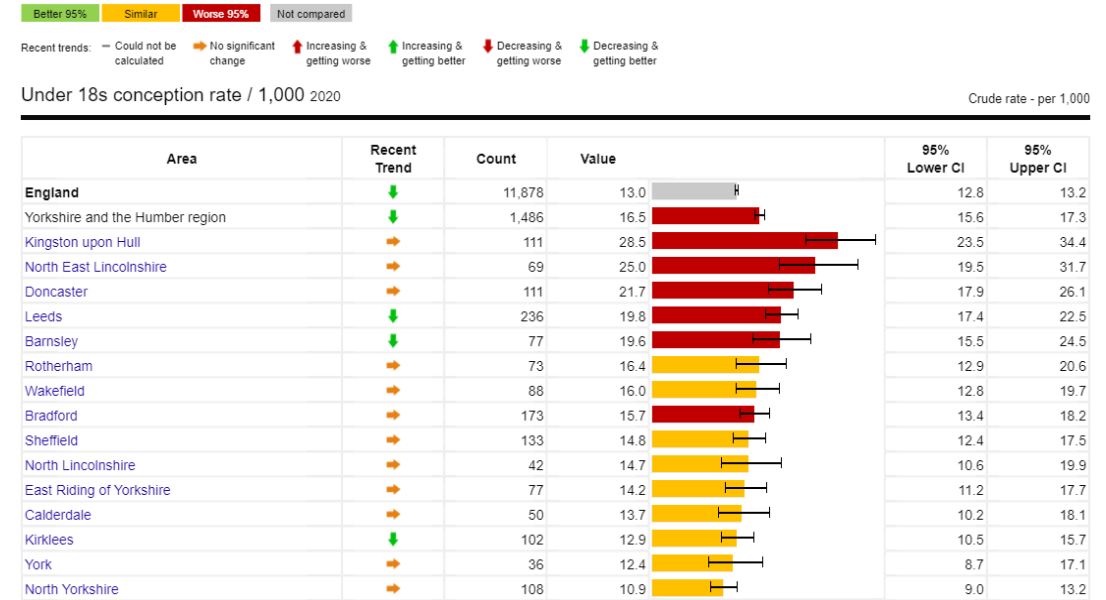
First time entrants to the youth justice system New data 2021 Crude rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	7,805	146.9	143.6	150.2
Yorkshire and the Humber region	↓	937	179.6	168.3	191.5
Calderdale	→	68	327.5	254.4	415.1
Leeds	→	159	223.1	189.8	260.6
Wakefield	→	67	209.3	162.1	265.8
Kingston upon Hull	↓	46	192.1	140.5	256.4
Bradford	↓	121	190.7	158.3	227.9
North Lincolnshire	→	31	184.5	125.2	262.2
Rotherham	→	47	183.3	134.6	243.8
Barnsley	↓	41	181.7	130.3	246.5
Sheffield	↓	91	171.5	138.0	210.7
Kirklees	→	75	166.4	130.8	208.7
North Yorkshire	→	88	156.6	125.5	193.1
York	↓	24	147.4	94.8	218.7
Doncaster	↓	41	137.8	99.0	186.8
North East Lincolnshire	→	18	117.6	69.9	185.4
East Riding of Yorkshire	↓	21	69.6	43.0	106.6

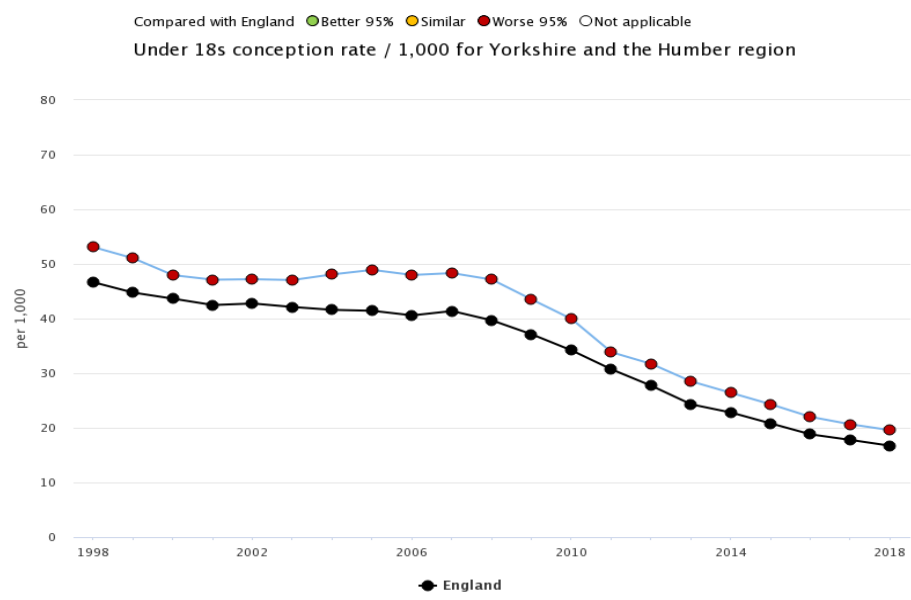
- The Yorkshire and the Humber region has the second highest rate per 100,000 of first-time entrants to the youth justice system, equating to 937 youths aged 10-17 years old in 2021
- The most recent trend data suggests a decrease both regionally and nationally, though Yorkshire and the Humber has remained a little above the England average.
- The rate of first-time entry to the youth justice system in the region ranges from 69.6 per 100,000 up to 327.5 per 100,000

Teenage conception rates

Indicator	Period	England	East Midlands region	East of England region	London region	North East region	North West region	South East region	South West region	West Midlands region	Yorkshire and the Humber region
Under 18s conception rate / 1,000	2020	13.0	12.5	11.8	9.8	18.6	16.7	10.6	10.5	15.1	16.5
Under 16s conception rate / 1,000	2020	2.0	2.1	1.6	1.4	3.3	2.7	1.7	1.6	2.2	2.8
Teenage mothers	2020/21	0.6	0.7	0.5	0.3	1.0	0.7	0.4	0.5*	0.8	0.9

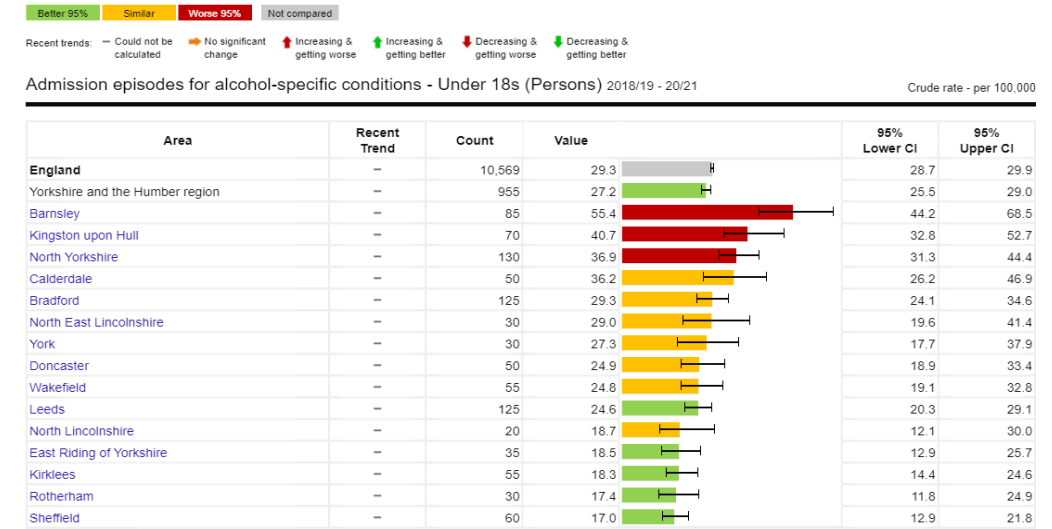
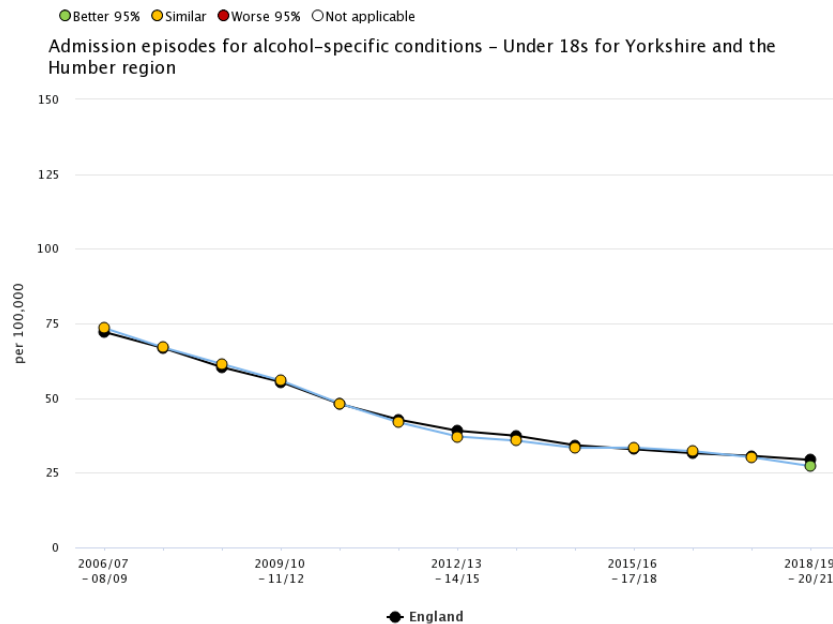
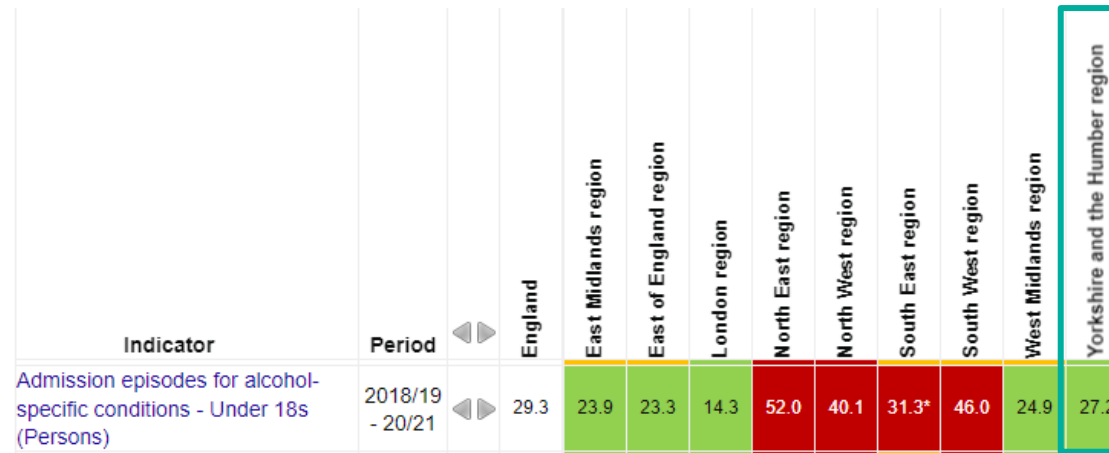


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- The Yorkshire and Humber region, along with the other regions in the north of England is significantly worse on the teenage conceptions and teenage mothers indicators
- For under 18 conceptions, the variation within the Yorkshire and Humber ranges from 10.9 per 1,000 up to 28.5 per 1,000
- Trend data shows an overall decrease in teenage conceptions in line with England since 1998, with the gap to the national average narrowing

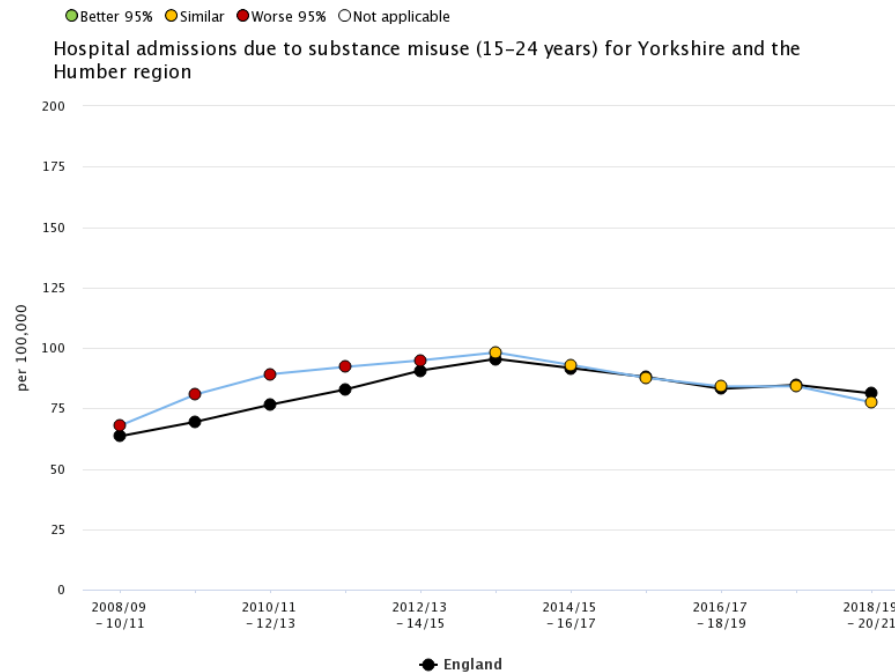
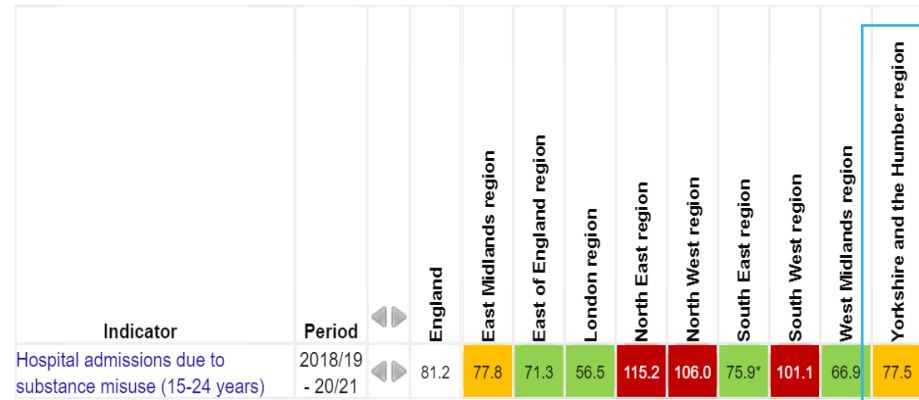
Admission episodes for alcohol-specific conditions



- The Yorkshire and Humber region has a significantly better rate of admissions for alcohol-specific conditions in under 18s when compared to the England average
- Trend data is showing a decrease overall, in line with the national average from nearly 2500 admissions in 2006/07-08/09 in the region to less than 1,000 in 2018/19-20/21
- 3 LAs are significantly worse than England average, with rates ranging from 17.0 per 100,000 up to 55.4 per 100,000

Hospital admissions due to substance misuse (15-24)

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- Vulnerable/ ACE
- Caveats



Hospital admissions due to substance misuse (15-24 years) 2018/19 - 20/21
Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	16,053	81.2	79.9	82.4
Yorkshire and the Humber region	-	1,595	77.5	73.7	81.4
Barnsley	-	110	144.3	118.7	173.7
Doncaster	-	120	122.0	101.0	146.0
Kingston upon Hull	-	120	113.7	94.2	136.0
Bradford	-	220	109.5	95.5	125.0
North Yorkshire	-	170	101.0	86.2	117.5
Calderdale	-	60	92.1	70.4	118.4
Wakefield	-	90	86.0	69.2	105.6
North East Lincolnshire	-	40	81.9	58.4	111.6
Kirklees	-	120	76.0	63.1	90.8
North Lincolnshire	-	40	75.4	53.2	103.5
York	-	70	63.7	49.3	80.8
East Riding of Yorkshire	-	60	62.6	47.5	80.9
Rotherham	-	50	61.7	46.1	81.0
Leeds	-	230	61.1	53.3	69.7
Sheffield	-	90	30.7	24.5	38.0

- The Yorkshire and Humber region is not significantly different from the England average on admissions due to substance misuse for 15-24 year olds
- Trend data indicates an overall gradual decrease in hospital admissions due to substance misuse since 2014/15 in line with the England average
- 4 LAs are significantly worse than England average, with rates ranging from 30.7 per 100,000 up to 144.3 per 100,000

Obesity and physical activity children and young people (1/2)

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- Low income
- Education factors
- Behavioural
- Vulnerable/ ACE
- Caveats

		Better 95%	Similar	Worse 95%										
Indicator	Period				England	East Midlands region	East of England region	London region	North East region	North West region	South East region	South West region	West Midlands region	Yorkshire and the Humber region
Reception: Prevalence of overweight (including obesity)	2019/20				23.0	22.0	21.8	21.6	24.8	25.2	21.9	22.7	24.6	24.1
Year 6: Prevalence of overweight (including obesity)	2019/20				35.2	34.9	32.7	38.2	37.5	37.4	31.7	31.8	38.2	35.8
Percentage of physically active children and young people	2020/21				44.6	44.9	43.2	44.4	47.1	44.0	45.4	46.3	42.0	46.4

In 2019/20, the region is significantly worse than average for the proportion of reception and year 6 children being classed as overweight or obese

The Yorkshire and the Humber region is not significantly different to the England average on the proportion of physically active children and young people

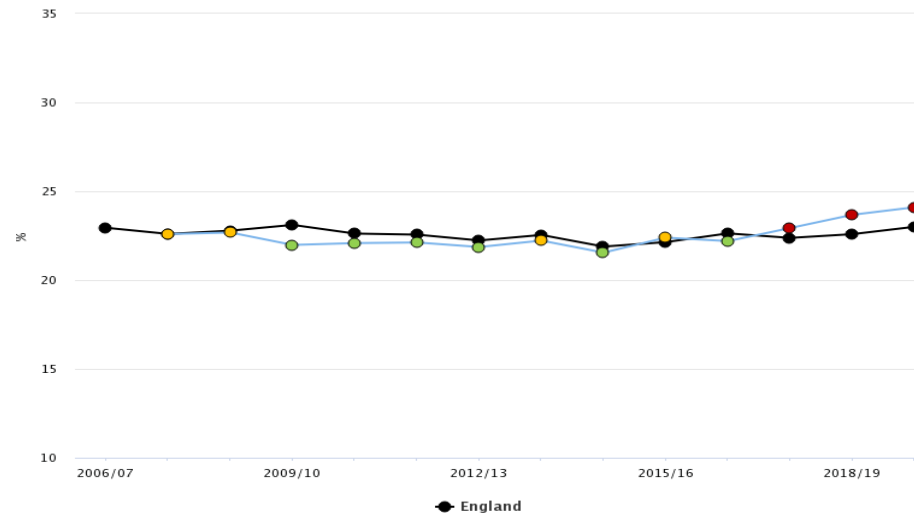
		England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingsdon upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Reception: Prevalence of overweight (including obesity)	2019/20	23.0	24.1	19.4*	22.3*	23.1	26.7	20.4*	28.4	24.5*	24.0*	26.1	23.0	23.4	26.6*	24.1*	23.9*	21.4*
Year 6: Prevalence of overweight (including obesity)	2019/20	35.2	35.8	33.4*	40.8*	35.0	38.3	31.8*	37.6	36.3*	34.7	37.0	35.8	32.5	37.9*	35.7	36.4	33.8*
Percentage of physically active children and young people	2020/21	44.6	46.4	*	41.3	53.3	*	*	*	35.2	56.6	*	41.2	46.0	44.3	42.1	48.8	41.8

For reception age the proportion of overweight and obese children ranges from 19.4% up to 28.4%, and for year 6 the range is from 31.8% up to 40.8%

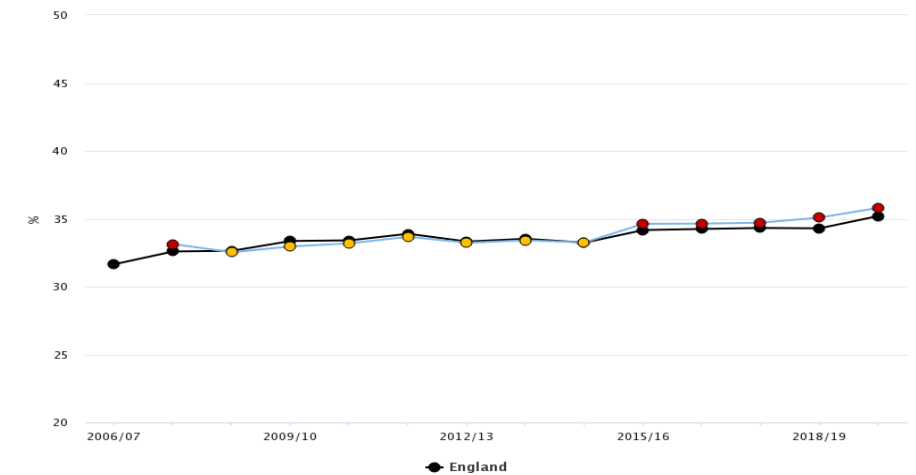
Rates of physically active children and young people are currently available for only 10 LAs

Obesity and physical activity children and young people (2/2)

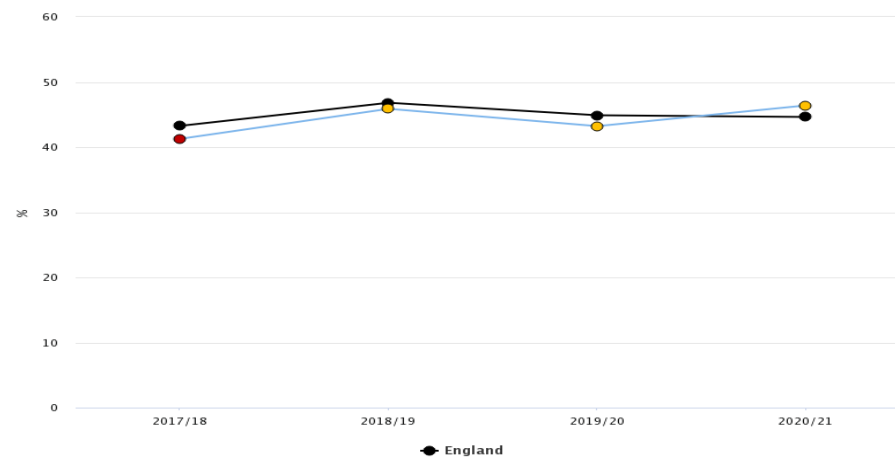
Reception: Prevalence of overweight (including obesity) for Yorkshire and the Humber region



Year 6: Prevalence of overweight (including obesity) for Yorkshire and the Humber region



Percentage of physically active children and young people for Yorkshire and the Humber region



Trend data for reception and year 6 children both demonstrate that for the past few years the region has been consistently worse than the England average and the gap between the region and England is widening for reception

Trend data for children and young people's physical activity is fairly stable and has remained similar to the national average in the last 3 years. However, there are currently only four data points available

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Evidence for the association between vulnerable children and/or adverse childhood experience and children and young people's mental health (1/3)

Section overview

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Caveats

Vulnerable children - are defined as any children at greater risk of experiencing physical and/or emotional harm and experiencing poor outcomes because of one or more factors in their lives ([No child left behind: understanding and quantifying vulnerability](#)). This includes children in care and children living with risk because of a vulnerable family background (e.g. low income families, young carers, children exposed to domestic violence and abuse, children or parents with ill-health or disability) ([Childhood vulnerability in England 2019](#)).

Adverse childhood experiences - are a specific set of childhood experiences associated with negative outcomes in later life. Like other factors which make children more vulnerable, they do not inevitably lead to poorer outcomes, but their presence increases the risk of this happening ([No child left behind: understanding and quantifying vulnerability](#)).

Children with learning difficulties known to schools / SEN - Children with learning disabilities are more likely to experience poverty and social exclusion and it is these experiences that lead to a greater risk of mental ill-health ([Mental health of children and adolescents with learning disabilities in Britain](#)). There is a complex relationship between poor mental health and Special Educational Needs and/or Disabilities (SEND). Children and young people with SEND can be at higher risk of mental health difficulties than those without SEND, meanwhile, mental health difficulties may also be a cause of SEND ([Mental health of children/young people with SEND](#))

Evidence for the association between vulnerable children and/or adverse child experience and children and young people's mental health (2/3)

Section overview

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Vulnerable/ ACE

Caveats

Children providing unpaid care - Certain risk factors can make some children and young people more likely to experience mental health problems than others, this includes children and young people taking on adult responsibilities such as caring for a relative. This can make it harder to participate fully in education and can make young carers feel isolated and lonely ([The support provided to young carers in England](#)).

Children in care – Many children in care are likely to have had experiences or been brought up in circumstances which make them more vulnerable and at risk of poorer outcomes than other children ([No child left behind: understanding and quantifying vulnerability](#)). Studies have found that children in care are more likely to have lower educational attainment across all age groups as well as poorer mental and physical health ([Rahilly et al, 2014](#)).

Currently half of all children in care meet the criteria for a possible mental health disorder, compared to one in ten children outside the care system ([Improved mental health support for children in care](#)). Often their mental health issues are severe and/or complex, and if their issues are not addressed effectively, this significantly reduces their life chances, and increases their need for long term support from health and social care services (often into adulthood and through their life-time) ([Survey of the Mental Health of Children Looked After by Local Authorities in England](#)).

Evidence for the association between vulnerable children and/or adverse child experience and children and young people's mental health (3/3)

Section overview

Key messages

Low income

Education factors

Behavioural

Vulnerable/ ACE

Caveats

Children in need – A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled ([Characteristics of children in need: 2019 to 2020](#)). A child could be in need for a variety of reasons (e.g, the parents with problems with alcohol or drugs, poor housing, child or parental disability, family stress, etc). All of which can contribute to an increased likelihood of developing mental health problems ([No child left behind: understanding and quantifying vulnerability](#) and ([Fingertips](#)).

Family relationships – Parental arguments and separation can cause emotional and behavioural problems in children leading to concentration issues at school and feelings of insecurity sometimes leading older children to misbehave or withdraw ([Divorce or separation of parents - the impact on 19 children and adolescents: for parents and carers](#)). Parental separation or divorce can be a risk factor for child mental health, however, parents remaining together in an unhappy relationship can have an equally detrimental effect on children. Which is better for individual children is likely to depend on the specific circumstances and dynamics of the individual family ([Improving health outcomes for vulnerable children and young people](#)).

Homelessness – Child homelessness is often linked to risk factors such as family breakdown or children leaving care ([Youth homelessness the causes](#)). Mental ill health can be a cause and a consequence of homelessness, up to 70% of homeless young people have mental health problems and 33% self-harm ([The Impact of Homelessness on Health](#)).

Vulnerable children (1/2)

Section overview

Key messages

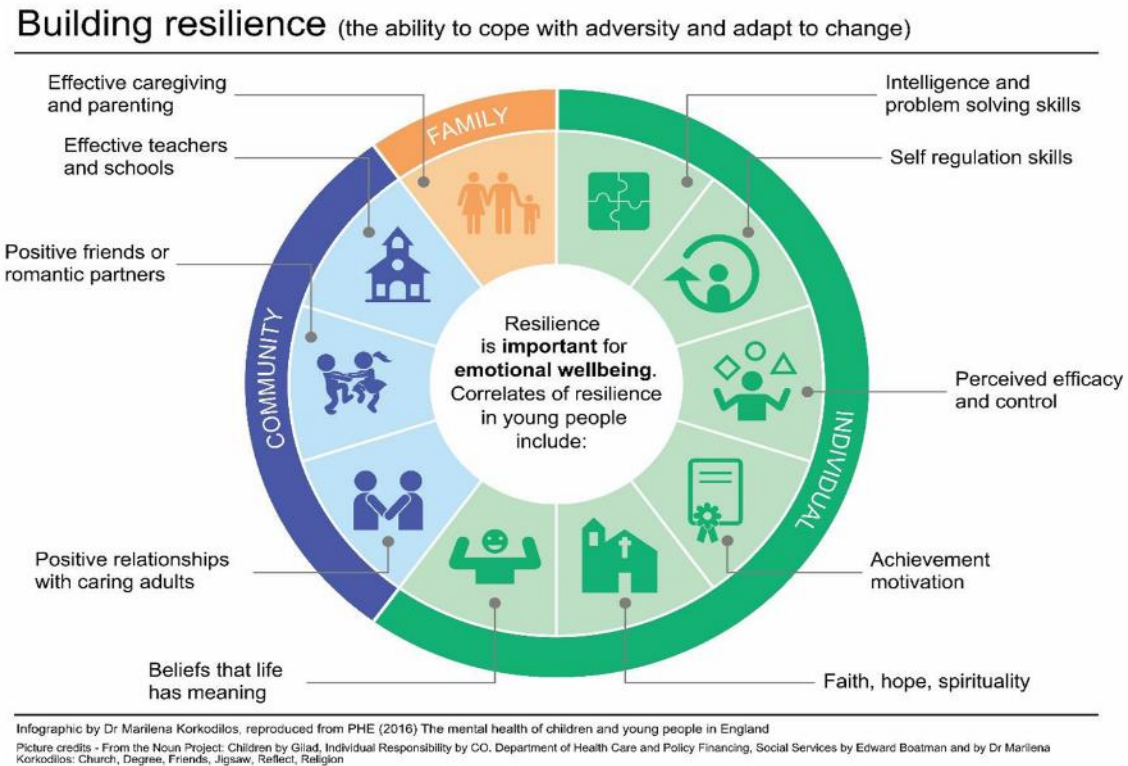
Low income

Education factors

Behavioural

Vulnerable/ ACE

Caveats



Vulnerable children are taken to be any children at greater risk of experiencing physical and/or emotional harm and experiencing poor outcomes because of one or more factors in their lives ([Childhood vulnerability in England](#)).

A wide range of risk factors may make a child more vulnerable. Conversely protective factors may make a child less likely to experience a poor outcome, even when risk factors are present. Vulnerable children are more likely to experience mental health issues.

[The mental health of children and young people in England \(2016\)](#)

Vulnerable children (2/2)

Table 1: Key risk and protective factors for vulnerability in childhood

	Risk factors	Protective factors
Individual	Child maltreatment including emotional, physical and sexual abuse* Emotional and physical neglect* Lower educational attainment Low self-esteem Impaired cognitive development Poor physical and mental health Poor language and communication skills Disability School exclusion Looked-after children Children in the criminal justice system Drug and alcohol use	Good social and emotional skills Well-developed cognitive skills Positive peer relationships Supportive relationships with an adult Opportunities to increase self-esteem (including sport and hobbies) Resilience – positive outlook Aspiration

Intervention should be aimed at children and young people's whole environment, including familial, social and physical factors rather than solely, the children and young people themselves.

Family	Domestic violence* Substance abuse in household* Incarcerated household member* Parental separation or divorce* Mental illness in household* Harsh or inconsistent parenting Poverty (including unemployment and low income) Housing conditions and tenure	Stable home environment Supportive relationships Supportive parenting and grandparenting Secure attachments with a significant adult outside the home
Community and the wider social and physical environment	Lack of life opportunities Lack of social support and/or social isolation Violence, including gangs and county lines Discrimination and social exclusion including but not limited to factors such as gender, race, sexual orientation and disability Unhealthy neighbourhood characteristics such as being unsafe and unwalkable; having high vehicle traffic and levels of air pollution; having multiple opportunities for unfavourable health behaviours (such as gambling and fast food); and having poor quality or no green space	Strong community cohesion and social networks of support Vibrant community life with social and cultural activities Participation in local decision-making and being heard Sense of belonging and neighbourliness Education Healthcare provision Youth work provision and a young person having interests such as sport, music, art and other creative activities Affordable housing Access to healthier, affordable food Greener communities and improved access to good quality green spaces Healthy streets

Children with learning difficulties known to schools

- Section overview
- Key messages
- Low income
- Education factors
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- Vulnerable/ ACE**
- Caveats

Compared with England ■ ■ ■ ■ ■ ■ Better 95% Similar Worse 95% Lower Similar Higher Not compared

Children with learning difficulties known to schools 2020 Crude rate - per 1,000

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Children with Moderate Learning Difficulties known to schools	2020	29.1	32.6	35.6	43.6	47.3	32.8	37.7	30.5	33.1	34.0	50.9	29.3	23.9	22.7	25.6	26.4	17.4
Children with Severe Learning Difficulties known to schools	2020	4.0	3.9	2.1	4.5	5.6	3.3	5.3	8.0	3.0	3.3	6.5	2.4	2.2	1.8	4.2	5.4	1.8
Children with Profound & Multiple Learning Difficulty known to schools	2020	1.29	1.33	1.27	2.31	1.53	1.00	0.60	0.60	1.92	1.13	1.47	0.64	0.96	1.55	1.39	1.09	1.37
Children with learning difficulties known to schools	2020	34.4	37.8	38.9	50.4	54.5	37.2	43.6	39.1	38.0	38.4	58.8	32.3	27.1	26.1	31.2	32.9	20.6

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	284,205	34.4	34.3	34.6
Yorkshire and the Humber region	↓	31,607	37.8	37.4	38.2
North East Lincolnshire	↑	1,404	58.8	55.8	62.0
Calderdale	→	1,997	54.5	52.1	56.9
Bradford	↓	5,027	50.4	49.0	51.8
East Riding of Yorkshire	→	1,975	43.6	41.7	45.6
Kingston upon Hull	→	1,628	39.1	37.2	41.0
Barnsley	↓	1,346	38.9	36.9	41.1
Leeds	→	4,873	38.4	37.3	39.5
Kirklees	→	2,573	38.0	36.6	39.5
Doncaster	↓	1,750	37.2	35.5	39.0
Wakefield	→	1,753	32.9	31.3	34.4
North Lincolnshire	↓	806	32.3	30.1	34.6
Sheffield	↓	2,558	31.2	30.0	32.4
North Yorkshire	→	2,228	27.1	26.0	28.2
Rotherham	↓	1,162	26.1	24.7	27.7
York	↓	527	20.6	18.9	22.4

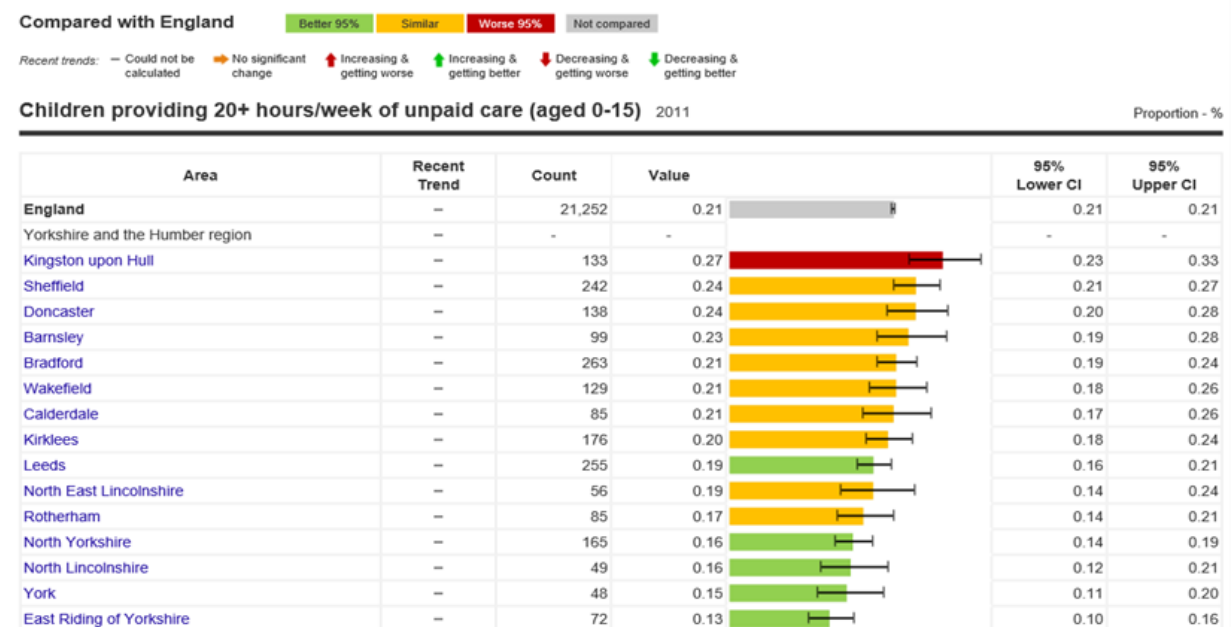
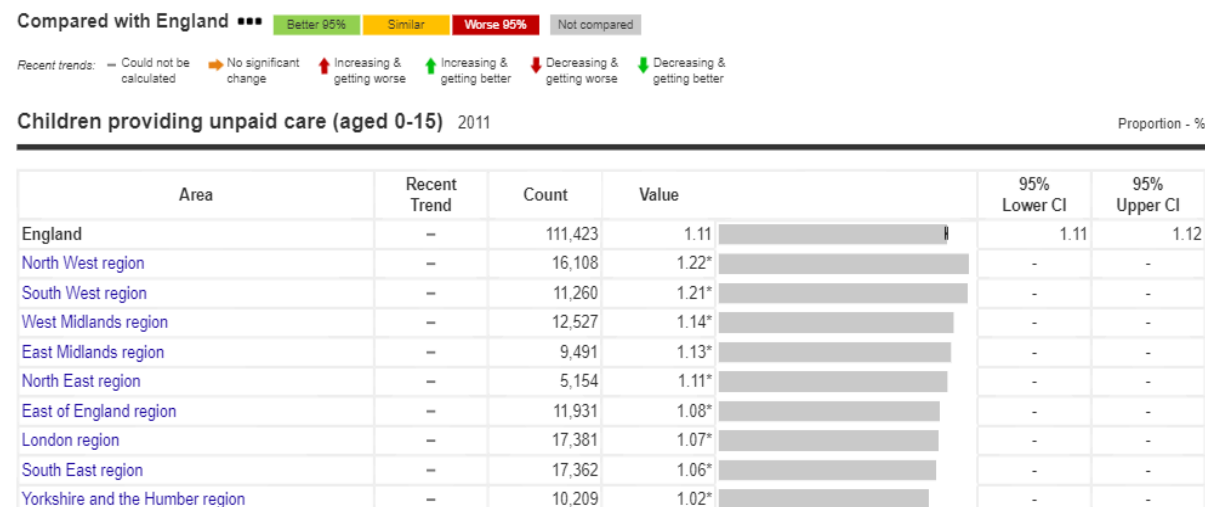
- Yorkshire and the Humber has a significantly higher rate per 1,000 for school children with learning difficulties known to school compared to the England average (37.8 v 34.4). This equates to over 31,000 children in the region
- The region is significantly higher for 2 out of the 4 indicators on learning difficulties in school-age children
- 9 out of 15 LAs are significantly higher than average and 5 significantly lower, with rates ranging from 20.6 to 58.8 per 1,000

Children providing unpaid care

Compared to other regions, the Yorkshire and Humber region has the lowest proportion of children providing unpaid care (age 0-15) as at 2011

1 LA in the region is significantly higher on the proportion of children providing 20+ hours per week of unpaid care, and five are significantly lower than average as at 2011

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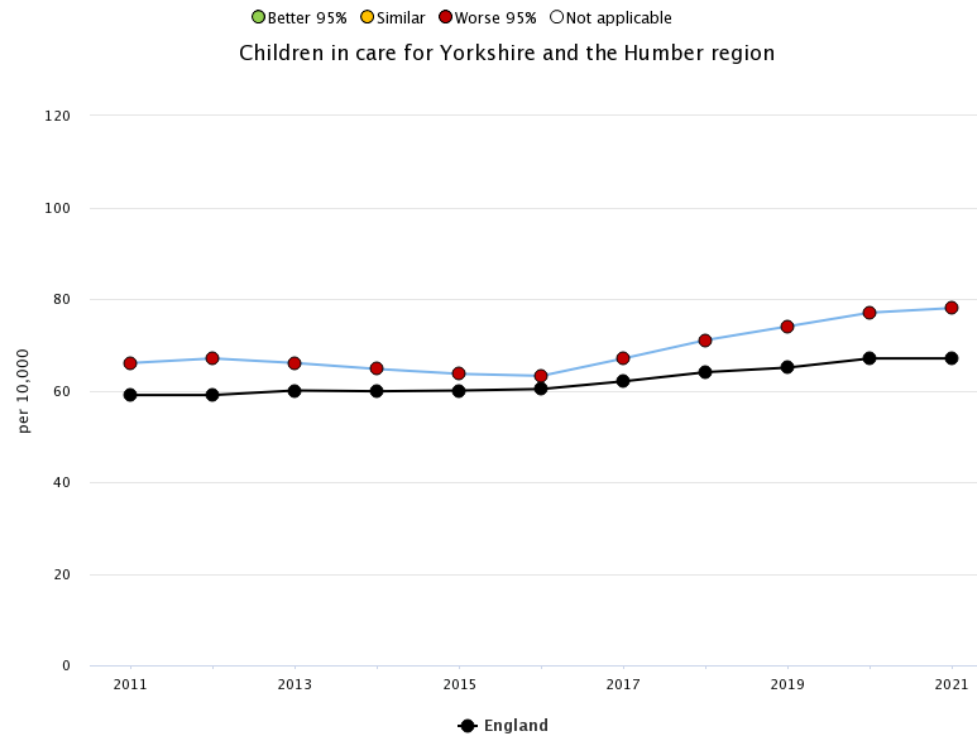
Children in care (1/2)

Better 95% Similar Worse 95% Lower Similar Higher Not compared

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Children in care (Persons, <18 yrs)	2021	67	78	64	95	74	81	54	165	66	75	173	58	36	104	57	85	76
Children on child protection plans: Rate per 10,000 children <18 (Persons, <18 yrs)	2020/21	41.4	49.0	48.4	61.4	39.8	64.3	30.5	107.3	24.6	32.0	77.5	24.9	28.8	75.0	65.5	50.4	35.2
Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time (Persons, <18 yrs)	2018	20.2	19.7	8.0	16.0	20.3	24.0	23.1	16.9	15.6	25.7	19.2	8.3	19.2	23.9	15.1	25.3	24.6
Children subject to a child protection plan with initial category of neglect: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2018	21.8	19.5	16.7	13.1	20.4	27.2	16.1	29.8	25.4	9.9	34.9	22.7	19.6	27.6	14.8	25.1	25.5
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2018	21.2	22.5	13.0	27.2	34.4	29.6	16.3	40.4	9.8	21.5	41.0	11.2	18.4	28.4	24.5	10.7	17.2
Children leaving care: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2017/18	25.2	23.8	21.9	21.0	20.8	29.6	14.7	40.2	25.3	24.4	30.2	26.6	15.6	33.2	22.0	25.1	19.4

The Yorkshire and the Humber region is significantly worse (or higher) in 3 of the indicators related to children in care compared to England

Children in care (2/2)



Better 95% Similar Worse 95% Not compared

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↓ Increasing & getting better ↘ Decreasing & getting worse ↙ Decreasing & getting better

Children in care 2021

Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	80,850	67	66	67
Yorkshire and the Humber region	↑	9,210	78	77	80
North East Lincolnshire	↑	595	173	159	187
Kingston upon Hull	↑	948	165	154	175
Rotherham	→	595	104	95	112
Bradford	↑	1,348	95	90	100
Wakefield	→	638	85	79	92
Doncaster	→	547	81	75	88
York	↑	279	76	68	86
Leeds	→	1,279	75	71	79
Calderdale	→	341	74	67	83
Kirklees	→	661	66	61	71
Barnsley	→	330	64	57	71
North Lincolnshire	→	207	58	50	67
Sheffield	→	674	57	53	61
East Riding of Yorkshire	→	344	54	49	60
North Yorkshire	→	422	36	33	40

- With regards to the overarching indicator on children in care, the Yorkshire and Humber is significantly worse than the England average and has the 4th highest rate of children in care (78 per 10,000) this equates to about 9,210 children in the region
- 8 out of 15 LAs in the region are significantly worse than average on this indicator
- Trend data suggests a sharp rise in the rate of children in care since 2016 and is on an upward trajectory widening the gap with England

Children in need (1/2)

Better 95% Similar Worse 95% Not compared

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years (Persons, <18 yrs)	2018	181.4	243.2	228.0	273.0	213.8	354.7	184.4	445.1	187.1	179.5	430.0	132.6	178.0	480.8	195.9	207.6	210.8
Children in need due to parent disability or illness: rate per 10,000 children under 18 (Persons, <18 yrs)	2018	8.8	5.1	2.6	0.7	6.3	4.6	2.7	9.6	2.2	5.1	38.7	1.7	1.4	4.2	2.2	7.5	20.0
Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18 (Persons, <18 yrs)	2018	6.9	4.1	*	0.4	13.4	2.6	4.5	4.1	3.5	7.2	9.0	4.5	1.1	1.8	3.5	6.6	8.8
Children in need due to child disability or illness: rate per 10,000 children aged under 18 years (Persons, <18 yrs)	2018	29.7	22.4	18.9	17.7	6.9	26.6	49.3	35.6	18.0	10.6	29.7	21.3	33.3	16.3	17.6	22.8	41.9

Yorkshire and the Humber is significantly worse than the England average on children in need due to abuse or neglect, but significantly better on other measures around children in need (2018)

Children in need (2/2)

The region is significantly better than average for rates of children in care per 10,000 due to socially unacceptable behaviour, though Calderdale has a particularly high rate and is significantly worse (2018)

Compared with England ******* Better 10% Similar Worse 10% Not compared
 Recent trends: — Could not be calculated — No significant change — Increasing & getting worse — Increasing & getting better — Decreasing & getting worse — Decreasing & getting better

Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18 2018 Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	8,220	6.9	6.8	7.1
Yorkshire and the Humber region	—	480	4.1	3.8	4.5
Calderdale	—	62	13.4	10.3	17.2
North East Lincolnshire	—	31	9.0	6.1	12.8
York	—	32	8.8	6.0	12.4
Leeds	—	120	7.2	6.0	8.6
Wakefield	—	47	6.6	4.8	8.7
North Lincolnshire	—	16	4.5	2.6	7.3
East Riding of Yorkshire	—	28	4.5	3.0	6.5
Kingston upon Hull	—	23	4.1	2.6	6.1
Sheffield	—	41	3.5	2.5	4.8
Kirklees	—	35	3.5	2.4	4.9
Doncaster	—	17	2.6	1.5	4.1
Rotherham	—	10	1.8	0.8	3.2
North Yorkshire	—	13	1.1	0.6	1.9
Bradford	—	6	0.4	0.2	0.9
Barnsley	—	-	-	-	-

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- Caveats

4 LAs in Yorkshire and the Humber are significantly worse for children in need due to disability or illness (2018)

Compared with England ******* Better 10% Similar Worse 10% Not compared
 Recent trends: — Could not be calculated — No significant change — Increasing & getting worse — Increasing & getting better — Decreasing & getting worse — Decreasing & getting better

Children in need due to child disability or illness: rate per 10,000 children aged under 18 years 2018 Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	35,230	29.7	29.4	30.0
Yorkshire and the Humber region	—	2,800	22.4	21.6	23.3
East Riding of Yorkshire	—	309	49.3	44.0	55.1
York	—	153	41.9	35.5	49.1
Kingston upon Hull	—	201	35.6	30.9	40.9
North Yorkshire	—	392	33.3	30.1	36.8
North East Lincolnshire	—	102	29.7	24.2	36.0
Doncaster	—	175	26.6	22.8	30.8
Wakefield	—	163	22.8	19.4	26.5
North Lincolnshire	—	76	21.3	16.8	26.7
Barnsley	—	95	18.9	15.3	23.1
Kirklees	—	180	18.0	15.5	20.9
Bradford	—	251	17.7	15.6	20.1
Sheffield	—	205	17.6	15.2	20.1
Rotherham	—	93	16.3	13.2	20.0
Leeds	—	177	10.6	9.1	12.3
Calderdale	—	32	6.9	4.7	9.8

Family situation

- Section overview
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- Caveats

Three LAs in Yorkshire and the Humber are significantly worse than the England average for rates of children in need due to family stress or dysfunction or absent parenting, though the region as a whole is significantly better (2017)

More than half of the LAs in Yorkshire and the Humber are significantly worse than the England average for rates of children in need due to abuse or neglect. In 2018 there were 28,180 children in need due to abuse or neglect in Yorkshire and the Humber (2018)

Compared with England ******* Better 95% Similar Worse 95% Not compared
 Recent trends: — Could not be calculated — No significant change — Increasing & getting worse — Increasing & getting better — Decreasing & getting worse — Decreasing & getting better
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18 2017 Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	110,530	93.8	93.2	94.3
Yorkshire and the Humber region	—	7,620	66.1	64.6	67.6
Kingston upon Hull	—	1,132	201.8	190.2	213.9
Wakefield	—	992	140.7	132.1	149.8
Sheffield	—	1,184	101.8	96.1	107.8
North Lincolnshire	—	295	83.4	74.1	93.5
North East Lincolnshire	—	277	81.0	71.7	91.1
York	—	288	78.5	69.7	88.1
East Riding of Yorkshire	—	456	72.7	66.1	79.6
Rotherham	—	317	56.0	50.0	62.5
Barnsley	—	258	51.7	45.8	58.5
Doncaster	—	309	47.2	42.1	52.8
Calderdale	—	218	47.2	41.1	53.9
Leeds	—	732	44.4	41.3	47.8
Kirklees	—	366	36.9	33.2	40.9
North Yorkshire	—	364	31.0	27.9	34.4
Bradford	—	435	30.8	28.0	33.8

Compared with England ******* Better 95% Similar Worse 95% Not compared
 Recent trends: — Could not be calculated — No significant change — Increasing & getting worse — Increasing & getting better — Decreasing & getting worse — Decreasing & getting better
Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years 2018 Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	215,270	181.4	180.6	182.2
Yorkshire and the Humber region	—	28,180	243.2	240.4	246.1
Rotherham	—	2,738	480.8	463.0	499.2
Kingston upon Hull	—	2,513	445.1	427.9	462.9
North East Lincolnshire	—	1,479	430.0	408.4	452.5
Doncaster	—	2,336	354.7	340.4	369.3
Bradford	—	3,866	273.0	264.5	281.8
Barnsley	—	1,144	228.0	214.9	241.6
Calderdale	—	987	213.8	200.7	227.5
York	—	770	210.8	196.2	226.3
Wakefield	—	1,487	207.6	197.2	218.4
Sheffield	—	2,286	195.9	187.9	204.1
Kirklees	—	1,868	187.1	178.8	195.8
East Riding of Yorkshire	—	1,155	184.4	173.9	195.3
Leeds	—	2,984	179.5	173.1	186.0
North Yorkshire	—	2,093	178.0	170.4	185.8
North Lincolnshire	—	473	132.6	120.9	145.1

Homelessness

Across the region, Yorkshire and the Humber is significantly better than the national average on family homelessness (2017/18) but significantly worse for households owed a duty under the Homelessness Reduction Act

Better 95% Similar Worse 95% Not compared

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Family homelessness (Persons)	2017/18	1.7	1.0	0.3	1.2	0.3	2.0	1.3	3.6	1.6	0.4	*	0.7	0.6	0.6	0.9	1.1	0.6
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2020/21	11.6	12.4	5.5	12.2	7.2	13.6	5.4	21.1	7.8	22.8	16.5	*	8.8	11.2	6.2	10.0	8.7

Section overview

Key messages

Low income

Education factors

Behavioural

Vulnerable/ ACE

Caveats

8 out of 15 LAs are significantly better than average on the rate of households with dependent children owed a duty under the Homeless Reduction Act

Better 95% Similar Worse 95% Not compared

Recent trends: — Could not be calculated, — No significant change, ↑ Increasing & getting worse, ↑ Increasing & getting better, ↓ Decreasing & getting worse, ↓ Decreasing & getting better

Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act 2020/21 Crude rate - per 1,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	75,120	11.6	11.5	11.6
Yorkshire and the Humber region	-	7,160	12.4	12.1	12.7
Leeds	-	1,963	22.8	21.8	23.8
Kingston upon Hull	-	640	21.1	19.5	22.8
North East Lincolnshire	-	297	16.5	14.7	18.5
Doncaster	-	495	13.6	12.4	14.8
Bradford	-	822	12.2	11.4	13.1
Rotherham	-	352	11.2	10.1	12.5
Wakefield	-	406	10.0	9.1	11.1
North Yorkshire	-	326	8.8	7.9	9.8
York	-	184	8.7	7.4	10.0
Kirklees	-	414	7.8	7.1	8.6
Calderdale	-	181	7.2	6.2	8.4
Sheffield	-	409	6.2	5.6	6.9
Barnsley	-	163	5.5	4.7	6.4
East Riding of Yorkshire	-	189	5.4	4.6	6.2
North Lincolnshire	-	-	*	-	-

Caveats

Section overview

Ideally, full and comprehensive indicators on all the factors identified in [The mental health of children and young people in England \(2016\)](#) would be considered. However, due to availability of data, indicators have been selected which most closely match the factors for the four categories identified: Child, Family, School and Community.

Key messages

Low income

Many indicators (particularly around adverse childhood incidents and vulnerability) are either not publicly available, or are not specific to family situations. Examples of such indicators include; parental substance use, parental mental health issues, parent in prison and domestic abuse within the family environment.

Education factors

Behavioural

Public health considers data at a population level, not at an individual level. Therefore, individual data pertaining to a child's unique circumstances, personality, friendships, families etc cannot be explored.

Vulnerable/ ACE

Caveats

Indicators identified as risk factors (e.g, children in care and teenage conception) are considered risk factor for children and young people's mental health at a population level. This does not account for those children who for example may potentially thrive under the care system or as young parents if they are in a secure supportive setting which helps to make them more resilient. Therefore, poorer circumstances and adverse experiences in a person's early life do not lead inevitably to poorer opportunities and outcomes, but place children at increased risk of disadvantage ([Improving health outcomes for vulnerable children and young people](#)).

Section 3

Identifying need - What do we know currently about children and young people's mental health in Yorkshire and the Humber? (updated Jul'22)

Section overview

Key messages

Mental health disorders

Self-harm

Treatment

Caveats



Section 3 overview (1/3)

Section overview

Key messages

Mental health disorders

Self-harm

Treatment

Caveats

Mental health is an important consideration for all life stages and is a priority for children given that in 2017 the following age groups had at least one mental health disorder:

One in eight 5 to 19 years



One in ten 5 to 10 years



One in seven 11 to 16 years



One in six 17 to 19 years



Section 3 overview (2/3)

Section overview

Key messages

Mental health disorders

Self-harm

Treatment

Caveats

- Depression affects more children and young people today than in the last few decades. Teenagers are more likely to experience depression than young children.
- Self-harm is a very common problem among young people. Some people who experience intense emotional pain may try to deal with it by hurting themselves.
- Generalised anxiety disorder (GAD) can cause young people to become extremely worried. Very young children or children starting or moving school may have separation anxiety.
- Post-traumatic stress disorder (PTSD) can follow physical or sexual abuse, witnessing something extremely frightening or traumatising, being the victim of violence or severe bullying or surviving a disaster.
- Children who are consistently overactive, impulsive and have difficulty paying attention may have attention deficit hyperactivity disorder (ADHD).
- Eating disorders usually start in the teenage years and are more common in girls than boys. The number of young people who develop an eating disorder is small, but eating disorders such as anorexia nervosa and bulimia nervosa can have serious consequences for their physical health and development.

Depression, self-harm, anxiety, PTSD, ADHS and eating disorders are the most common mental health problems associated with children and young people

Section 3 overview (3/3)

Section overview

Key messages

Mental health disorders

Self-harm

Treatment

Caveats

This section examines the mental health needs of children within the Yorkshire and the Humber region focusing on:

- The estimated prevalence of mental health disorders in children and young people aged 5-17yrs
- Special educational needs (SEN) school pupils with social, emotional and mental health needs
- Looked after children whose emotional mental health is a cause for concern
- Specific children's mental health disorders including:
 - Emotional disorders
 - Conduct disorder
 - Hyperkinetic disorders
 - Eating disorders
 - Attention deficit disorder
- Hospital admissions for children
- Treatment

Key messages: Identification of need

Section overview

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- The Yorkshire and the Humber region has a significantly higher percentage of special education needs (SEN) school pupils with social, emotional and mental health needs in secondary school compared to nationally. Both regionally and nationally, the rates of school age SEN pupils (primary and secondary) with social, emotional and mental health needs are increasing
- The region has a significantly higher proportion of looked after children compared to England, and the rate of looked after children with social, emotional and mental health needs is significantly worse than the national average
- Compared to England, Yorkshire and the Humber has a lower proportion for new referrals to secondary mental health services compared to average and a higher proportion of attended contacts with community and outpatient mental health services for children and young people <18 years
- The Yorkshire and the Humber region is significantly better than the national average on hospital admissions for self-harm per 100,000 for all age groups (10-14 years, 15-19 years, 10-24 years and 20-24 years)
- The region has remained significantly better than the England average for the rate of hospital admissions for any mental health condition for children and young people <18 years

Percentage of children with a probable mental disorder, by region, 2020

Section overview

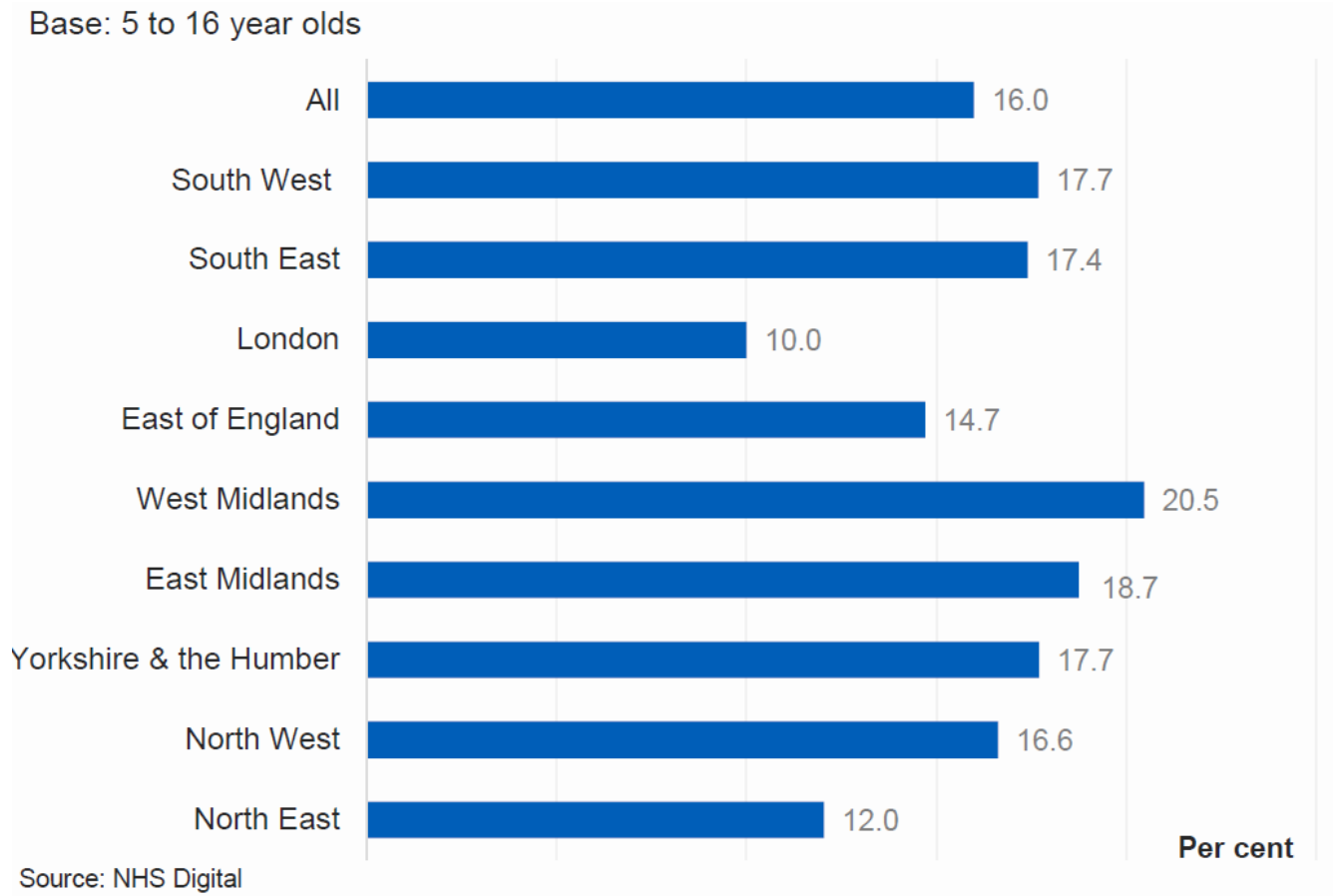
Key messages

Mental health disorders

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In 2020, rates of probable mental disorder in children aged 5 to 16 years was 17.7% in Yorkshire and the Humber

The increased rates of probable mental disorder in most regions between 2017 and 2020 were not found to be statistically significant

Percentage of children with a probable mental disorder, by age and sex, 2021, England

Section overview

Key messages

Mental health disorders

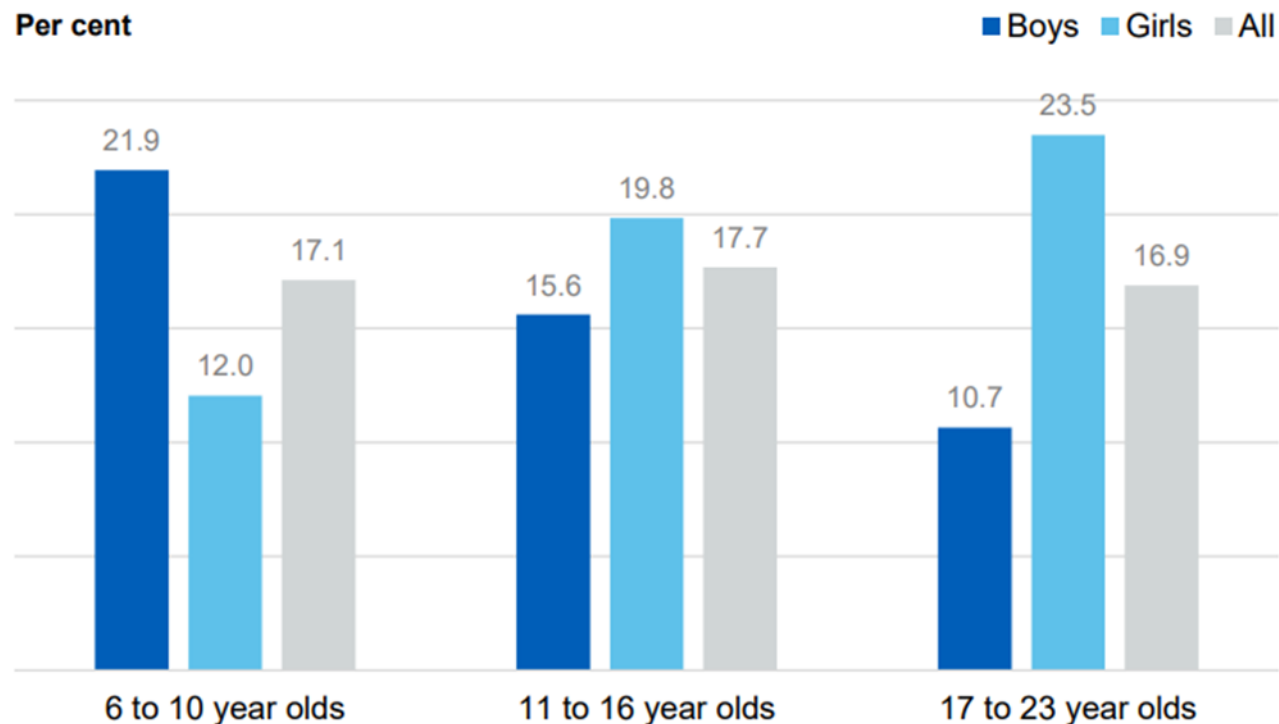
Self-harm

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Figure 1.1: Percentage of children or young people with a probable mental disorder, by age and sex, 2021

Base: 6 to 23 year olds



Source: NHS Digital

In a further update to the 2017 survey, national estimates were available of the percentage of children or young people with a probably mental disorder by age and sex

As this chart show boys aged 6 – 10 are more likely to have a probable mental disorder than girls of a similar age. Whereas girls are increasingly more likely to have mental disorder in the 11-16 age group and 17-23 age group than boys of a similar age

Estimated number of children and young people with mental health disorders

Section overview

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Compared with England: Not compared

Recent trends: — Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Estimated number of children and young people with mental disorders – aged 5 to 17 2017/18

Count - Count

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	-	-	-	-
Yorkshire and the Humber region	—	-	-	-	-
Leeds	—	-	13,892	13,037	14,858
Bradford	—	-	12,341	11,584	13,195
North Yorkshire	—	-	10,755	10,100	11,496
Sheffield	—	-	10,190	9,565	10,896
Kirklees	—	-	8,753	8,216	9,359
Wakefield	—	-	6,154	5,777	6,581
East Riding of Yorkshire	—	-	5,762	5,410	6,159
Doncaster	—	-	5,746	5,393	6,145
Rotherham	—	-	4,998	4,692	5,343
Kingston upon Hull	—	-	4,676	4,387	5,003
Barnsley	—	-	4,359	4,092	4,661
Calderdale	—	-	4,067	3,818	4,347
York	—	-	3,214	3,016	3,437
North Lincolnshire	—	-	3,208	3,011	3,429
North East Lincolnshire	—	-	3,000	2,816	3,208

The estimated number of children and young people aged 5 to 17 years with mental health disorders is used to help quantify the need for services in an area

For Yorkshire and the Humber in 2017/18, over 101,000 children aged 5 to 17 were estimated to have mental health disorders

Special educational needs (SEN) school pupils with social, emotional and mental health needs as a proportion of all school pupils

Section overview

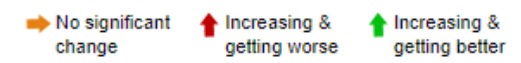
Key messages

Mental health disorders

Self-harm

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Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingsdon upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakfield	York
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2021	2.79	2.74	3.12	3.13	2.36	2.78	1.90	2.43	2.88	2.76	2.46	3.19	2.61	2.79	2.76	2.91	2.25
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)	2021	2.43	2.22	2.52	2.34	2.26	2.73	1.67	1.57	2.46	2.09	2.09	2.33	2.14	2.36	2.23	2.35	2.23
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2021	2.90	3.12	3.49	3.86	2.48	2.83	2.19	2.98	3.11	3.17	3.08	4.38	2.76	3.18	3.07	3.58	2.34

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingsdon upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakfield	York
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2021	↑	↑	→	↑	→	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)	2021	↑	↑	→	→	→	↑	→	↑	↑	→	↑	↑	↑	↑	↑	→	→
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2021	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑

- Yorkshire and the Humber region is significantly better than the England average on two indicators related to proportion of school age pupils with special educational needs whose primary need is social, emotional and mental health
- The region is significantly worse than average for the indicator on secondary school children
- The direction of travel for all three indicators suggests an increase in the proportion of special educational needs school age pupils with social, emotional and mental health needs

Special educational needs (SEN) school pupils with social, emotional and mental health needs as a proportion of all school pupils

Section overview

Key messages

Mental health disorders

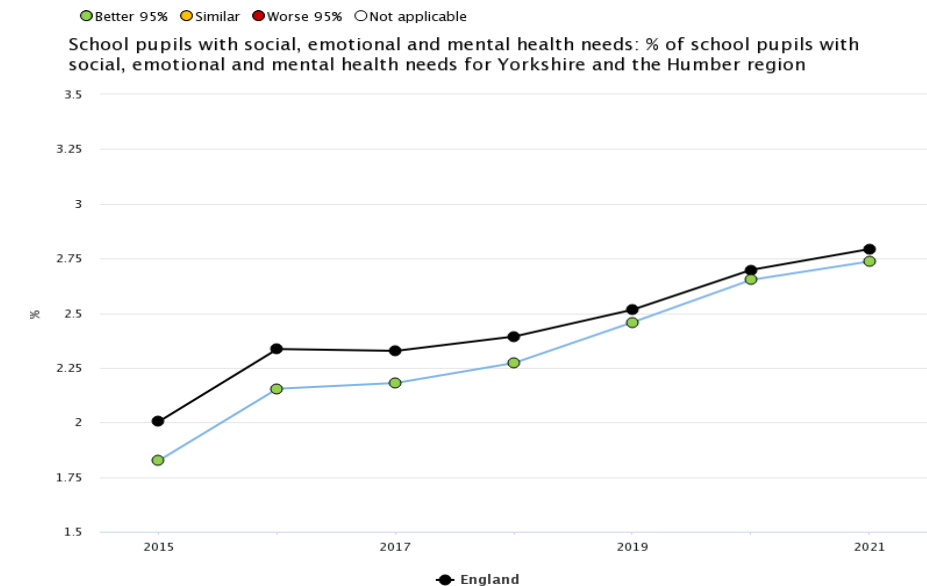
Self-harm

Treatment

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School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs 2021

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	231,463	2.8	2.8	2.8
Yorkshire and the Humber region	↑	22,903	2.7	2.7	2.8
North Lincolnshire	↑	789	3.2	3.0	3.4
Bradford	↑	3,119	3.1	3.0	3.2
Barnsley	→	1,083	3.1	2.9	3.3
Wakefield	↑	1,559	2.9	2.8	3.1
Kirklees	↑	1,939	2.9	2.8	3.0
Rotherham	↑	1,242	2.8	2.6	2.9
Doncaster	↑	1,313	2.8	2.6	2.9
Leeds	↑	3,529	2.8	2.7	2.9
Sheffield	↑	2,276	2.8	2.7	2.9
North Yorkshire	↑	2,148	2.6	2.5	2.7
North East Lincolnshire	↑	589	2.5	2.3	2.7
Kingston upon Hull	↑	1,016	2.4	2.3	2.6
Calderdale	→	865	2.4	2.2	2.5
York	↑	578	2.3	2.1	2.4
East Riding of Yorkshire	↑	858	1.9	1.8	2.0

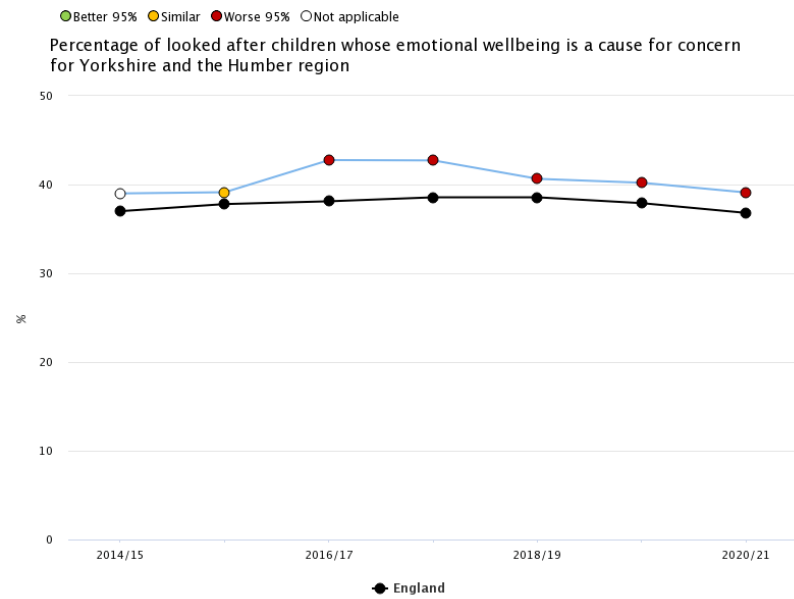


- The variation within the region for proportion of school age pupils with special educational needs whose primary need is social, emotional and mental health ranges from 1.9% up to 3.2%. This equates to almost 23,000 children in the region
- In Yorkshire and the Humber, the rate is rising, currently the region is significantly better than the England average, however the gap is closing

Looked after children whose emotional mental health is a cause for concern

- Section overview
- Key messages
- Mental health disorders
- Self-harm
- Treatment
- Caveats

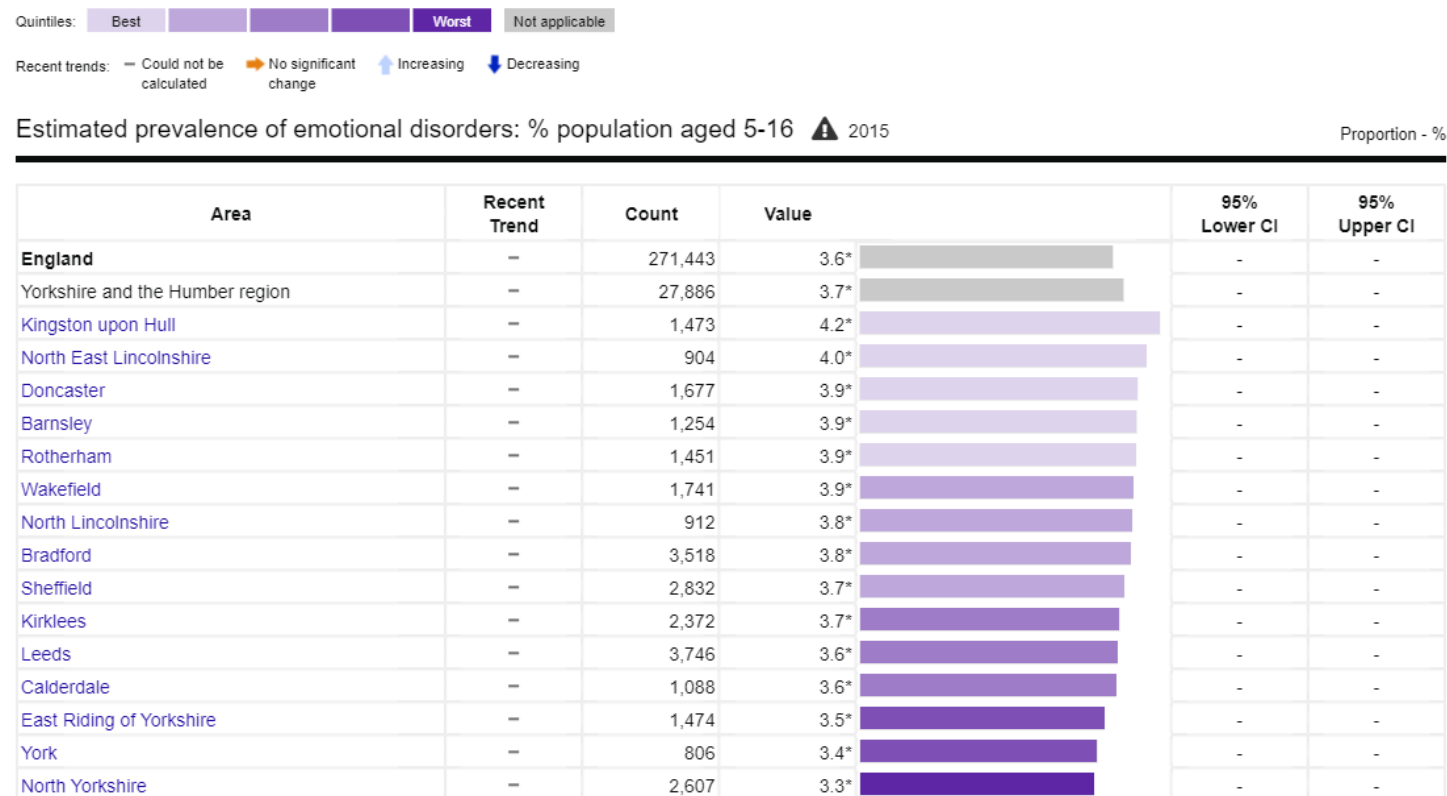
Indicator	Period	England										Yorkshire and the Humber region
		England	East Midlands region	East of England region	London region	North East region	North West region	South East region	South West region	West Midlands region	Yorkshire and the Humber region	
Looked after children aged <5: Rate per 10,000 population aged <5	2017/18	34.9	35.9	26.9	20.4	73.2	49.9	27.6	35.2	39.4	41.6	
Percentage of looked after children whose emotional wellbeing is a cause for concern New data	2020/21	36.8	40.8	40.6	30.5	38.2	33.6	39.1	42.0	34.6	39.1	
Looked after children aged 10-15	2021	76.9*	71.2	58.3	55.5*	121.6	112.2	61.6	66.6	95.6	86.2	



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	12,850	36.8	36.3	37.3
Yorkshire and the Humber region	↓	1,510	39.1	37.6	40.7
Calderdale	→	53	50.5	41.1	59.9
Sheffield	→	100	45.2	38.8	51.8
Doncaster	→	125	43.6	37.9	49.3
North Yorkshire	→	86	43.4	36.7	50.4
Rotherham	→	101	41.4	35.4	47.7
North Lincolnshire	→	57	41.0	33.2	49.3
Wakefield	→	119	40.6	35.2	46.3
North East Lincolnshire	-	99	40.1	34.2	46.3
Kirklees	→	87	39.5	33.3	46.1
East Riding of Yorkshire	→	56	39.2	31.5	47.3
Barnsley	→	60	38.5	31.2	46.3
Leeds	→	190	38.1	33.9	42.4
Bradford	→	197	34.0	30.2	37.9
Kingston upon Hull	→	135	33.6	29.1	38.3
York	→	42	32.8	25.3	41.3

- In Yorkshire and the Humber, the rate of looked after children per 10,000 for under 5 years old and for 10-15yrs is significantly worse than the England average
- The proportion of looked after children whose emotional health is a cause for concern has been significantly worse than the England average since 2016/17

Emotional disorders in children and young people



Prevalence estimates taken from [Mental health of children and young people in Great Britain \(2004\)](#)

This indicator includes anxiety disorders and depression

- Yorkshire and the Humber was estimated to have 3.7% of CYP with emotional disorders in 2015 (compared to 3.6% nationally), this equates to an estimate of nearly 28,000 children and young people aged 5-16 years old in the region
- Kingston upon Hull has the highest estimated % of children 5-16 years old with emotional disorders (4.2%) and North Yorkshire has the lowest (3.3%)

Conduct disorders in children and young people

Section overview

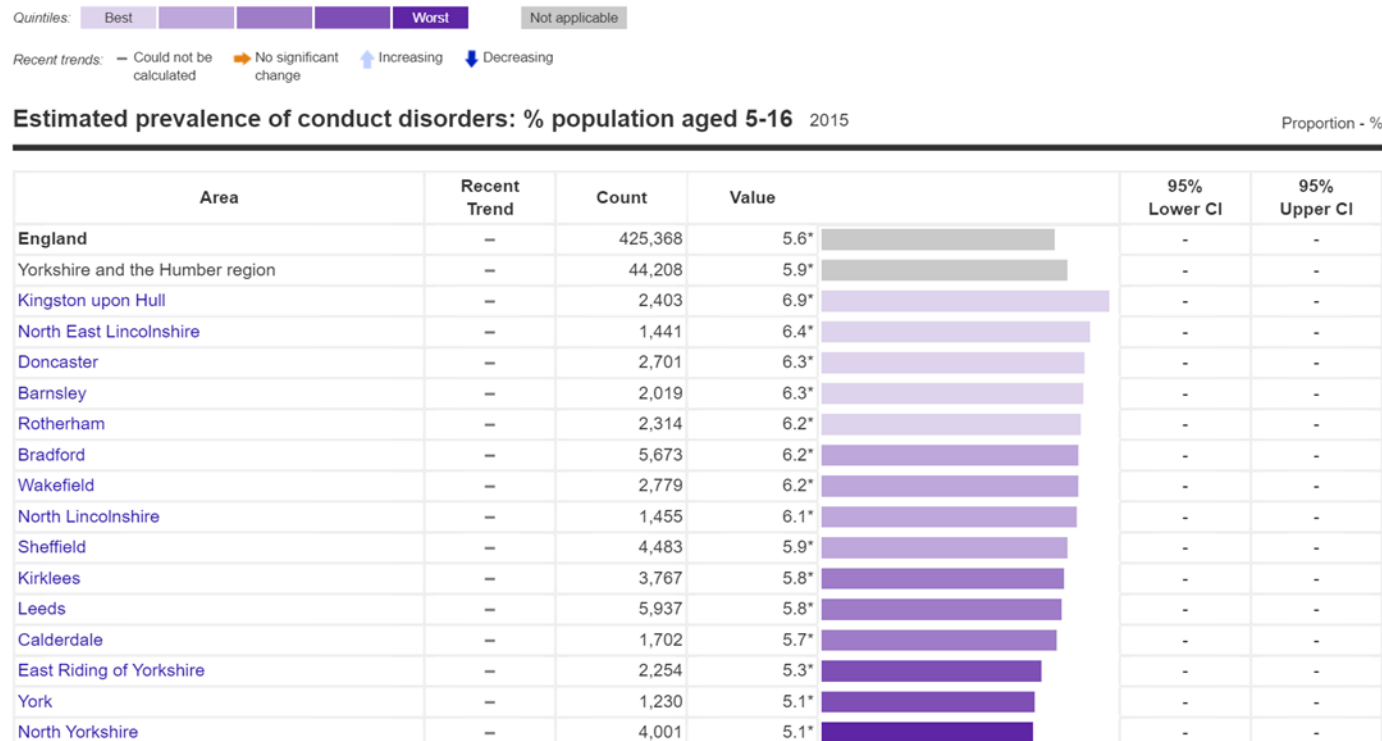
Key messages

Mental health disorders

Self-harm

Treatment

Caveats



Prevalence estimates taken from [Mental health of children and young people in Great Britain \(2004\)](#)

This indicator includes defiance, aggression and anti-social behaviour

- Yorkshire and the Humber was estimated to have 5.9% of CYP with conduct disorders in 2015 (compared to 5.6% nationally), this equates to an estimate of over 44,000 children and young people aged 5-16 years old in the region
- Kingston upon Hull has the highest estimated % of children 5-16 years old with conduct disorders (6.9%) and North Yorkshire has the lowest (5.1%)

Hyperkinetic disorders in children and young people

Section overview

Key messages

Mental health disorders

Self-harm

Treatment

Caveats

Quintiles: Best Worst Not applicable

Recent trends: — Could not be calculated No significant change Increasing Decreasing

Estimated prevalence of hyperkinetic disorders: % population aged 5-16 2015

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	114,588	1.5*	-	-
Yorkshire and the Humber region	—	11,909	1.6*	-	-
Kingston upon Hull	—	654	1.9*	-	-
Barnsley	—	547	1.7*	-	-
North East Lincolnshire	—	381	1.7*	-	-
Doncaster	—	729	1.7*	-	-
Wakefield	—	753	1.7*	-	-
Bradford	—	1,534	1.7*	-	-
Rotherham	—	620	1.7*	-	-
North Lincolnshire	—	391	1.6*	-	-
Sheffield	—	1,209	1.6*	-	-
Kirklees	—	1,019	1.6*	-	-
Leeds	—	1,619	1.6*	-	-
Calderdale	—	457	1.5*	-	-
East Riding of Yorkshire	—	598	1.4*	-	-
York	—	328	1.4*	-	-
North Yorkshire	—	1,066	1.4*	-	-

Prevalence estimates taken from [Mental health of children and young people in Great Britain \(2004\)](#)

Hyperkinetic behaviour is characterised by hyperactivity, short attention span, difficulty concentrating, irritability, impulsiveness, variability and low performance at school

- Yorkshire and the Humber was estimated to have 1.6% of CYP with hyperkinetic disorders in 2015 (compared to 1.5% nationally), this equates to an estimate of nearly 12,000 children and young people aged 5-16 years old in the region
- Kingston upon Hull has the highest estimated % of children 5-16 years old with hyperkinetic disorders (1.9%) and North Yorkshire has the lowest (1.4%)

Eating disorders in children and young people

Section overview

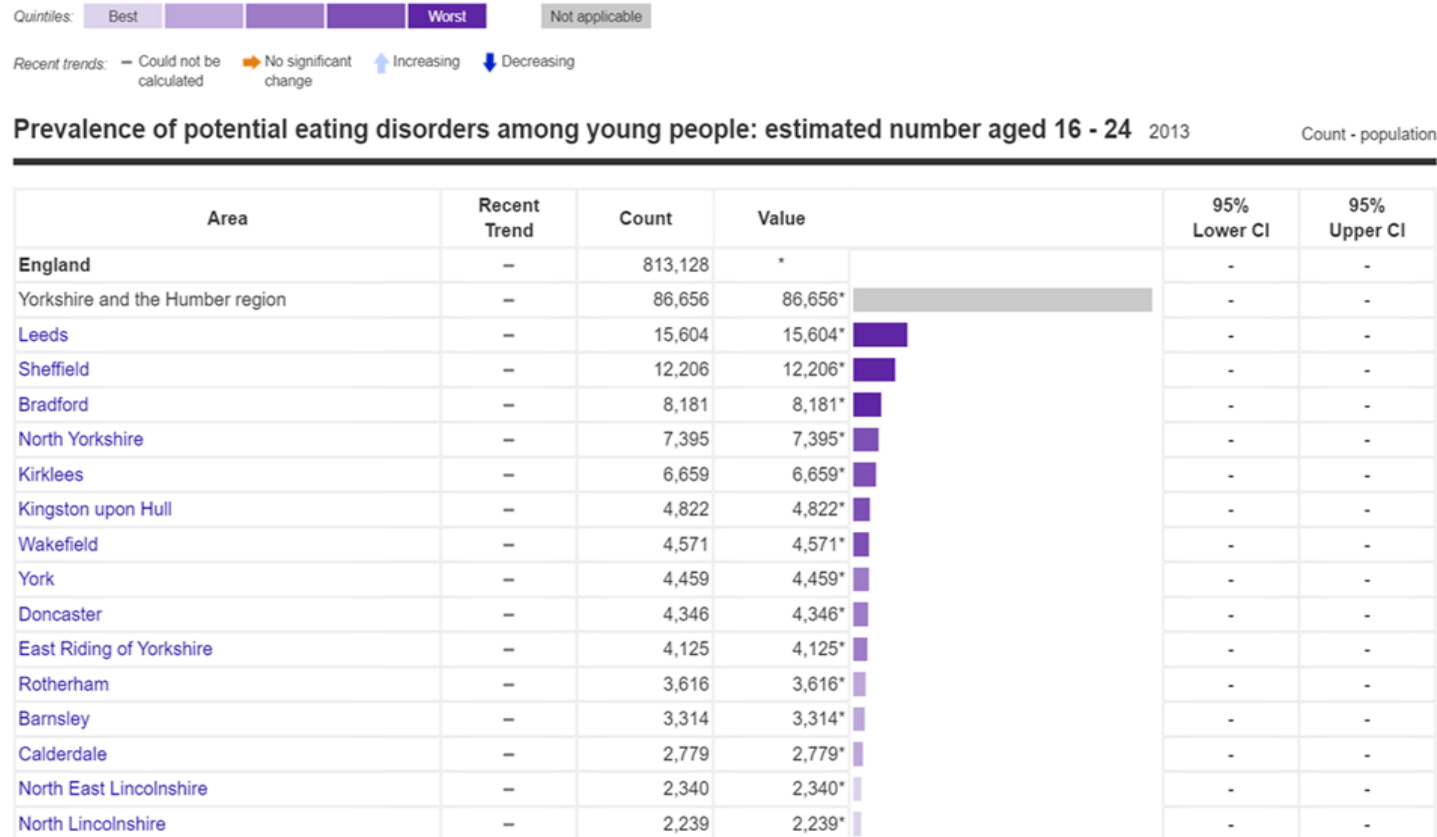
Key messages

Mental health disorders

Self-harm

Treatment

Caveats



Prevalence estimates taken from [Adult Psychiatric Morbidity Survey 2007](#) applied to population

- In Yorkshire and the Humber in 2013, over 86,000 young people aged 16-24 were estimated to have an eating disorder.
- Leeds has the highest estimated number at 15,604 and North Lincolnshire has the lowest (2,239)

ADHD in children and young people

Section overview

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Quintiles: Best Worst Not applicable

Recent trends: — Could not be calculated No significant change Increasing Decreasing

Prevalence of ADHD among young people: estimated number aged 16 - 24 2013

Count - population

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	859,422	*	-	-
Yorkshire and the Humber region	—	91,586	91,586*	-	-
Leeds	—	16,163	16,163*	-	-
Sheffield	—	12,896	12,896*	-	-
Bradford	—	8,619	8,619*	-	-
North Yorkshire	—	8,167	8,167*	-	-
Kirklees	—	7,062	7,062*	-	-
Kingston upon Hull	—	5,122	5,122*	-	-
Wakefield	—	4,810	4,810*	-	-
York	—	4,634	4,634*	-	-
Doncaster	—	4,608	4,608*	-	-
East Riding of Yorkshire	—	4,436	4,436*	-	-
Rotherham	—	3,823	3,823*	-	-
Barnsley	—	3,484	3,484*	-	-
Calderdale	—	2,930	2,930*	-	-
North East Lincolnshire	—	2,464	2,464*	-	-
North Lincolnshire	—	2,368	2,368*	-	-

Prevalence estimates taken from [Adult Psychiatric Morbidity Survey 2007](#) applied to population

Attention deficit hyperactivity disorder (ADHD) is development disorder consisting or inattention, hyperactivity and impulsiveness

- In Yorkshire and the Humber in 2013, nearly 92,000 young people aged 16-24 were estimated to have attention deficit hyperactivity disorder
- Leeds has the highest estimated number at 16,163 and North Lincolnshire has the lowest (2,368)

Hospital admissions for self-harm

- Section overview
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		Better 95%	Similar	Worse 95%														
Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wak efield	York
Hospital admissions as a result of self-harm (10-24 years)	2020/21	421.9	358.4	659.3	344.6	301.2	452.5	344.9	375.7	330.5	345.5	339.4	343.9	422.4	331.4	275.1	426.6	431.4
Hospital admissions as a result of self-harm (10-14 yrs)	2020/21	213.0	170.9	206.5	183.3	149.9	204.6	79.0	158.2	104.7	171.1	*	137.9	200.3	150.6	249.6	120.9	282.1
Hospital admissions as a result of self-harm (15-19 yrs)	2020/21	652.6	568.7	1193.6	485.1	387.5	708.3	559.4	665.0	514.5	591.5	411.2	331.9	533.2	491.6	423.8	711.7	757.7
Hospital admissions as a result of self-harm (20-24 yrs)	2020/21	401.8	338.4	583.6	366.4	372.0	437.3	392.4	322.8	359.1	281.7	508.4	560.7	511.2	323.0	155.2	424.4	293.0
Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wak efield	York
Hospital admissions as a result of self-harm (10-24 years)	2020/21	↔	→	→	→	→	→	→	→	→	↓	→	→	→	→	→	→	↓
Hospital admissions as a result of self-harm (10-14 yrs)	2020/21	↔	→	→	→	→	→	↓	→	→	→	-	-	↓	→	→	→	→
Hospital admissions as a result of self-harm (15-19 yrs)	2020/21	↔	↑	→	↓	→	→	→	→	→	↓	→	→	↓	→	→	→	↓
Hospital admissions as a result of self-harm (20-24 yrs)	2020/21	↔	→	→	→	→	→	→	→	→	↓	→	→	→	→	→	→	↓

The region is significantly better than the national average on hospital admissions for self-harm across all the age groups in 2020/21

For all age groups, the region as a whole shows no significant change in the direction of travel for hospital admissions for self-harm

Hospital admissions for self-harm (10-24)

Section overview

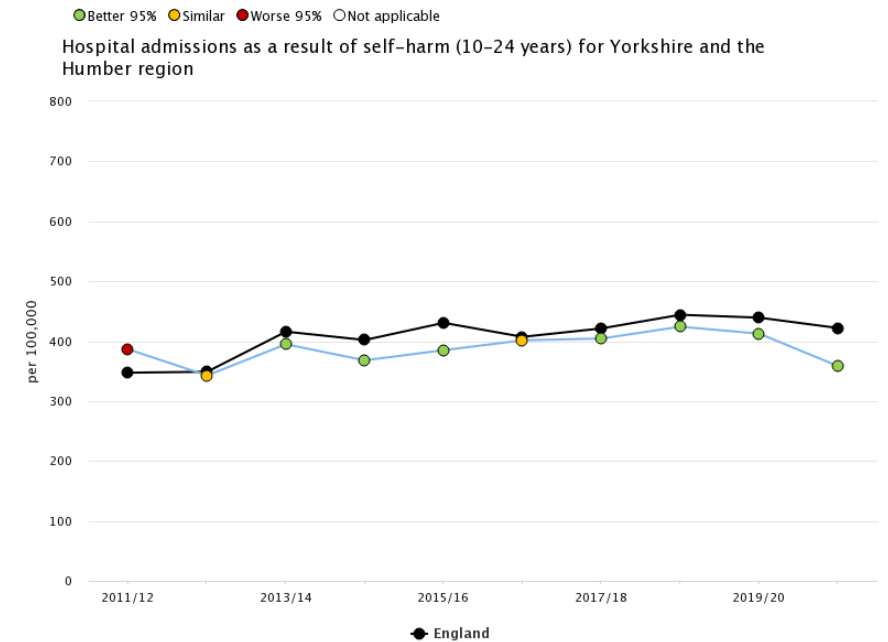
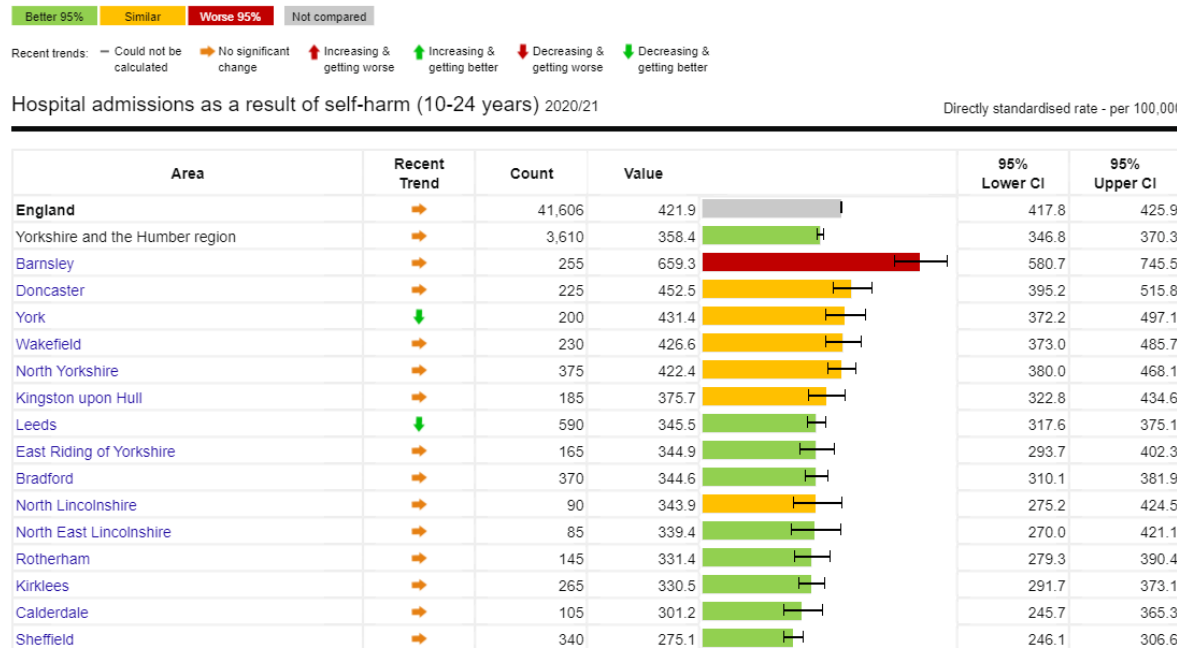
Key messages

Mental health disorders

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- The Yorkshire and the Humber rate of hospital admissions for self-harm (age 10-24yrs) is currently better than the England average and has declined in the last couple of years widening the gap with England
- Rates within Yorkshire and the Humber range from 275.1 to 659.3 per 100,000. This equates to 3,610 hospital admissions for self-harm for 10-24 year olds in 2020/21 in the Yorkshire and the Humber

New referrals to secondary mental health services per 100,000 (<18 yrs)

Section overview

Key messages

Mental health disorders

Self-harm

Treatment

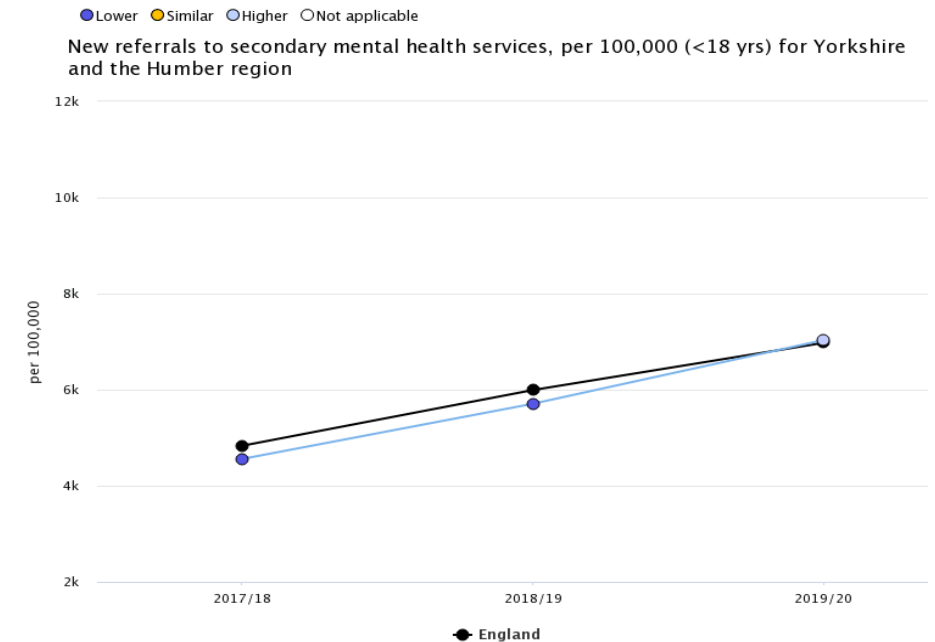
Caveats

Lower Similar Higher Not compared

Recent trends: — Could not be calculated ↗ No significant change ↗ Increasing ↘ Decreasing

New referrals to secondary mental health services, per 100,000 (<18 yrs) **New data** 2019/20 Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	802,774	6,977	6,962	6,993
Yorkshire and the Humber region	—	79,435	7,035	6,986	7,084
Rotherham	—	10,230	18,214	17,862	18,571
North Lincolnshire	—	4,645	13,008	12,636	13,389
Kingston upon Hull	—	6,025	11,378	11,091	11,671
Doncaster	—	5,775	8,979	8,748	9,214
East Riding of Yorkshire	—	4,845	7,552	7,340	7,767
Kirklees	—	7,390	7,534	7,363	7,708
Wakefield	—	5,135	7,438	7,235	7,644
Calderdale	—	3,095	6,857	6,617	7,103
York	—	2,250	6,281	6,024	6,546
North Yorkshire	—	7,010	5,872	5,735	6,011
Barnsley	—	2,555	5,229	5,027	5,436
Bradford	—	6,955	5,041	4,923	5,161
North East Lincolnshire	—	1,635	4,917	4,681	5,162
Sheffield	—	5,455	4,818	4,691	4,948
Leeds	—	6,445	4,207	4,105	4,312



- The region is significantly higher than the England average for the rate per 100,000 for new referrals to secondary mental health services for children and young people <18 years, with local authorities ranging from 4,207 to 18,214 per 100,000.
- Trend data suggests an increase in Yorkshire and the Humber and nationally between 2017/18 to 2019/20 and the gap with England has now closed.
- This data is sourced from the mental health services data set, completion is improving but may vary between providers and therefore the data may not represent the activity being delivered, but may be more indicative of the level of recording.

Attended contacts with community and outpatient mental health services per 100,000 (<18 years)

Section overview

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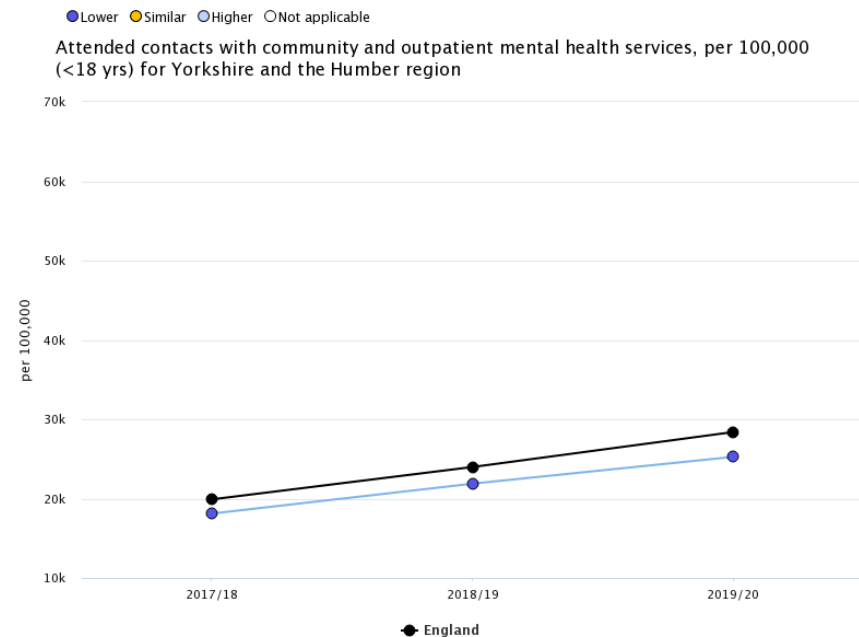
Lower Similar Higher Not compared

Recent trends: — Could not be calculated — No significant change — Increasing — Decreasing

Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs) Directly standardised rate - per 100,000

New data 2019/20

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	3,224,974	28,395	28,363	28,426
North East region	—	271,660	52,574	52,376	52,772
North West region	—	449,785	30,183	30,095	30,271
East of England region	—	330,920	26,079	25,990	26,168
London region	—	473,625	25,930	25,856	26,004
Yorkshire and the Humber region	—	281,010	25,266	25,172	25,360
East Midlands region	—	236,300	24,905	24,805	25,006
South West region	—	254,740	23,961	23,868	24,055
South East region	—	442,685	23,405	23,336	23,474
West Midlands region	—	263,575	21,238	21,157	21,319



- Yorkshire and the Humber is significantly lower than the England average for the rate per 100,000 for attended contacts with community and outpatient mental health services for children and young people <18 years.
- Trend data suggests an increase in Yorkshire and the Humber and nationally between 2017/18 to 2019/20, though there are only three data points.
- This data is sourced from the mental health services data set, completion is improving but may vary between providers and therefore the data may not represent the activity being delivered, but may be more indicative of the level of recording.

Hospital admissions for mental health conditions (<18 years)

Section overview

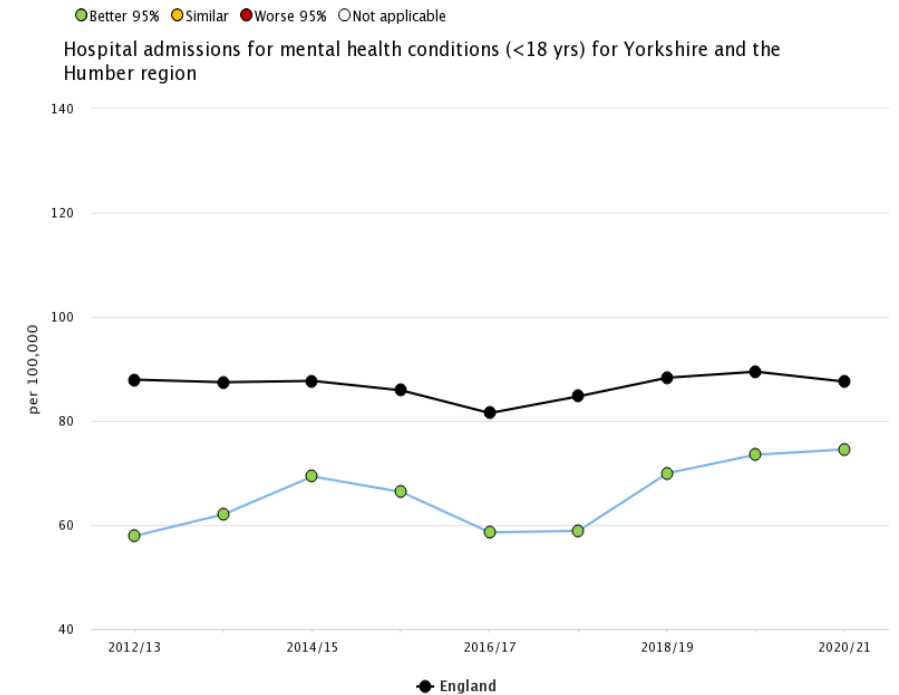
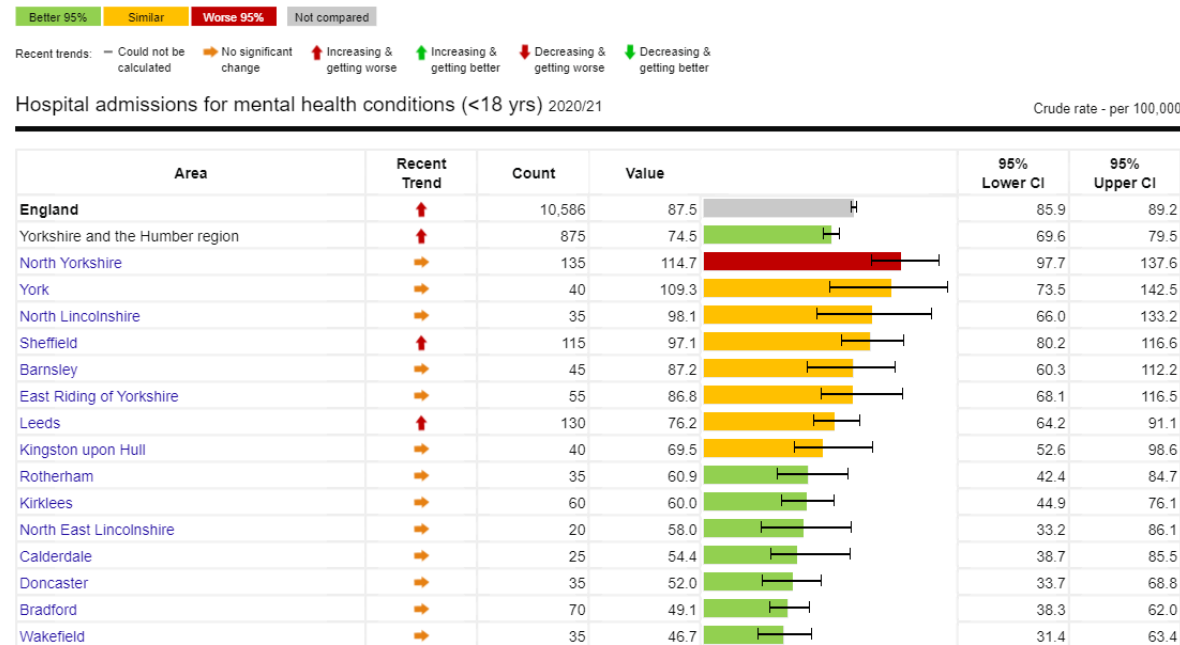
Key messages

Mental health disorders

Self-harm

Treatment

Caveats



- Yorkshire and the Humber is significantly better than the England average for the rate of hospital admissions for any mental health condition for children and young people <18 years (74.5 v 87.5 per 100,000)
- The local authorities ranged from 46.7 up to 114.7 per 100,000 with only North Yorkshire being significantly worse than the regional average
- Trend data shows that the region has remained below the national average for several years, though this gap is narrowing

% Children and young people accessing treatment by NHS funded community services (at least two contacts)

Section overview

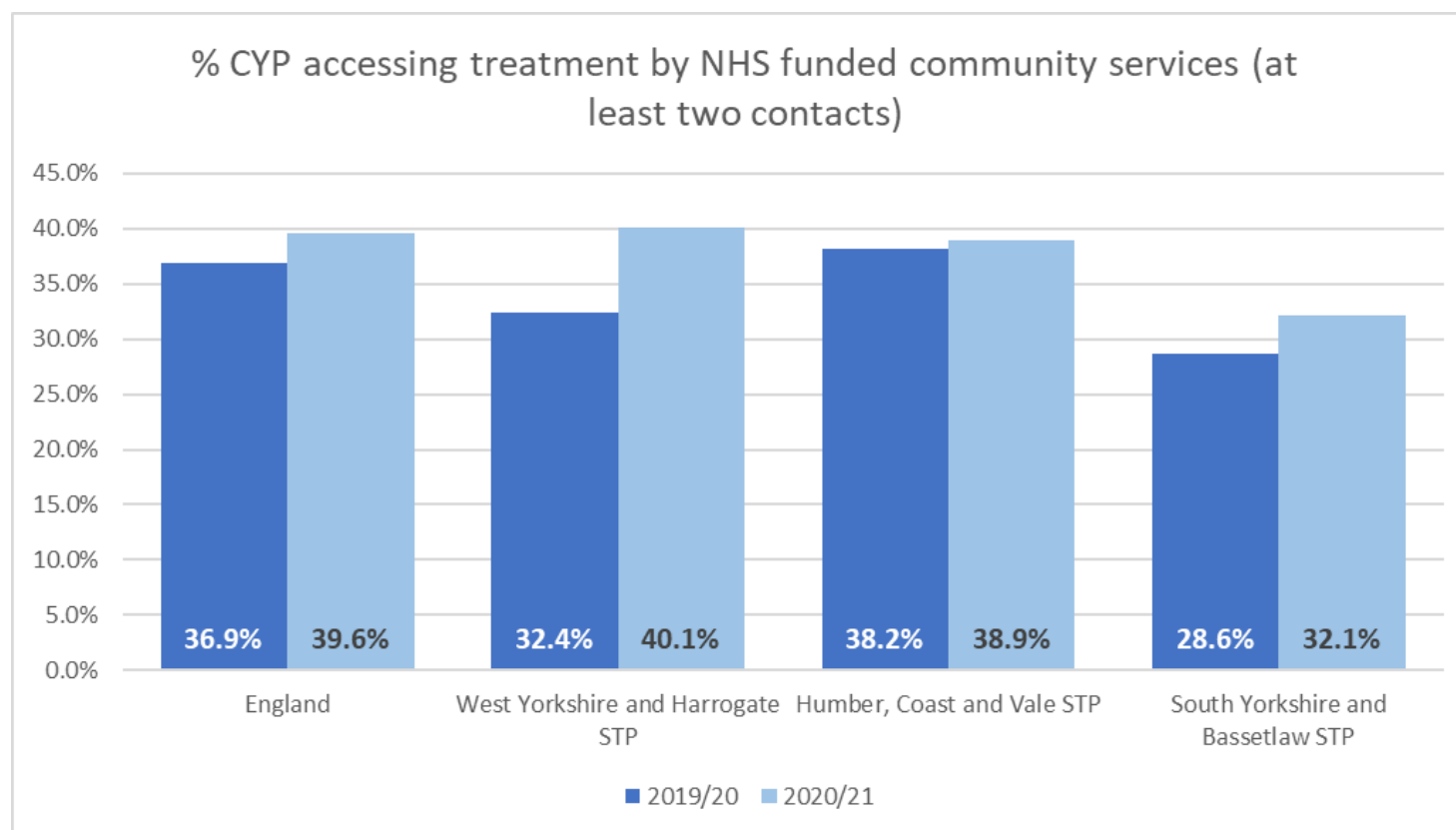
Key messages

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For both England the STPs, there has been an increase in the proportion of children and young people accessing treatment by NHS funded community services from 2019/20 to 2020/21

The STP rates are generally similar to England in 2020/21, with the exception of South Yorkshire and Bassetlaw STP which is lower

Children and young people’s mental health CCG spend - eating disorders

Section overview

Key messages

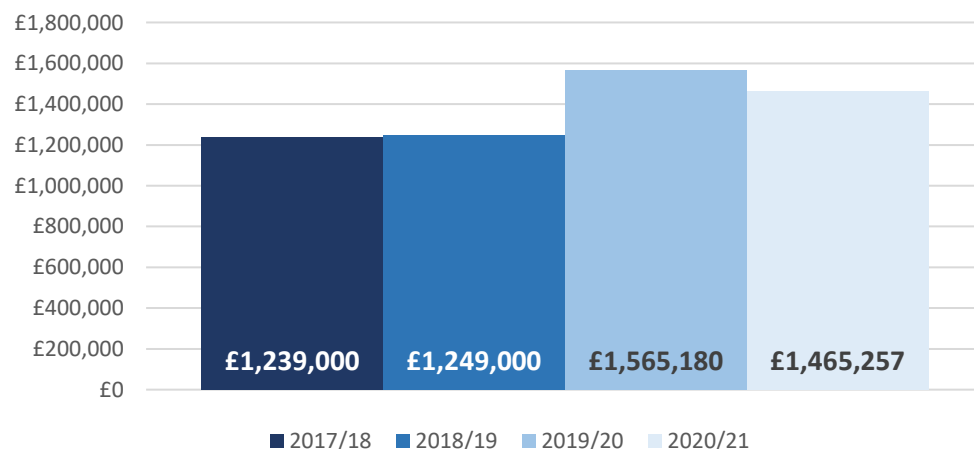
Mental health disorders

Self-harm

Treatment

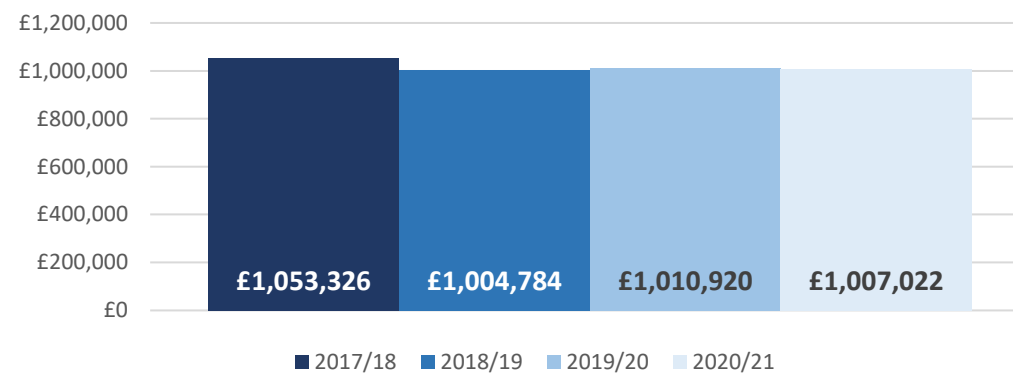
Caveats

CYP Mental Health spend on eating disorders - West Yorkshire and Harrogate STP

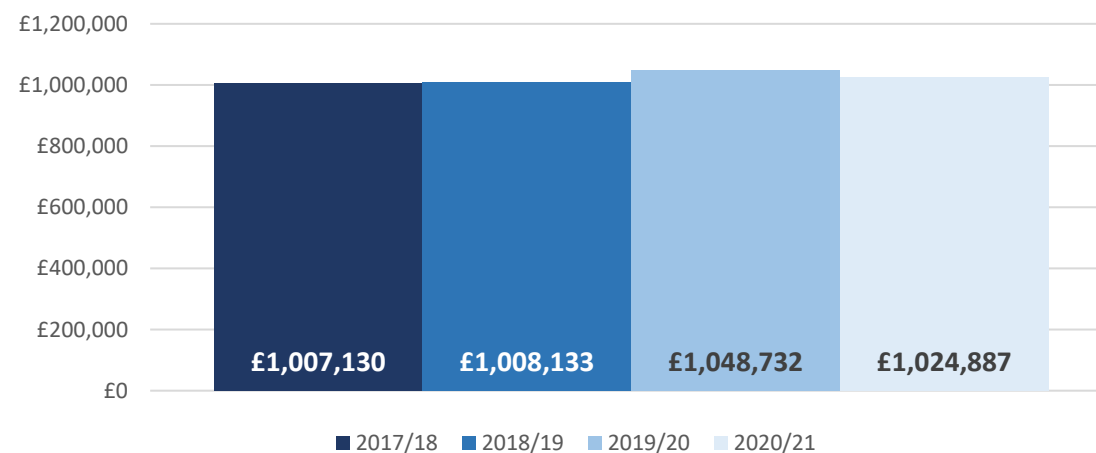


The STPs vary in their level spend on eating disorders, with West Yorkshire and Harrogate STP showing the biggest increase in spend between 2018/19 and 2019/20

CYP Mental Health spend on eating disorders - Humber Coast and Vale STP



CYP Mental Health spend on eating disorders - South Yorkshire and Bassetlaw STP



Total bed days for children and young people (0-17) in Child and adolescents mental health services (CAMHS) tier 4

Section overview

Key messages

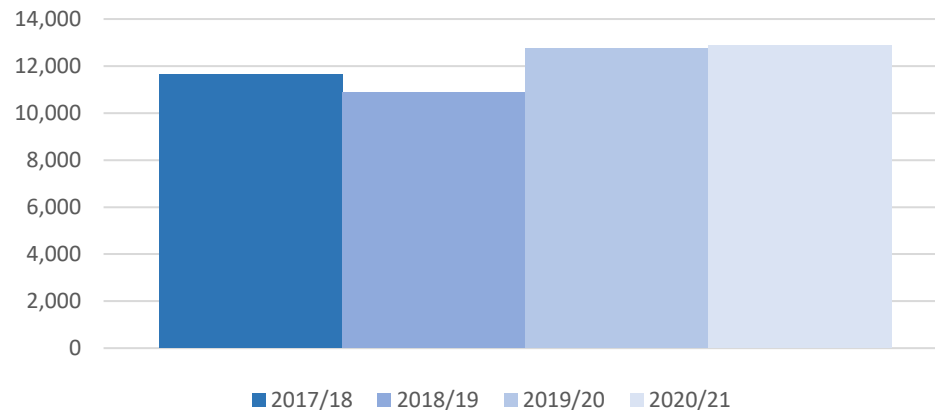
Mental health disorders

Self-harm

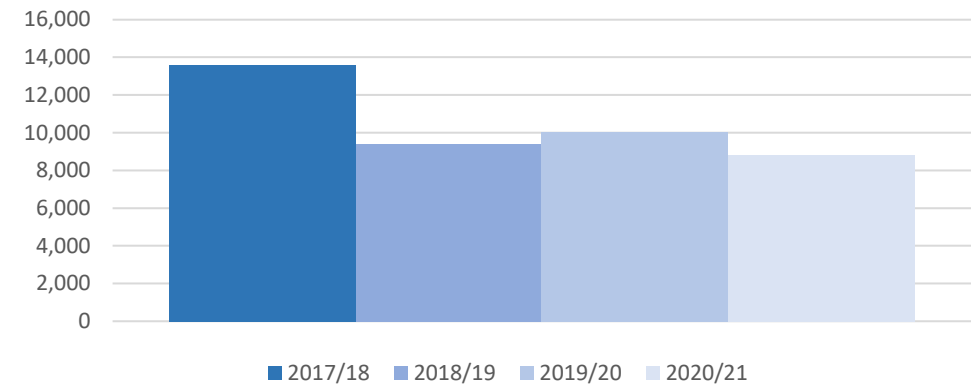
Treatment

Caveats

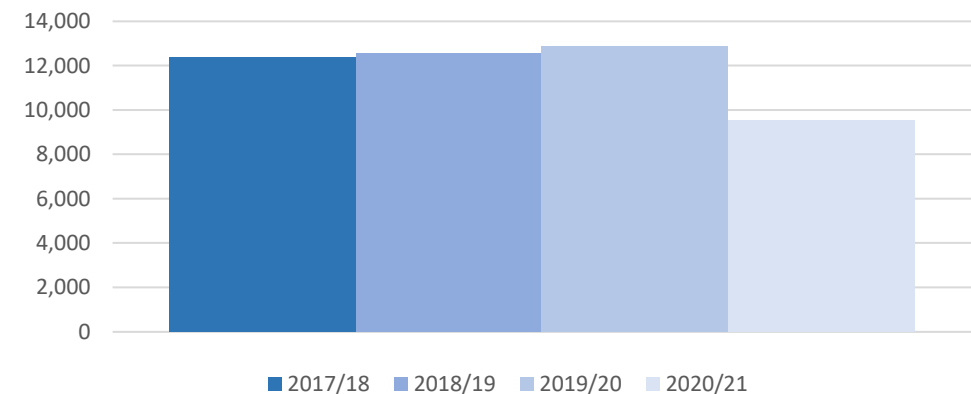
Total bed days of CYP (0-17 incl) in CAMHS tier 4 - West Yorkshire and Harrogate STP



Total bed days of CYP (0-17 incl) in CAMHS tier 4 - Humber Coast and Vale STP



Total bed days of CYP (0-17 incl) in CAMHS tier 4 - South Yorkshire and Bassetlaw STP



The total number of bed days for children classed as inpatients is variable across the STPs with West Yorkshire and Harrogate STP showing an increase in recent years, South Yorkshire and Bassetlaw showing a drop in 2020/21 and Humber Coast and Vale showing a steady rate since a large drop in 2018/19

Caveats

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- This section uses available published data on children and young people's mental health disorders. Data on disorders such as post-traumatic stress disorder (PTSD) are not currently available for children and young people
- Some prevalence data is classed as 'estimated'. For these indicators count estimates are not based on real individuals at local level, rather they are estimates based on national rates and local demography
- Only numbers are published for the indicators on eating disorders and attention deficit hyperactivity disorder (ADHD), whilst this provides a picture of need within the area, it does not allow for comparisons between areas
- The data cannot tell us the prevalence of self-harm amongst children and young people, it only includes hospital admissions as a result of self-harm. Self-harm is often done in private and kept hidden, so the prevalence of self-harm could potentially be a lot higher than hospital admissions suggest
- Data is from the mental health services dataset. Completion is improving but may vary between providers. Therefore, the data may not represent the activity being delivered, but may be more indicative of the level of recording
- There is limited published available data on children and young people's treatment at a regional or local level

Section 4

Exploring health inequalities in children and young people's mental health (updated Jul'22)

Section overview

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Section 4 overview (1/3)

Health inequalities are defined by the King's Fund as *“avoidable, unfair and systematic differences in health between different groups of people”*. The King's Fund provides a useful overview of specifically what is meant by health inequalities and the different ways in which people use the term. This is summarised below.

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Inequalities of what?

Health inequalities are ultimately about differences in the status of people's health. But the term is also commonly used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives, both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- health status, for example, life expectancy and prevalence of health conditions
- access to care, for example, availability of treatments
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates
- wider determinants of health, for example, quality of housing.

Inequalities between who?

Differences in health status and the things that determine it can be experienced by people grouped by a range of factors. In England, health inequalities are often analysed and addressed by policy across four factors:

- socio-economic factors, for example, income
- geography, for example, region or whether urban or rural
- specific characteristics including those protected in law, such as sex, ethnicity or disability
- socially excluded groups, for example, people experiencing homelessness.

Section 4 overview (2/3)

Section overview

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- In considering the applicability to mental health, this section has focused specifically on health inequalities data related to prevalence of mental health and access to services where this data is available. Health inequalities data is generally only available at national level and in some cases regional level.
- Risk factors and wider determinants of health were covered in section 1 in terms of their association with mental health. To focus on the health inequalities of all these factors would be impractical and take the focus away from children and young people's mental health. However, the main findings from exploring health inequalities associated with wider determinants and risk and protective factors include;

- Some sex differences with males having worse outcomes nationally compared to females for: NEETs, good level of development at reception and higher levels of obesity at reception and year 6, and females having worse outcomes on under 18s hospital admissions for alcohol-specific conditions
- Associations to deprivation where more deprived areas experienced worse outcomes were found on a national level for; pupil absence, secondary school exclusions, good level of development at reception, average attainment score, first time entrants to youth justice system, teenage conceptions, under 18 hospital admissions for substance misuse, obesity at reception and year 6, unpaid carers and children in care and children in need

Section 4 overview (3/3)

Section overview

Key messages

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This section examines inequalities in the mental health of children and young people within the Yorkshire and the Humber region focusing on:

- Special educational needs (SEN) school pupils with social, emotional and mental needs
- Looked after children whose emotional wellbeing is a cause for concern
- Emotional, conduct and hyperkinetic disorders in children and young people
- Attended contacts with community and outpatient mental health services
- New referrals to secondary mental health services
- Hospital admissions in self harm
- Hospital admissions for mental health conditions
- Caveats

Key messages: Health inequalities in children and young people's mental health: Key messages

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- Male special educational needs school pupils and those from deprived areas are more likely to be identified as having social, emotional and mental needs, particularly those of secondary school-age
- Females and younger people aged under 18yrs and under 25yrs and those from more deprived areas, tend to experience higher rates of new referrals to secondary mental health services
- Females are more likely to attend contacts with community and outpatient mental health services compared to males and the difference between the sexes is widening
- At LSOA deprivation decile level, there is a clear association between higher levels of deprivation and hospital admissions for self-harm. This pattern was not evident at County and UA level deprivation deciles suggesting that the higher geographies masked this underlying pattern
- During 2020/21 the association between deprivation and under 18s hospital admissions for mental health conditions reversed, and those in the least deprived deciles had higher rates of hospital admissions
- Admission rates in under 18s for any mental health condition are higher regionally and nationally for females, and trend data shows a large decline for males and conversely a large increase for females in 2020/21

Special educational needs (SEN) School pupils with social, emotional and mental needs – deprivation and sex

Section overview

Key messages

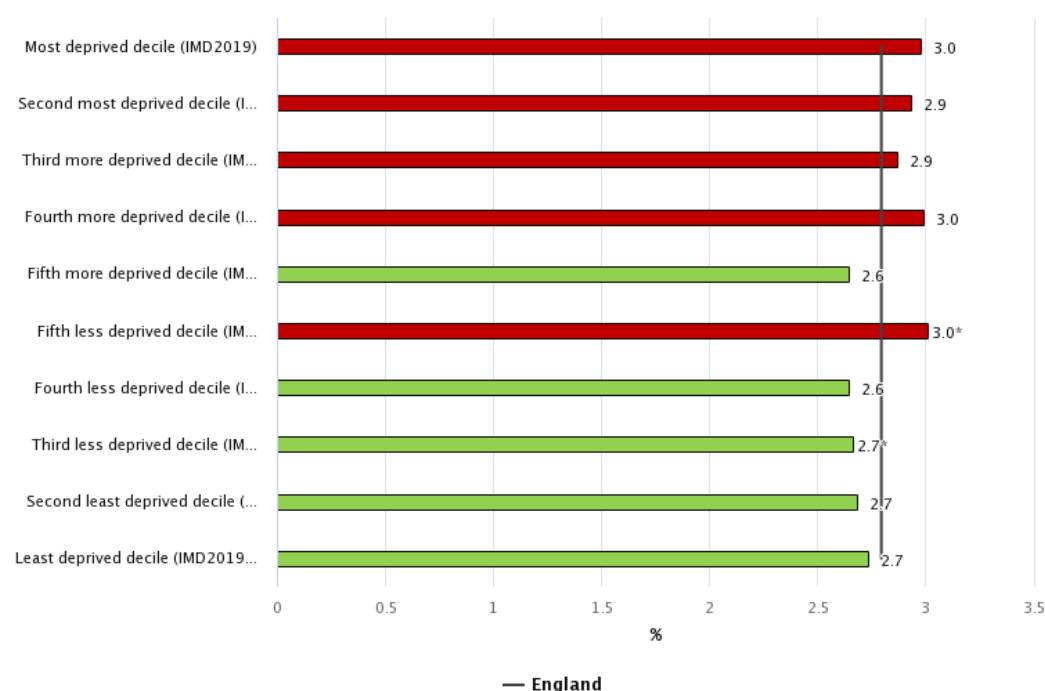
Prevalence

Mental health Services

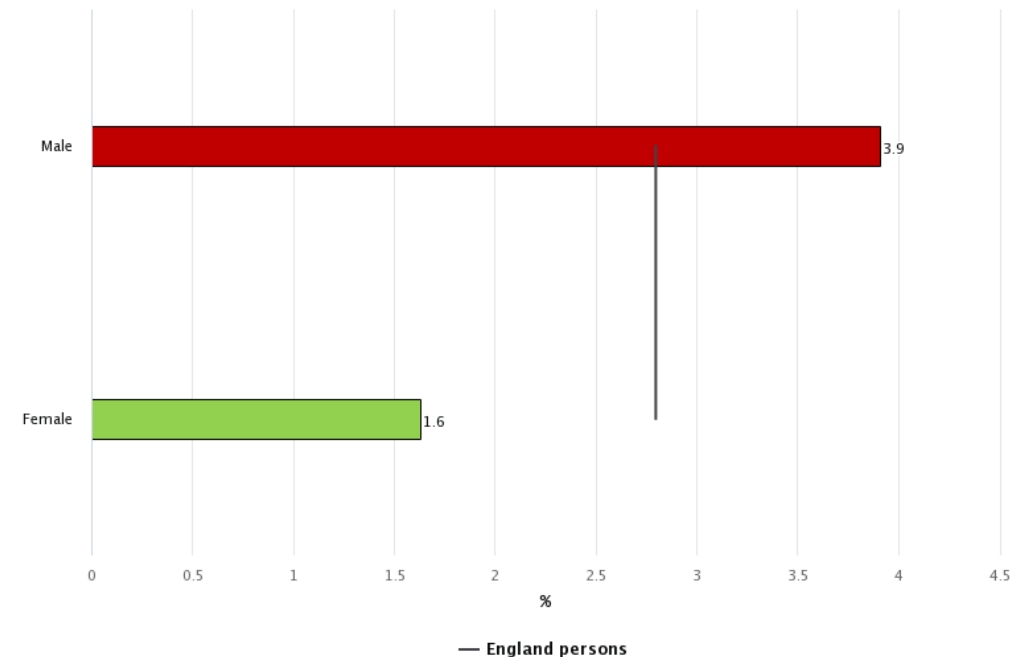
Hospital admissions

Caveats

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age) (2021) – England, County & UA deprivation deciles in England (IMD2019, 4/21 geography)



School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (2021) – England, Sex



- Overall, the more deprived County and UA deprivation deciles tend to have a higher proportion of school pupils with special educational needs whose primary need is social, emotional and mental health
- Males SEN school pupils are twice as likely to be identified as having social, emotional and mental needs compared to females

Special educational needs (SEN) School pupils with social, emotional and mental needs - age

Section overview

Key messages

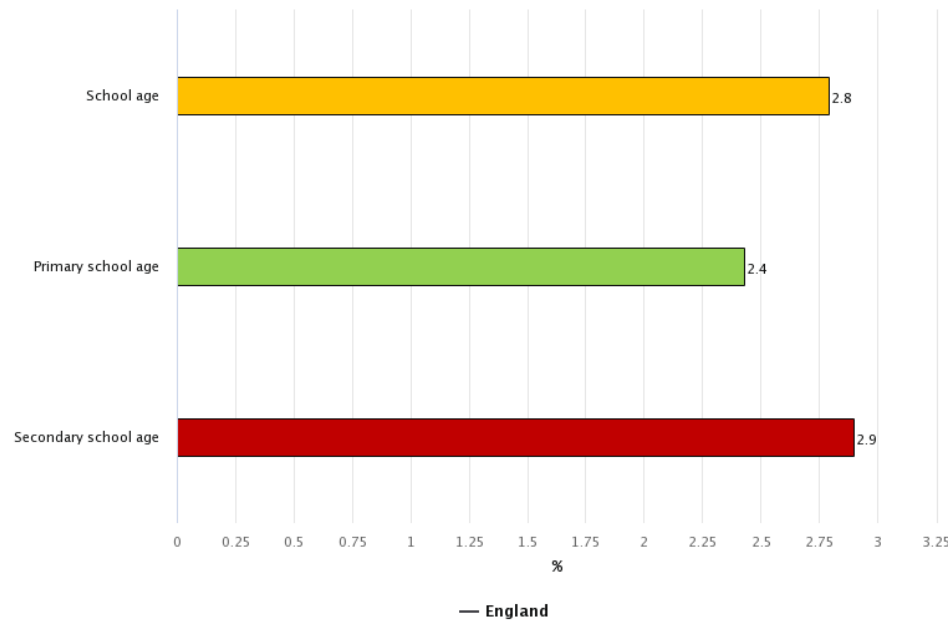
Prevalence

Mental health Services

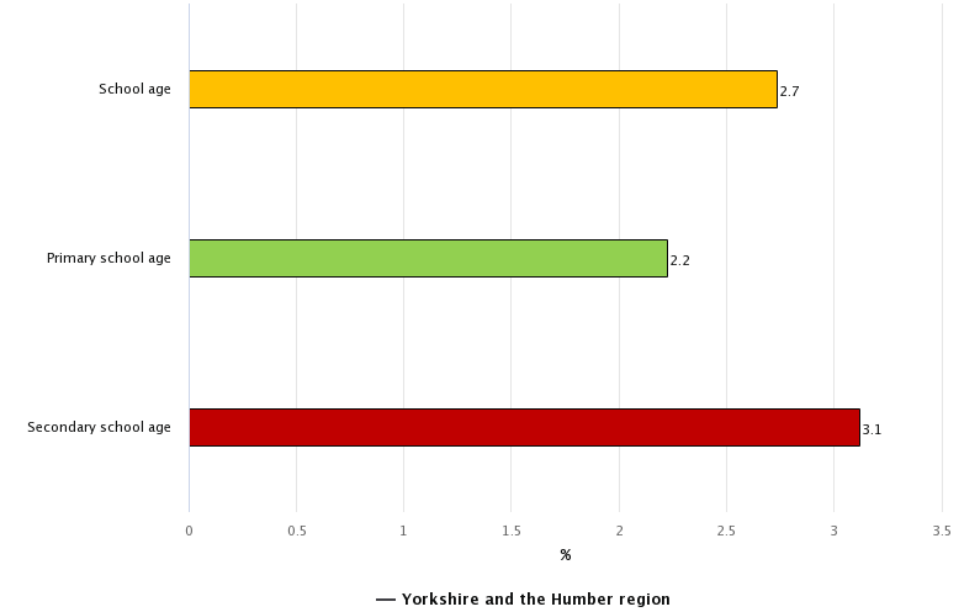
Hospital admissions

Caveats

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (2021) – England, Age



School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (2021) – Yorkshire and the Humber region, Age



- For both England and the Yorkshire and the Humber region, a higher proportion of school pupils with special educational needs whose primary need is social, emotional and mental health are secondary pupils. The difference between primary and secondary school is greater in the region compared to nationally
- In primary school age children, there was an increase from 2016 to 2020 and then a slight decline from 2020 to 2021 during the pandemic. For secondary school age children there has been a steep and continuous increase since 2017

Looked after children whose emotional wellbeing is a cause for concern

Section overview

Key messages

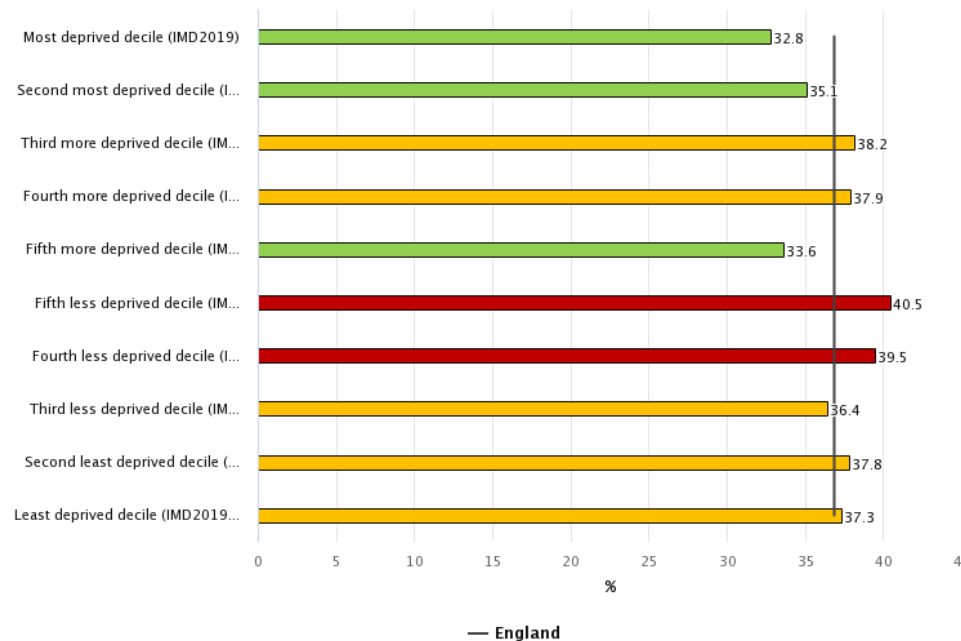
Prevalence

Mental health Services

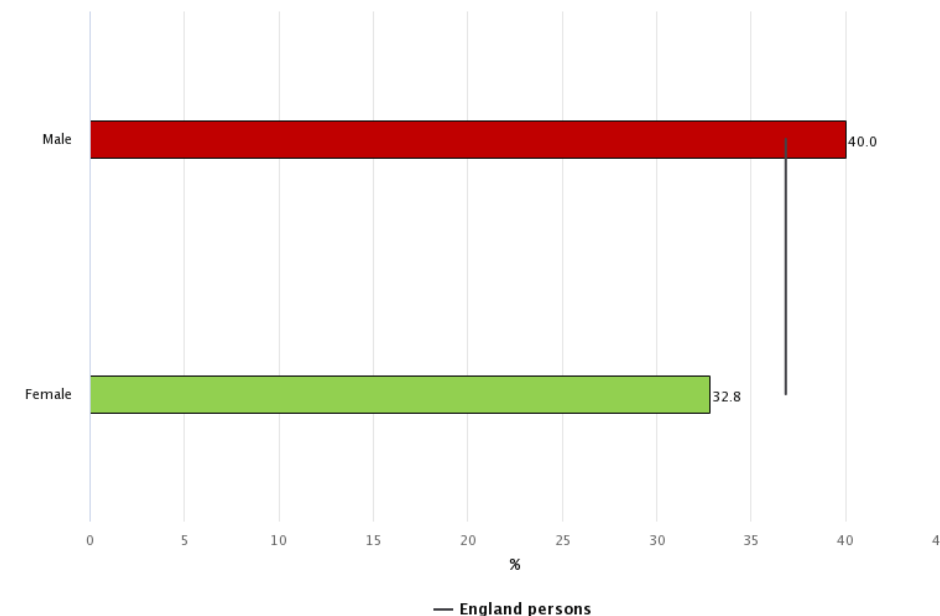
Hospital admissions

Caveats

Percentage of looked after children whose emotional wellbeing is a cause for concern (2020/21) – England, County & UA deprivation deciles in England (IMD2019, 4/19 and 4/20 geog.)



Percentage of looked after children whose emotional wellbeing is a cause for concern (2020/21) – England, Sex



- At a national level, there does not appear to be an association between deprivation and looked after children whose emotional wellbeing is a cause for concern. However, as the data is only available at County and UA level deprivation level deciles, this may potentially mask underlying patterns in the data which might be apparent had LSOA level deprivation decile been available. Trend data across all deprivation deciles shows a decrease between 2019/20 and 2020/21
- Males have significantly higher rates compared to females, but there has been a continuous decline for both males and females from 2018/19 to 2020/21

Emotional, conduct and hyperkinetic disorders in children and young people

Section overview

Key messages

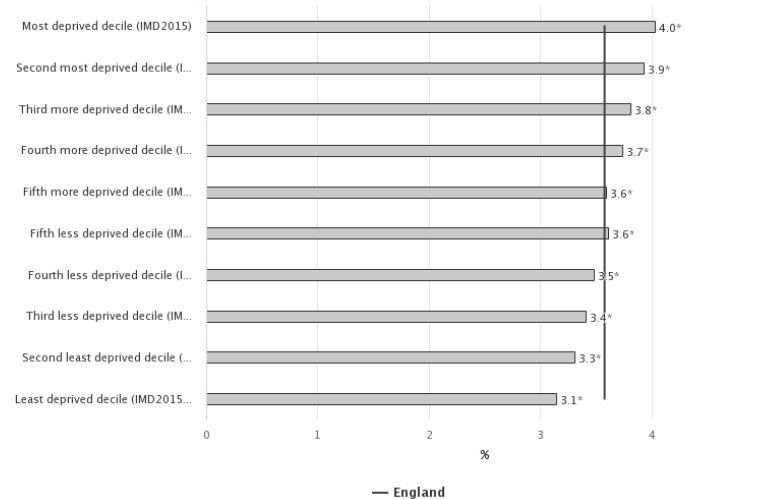
Prevalence

Mental health Services

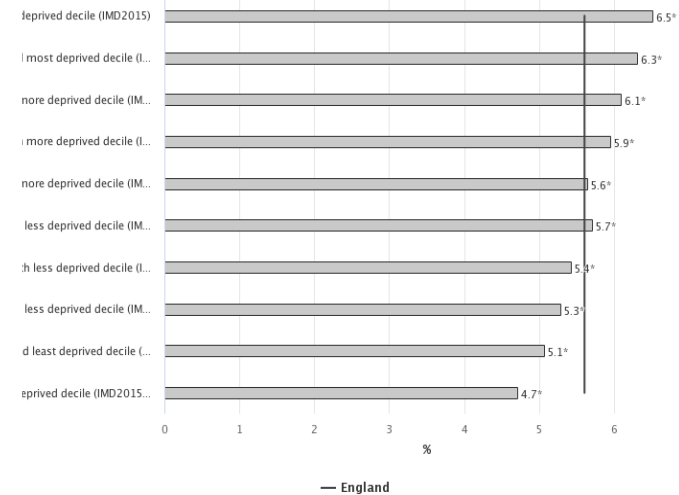
Hospital admissions

Caveats

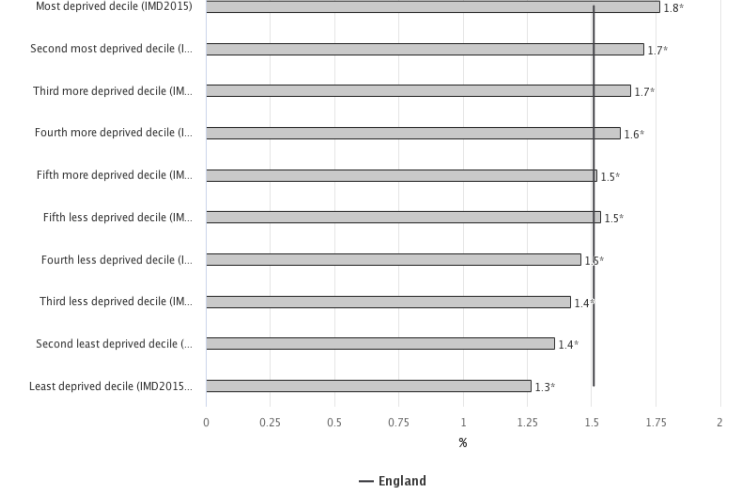
Estimated prevalence of emotional disorders: % population aged 5–16 (2015) – England, County & UA (pre Apr2019) deprivation deciles in England (IMD2015)



Estimated prevalence of conduct disorders: % population aged 5–16 (2015) – England, County & UA (pre Apr2019) deprivation deciles in England (IMD2015)



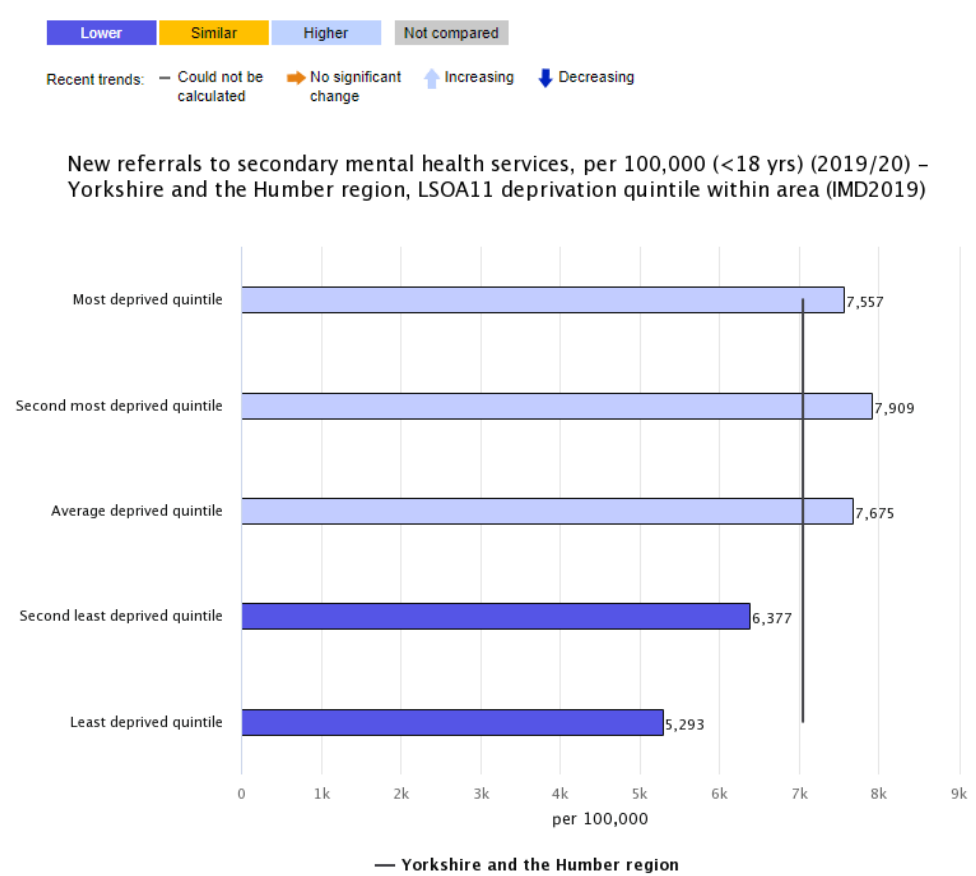
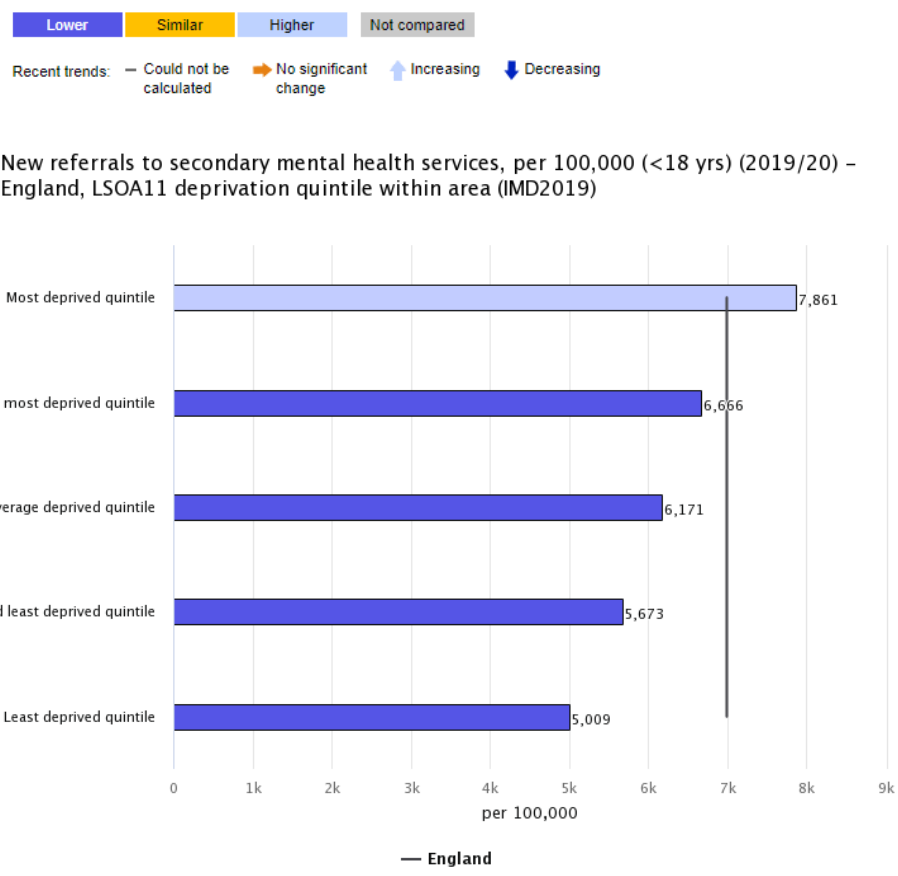
Estimated prevalence of hyperkinetic disorders: % population aged 5–16 (2015) – England, County & UA (pre Apr2019) deprivation deciles in England (IMD2015)



- At a national level, there appears to be a clear association between higher levels of deprivation and higher levels of emotional, conduct and hyperkinetic disorders identified in children and young people
- *It should be noted that this is estimated data for 2015 and there are concerns about the quality of the data for these indicators*

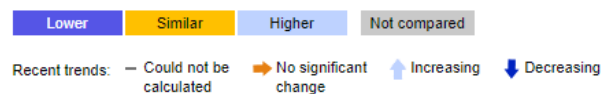
New referrals to secondary mental health services - deprivation

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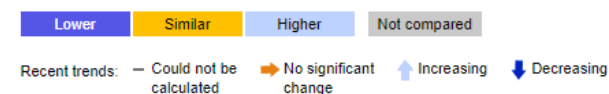
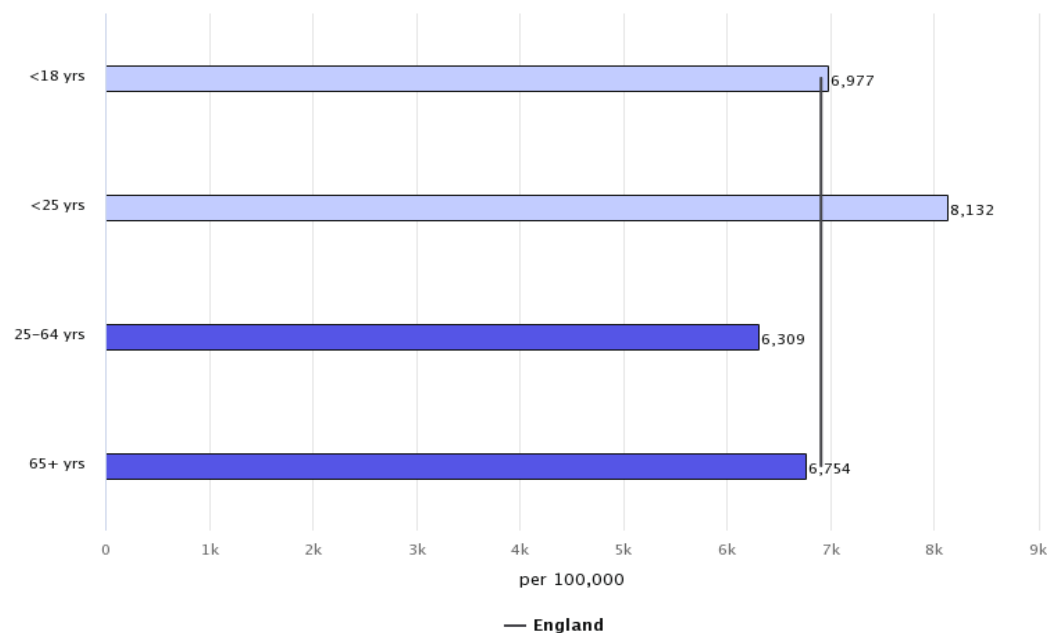


- The highest rate of referrals for England are in the most deprived quintile. Trend data at national level indicates that the gap between the most deprived quintiles and the other quintiles is widening
- For the region, this pattern is not evident though the least deprived quintiles still report the lowest rates

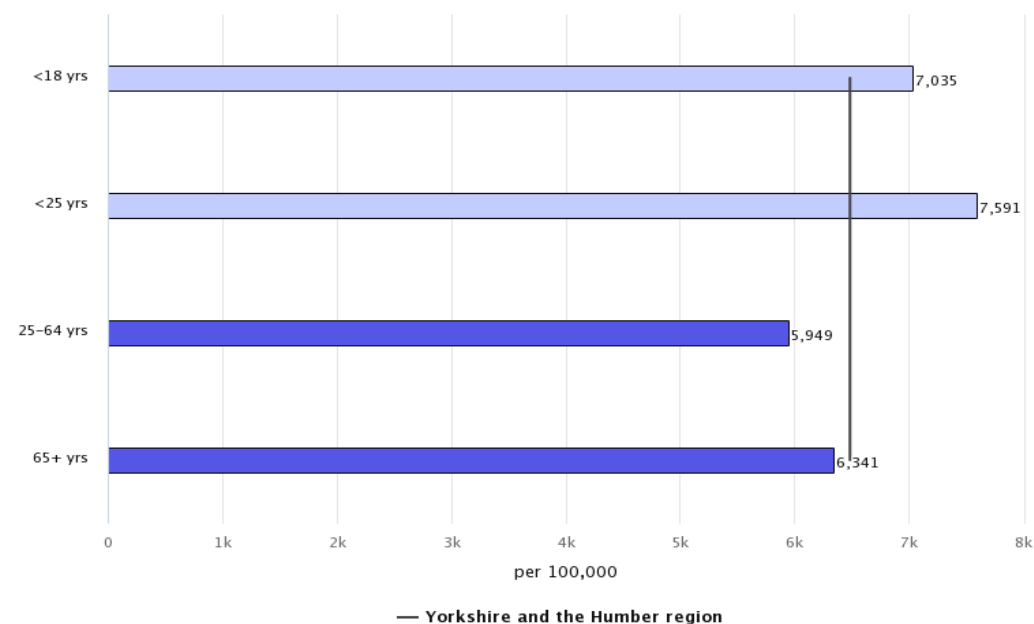
New referrals to secondary mental health services - age



New referrals to secondary mental health services, per 100,000 (2019/20) – England, Age

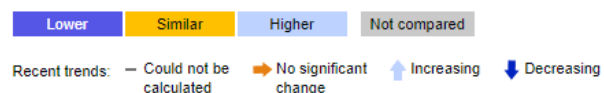


New referrals to secondary mental health services, per 100,000 (2019/20) – Yorkshire and the Humber region, Age

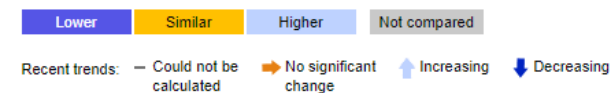
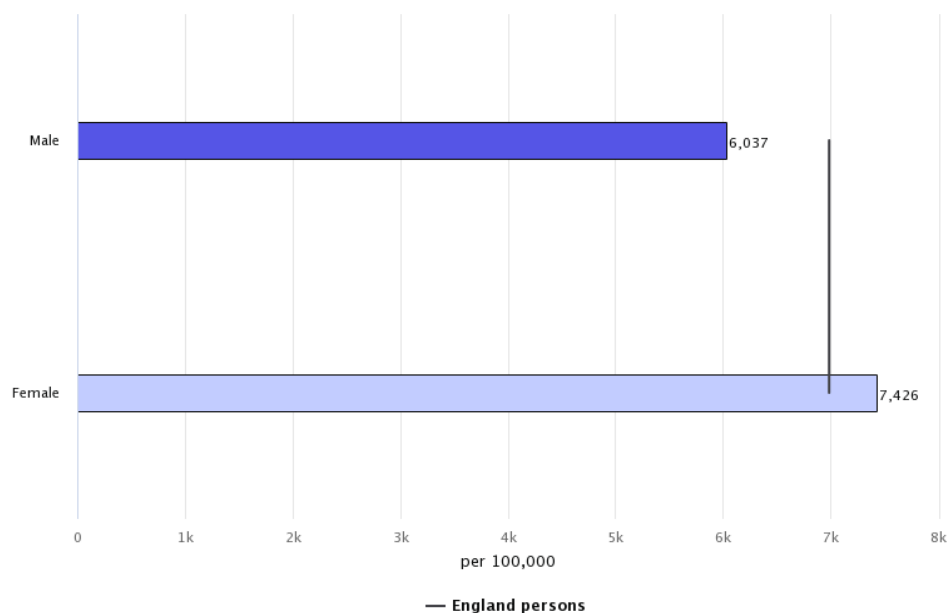


- Higher rates of referrals to secondary mental health services are in the under 18 and under 25 age groups
- Trend data for England shows that rates of new referrals to secondary mental health services have increased the most among the younger age groups and to a lesser degree for 25-65yrs, and have decreased amongst the over 65yrs.
- For the region, trend data shows a steep increase for the under 18yrs and under 25yrs, but the 25-65yrs as well as the 65+yrs have decreased over time

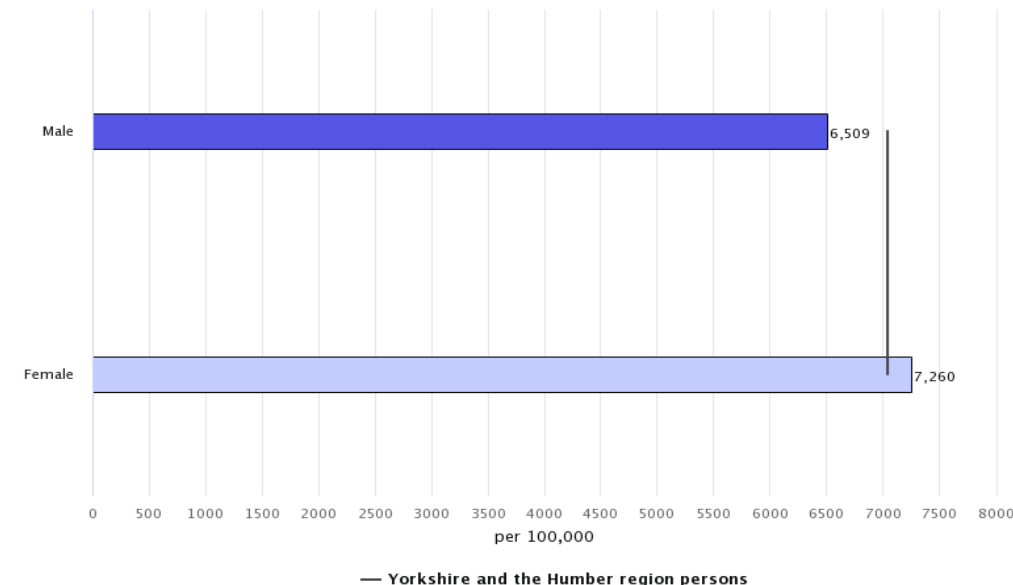
New referrals to secondary mental health services - sex



New referrals to secondary mental health services, per 100,000 (<18 yrs) (2019/20) - England, Sex



New referrals to secondary mental health services, per 100,000 (<18 yrs) (2019/20) - Yorkshire and the Humber region, Sex



- Rates of referrals to secondary mental health services are higher in females both regionally and nationally. The difference between males and females is more pronounced at a national level
- At an England level, females are showing a sharp increase in trend data from 2017/18 up to 2019/20, whereas the increase is more gradual for males, particularly between 2018/19 and 2019/20
- At a regional level both males and females are showing steep increases

Attended contacts with community and outpatient mental health services - deprivation

Section overview

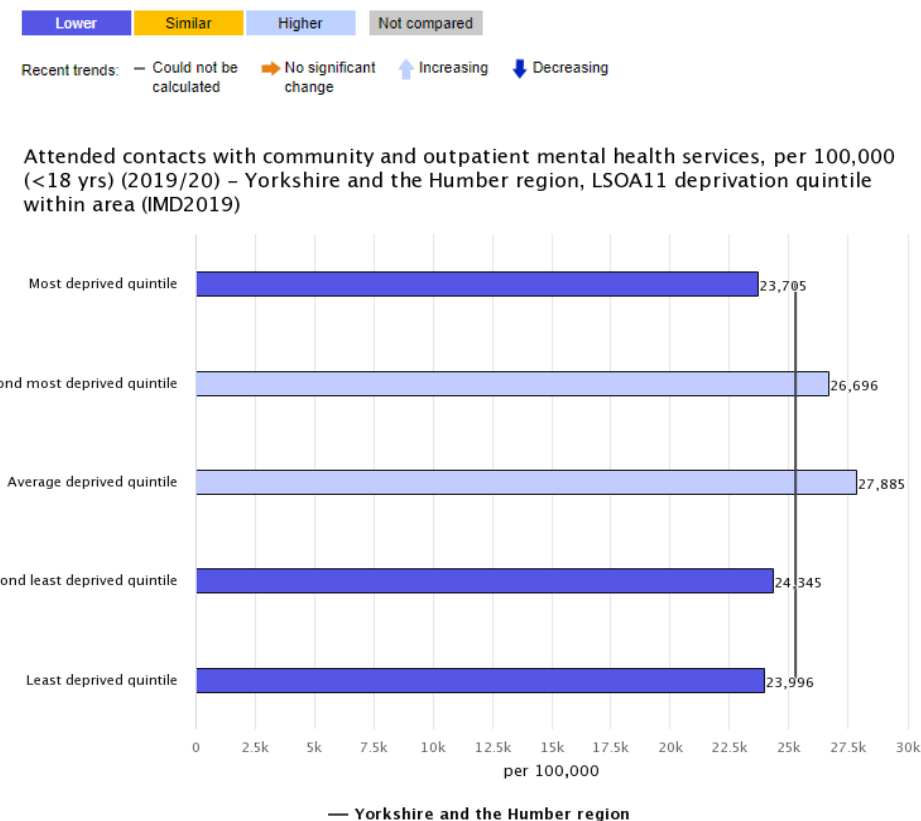
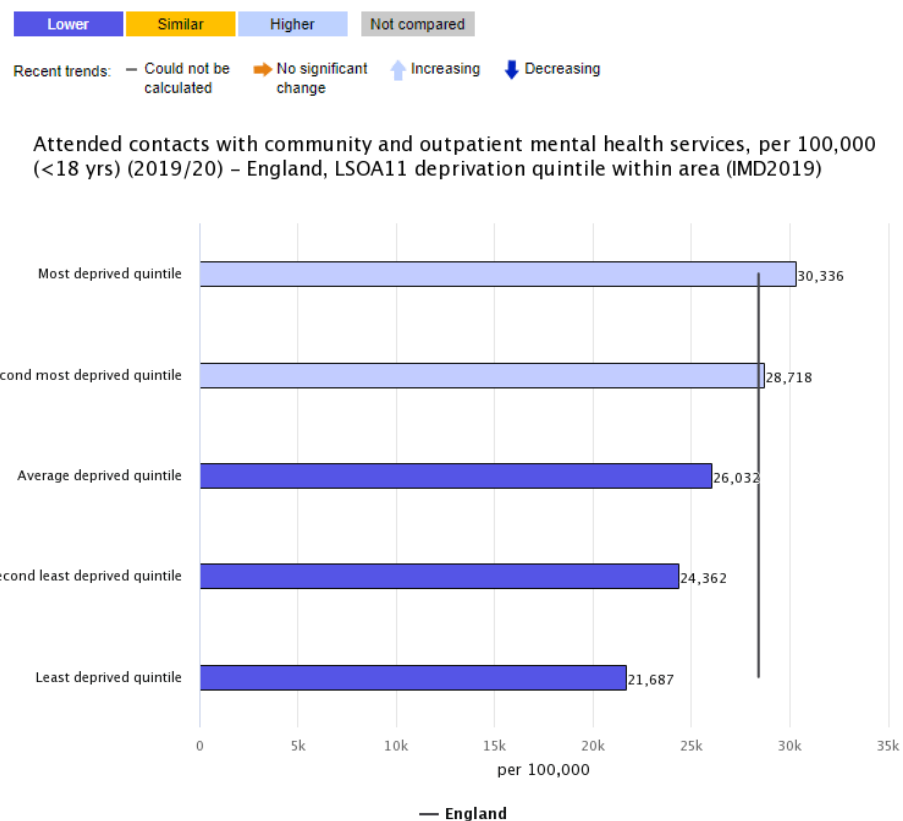
Key messages

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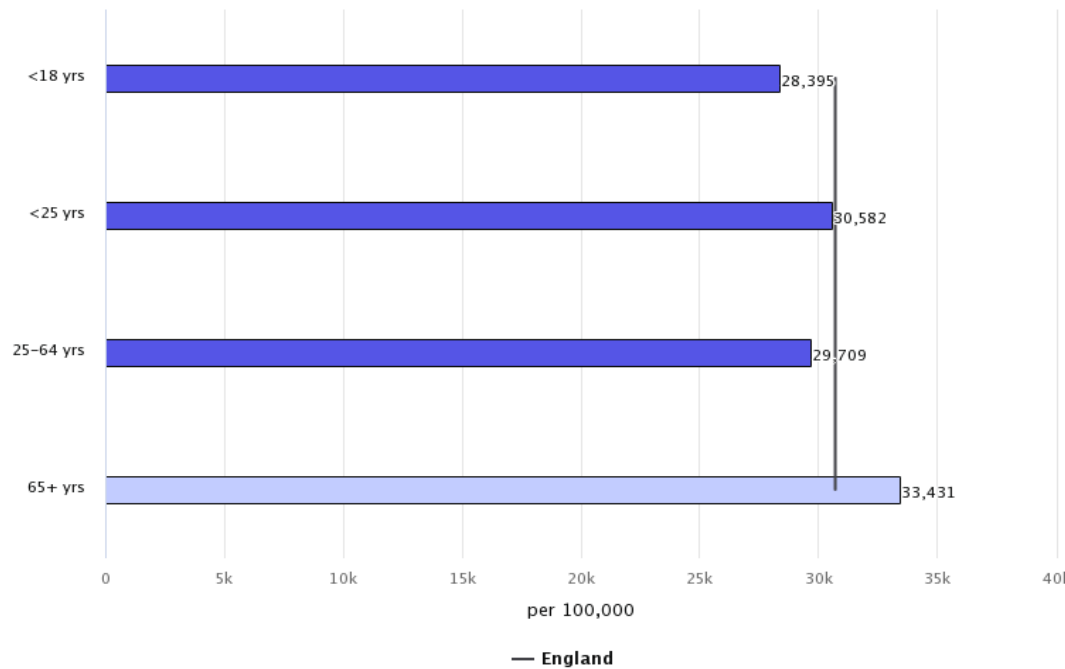


- At England level, the two most deprived quintiles had higher rates of under 18s attendances with community and outpatient mental health services. In the region this pattern was not reflected in the same way
- Rates increased sharply across all quintiles regionally and nationally from 2017/18 to 2019/20

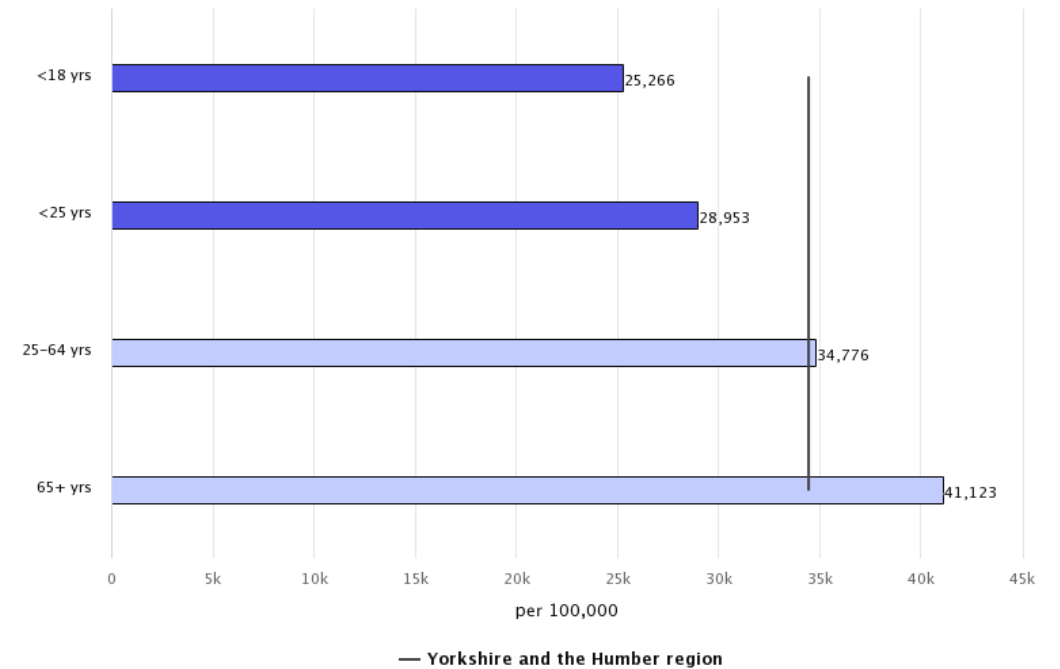
Attended contacts with community and outpatient mental health services - age

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Attended contacts with community and outpatient mental health services, per 100,000 (2019/20) – England, Age

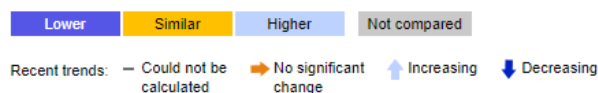


Attended contacts with community and outpatient mental health services, per 100,000 (2019/20) – Yorkshire and the Humber region, Age

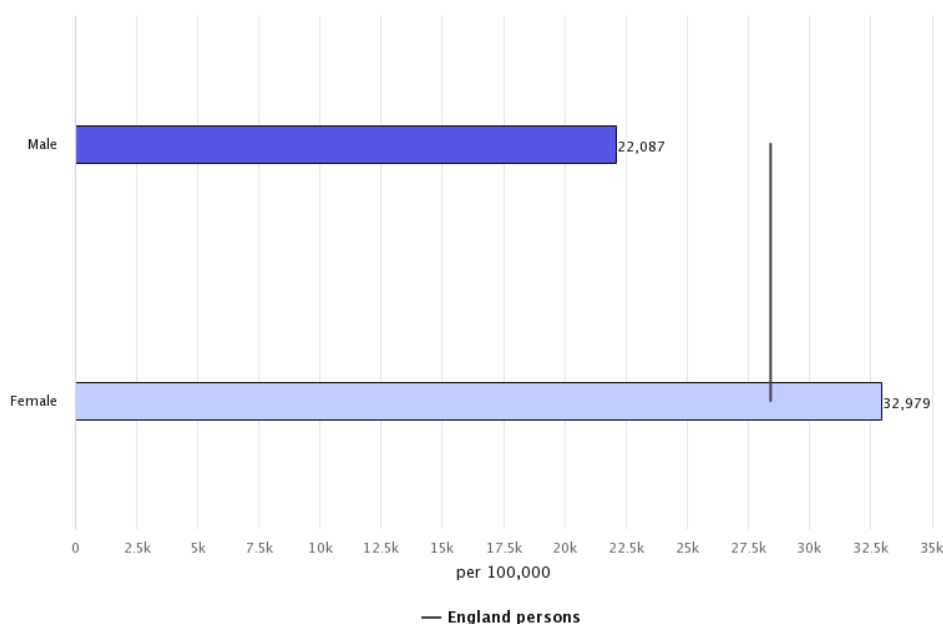


- In England, the rate of attended contacts was significantly higher in the over 65yrs. For the region, both the 25-64yrs and 65+yrs were significantly higher for attended contacts with community and outpatient mental health services
- Trend data shows that the biggest increases in contacts are in the younger age groups

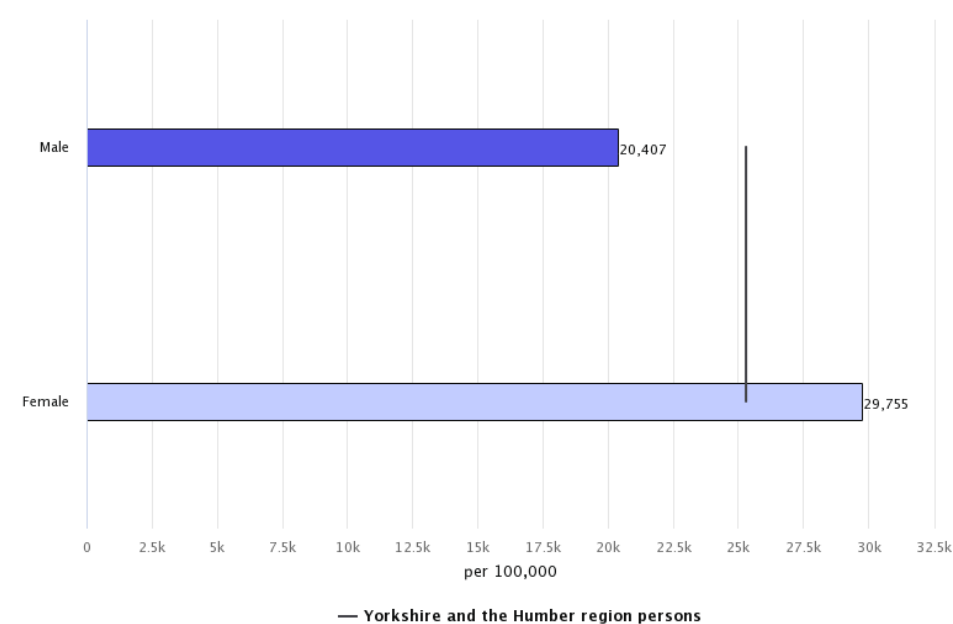
Attended contacts with community and outpatient mental health services - sex



Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs) (2019/20) - England, Sex



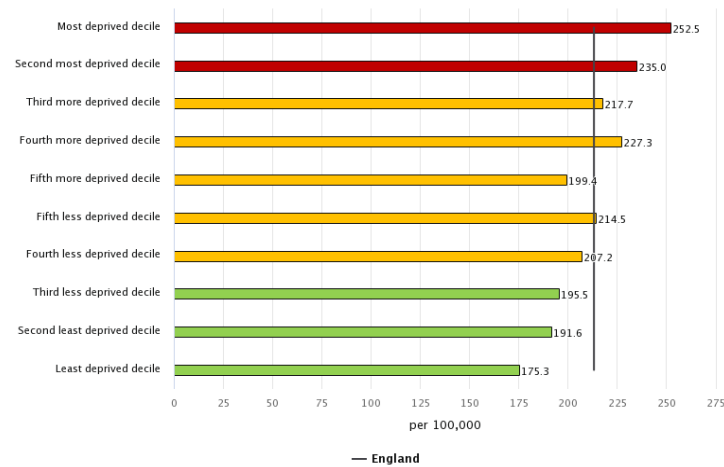
Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs) (2019/20) - Yorkshire and the Humber region, Sex



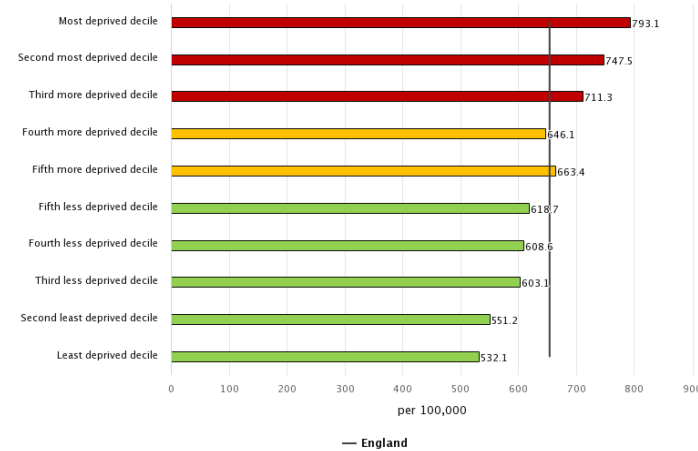
- Both regionally and nationally, the rate of attended contacts in under 18s was significantly higher in females compared to males
- Trend data shows that there has been a much steeper rise in female attended contacts with community and outpatient mental health services compared to males both regionally and nationally from 2017/18 to 2019/20

Hospital admissions in self harm by age and deprivation decile

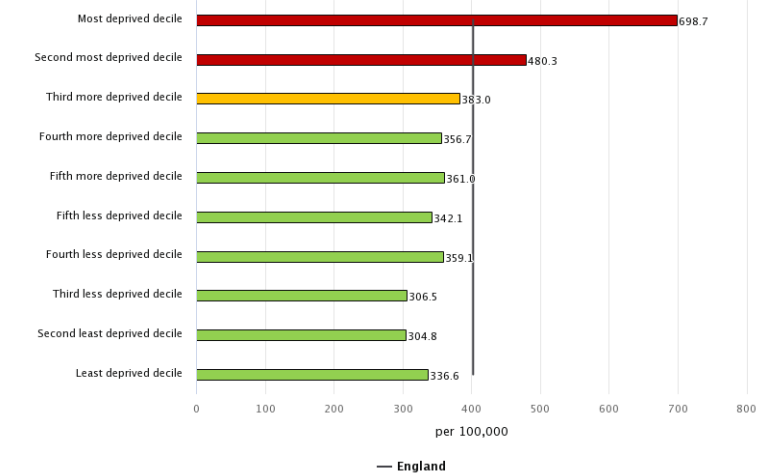
Hospital admissions as a result of self-harm (10–14 yrs) (2020/21) – England, LSOA11 deprivation deciles in England (IMD2019)



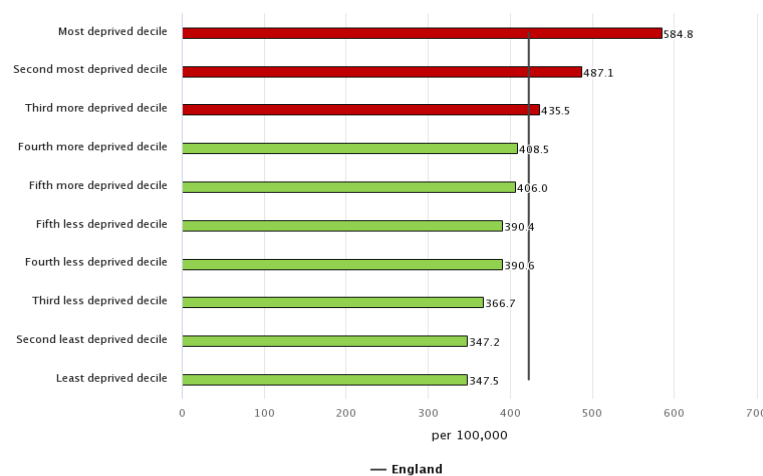
Hospital admissions as a result of self-harm (15–19 yrs) (2020/21) – England, LSOA11 deprivation deciles in England (IMD2019)



Hospital admissions as a result of self-harm (20–24 yrs) (2020/21) – England, LSOA11 deprivation deciles in England (IMD2019)



Hospital admissions as a result of self-harm (10–24 years) (2020/21) – England, LSOA11 deprivation deciles in England (IMD2019)



The England pattern shows that more deprived deciles at LSOA level have higher rates of hospital admissions for self-harm across all the age groups, and the least deprived LSOA level deciles have lower rates of hospital admissions for self-harm

At County and UA deprivation decile level, there is little pattern and in fact a slight tendency that lesser deprived deciles showing higher rates of hospital admissions for self-harm. This is likely to be due to patterns within data being masked at this higher level

Section overview

Key messages

Prevalence

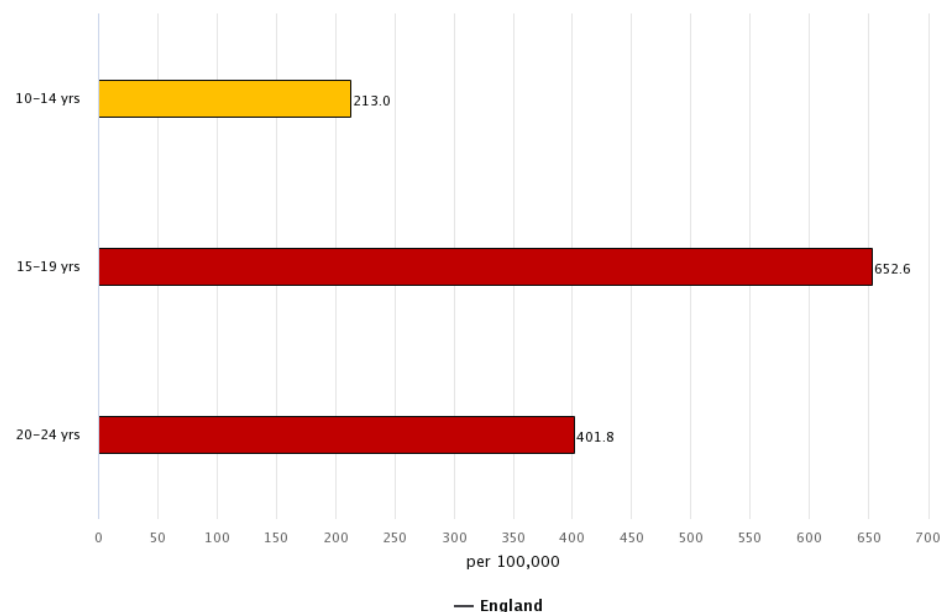
Mental health Services

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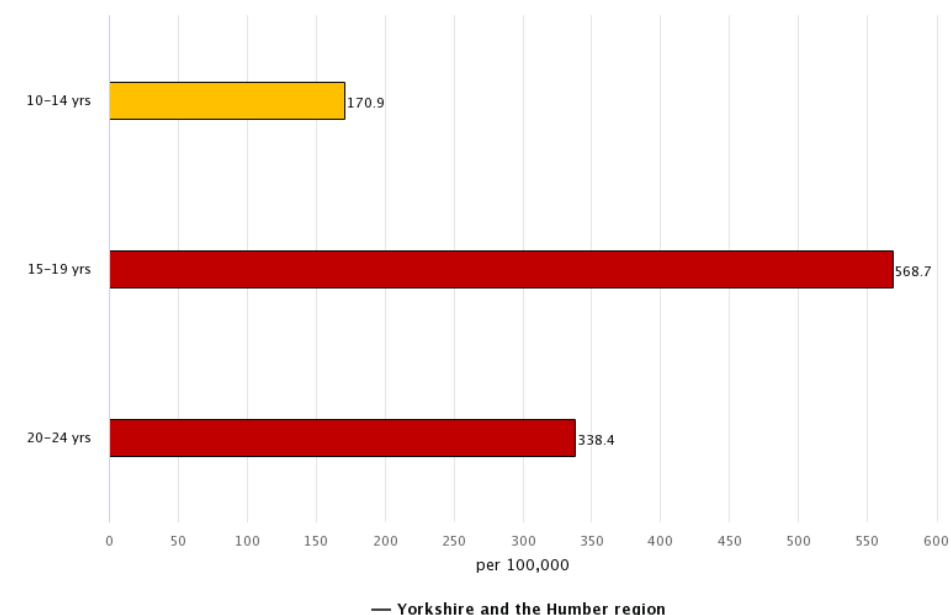
Caveats

Hospital admissions for self-harm age 10-24 years old by age

Hospital admissions as a result of self-harm (20-24 yrs) (2020/21) - England, Age



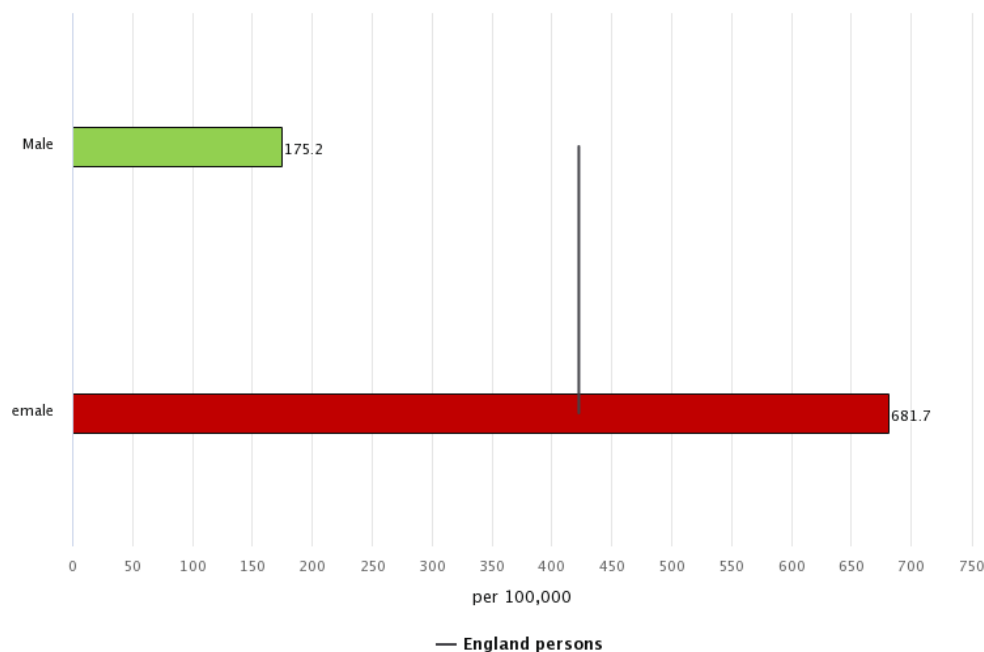
Hospital admissions as a result of self-harm (20-24 yrs) (2020/21) - Yorkshire and the Humber region, Age



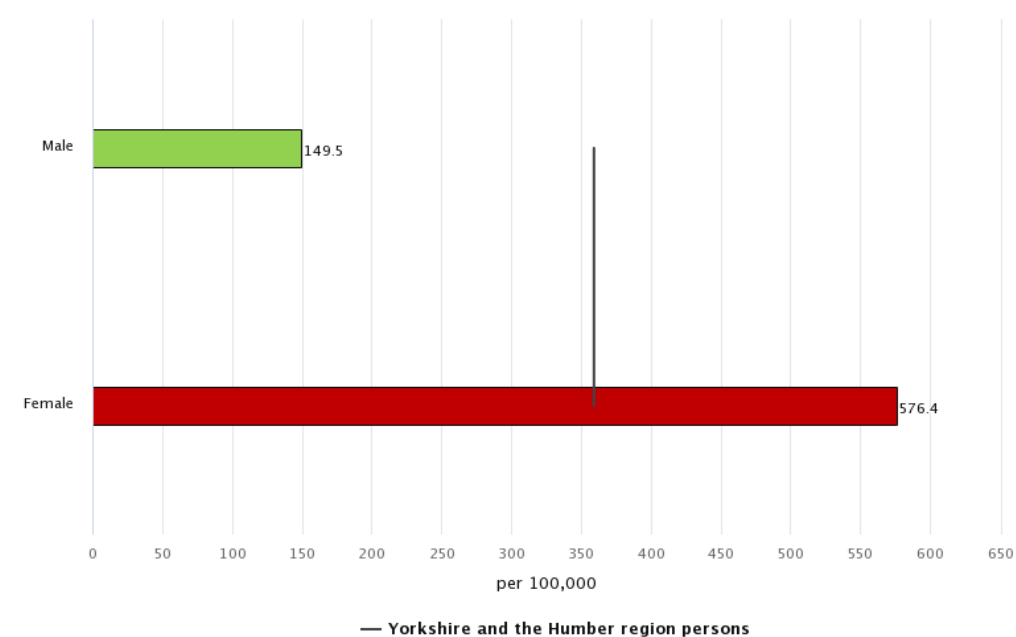
- Both nationally and regionally, the 15-19yrs has the highest rates of admissions to hospital for self-harm
- At an England level, there has been a slight decline in 20-24yrs from 2018/19 to 2019/20. Rates for 10-14yrs and 15-19yrs have remained fairly steady.
- At a regional level, whilst 20-24yrs have shown a steep decline between 2019/20 and 2020/21, the other age groups have shown more gradual declines since 2018/19

Hospital admissions for self-harm age 10-24 years old by sex

Hospital admissions as a result of self-harm (10-24 years) (2020/21) – England, Sex



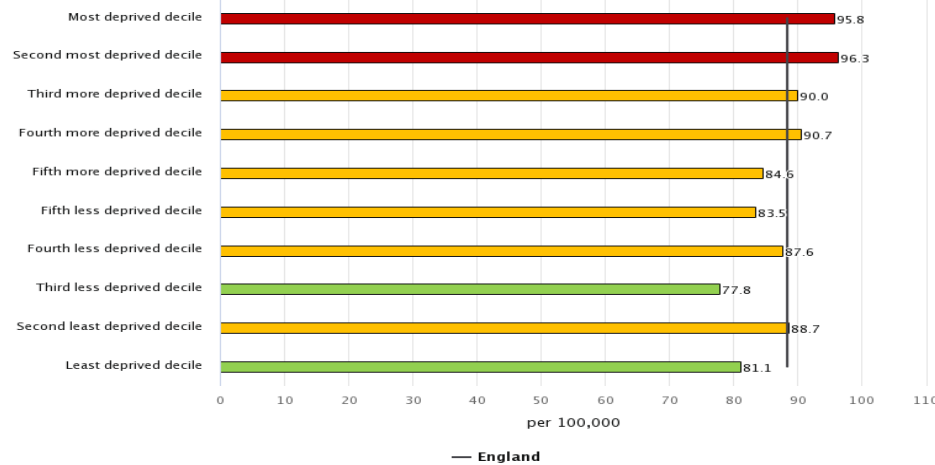
Hospital admissions as a result of self-harm (10-24 years) (2020/21) – Yorkshire and the Humber region, Sex



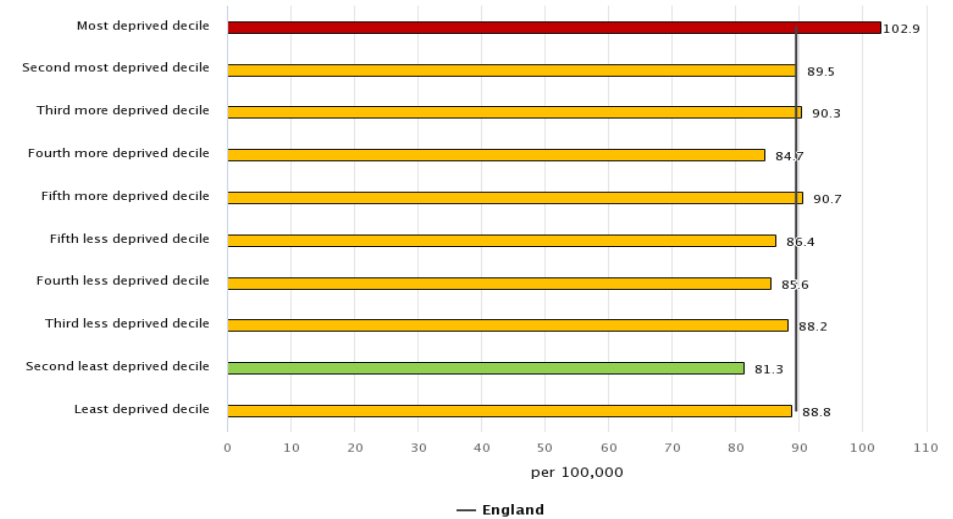
- Both nationally and regionally, across all age groups (10-14yrs, 15-19yrs, 20-24yrs and 10-24yrs), females are significantly higher than males for rates of hospital admissions for self-harm age
- Trend data for 10-24yrs shows an increase in admissions for self-harm in females from 2011/12 to 2018/19 and then a levelling out at England level and a significant decrease at regional level between 2019/20 and 2020/21

Hospital admissions for mental health conditions (under 18s) by deprivation decile

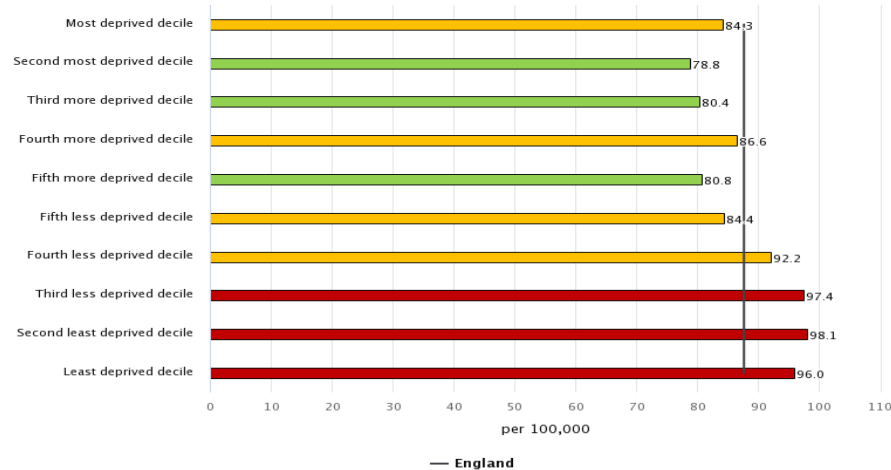
Hospital admissions for mental health conditions (<18 yrs) (2018/19) – England, LSOA11 deprivation deciles in England (IMD2019)



Hospital admissions for mental health conditions (<18 yrs) (2019/20) – England, LSOA11 deprivation deciles in England (IMD2019)



Hospital admissions for mental health conditions (<18 yrs) (2020/21) – England, LSOA11 deprivation deciles in England (IMD2019)



National rates of hospital admissions for mental health conditions are presented by LSOA level deprivation decile for three different years. There is a slight tendency in 2018/19 and 2019/20 for those in the most deprived deciles to have higher rates of hospital admissions.

In 2020/21 during the pandemic, this pattern was reversed and higher rates of hospital admissions for mental health conditions were found in the least deprived LSOA deprivation deciles

- Section overview
- Key messages
- Prevalence
- Mental health Services
- Hospital admissions
- Caveats

Hospital admissions for mental health conditions (under 18s) by sex

Section overview

Key messages

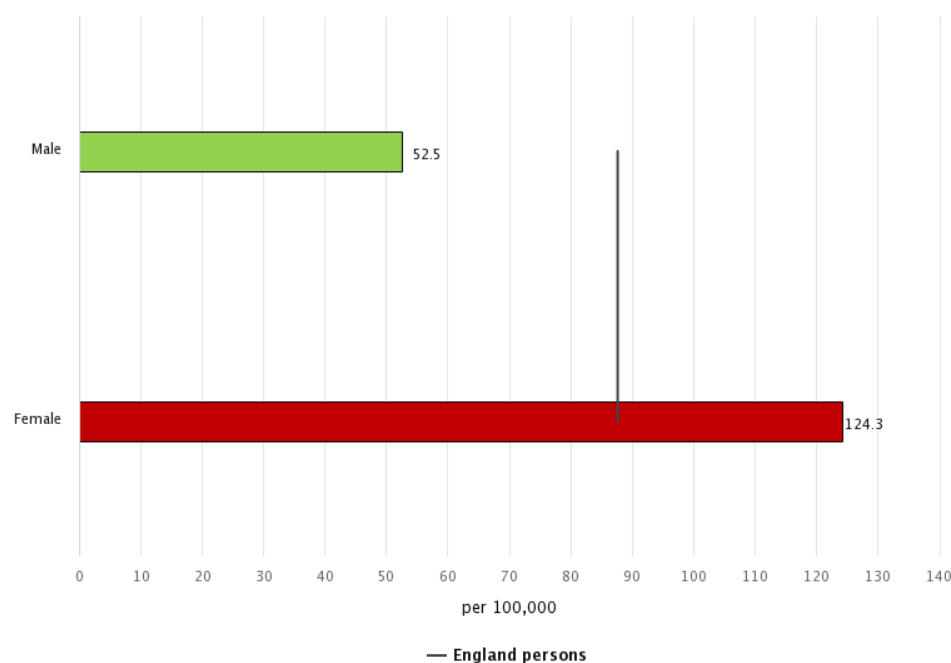
Prevalence

Mental health Services

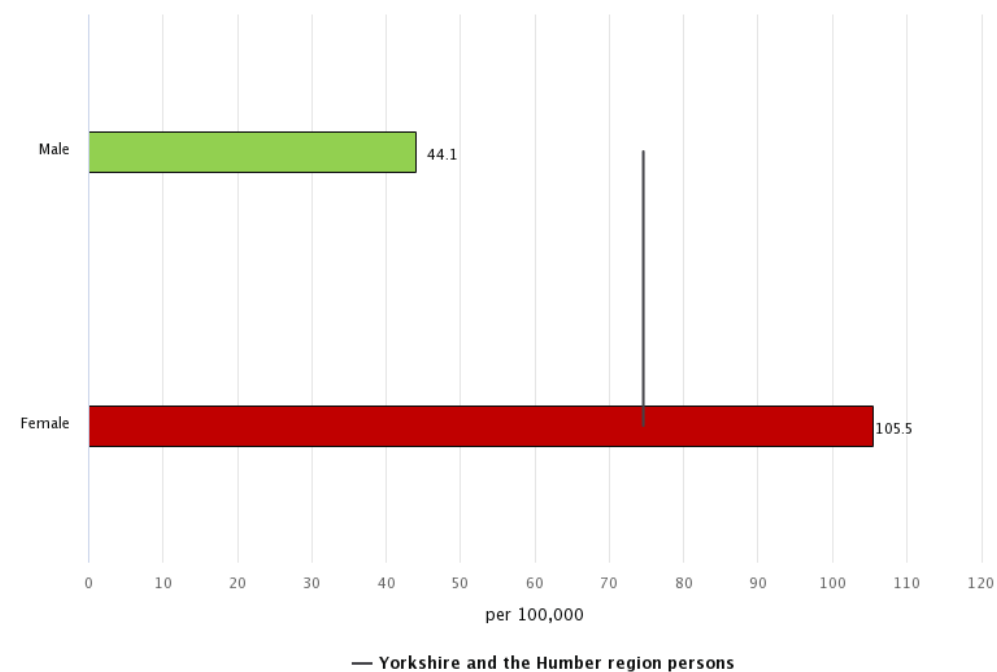
Hospital admissions

Caveats

Hospital admissions for mental health conditions (<18 yrs) (2020/21) – England, Sex



Hospital admissions for mental health conditions (<18 yrs) (2020/21) – Yorkshire and the Humber region, Sex



- Similar to hospital admissions for self-harm, admissions in under 18s for any mental health condition also show significantly higher rates regionally and nationally for females
- Trend data nationally and regionally for males shows a gradual decline with a large drop between 2019/20 to 2020/21, and an increase for females particularly in 2020/21

Caveats

- Health inequality breakdowns are only available for some indicators. Data has been included where available
- The latest available data for health inequalities has been selected which may vary by indicator. Where 2020/21 data shows a different pattern to previous year, additional years of data have also been included.
- The majority of health inequalities breakdown available in Fingertips is currently only available at a national level (though regional data has been included where possible). Whilst this provides a useful insight into the likely patterns within a local area, national data may hide local variations in health inequalities and therefore not provide a true picture
- Where available, LSOA deprivation deciles have been used as these are more sensitive to identifying potential relationships between deprivation and other indicators
- In a previous version of this slide pack, self-harm by deprivation decile was included at country and UA level, in this version LSOA11 deprivation deciles have been used as this level of data is now available and it was felt that county and UA level data previously masked patterns in self-harm
- The ecological fallacy is a term used when data collected at a group level are analysed and the results assumed to apply to relationships at the individual level ([Philip Sedgwick](#))

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Caveats

Section 5

COVID impact on children and young people's mental health (updated Oct'22)

Section overview

Key Messages

COVID impact

Caveats



Section 5 overview (1/3)

So far we have examined the picture of children and young people's mental health in the region prior to the pandemic. This section considers how children and young people's mental health has been (and may continue to be) affected by the pandemic. National data around a number of key areas has been explored to see how this could potentially be applied to the region.

Based on chapter 4 of the mental health surveillance report, a number of areas have been identified as risk factors for mental health issues ([COVID-19 mental health and wellbeing surveillance report](#))

- **Special Educational Needs (and Disabilities) (SEND)** – overall negative impact on behaviour, emotions and mental health
- **Gender** - parents/carers of school aged children reported higher symptoms of behavioural and attentional difficulties for boys but higher levels of emotional difficulties in girls
- **Disadvantaged children and young people** –parents/carers from households with lower annual income reported higher levels of symptoms of behavioural, emotional and attentional difficulties
- **Pre-existing mental health conditions** - Some secondary aged pupils had struggled with pre-existing mental health issues during the lockdown and this continued into the return to school in Autumn 2020
- **Black, Asian and Minority Ethnic (BAME)** - Some evidence suggests that children and young people from Black, Asian and Minority Ethnic (BAME) backgrounds have experienced a higher rate of mental health and wellbeing concerns during the pandemic, but this finding has not been consistent
- **Lesbian, Gay, Bisexual and Transgender (LGBT+)** - A greater proportion of LGBT+ respondents (aged 11 to 18) reported worsening mental health

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COVID impact

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Section 5 overview (2/3)

Section overview

Key messages

COVID impact

Caveats

Additional risk factors for children and young people's mental health and wellbeing identified in the mental health surveillance report include:

- **Family relationships** - For primary school pupils in particular, some children reported a positive affect of lockdown through spending more time with the family
- **Loneliness** - Some evidence suggests increased loneliness amongst children, particularly those without access to the internet. Some pupils found reconnecting with others difficult on the return to school
- **School-related anxiety** - Increased anxiety about catching and spreading COVID, and around school work and exams

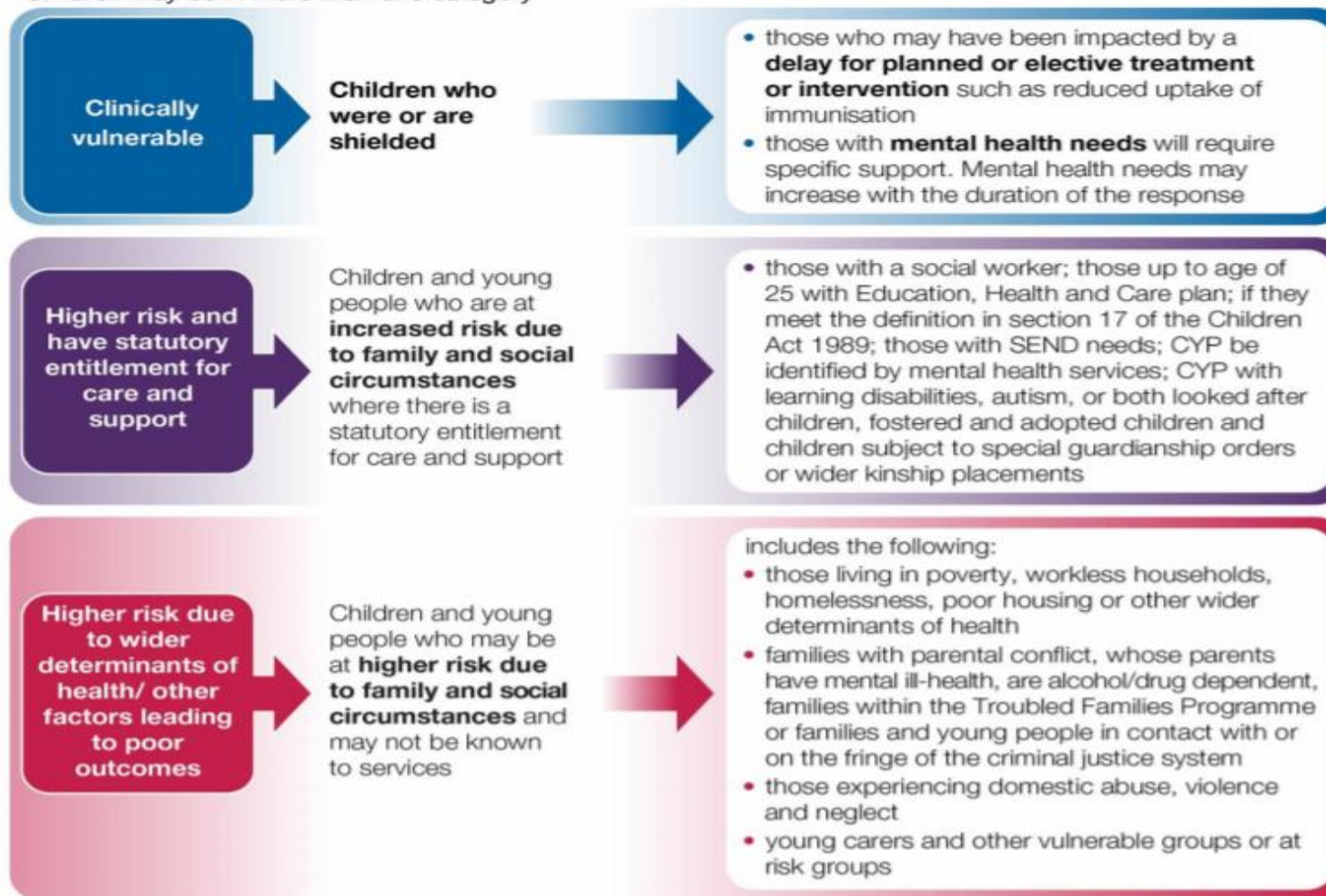
The [State of the nation 2020: children and young people's wellbeing](#) also found that children with special educational needs or a disability, disabled young people, children and young people with disadvantaged family backgrounds and some children from Black, Asian and Minority Ethnic backgrounds reported (or were reported by their parents as) being more anxious than children and young people without these characteristics.

Given the fact that Yorkshire and the Humber is more deprived than many other regions, and the fact that the region was already significantly worse than the England average on a number of factors prior to the pandemic, we could hypothesise that any impact on these areas identified nationally could potentially be worse for the region.

National studies on the impact of COVID on mental health are summarised in Appendix C.

Section 5 overview (3/3)

Children may be in more than one category



Childhood vulnerability and COVID-19: The potential way in which the COVID-19 pandemic may have affected the vulnerability of children can be categorised into 3 groups as shown in this diagram

Key messages: COVID impact on children and young people's mental health

Section overview

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COVID impact

Caveats

- Nationally, a number of population groups have been identified as being disproportionately affected by the COVID pandemic. However the findings between different surveys and studies are sometimes conflicting, and small sample sizes can make it difficult to draw meaningful conclusions about the data
- Children and young people from households with lower annual incomes (< £16,000 p.a.) reported that their children had higher levels of symptoms of behavioural, emotional, and attentional difficulties. It is probable that as a region, Yorkshire and the Humber may experience higher levels of CYP mental health as a result of the pandemic due to the region being one of the more deprived regions in England
- There seems to be some slight gender differences in the way that pandemic has impacts on the mental health of girls and boys
- The impact of the pandemic was felt to be negative overall on children and young people with special educational needs

Impact of the pandemic

Section overview

Key messages

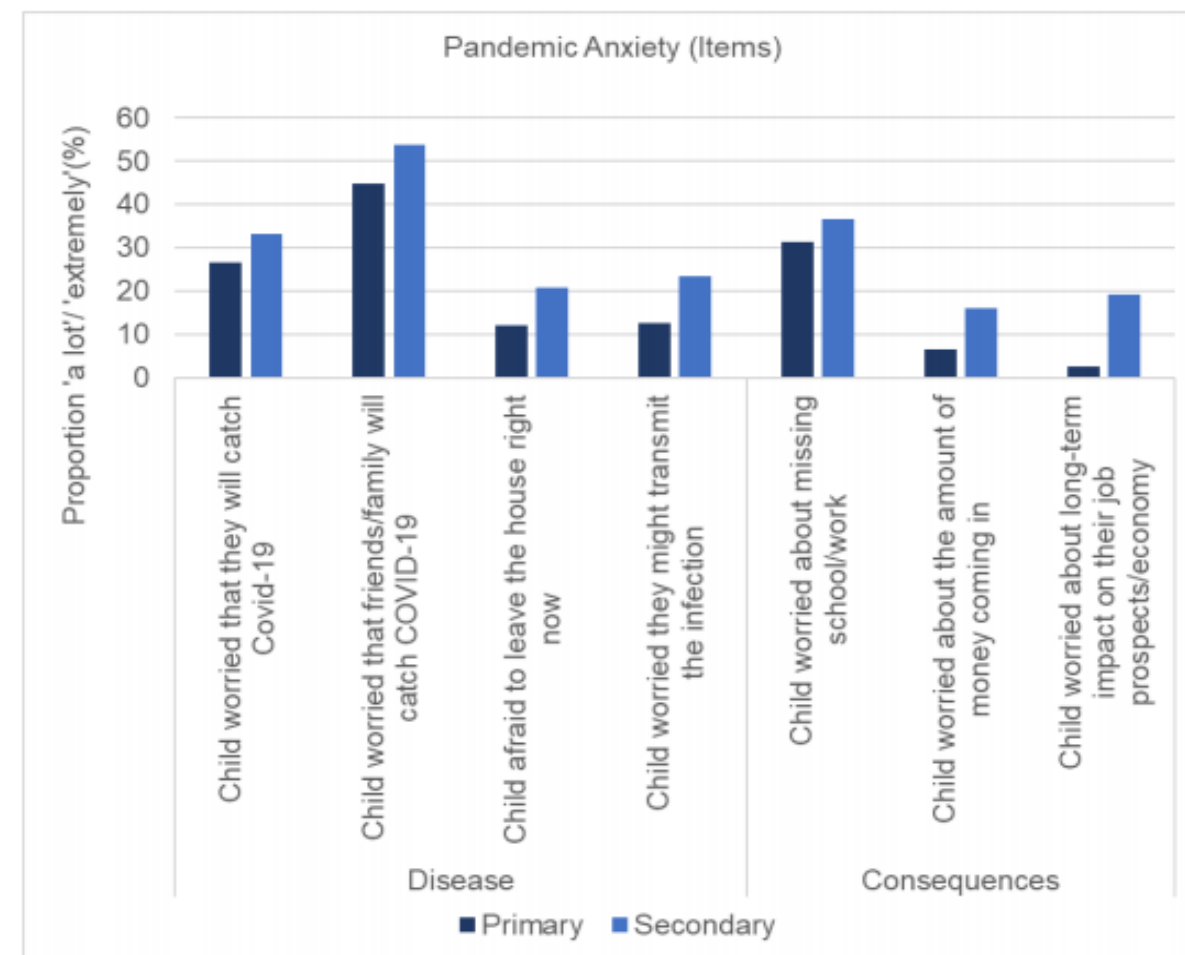
COVID impact

Caveats

Evidence shows that the COVID pandemic has generally had more of a negative impact on children and young people's mental health due to raised anxiety around; catching and/or transmitting the disease, isolation, missing work/school, the financial impact and the impact on their long-term future

The impact seems to be greater for secondary school pupils compared to primary school pupils

Figure 20: Pandemic anxiety, primary and secondary school aged children



End March to end May 2020. Coverage: UK. Source: Co-SPACE.

Wellbeing score for 10-17 year olds

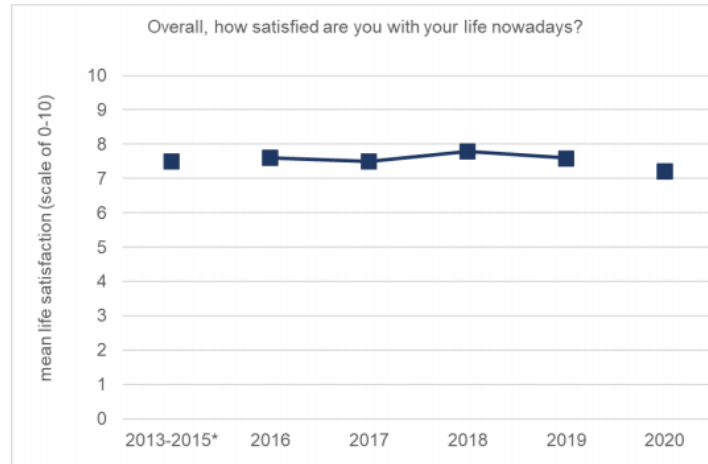
Section overview

Key messages

COVID impact

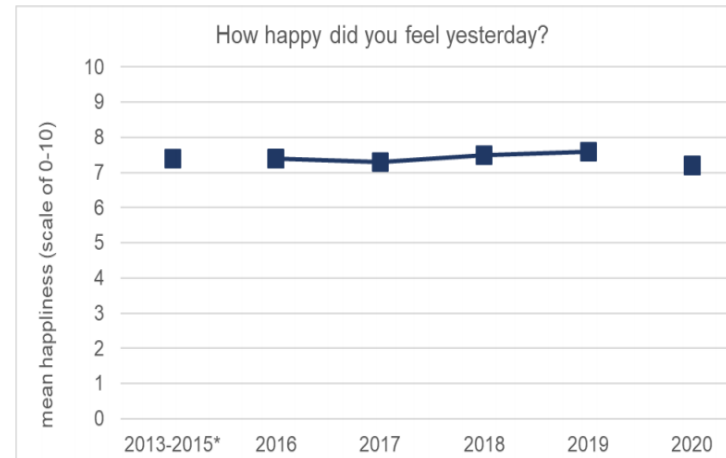
Caveats

Life satisfaction of children and young people aged 10 to 17.



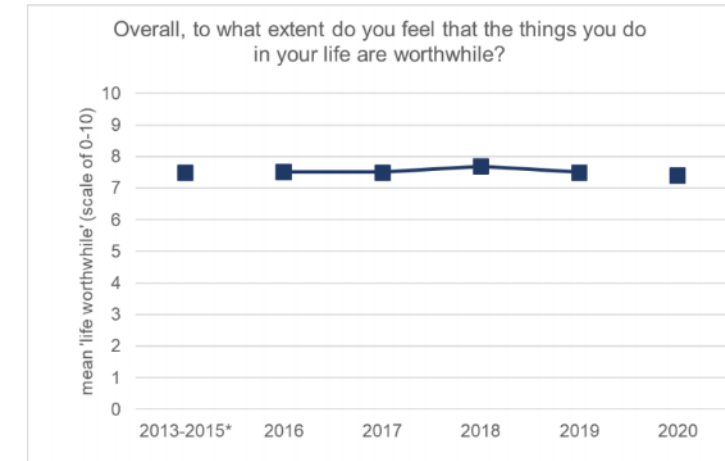
Coverage: 2020 UK, 2013 – 2019 Great Britain, Note: discontinuity in time series, see 'Data sources and methods' annexe for further information. N=2,000. Source: Children's Society

Happiness of children and young people aged 10 to 17.



Coverage: 2020 UK, 2013 – 2019 Great Britain, Note: discontinuity in time series, see 'Data sources and methods' annexe for further information. N=2,000. Source: Children's Society

Things in life are worthwhile, children and young people aged 10 to 17.



Coverage: 2020 UK, 2013 – 2019 Great Britain, Note: discontinuity in time series, see 'Data sources and methods' annexe for further information. N=2,000. Source: Children's Society

Mean life satisfaction, happiness and worthwhile scores for children aged 10-17 decreased slightly in 2020 compared to previous years

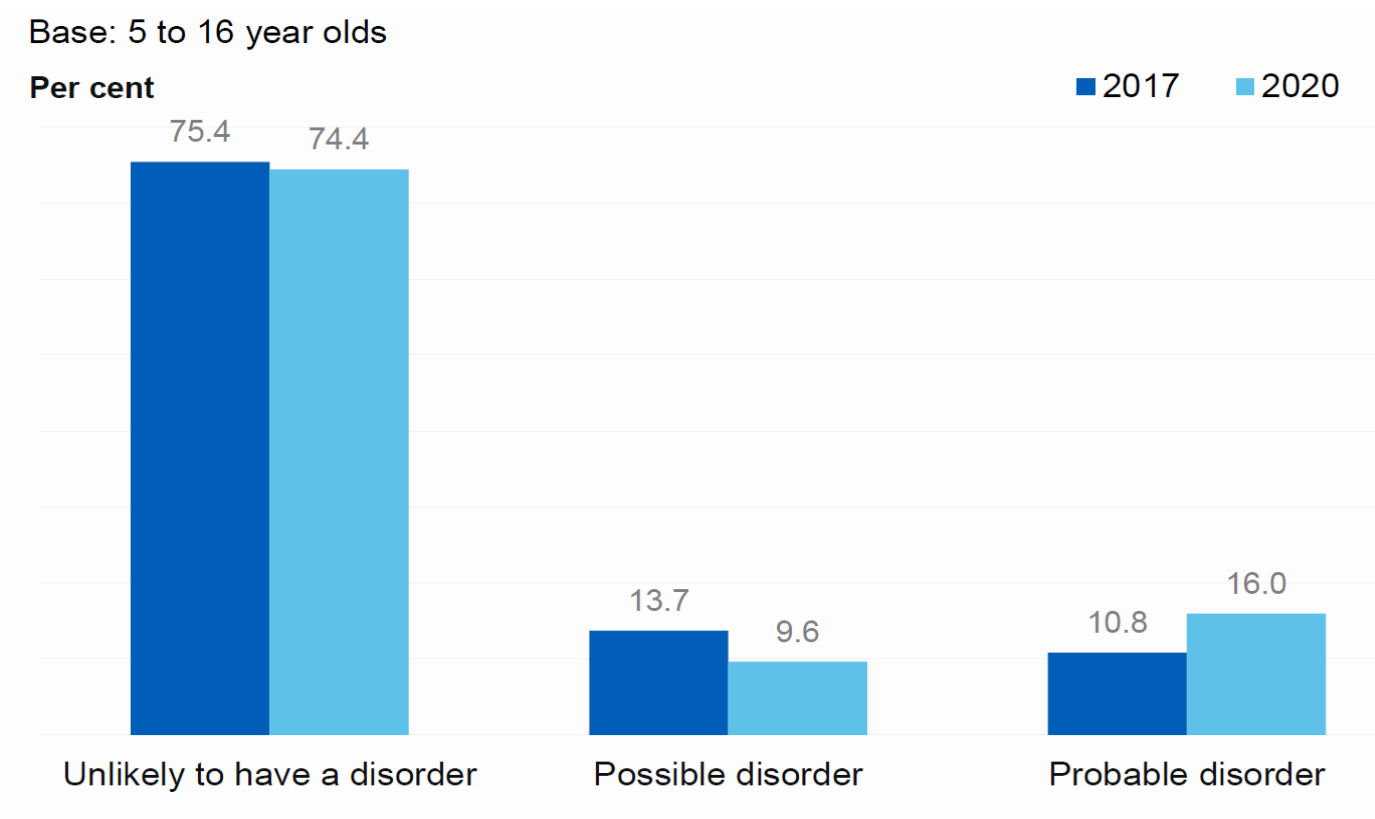
Percentage of children with an unlikely, possible and probable mental disorder, 2017 and 2020

Section overview

Key messages

COVID impact

Caveats



In 2020, one in six (16.0%) in England aged 5-16 were identified as having a probable mental disorder, an increase from one in nine children in 2017

The chart suggests that more children in 2020, previously identified as having a possible disorder, may now be classed as having a probable disorder

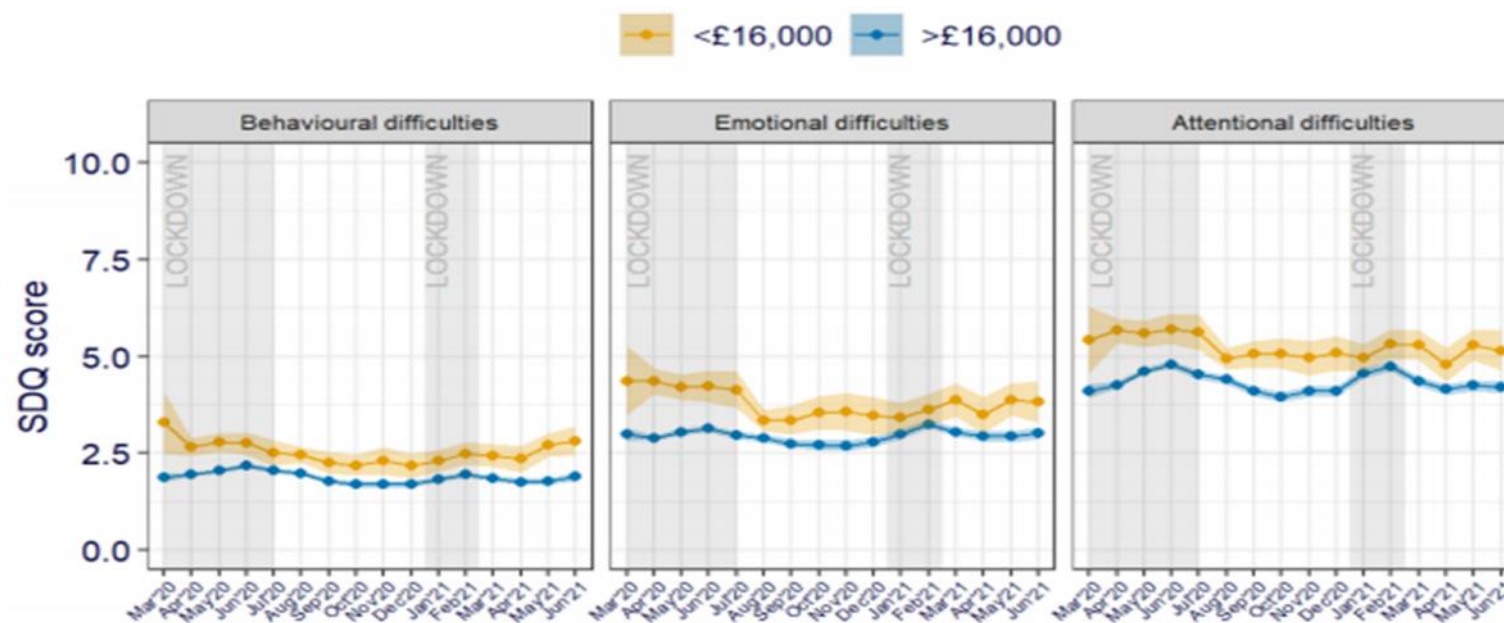
Economic disadvantage

Section overview

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COVID impact

Caveats



SDQ = [Strength and difficulties questionnaire](#). This is a behavioural screening questionnaire for children and adolescents

Throughout the pandemic, parents/carers from households with lower annual incomes (< £16,000 p.a.) reported that their children had higher levels of symptoms of behavioural, emotional, and attentional difficulties than parents/carers from households with higher annual income (> £16,000 p.a.)

Economic disadvantage on family relationships

Section overview

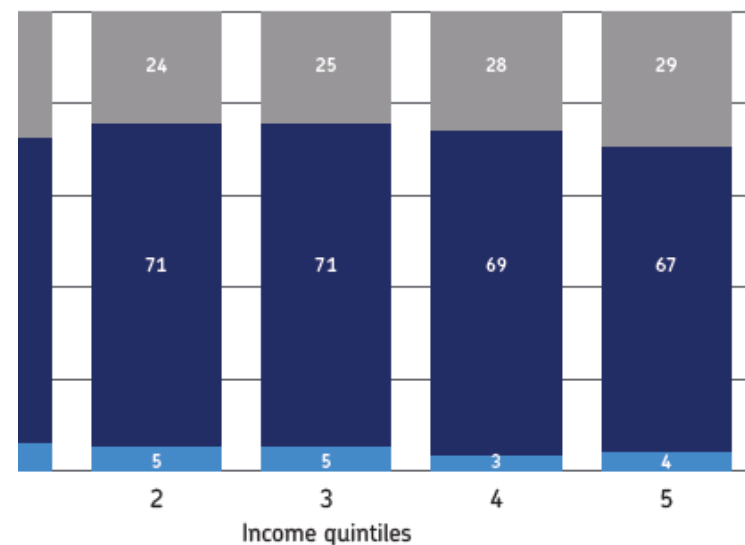
Key messages

COVID impact

Caveats

How have parent-child relationships changed according to income?

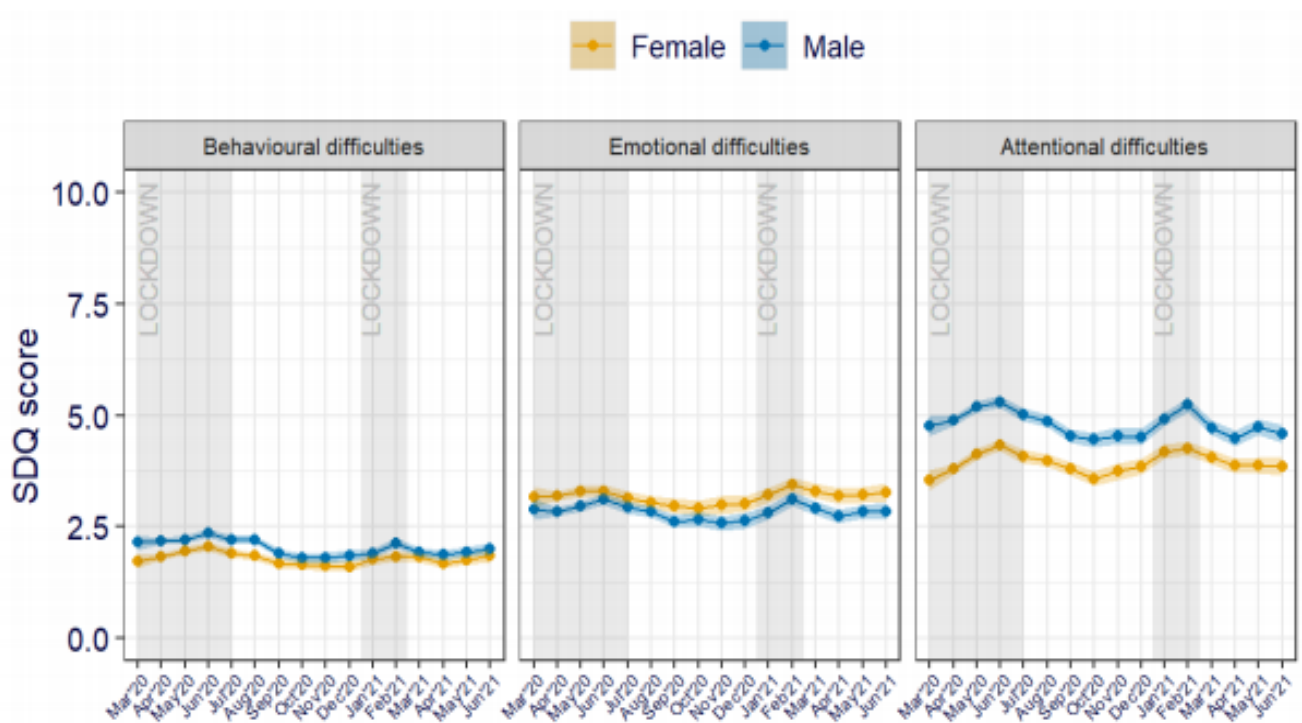
Few differences are observed by income. However, slightly more low income parents reported their relationships became worse, and slightly more high income parents reported their relationships became better



■ better than before ■ about the same ■ worse than before

N=4619

Gender: scores on strengths and difficulties questionnaire



SDQ = [Strength and difficulties questionnaire](#). This is a behavioural screening questionnaire for children and adolescents

- On the strengths and difficulties questionnaire, parents/carers reported higher symptoms of behavioural and attentional difficulties for boys
- However, higher levels of emotional difficulties were reported for girls
- Overall, the patterns of parent/carer reported behavioural, emotional, and attentional difficulties over time were relatively similar for boys and girls

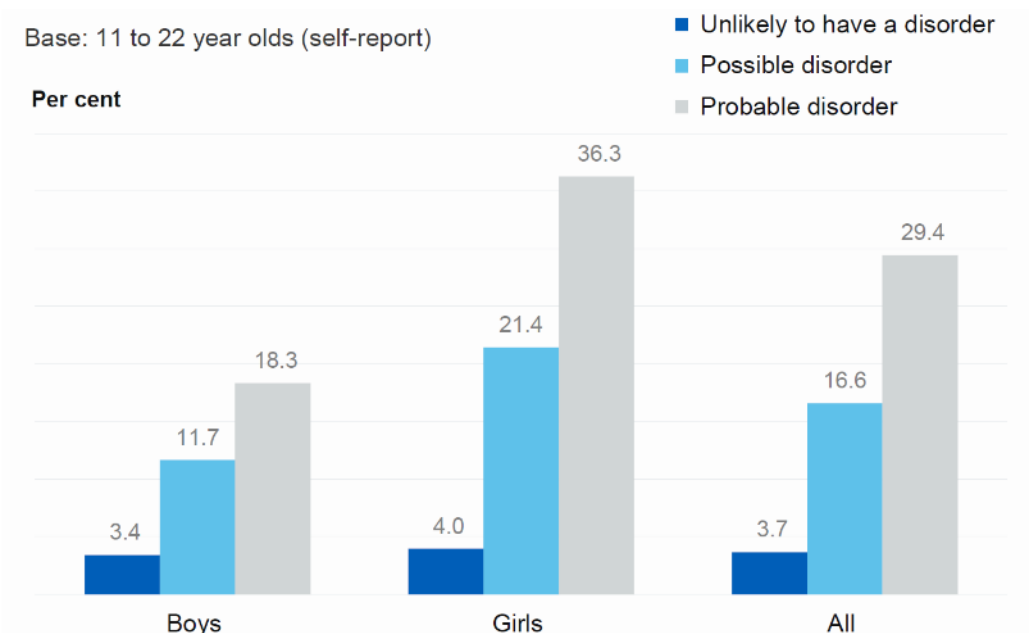
Gender: Loneliness and anxiety, 2020

Section overview

Key messages

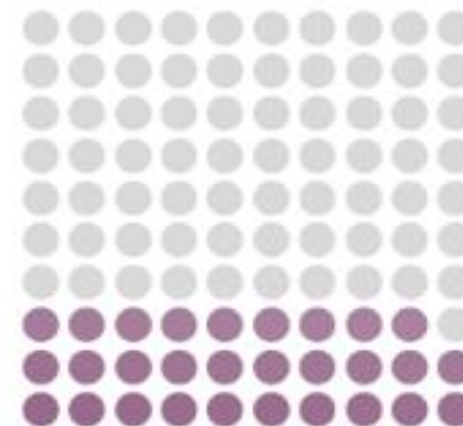
COVID impact

Caveats

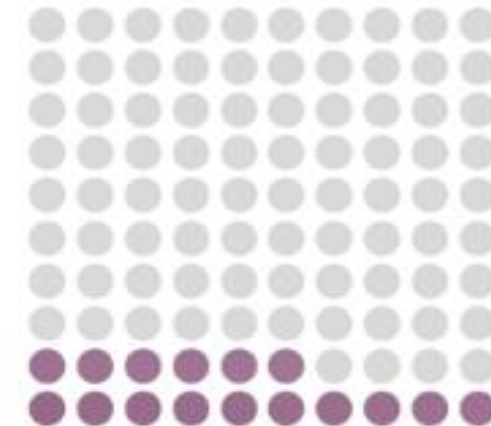


More than a third (36.3%) of girls with a probable mental disorder reported often or always feeling lonely, compared with 18.3% of boys with a probable mental disorder

Nearly one third of female pupils were worried about being back at school (29% of 3,461)



Which is nearly double the percentage of male pupils who were worried (16% of 2,568)



Girls experienced greater anxiety about returning to school and more anxiety while in school. Nearly one third of girls were worried about returning to school, which is almost double the percentage of male pupils

Special Educational Needs (and Disabilities) (SEND)

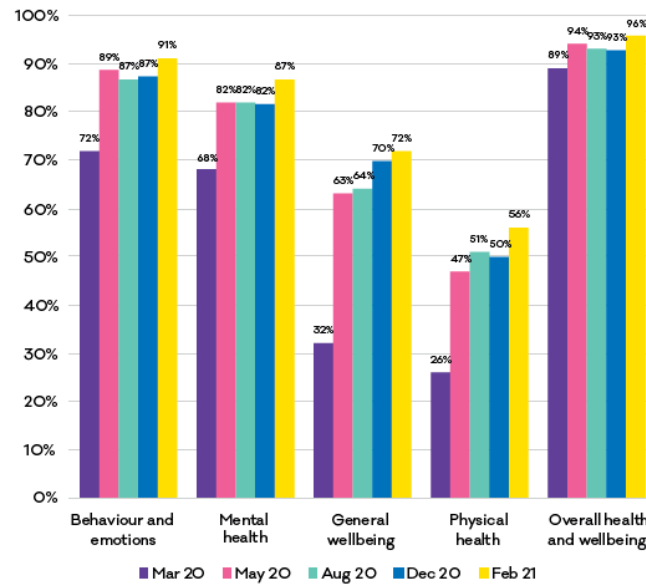
Section overview

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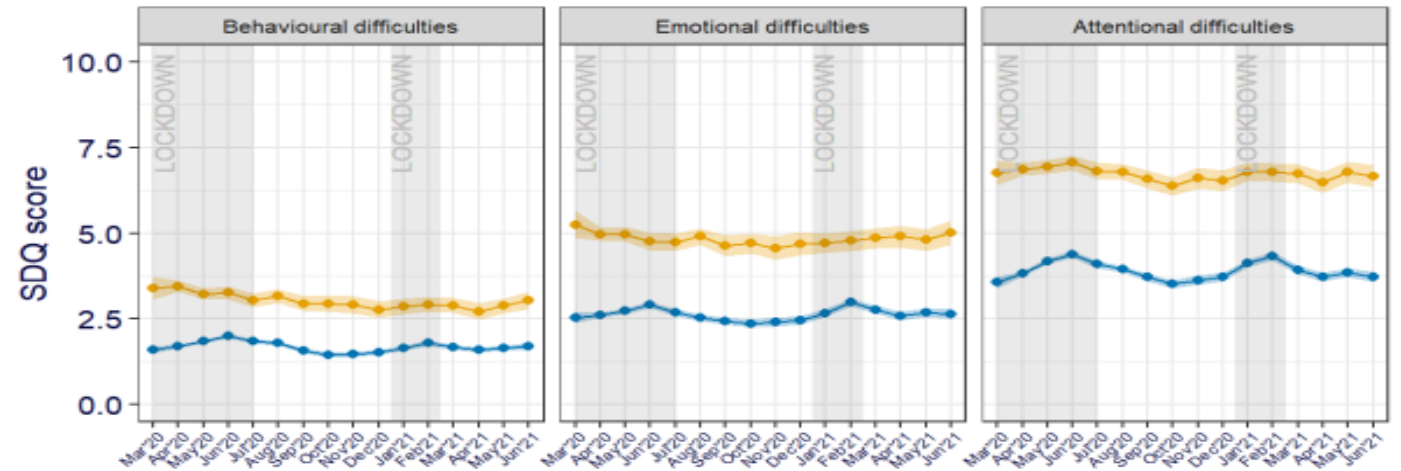
Caveats

Disabled children’s health and wellbeing change over time



96% of families report that the coronavirus pandemic has negatively affected their disabled children’s overall health and wellbeing

SEN/ND No SEN/ND



Surveyed parents of children and young people with Special Educational Needs (SEN) generally reported that their children had more difficulties with emotion, behaviour and attention than surveyed parents of children and young people without SEN

Caveats

Section overview

Key messages

COVID impact

Caveats

- Data collected during the time of the pandemic is available at England level. There are regional breakdowns of some of the data and also age breakdowns, but the data is not available by both region and age. Therefore, although some possible assumptions can be made based on the data available, this may not be an accurate reflection of the true regional picture.
- Survey data is based on a sample of the population and is therefore subject to issues such as response bias.
- Some of the national findings were contradictory (for example some studies found that children and young people from ethnic minority groups were more likely to experience mental health issues than those from a white ethnicity, whereas other studies did not find a difference).
- Currently very little data is available in Fingertips covering the timeframe of the pandemic, therefore at this time, the impact on the mental health of children and young people in Yorkshire and the Humber can only be estimated. However, given that the region is more deprived than other areas, and is already significantly worse on many wider determinants and behavioural risk factors, it is likely that any negative impact experienced nationally, will be exacerbated in Yorkshire and the Humber.

Section 6

Conclusion



Conclusion

- Given that Yorkshire and the Humber is one of the more deprived regions in England and so many factors relating to children and young people's mental health are inextricably linked to deprivation, the negative impact of the pandemic on this region are likely to be greater for children and young people's mental health than elsewhere.
- Transforming children and young people's mental health is a priority throughout this life stage. Children with a persistent mental health problem face unequal chances in life. It is our collective duty to ensure that we take action to promote and protect the mental wellbeing of our children and young people. The work builds on the case that we need a comprehensive evidence-based approach to CYP MH, working across the life-course at all levels of need and focussing on prevention.
- The 2011 mental health strategy, [No Health without Mental Health](#) set out plans to improve mental health outcomes for people of all ages. The foreword stated that: By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.

Section 7

References



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- [Mental Health of Children and Young People in Great Britain. 2004](#)
- [Adult Psychiatric Morbidity in England – 2007](#)
- [Children of the new century: Mental health findings from the Millennium Cohort Study \(2015\)](#)
- [PHE and UCL Institute of Health Equity \(2014\) Local action on health inequalities: Reducing the number of young people not in employment, education or training](#)
- [DfE \(2018\) Mental health and behaviour in schools](#)
- [PHE \(updated 2019\) Mental health and wellbeing: JSNA toolkit](#)
- [PHE \(2020\) No child left behind: understanding and quantifying vulnerability](#)
- [The Mental Health Needs of Young Offenders \(2020\)](#)
- [The Nuffield Trust \(2021\) Teenage pregnancy](#)
- [How to look after your mental health using exercise](#)
- [Children's Commissioner \(2019\) Childhood vulnerability in England](#)
- [Mental health of children and adolescents with learning disabilities in Britain \(2007\)](#)
- [Mental health of children/young people with SEND \(2019\)](#)
- [Children and Young People \(updated 2021\)](#)

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- PHE (2018) [Improved mental health support for children in care](#)
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- [Characteristics of children in need: 2019 to 2020](#)
- [Divorce or separation of parents - the impact on 19 children and adolescents: for parents and carers](#)
- PHE (2020) [Improving health outcomes for vulnerable children and young people](#)
- [Youth homelessness the causes](#)
- LGA (2017) [The Impact of Homelessness on Health: A Guide for Local Authorities](#)
- PHE (2020) [No child left behind A public health informed approach to improving outcomes for vulnerable children](#)
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- [COVID-19 mental health and wellbeing surveillance report](#)
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- Co-Space Study: [Report 10: Children and adolescents' mental health: One year in the pandemic](#) (2021) Understanding Society (2020) [COVID-19 Survey Briefing Note Wave 2: May 2020 Family Relationships; 2020](#)
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- [The Mental Health Strategy for England \(2011\)](#)

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Section 8

Appendices

Appendix A

Appendix B

Appendix C



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2) WD risk and protective factors

3) Identifying need in the region

4) Health inequalities

5) COVID impact

6) Conclusion

7) References

8) Appendices

Appendix A

Contacts

Appendix A Contacts

Appendix A

Appendix B

Appendix C

Local health intelligence contacts:

For any queries or to provide feedback on this data pack, or for any support using and interpreting the Fingertips profiles please contact: LKISNorthEastandYorkshire@phe.gov.uk

National health intelligence contacts:

- National Mental Health Intelligence Network: mhdnin@phe.gov.uk
- Child and Maternal Health Network: Chimat@phe.gov.uk

Please complete the [Feedback Form](#) to provide comments, suggestions and feedback on this slide pack

1) Introduction

2) WD risk and protective factors

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4) Health inequalities

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Appendix B

Data Sources and resources

Appendix B Data sources

Appendix A

Appendix B

Appendix C

- Fingertips: Public Health Profiles: <https://fingertips.phe.org.uk/>
- Fingertips: Children and Young People's Mental Health and Wellbeing: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>
- Fingertips: Child and Maternal Health Profiles: <https://fingertips.phe.org.uk/profile/child-health-profiles>
- NHS Digital: Mental Health of Children and Young People in England, 2020: Data tables: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up/data-sets>
- NHS England Mental Health Dashboard: <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>

Appendix B Resources

- HM Government (2021) [The Best Start for Life: A vision for the 1001 Critical Days](#): *This report sets out six areas for action to improve the health outcomes of all babies in England and is aimed at providing joined up, non-stigmatising care for all families no matter what their background.*
- PHE (2020) [No child left behind: understanding and quantifying vulnerability](#): *This report summarises the extent and nature of vulnerability in childhood associated with factors at individual, family and community levels.*
- PHE (2018) [Healthy Child Programme: School aged years high impact areas](#): *This programme identifies the six high impact areas where services can have significant impact on children, young people and families mental and physical health and improvements for childhood health inequalities.*
- PHE and ADPH (2019) [What Good Looks Like for Public Mental Health](#): *This guide sets out the principles for quality improvement in public mental health outcomes in any defined place.*
- PHE (2014) [Universal approaches to improving children and young people's mental health and wellbeing: report of the findings of a Special Interest Group \(publishing.service.gov.uk\)](#): *This report summarises the evidence of effective universal approaches to improving children and young people's mental health and wellbeing.*
- PHE and Children and Young People's Mental Health Coalition (2015) [Promoting children and young people's emotional health and wellbeing: A whole school and college approach](#): *This guidance outlines the 8 principles of a whole school or college approach to protecting and promoting children and young people's mental health and wellbeing.*
- NHS (2021) [Children's mental health - Every Mind Matters - NHS \(www.nhs.uk\)](#): *The Every Mind Matters campaign empowers children, young people and their parents to take action to improve their health and wellbeing.*
- UKHSA (2021) [CYP Psychological First Aid online course – FutureLearn](#): *Free Psychological First Aid training to support children and young people's mental health during emergencies and crisis situations.*

Appendix A

Appendix B

Appendix C

Appendix C

Summary of Covid-19 studies

The mental health surveillance report

Appendix A

Appendix B

Appendix C

About: The mental health surveillance report was designed to bring together data and evidence about mental health during the time of the pandemic. The report uses data from surveys carried out during the pandemic. [Chapter 4 of the report focuses specifically on the mental health of children and young people during the pandemic](#)

Key findings: there is evidence that the following population groups were disproportionately affected by the pandemic:

- Special Educational Needs (and Disabilities) (SEND)
- Gender
- Disadvantaged children and young people
- Pre-existing mental health conditions
- Black, Asian and Minority Ethnic (BAME)
- Lesbian, Gay, Bisexual and Transgender (LGBT+)

The following risks and experiences were also identified:

- Family relationships
- Loneliness
- School-related anxiety

Research and analysis

4. Children and young people

Updated 29 July 2021


Contents

Introduction

Important findings so far

Weekly tracking data and data on telephone and online support service use

References

 Print this page

Introduction

This is Chapter 4 of the [COVID-19 mental health and wellbeing surveillance report](#). It presents emerging findings from UK studies of the mental health and wellbeing of children and young people (CYP) in relation to the coronavirus (COVID-19) pandemic.

It presents a high-level summary of the best, recent, evidence available about the experience of children and young people of the pandemic as relevant to understanding their mental health and wellbeing. It is based on a range of evidence sources of differing methods and quality. Studies reported include longitudinal data. Some have representative samples, others have convenience samples. Study detail is included with each reference - found at the bottom of the section.

As such many of the findings presented below need to be considered as indicative and not conclusive evidence of impacts at this stage due to these methodological constraints. Nevertheless, they provide an indication of the experiences of children and young people in the recent period and the groups at greater risk of experiencing poor mental health or greater impacts on their mental health.

Details of the method of searching and compiling evidence can be found in the [Methodology document](#).

Note

This chapter presents evidence on reported experiences, reported wellbeing and the reported symptoms of mental health. Any deterioration of mental health captured in studies and self-reported surveys and weekly reporting should not be automatically interpreted as an increase in mental illness or need for mental health services.

Important gaps in publicly available findings so far include:

- changes in children's mental health against a recent pre-COVID-19 baseline
- representative evidence on the experiences and mental health of children and young people from particular sub-groups, such as young lesbian, gay, bisexual, and transgender (LGBT) people
- experiences of important pandemic related risk such as illness or bereavement of close family relatives

Study: Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital

Appendix A

Appendix B

Appendix C

About: This is the first in a series of follow up reports to the Mental Health and Young People Survey (MHCYP) 2017, exploring the mental health of children and young people in July 2020, during the Coronavirus (COVID-19) pandemic and changes since 2017.

Experiences of family life, education and services, and worries and anxieties during the COVID-19 pandemic are also examined



Rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls



The likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder



Among 11 to 16 year old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder



Among those aged 5 to 22 years, 58.9% with a probable mental disorder reported having sleep problems. Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems (69.6%), than those aged 11 to 16 (50.5%) and 5 to 10 (52.5%)



About six in ten (62.6%) children aged 5 to 16 years with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder



Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%), than children unlikely to have a mental disorder (6.4%)



Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively)

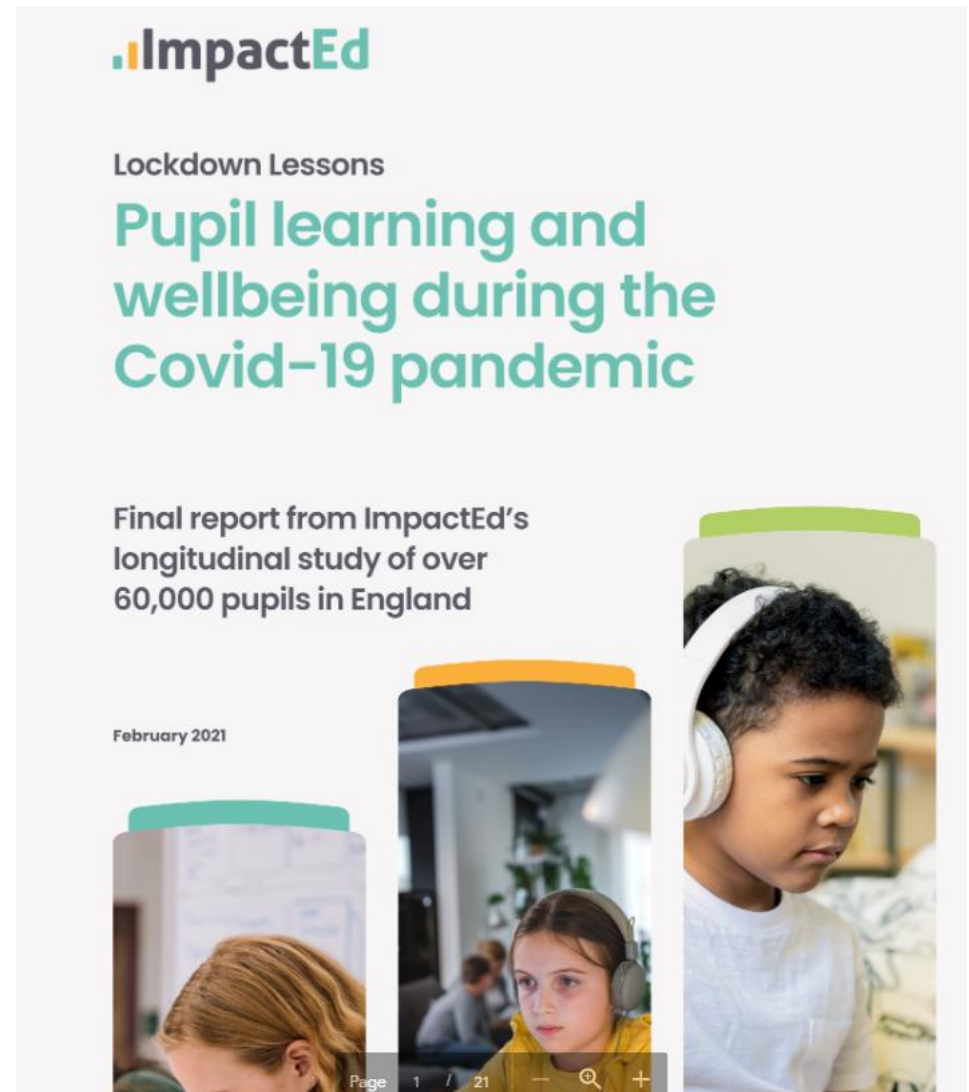
Study: ImpactED – Pupil learning and wellbeing during the Covid-19 pandemic

[Appendix A](#)[Appendix B](#)[Appendix C](#)

About: First report from ImpactED longitudinal study of the learning and wellbeing of over 60,000 pupils in England over an 8 month period. Researching the impact of the pandemic in the UK.

Key Findings:

- 1) During the first period of remote teaching, pupil wellbeing was stable
- 2) During 2020, challenges with remote learning were felt much more strongly by pupils from disadvantaged backgrounds
- 3) Pupils in Year 10 and 11 experienced the greatest challenges with motivation for learning; this did not change when they returned to school after lockdown
- 4) Girls experienced greater anxiety about returning to school and more anxiety while in school
- 5) Schools identified a real risk of 'lost' children: those pupils who had struggled the most during lockdown were not always those previously identified as vulnerable



The Royal College of Paediatric and Child Health's portal on survey reports on COVID-19 and children and young people's views

Appendix A

Appendix B

Appendix C

About: Children and young people are experiencing and feeling the impact of COVID-19 in a number of different ways - from changes to their education to staying home with families, changes to the way health services support them as well as changes to their emotional health and wellbeing.

Across the UK they have been sharing their insights with several charities, organisations and academic institutes about living through lockdown and COVID-19. These valuable, real life experiences need to be viewed alongside scientific and medical data sets, in order to effectively plan for services over the coming months.

Last updated at the January 2021

Completed studies

Study	Location	Age range	Target group	Total responses	Lead organisation
To Lockdown and Back (Growing up Under COVID)	UK (and compared to other countries)	14-18	Young people	40 UK 30 international	ECORYS, University of Huddersfield
COVID-19 and living with HIV	UK	young people	children and young people with experience of living with HIV	31	CHIVA
Cancer and Coronavirus: as tough as it gets	UK		Children and young people	80 young people + 184 parents	CLIC Sargent
Chronic illness and Coronavirus (PDF)	UK		Young people with chronic illness experience	TBC	RAIISE
Child/Young person (living with overweight or obesity) service user survey (PDF)	UK	4-15 (parents/carers) 16-17	Children and young people with obesity experience	21 included due to specialist voice	University of Leeds
Co-SPACE Covid-19: supporting parents, adolescents and children during epidemics	UK	11-16	Parents and young people (parents must complete/consent first)	1300	University of Oxford
CCopeY: Young people's mental					

Study: Mental ill-health at age 17 in the UK: Prevalence of and inequalities in psychological distress, self-harm and attempted suicide UCL

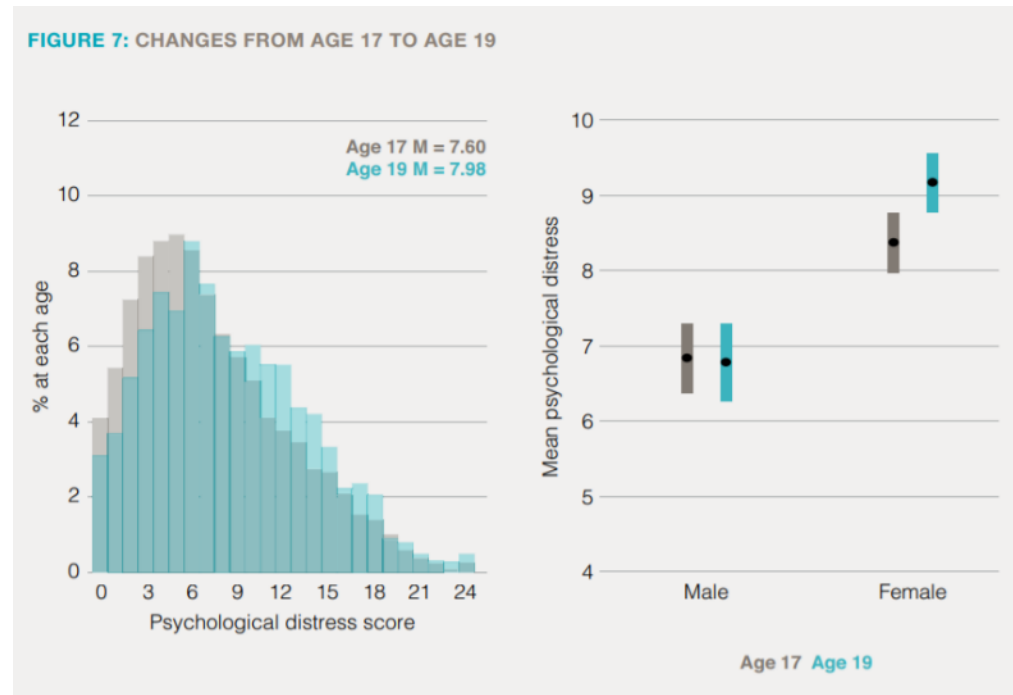
Appendix A

Appendix B

Appendix C

About: This report focuses on mental ill-health at age 17, using data collected in the Millennium Cohort Study (MCS) in 2018-19. Combined with data collected from a subset (2,289 cohort members) of participants during the COVID-19 national lockdown in May 2020, when they were aged 19 the report also presents evidence on changes in psychological distress from ages 17 to 19.

Findings: When we compare change between ages 17 and 19 by sex, we find the prevalence of psychological distress has increased over this period for females but not for males. It is important to note that this change in mental health between ages 17 and 19 will reflect change that may naturally occur at this stage of life, as well as change attributable to the pandemic. However, this finding is consistent with other studies showing that young women are experiencing the largest increase in mental ill-health during the pandemic.



Study: YoungMinds – Mental health impact of the Covid-19 pandemic

About:

- Released a third survey with young people investigating the mental health impact of the Covid-19 coronavirus pandemic showing that many young people with mental health problems are struggling to cope after they returned to secondary school, after months of living through the COVID-19 crisis.
- The survey was carried out with 2,011 young people with a history of mental health problems between Friday 15th September and Wednesday 30th September 2020, shortly after schools had reopened.
- The pandemic has put a huge strain on many young people who were already struggling with their mental health, because of traumatic experiences, social isolation, a loss of routine and a breakdown in formal and informal support. The survey highlighted positives for mental health in the initial return to school, such as seeing friends, having a routine, and seeing their teachers. However, many said that the rapid return to academic pressure, after six months away, was having a negative impact.

Findings:

- 69% of respondents described their mental health as poor now that they are back at school; this has risen from 58% who described their mental health as poor before returning to school.
- 40% of respondents said that there was no school counsellor available to support students in their school
- Only 27% had had a one-to-one conversation with a teacher or another member of staff in which they were asked about their wellbeing, by the time they completed the survey.
- Almost a quarter of respondents (23%) said that there was less mental health support in their school than before the pandemic, while only 9% agreed that there was more mental health support.

[Appendix A](#)[Appendix B](#)[Appendix C](#)

Study: Co-SPACE study - University of Oxford

Appendix A

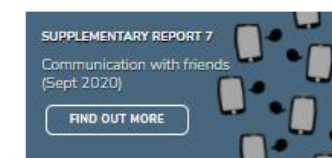
Appendix B

Appendix C

About: The Co-SPACE project is tracking the mental health of school-aged children and young people aged 4-16 years (at the beginning of the study) throughout the COVID-19 crisis. An online survey is sent out and completed on a monthly basis by parents/carers and young people (if aged 11-16 years at baseline) throughout the pandemic. The findings will help identify what protects children and young people from deteriorating mental health over time, and at particular stress points. Findings are being shared directly with health and education services to inform the development and provision of effective support for children and families.

Findings: There are numerous reports available using the above link for the findings of each.

<https://cospaceoxford.org/findings/>



Report: State of the nation 2020: children and young people's wellbeing. A report on wellbeing in children and young people in 2020

Appendix A

About:

This report collates published evidence on the wellbeing in children and young people over the period of March to August 2020, including: statistics on the personal wellbeing of children and young people in England and the UK, a wider set of indicators on their: relationships, health, education and skills, personal finance, activities, where they live and an in-depth analysis of psychological wellbeing in teenage girls.

Appendix B

Appendix C

Findings:

- Children and young people's overall levels of happiness do not seem to have been greatly affected, average reductions in life satisfaction were small and there has been no change in some objective measures of psychological wellbeing.
- Some measures of children and young people's subjective wellbeing have worsened slightly on average compared with previous years, notably overall life satisfaction, while feelings of anxiousness among older young people may have increased.
- There are indications that children and young people with particular characteristics may have experienced lower subjective wellbeing, for example disabled children and young people, children and young people from disadvantaged backgrounds and some children from Black, Asian and Minority Ethnic backgrounds.
- There are early indications that children's self-reported and parental reported mental health and wellbeing had declined during the spring and summer months. Behaviour and restlessness or attention difficulties were noted to have increased during these months for children and young people, while older young people have reported a general deterioration in their psychological wellbeing. It is too early to know how lasting these changes might be and it may be some time before any specific effect of the pandemic is understood in relation to longer term decreases in mental health and wellbeing amongst young people.

Children's Commissioner State of children's mental health services 2020/21 report

[Appendix A](#)

[Appendix B](#)

[Appendix C](#)

About and findings:

The report finds that while there has been an expansion of children's mental health services over the past four years, such was the poor starting point that services are still nowhere near meeting the needs of many hundreds of thousands of children. A large study, undertaken by the NHS in July 2020, found that clinically significant mental health conditions amongst children had risen by 50% compared to three years earlier. 1 in 6 children now have a probable mental health condition. We do not know how far this spike will have long term consequences on children's mental health, nor do we know the impact of further lockdowns, but it is highly likely that the level of underlying mental health problems will remain significantly higher as a result of the pandemic. There has already been a spike in referrals to NHS services during Autumn 2020.

Key statistics

1 in 9

children aged 5-19 had a probable mental health disorder in 2017

1 in 6

children aged 5-19 had a probable mental health disorder in 2020

35%

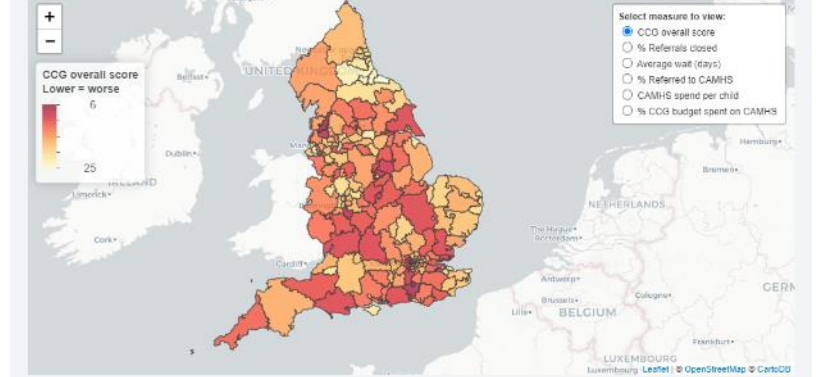
increase in referrals to children's mental health services in 2019/20

4%

increase in the number of children receiving support from the NHS in 2019/20

NHS Clinical Commissioning Group maps

Hover over an area to display more information, scroll up and down to zoom.



[View local area maps](#) presenting 2019/20 CCG performance on five key indicators used to assess children's mental health services (CYPMHS) provision.

Study: COVID-19 Psychological Research Consortium (C19PRC): Study on the impact of Covid-19 on young people aged 13-24 in the UK- preliminary findings by C19PRC

Appendix A

Appendix B

Appendix C

About: This is an axillary study that is being run as part of the Covid-19 psychological research consortium, which is currently looking at the impact of COVID-19 on the well-being of adults in the UK (Sample -2,000 UK citizens, stratified by age, sex and household income). However, it was felt to be important to also understand the consequences of this pandemic on the mental, physical and social well-being of young people.

Aims and Objectives. Understanding adolescents' responses to the Covid-19 pandemic crisis in 2020: psychological, mental health and social consequences.

Sample: 2,002 young people aged 13-24. Data collected April 2020.

Findings:

- The coronavirus outbreak has caused a significant increase in anxiety in young people, who are worried about their family members. Overall, young people are enjoying spending time with their family.
- A large proportion of respondents felt significantly more anxious (40-50%, greater numbers in older age groups) and worried about their parents/family (50-60%, again greater numbers in older age groups)
- Almost 30% of 13-15 year olds enjoyed being at home, and this dropped to around 20-25% in older age groups
- Notably, however, as age increased, a greater proportion of people did not enjoy being at home at all (10-15%). Only 5% of younger teens did not enjoy being at home at all
- Across all age groups, 30-40% enjoyed spending time with their parents(s)/caregiver(s)
- It is also worth noting that there is a significant proportion of respondents who reported that nothing had changed as a result of the current pandemic (30-40%).