

Children and Young People's

# Mental Health and Emotional Wellbeing Needs Assessment

2020/21

# South Gloucestershire Council Children and Young People’s Mental Health & Emotional Wellbeing Needs Assessment 2020/21

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## Chapter 1: Introduction

We all have mental health.

At its simplest, good mental health is the absence of a mental disorder or mental health problem. Adults, children, and young people with good mental health are likely to have high levels of mental wellbeing.

The World Health Organisation defines wellbeing as:

*'a state of mind in which an individual is able to realise his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.'*

The Foresight Report (2008) describes wellbeing as<sup>1</sup>:

*'a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.'*

So, wellbeing is how we respond to life's ups and downs. It includes how a person thinks, handles emotion (emotional wellbeing) and acts.<sup>2</sup> There are many traits within our personality and, which are skills that we can learn, that we can support children and young people to develop to ensure emotional wellbeing.

### The difference between mental health and emotional wellbeing

Good emotional wellbeing is closely linked to good mental health but they are not quite the same thing. Someone who has been diagnosed with a mental health disorder can achieve emotional wellbeing some of the time but is likely to experience lower emotional wellbeing compared to someone without a diagnosed disorder. Likewise, someone who has neither mental nor physical illnesses could have a poor state of emotional wellbeing.

The role of supporting individuals to improve their emotional wellbeing can help prevent the development of mental health problems, particularly depression and anxiety. And in those with existing mental health disorders supporting emotional wellbeing can lead to improved recovery and health outcomes.

It is even more critical that we promote the emotional wellbeing of children and young people at a time where they are developing their sense of self and identity, building the strong foundations to lead happy and healthy lives as adults.

Mental health and emotional wellbeing are strongly influenced not only by our individual attributes, such as age, personality, gender, or genetics, but also by the circumstances in which we find ourselves, such as life events and adverse childhood experiences, and the social, economic and physical environment in which we live.

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<sup>1</sup>The Foresight Report 2008: Mental Capital and Wellbeing [Mental capital and wellbeing: making the most of ourselves in the 21st century - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142222/Mental-capital-and-wellbeing-making-the-most-of-ourselves-in-the-21st-century-GOV.UK.pdf)

<sup>2</sup> [What Is Mental Wellbeing? Definition and Examples | HealthyPlace](https://www.healthypurpose.org/what-is-mental-wellbeing-definition-and-examples/)

## The burden of Mental Health problems

In the UK, 1 in 4 people experience mental health problems each year.<sup>3</sup> Mental ill health is the second largest source of burden of disease in England and mental health disorders are more common, long-lasting, and impactful than other health conditions.<sup>4</sup> The total cost of mental ill health in England is estimated at £105 billion per year.

There is a spectrum of severity of mental health problems from mild and functional through to debilitating and at risk to self or others. 70-75% of people with a diagnosable mental health disorder receive no treatment at all.<sup>5,6</sup>

Around half of all mental health problems start by the mid-teens, and three-quarters by the mid-20s, although treatment typically does not start until several years later.<sup>7</sup>

The most recent survey, the Mental Health of Children and Young People in England 2017, found that 12.5% of 5 to 19 year olds had at least one mental disorder when assessed (2017), and 5% met the criteria for 2 or more mental disorders.<sup>8</sup> This national survey applied rigorous, detailed, and consistent methods to assess for a range of different types of disorders according to the International Classification of Diseases (ICD-10) diagnostic criteria and allows for comparisons over time. Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%)

2017	1 mental disorder	2 or more mental disorders
Prevalence of mental disorders in 5 to 19 year olds	12.5%	5%

There also appears to be a gradual increase over time in the prevalence of mental disorders in 5 to 15 year olds, rising from 9.7% (1999) to 10.1% (2004) to 11.2% (2017).

	1999	2004	2017
Prevalence of mental disorders in 5 to 15 year olds	9.7%	10.1%	11.2%

<sup>3</sup> Mental Health Taskforce NE. The Five Year Forward View for Mental Health. 2016 [cited 2017 May 23]; Available from: [england.nhs.uk](http://england.nhs.uk)

<sup>4</sup> Public Health England. Health profile for England: 2019 [Internet]. 2019. Available from: [gov.uk](http://gov.uk)

<sup>5</sup> Alonso J, Liu Z, Evans-Lacko S, Sadikova E, Sampson N, Chatterji S, et al. Treatment gap for anxiety disorders is global: Results of the World Mental Health Surveys in 21 countries. *Depress Anxiety* [Internet]. 2018 Mar [cited 2018 Jun 26];35(3):195–208. Available from: [ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov)

<sup>6</sup> Evans-Lacko S, Aguilar-Gaxiola S, Al-Hamzawi A, Alonso J, Benjet C, Bruffaerts R, et al. Socio-economic variations in the mental health treatment gap for people with anxiety, mood, and substance use disorders: results from the WHO World Mental Health (WMH) surveys. *Psychol Med* [Internet]. 2017 [cited 2018 Jun 26];1–12. Available from: [kclpure.kcl.ac.uk](http://kclpure.kcl.ac.uk)

<sup>7</sup> Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. 'Age of onset of mental disorders: a review of recent literature' *Current Opinion Psychiatry* (2007) 20 (4): 359-64

<sup>8</sup> [Mental Health of Children and Young People in England, 2017 \[PAS\] - NHS Digital](#)

### The role of this Needs Assessment

South Gloucestershire Council undertakes a comprehensive needs assessment to assess the local situation of children and young people's (CYP) mental health and emotional wellbeing. The previous needs assessment on this topic was published in 2016 and helped develop the 2016 – 2021 strategy.

This needs assessment collates existing data and evidence with the experiences and views of CYP, their parents and carers, and the professionals who work with them. This will directly feed into the development of a new strategy to be published by the end of 2021.

## Chapter 2: Aims & Objectives

This CYP Mental Health and Emotional Wellbeing Needs Assessment (MHNA) aims to better understand the social, economic, environmental, and other factors that influence the risk factors and protective factors of mental health and wellbeing for CYP, and their families; to identify gaps in current prevention programmes and service provision; and to make recommendations for change that meet the needs of CYP in South Gloucestershire.

There are six overall objectives of this needs assessment:

1. Describe the prevalence of risk factors and protective factors for CYP's mental health and emotional wellbeing in South Gloucestershire.
2. Describe the current and future demographics of CYP in South Gloucestershire, including an estimation of the current and future prevalence of mental health problems in this population.
3. Describe both current and projected future needs of CYP to improve emotional wellbeing and support those who are at risk of developing or have existing mental health problems in South Gloucestershire. This includes consultation with CYP to understand their views, needs and aspirations.
4. Map currently available support services against the needs of those who use them, identifying gaps and unmet needs to inform recommendations for change. This includes consultation with partner organisations.
5. Describe the wider determinants of CYP's mental health and emotional wellbeing and consider appropriate strategies to improve these.
6. Ensure that inequalities of CYP and their families are considered throughout the needs assessment.



## Chapter 3: Strategic Context

### 3.1 National Strategic Context

Mental health of CYP is receiving the increasing recognition in recent years. There have been several government publications in the last few years that describe a range of policies, strategies, and national guidance. The following are key documents, in chronological order, that summarise the landscape since the last needs assessment was conducted.

- [Future in mind - Promoting, protecting, and improving our children and young people's mental health and wellbeing](#) (2015) A multi-departmental government report by CYP Mental Health and Wellbeing Taskforce identifying the following key themes:
  - Promoting resilience, prevention, and early intervention
  - Improving access to effective support – a system without tiers
  - Care for the most vulnerable
  - Accountability and transparency
  - Developing the taskforce
- NHS England » The Five Year Forward View for Mental Health (FYFVMH) (February 2016); an independent report of the Mental Health Taskforce that sets out the start of a ten year journey for the transformation of all (not CYP specific) mental health services.
- [Transforming children and young people's mental health provision: a green paper](#) (July 2018) The three core proposals are:
  - To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
  - To fund new Mental Health Support Teams, which will be supervised by NHS CYP's mental health staff.
  - To pilot a four week waiting time for access to specialist NHS CYP's mental health services.
- [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#) (July 2019) relates to the long term plan, and provides details of a new framework to help achieve the mental health specific commitments. For example, the plan for CYP services is by 2023/24:
  - 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21).
  - There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
  - The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained.
  - There will be 100% coverage of 24/7 mental health crisis care provision for CYP which combines crisis assessment, brief response, and intensive home treatment functions [see also Mental Health Crisis Care and Liaison]
  - CYP mental health plans will align with those for CYP with learning disability, autism, special educational needs, and disability (SEND), CYP's services, and health and justice

- [NHS Long Term Plan » Children and young people’s mental health services](#) (August 2019) Chapter 3.2 in the NHS Long Term Plan builds on The Five Year Forward view to make a new commitment that funding for CYP MH services will grow faster than overall NHS funding and total mental health spending focusing on:
  - Expanding access to community-based mental health services for CYP via NHS or school or college-based Mental Health Support Teams
  - Boost investment in CYP eating disorder services
  - Expanding CYP age-appropriate crisis services
  - Embedding mental health support in schools and colleges
  - A new approach to young adult MH services for people aged 18-25 to support the transition to adulthood.



Source: NHS Long Term Plan

- [NHS England » New mental health support in schools and colleges and faster access to NHS care](#) (August 2019) Two main programme commitments from the NHS Long Term Plan to improve mental health support in schools and colleges include:
  - Mental Health Support Teams – delivered jointly with the DfE, piloted in 25 ‘trailblazer areas’ in Dec 2018 with further 57 sites confirmed in July 2019
  - Trialling a four-week waiting time for specialist NHS CYP MH services
- [‘Feeling heard’: partner agencies working together to make a difference for children with mental ill health](#) (December 2020) A summary of findings from the government’s joint targeted area inspections (JTAs) of how multi-agency partnerships identify and respond to children with mental ill health.

### 3.2 Local Strategic context

The outgoing South Gloucestershire [CYP Mental Health Strategy 2016 – 2021](#) responds to the recommendations outlined in the previous [Mental Health Needs Assessment](#), completed in March 2016. It sits in parallel with the South Gloucestershire [Adult Mental Health Strategy 2017 – 2022](#). The South Gloucestershire Joint Strategic Needs Assessment includes a chapter on [CYP mental health](#) but this pre-dates the 2016 needs assessment.

Other more recent South Gloucestershire plans and strategies with relevance to CYP mental health and wellbeing include:

The Joint Health and Wellbeing Board Strategy 2021-2025, due for publication later in 2021, sets out the strategic direction and function of the Board to work towards reducing inequalities and has four core area of action, the first two of which are most relevant to this needs assessment:

1. Improve educational attainment of CYP, and promote their wellbeing and aspirations.
2. Promote and enable positive mental health and wellbeing for all.
3. Promote and enable good nutrition, physical activity, and a healthy weight for all.
4. Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease.

The [Council Plan 2020 – 2024](#), published in November 2020, identifies as one of its top priorities, 'Creating the best start in life for our CYP'. This includes achieving positive mental health and wellbeing as one of its [6 action plans](#):

1. We will raise educational outcomes
2. We will ensure that CYP are supported in their early years
3. We will work to eliminate child poverty across South Gloucestershire
4. We will support all CYP to achieve positive mental health and wellbeing
5. We will provide appropriate support to facilitate choices for children with a learning difficulty
6. We will provide the best support possible to those CYP we are responsible for in care, as they leave care and beyond as they begin independent lives

The South Gloucestershire [Early Help Partnership Strategy 2019 – 2024](#) was published in May 2019. Early help means getting timely and effective support to children, young people and families who need it. It aims to enable children to flourish and to enhance long term outcomes and life chances. Early Help refers both to help in the critical years of a child's life (including pre-birth and pregnancy) and also to responding as soon as possible, at any age, through childhood and adolescence when difficulties emerge. The Early Help offer promotes wellbeing and is key to prevention of mental ill health in the general population and there are clear overlaps between those children who are at need of Early Help interventions at any age and risk factors for mental ill health.

The [South Gloucestershire Children's Partnership](#) formally replaced the South Gloucestershire Safeguarding Children Board in September 2019 as the new statutory body for children with social care needs. It adopts the practice model "Safe, Connected, Thriving" which uses a strength-based relationship model of practice, using the Signs of Safety approach.

The South Gloucestershire [Strategy for CYP 0-25 year olds with Special Educational Needs and Disabilities \(SEND\) 2018 – 2023](#) sets a vision that enables 'children with SEND to achieve their potential and aspirations in a caring and supportive community.'

Other relevant local strategies include:

- Child Poverty [Needs assessment](#) (December 2015)
- [Carers strategy 2017 – 2020](#)

In addition, South Gloucestershire is part of the Bristol, South Gloucestershire, and North Somerset (BNSSG) Healthier Together Integrated Care System (ICS) which has the following governance structures or teams in place:

- Mental Health Support Teams
- BNSSG MH Programme Board
- CYP and Families Program Board
- Children, Families and Maternity Outcomes Framework
- Trauma subgroup and Adverse Childhood Experiences (ACE) Health Integration Team (HIT)

### 3.3 The impact of COVID-19 on CYP mental health and wellbeing

In 2020/21, there has been significant concern about the impact the coronavirus (Covid-19) pandemic on the mental health and emotional wellbeing of CYP.

Early evidence from March to September 2020, suggests many CYP have coped well and life satisfaction has only slightly reduced and happiness remains relatively stable.<sup>9</sup> However, certain population groups appear to be disproportionately affected. These include those with pre-existing mental health needs, children in care or those who are financially disadvantaged, young people with special educational needs or disabilities (SEND) and those from Black, Asian and Minority Ethnic (BAME) backgrounds.<sup>3</sup> Female secondary school pupils are more inclined to hide and deflect their concerns in the context of school.<sup>10</sup>

There were also reports of escalating risks of domestic violence and abuse during lockdown(s) which would result in significant negative impact on CYP's emotional wellbeing living in these environments. ONS data in November 2020 shows a gradual increase (7% up from previous period in 2019) in domestic abuse offences recorded by the police on the back of a trend of increased reporting over a few years.<sup>11</sup>

There has been specific government guidance and national bodies' reports published relating to this:

- [Guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus \(COVID-19\) pandemic](#) (October 2020)
- [COVID-19: Mental Health and Wellbeing Surveillance Report - Chapter 7. Children and young people](#) (February 2021) A summary report presents emerging findings from UK studies of the mental health and wellbeing of CYP in relation to the coronavirus (COVID-19) pandemic.
- [Build Back Fairer, COVID-19 Marmot Report](#) (December 2020) One of the short-term recommendations from this report is to 'urgently address CYP's mental health with a much-strengthened focus in schools and training more teachers in mental first aid.'
- [The Prince's Trust TESCO Youth Index 2021 report](#) (Jan 2021) A survey of 2,180 16 to 25 year olds in Nov/Dec 2020 warns of 'devastating toll' on young people's mental wellbeing as a result of the panic with one in four young people admitting to feeling 'unable to cope with life' since the start of the pandemic, rising to 40% of those not in work, education, or training (NEETs). 50% of survey respondents say their mental health has worsened since the pandemic started.

The UCL Covid-19 Social Study reports the psychological and social experiences of adults living in the UK during the Covid-19 pandemic. Across most indicators, adults who live with children (proxy for parents/carers) report similar results to comparison groups except for levels of anxiety and stress related to Covid-19 where they appeared to be worse, especially at the beginning of the first lockdown.<sup>12</sup>

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<sup>9</sup> [7. Children and young people - GOV.UK \(www.gov.uk\)](#)

<sup>10</sup> [Tracking and Mitigating the Psychological Impact of Lockdown on Y7-13 Pupils 10.01.2021.pdf \(steer.global\)](#)

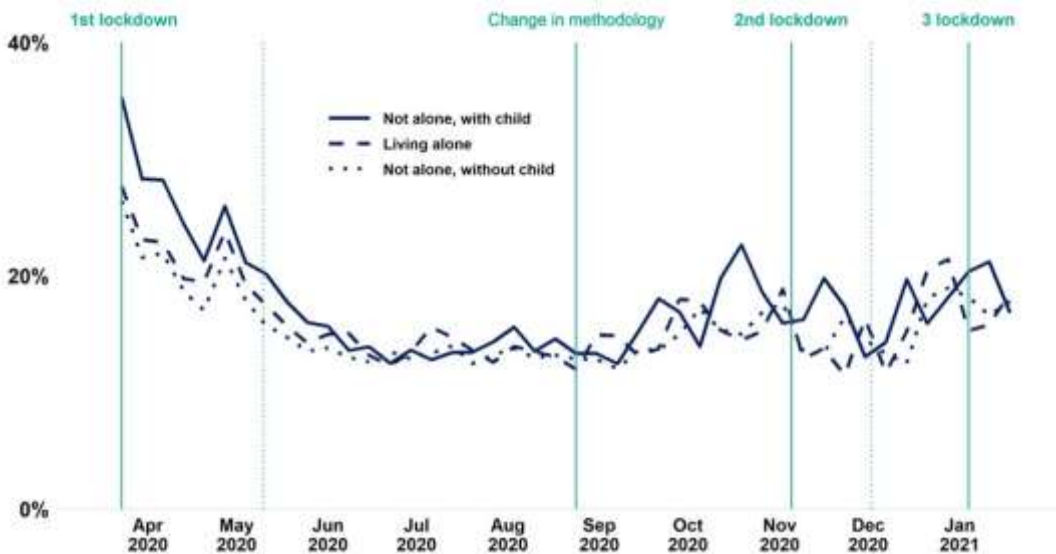
<sup>11</sup> [Domestic abuse during the coronavirus \(COVID-19\) pandemic, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>12</sup> The UCL Covid-19 Social Study [www.covidsocialstudy.org](http://www.covidsocialstudy.org)

## Major stress: COVID-19

UCL COVID-19 Social Study. Panel of 20,000 to 70,000 adults weighted to the national population. Data provided by UCL and used with permission (% reporting).

Dotted vertical lines indicating lockdown easing.

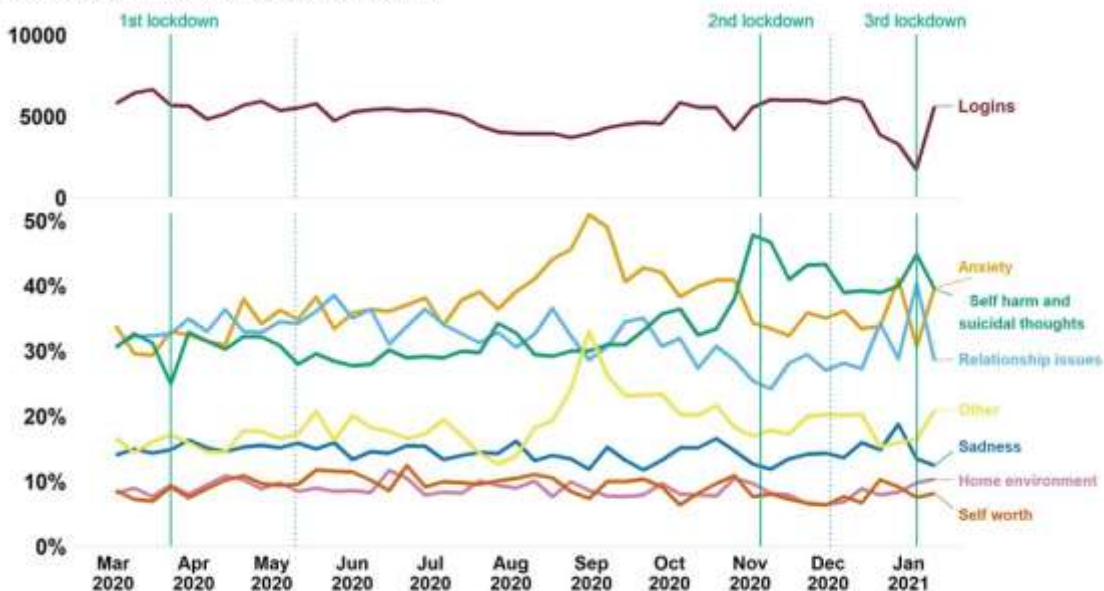


Source: UCL Covid-19 Social Study

The following national data from Kooth PLC and Young Minds shows the trends in service use during the three Covid-19 lockdown periods. Both services saw a significant drop off in contacts over the Christmas and New Year period which is likely to occur every year.

## Kooth PLC "Kooth"

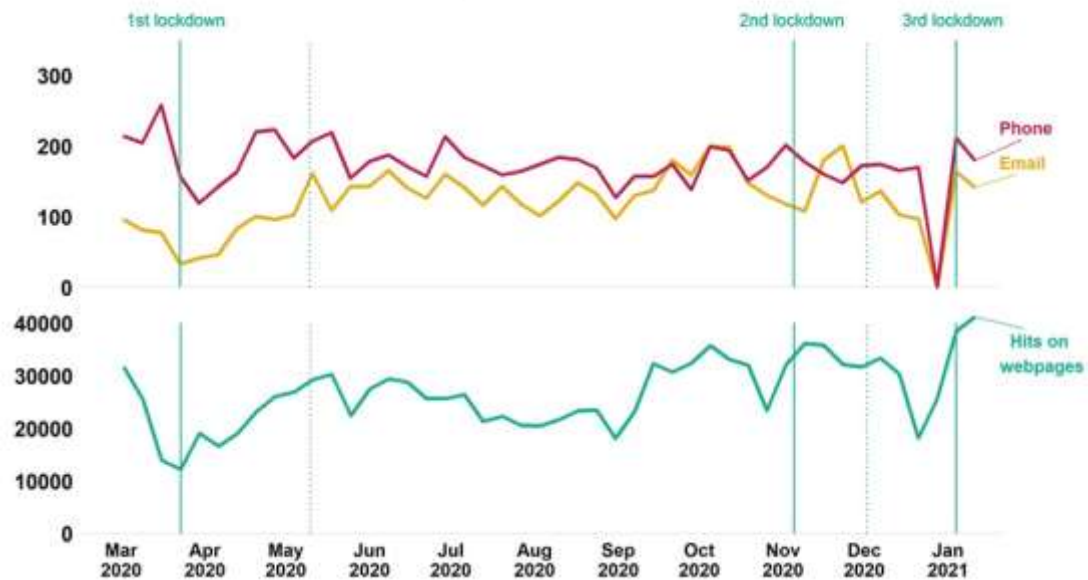
The upper graph shows weekly logins for 10 to 17 year olds. The lower graph shows the percentage of weekly users who present with each issue. Data provided by Kooth PLC and used with permission. Dotted vertical lines indicate lockdown easing.



Source: COVID-19: Mental Health and Wellbeing Surveillance Report, April 2021, gov.uk

## Young Minds

Weekly data of services to parents and carers who are concerned about their children's mental health, up to the age of 25. Data provided by Young Minds and used with permission. Dotted vertical lines indicate lockdown easing.



Source: COVID-19: Mental Health and Wellbeing Surveillance Report, April 2021, gov.uk

The impact of the Covid-19 pandemic on CYP in South Gloucestershire is described in more detail in Chapter 5.4.

## Chapter 4: Methodology of Needs Assessment

### 4.1 Engaging and Listening

The mental health team at South Gloucestershire Council have engaged with and listened to a wide range of individuals and organisations to seek input into this needs assessment. Views from children, young people, parents, carers, volunteers, and professionals, both within the council and through partners, were collected during February and March 2021.

The themes gathered from this engagement work along with anonymised ‘paraphrased’ or “verbatim” quotations incorporated throughout the needs assessment in Chapters 5, 6 and 7.

Further details of the methodology, results and themes arising from the engagement work can be found in Appendix A.

### 4.2 Data collection

Multiple sources of national and local data have been used to bring this needs assessment together.

The local data sources include, but are not limited to:

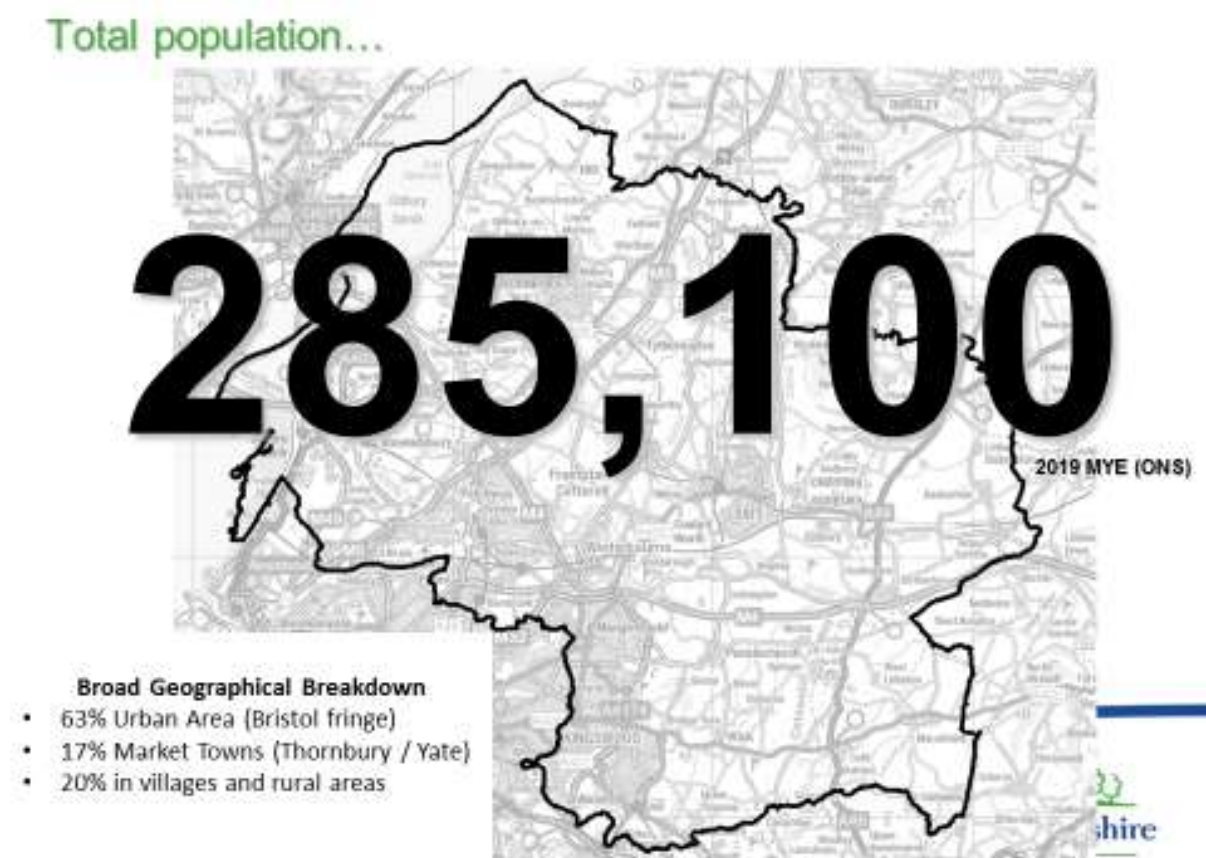
- Online Pupil Survey
- Fingertips tool, Public Health England
- 2011 Census, Index of Multiple Deprivation scores, mid-year estimates of population size and school census
- South Gloucestershire Council needs assessments, strategies, and Covid-19 reports
- Children’s services Analysis Tool (ChAT)
- BNSSG Healthier Together
- Local service providers such as CAMHS, Off The Record, Kooth, Barnardos, Diversity Trust

## Chapter 5: Patterns in South Gloucestershire

### 5.1 Local demographics

The data used to describe the local population is based on current census data from 2011 and mid-year estimates from the Office of National Statistics (ONS) which accounts for population growth and movement in and out of the area. Please note that the 2021 census is likely to show changes in the local population, but this data was not available for this needs assessment. Therefore the actual population demographics in South Gloucestershire, including number of CYP may be different from the 2011 census and the 2019 mid-year estimate data.

#### Age



Source: Andy Cornelius - Mid-Year Estimate (MYE) 2019 ONS Population

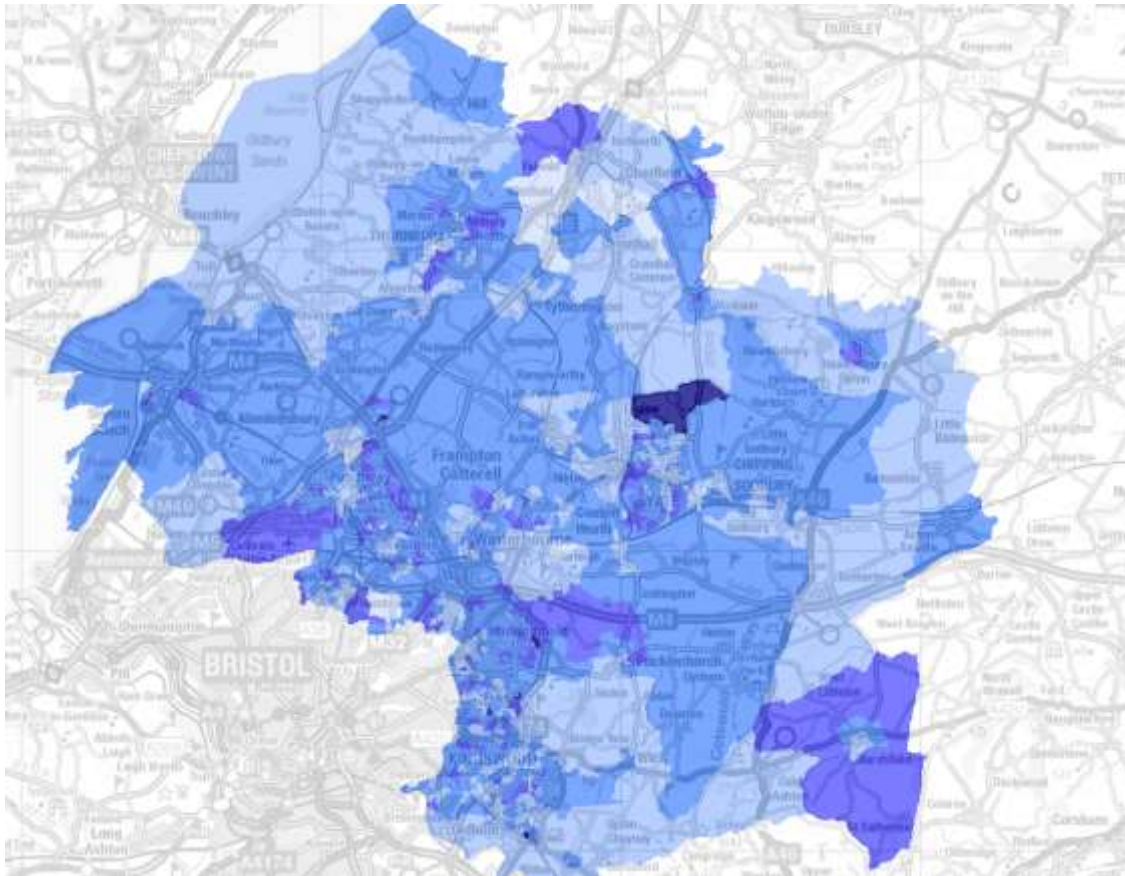
#### Age-group distribution of CYP by sex in South Gloucestershire

Age Groups	Females		Males		Total
0 – 4	7,881	48.3%	8422	51.7%	16,303
5 – 9	8,497	48.7%	8943	51.3%	17,440
10 – 14	8,224	49.3%	8472	50.7%	16,696
15 – 19	7,510	48.9%	7857	51.1%	15,367
20 – 24	8,302	47.0%	9358	53.0%	17,660
<b>Total &lt;25</b>	<b>40,414</b>	<b>48.4%</b>	<b>43052</b>	<b>51.6%</b>	<b>83,466</b>

Source: 2019 MYE population figures



Map of South Gloucestershire showing areas with higher proportions of children aged 0-15 (darker blue)



Source: Andy Cornelius 2019 MYE – Proportion of Children (age 0-15 yrs)

The following neighbourhoods have a higher than average % of children (0-15 yrs) or young people (16 – 24 yrs):

- Siston Hill, Former Hortham hospital site in Almondsbury, Emersons Green (town centre), North Yate (new neighbourhood)
- Stoke Park & Cheswick – 58% population aged 16 – 24 (UWE campus)

The rate of population growth is increasing compared to previous years. In 2043, there will be 14,100 more children aged 0 – 15 yrs.

### Ethnicity

2011 Census in South Gloucestershire reports 8% non-white ethnic group, compared to 19% in England & Wales. Within the 'non-white British/Irish Population, 32% are 'other white' (2.5% of total population).

The Spring 2021 school census reports the following proportions of ethnicities in South Gloucestershire:

- 86.2% White
- 5.5% Mixed
- 3.9% Asian
- 2.1% Black

- 0.5% Chinese
- 1.1% Other
- 0.7% Unclassified

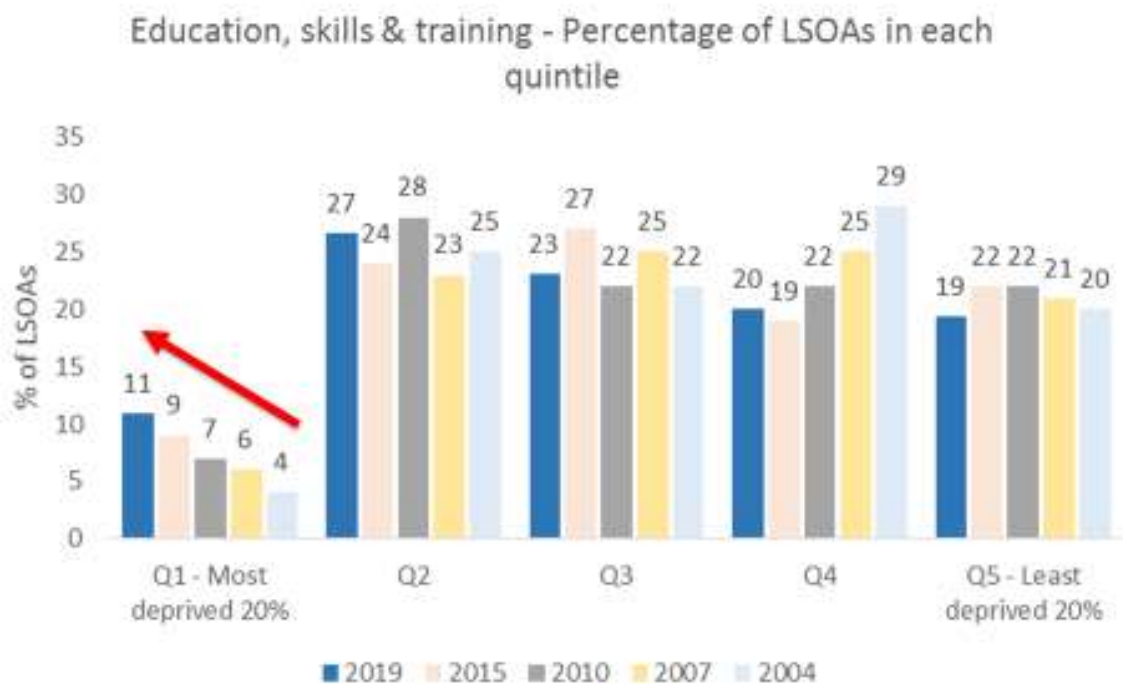
Schools in South Gloucestershire varied in their %BME population from 2.6% in Oldbury on Severn to 68.6% in Bradley Stoke. The January 2019 School Census reported ~100 CYP from the Gypsy, Roma and Traveller communities.

### Deprivation

There are four Local Super Output Areas (LSOAs) where more than a quarter of children live in low-income families. The area south of Coronation Park (E01014941) is the LSOA with the highest proportion of children living in low-income families (29%).<sup>13</sup>

There are 18 LSOAs within 20% (6 LSOAs within 10%) most deprived areas in England in the 'Education Skills and Training' domain within the Index of Multiple Deprivation (IMD). The proportion of LSOAs in South Gloucestershire which fall within the lowest quintile of the IMD Educational Skills & Training domain shows an increasing trend over time since 4% in 2004 through to 11% in 2019.<sup>14</sup>

### Changes over time to the Education, Skills and Training domain within the IMD in South Gloucestershire



Source: An analysis of the English Indices of Deprivation 2019 for South Gloucestershire, South Gloucestershire Council

### LGB Population

In 2017, the ONS estimated that 4.2% of people aged 16 to 24 years identify as lesbian, gay, or bisexual, a higher proportion than for other older age groups (overall 2% UK population). Applying

<sup>13</sup> [Children-in-low-income-families-report-2019.pdf \(southglos.gov.uk\)](#)

<sup>14</sup> An analysis of the English Indices of Deprivation 2019 for South Gloucestershire, Corporate Research and Consultation Team, South Gloucestershire Council, Winter 2019-2020

this to our local population (MYE, 2019: 29,984 aged 16 - 24yrs) in South Gloucestershire population would result in an estimated 1,259 people aged 16 to 24yrs who identify as LGB.

### Trans Population

There are no official estimates of the Trans population in the UK – a gender identity question has been included in the 2021 census for the first time. The Gender Identity Research and Education Society (GIRES), estimates the number of Trans people in the UK at 1% of the population being on a “gender variant spectrum”. This would give a population of approximately 2,851 Trans people (all ages) living in South Gloucestershire.

### Special Educational Needs

The number of CYP with statutory Education, Health and Care (EHC) plans maintained by local authorities in January 2020 had demonstrated an increase of 36,100 (10%) from 354,000 CYP with an EHC plan in January 2019.

#### Percentage of children in England and South Gloucestershire with SEN support and EHC plans over time

		2015/16	2016/17	2017/18	2018/19	2019/20
England	EHC plans/Statements of SEN (percent)	2.8	2.8	2.9	3.1	3.3
	SEN support (percent)	11.6	11.6	11.7	11.9	12.1
South Gloucestershire	EHC plans/Statements of SEN (percent)	3.1	3.2	3.3	3.5	3.8
	SEN support (percent)	10.9	11.1	10.6	10.6	10.9

Source: Education Statistics ([www.gov.co.uk](http://www.gov.co.uk)) as of 10/05/2021

In January 2020, South Gloucestershire had a lower percentage of pupils (10.9%) than the national average (12.1%) receiving SEND Support in schools. Conversely, South Gloucestershire has a higher percentage of pupils with EHC Plans or statements: 3.8% compared to the national average of 3.1%. Both nationally and locally, there has been an increase in both numbers and proportions of pupils with SEND. If this is considered alongside the fact that South Gloucestershire has lower than average percentages of pupils in ‘vulnerable groups’ (those receiving free school meals, those with English as an additional language), it may be considered that South Gloucestershire has a higher than expected density of pupils identified with SEND.

## 5.2 Maternal factors and Early Years (age 0 – 5)

The first 1000 days of life, from conception to age 2, build the foundation for the child’s ability to grow, learn and thrive. During the first 1000 days, children need their everyday needs met to support their development, supportive relationships, safety and security, time to play, a healthy environment and healthy food.

Exposure to stress or adversity during this period can result in a child’s development falling behind their peers. Individuals with four or more adverse childhood experiences (ACEs) are at much greater risk of poor health outcomes compared to individuals with no ACEs. They are also thirty times more likely to attempt suicide.<sup>15</sup>

<sup>15</sup> [First 1000 days of life - Health and Social Care Committee - House of Commons \(parliament.uk\)](https://www.parliament.uk/commons-committees/health-and-social-care/first-1000-days-of-life)

## Protective Factors

This is a critical period of life when close attachments and trusting relationships are formed between parent or carer and child.

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*Engagement feedback: Professionals, teachers and parents/carers consistently highlighted the importance of positive relationships with a trusted adult on CYP's emotional wellbeing and mental health. Although this is often a parent or carer, it was also recognised that it can be a trusted nurturing relationship with a professional or volunteer through schools or community-based services.*

*Young Person, focus group: 'I think a big part of it is getting parents on board. There is only so far you can go as a teenager, child whatever, to get help before you run into problems and you need parents' permission to do things, or need a parents permission to take you somewhere or do some things, so educating the parents as well.'*

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In South Gloucestershire, the 2017-18 PHE data, suggests that 77.4% of children in South Gloucestershire have a good level of development at the end of reception, better than all other areas in the South West. This hides significant inequality though as there is a need to narrow the school readiness gap by working with all professionals with families from pre-birth through to school-age, especially to support language development.

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*Q: What's important? Feedback at webinar series: "Being outdoors, being in nature, getting lots of exercise and making sure children have time to play are frequently mentioned as really important factors in keeping children happy. Allowing children to 'blow off steam' and 'natural burn-out time' by play-fighting and playing sports helps maintain wellbeing."*

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Overall, 18.4% of local reception age children are overweight which is in keeping with the national average. There is strong socioeconomic gradient where children from the most deprived areas have a higher number of children who are overweight or obese. This demonstrates the need for proportional universalism in order to reduce inequalities.

## Risk Factors

In South Gloucestershire, some key summary statistics referring to maternal and infant risk factors, as described by the Fingertips tool at PHE unless stated otherwise,<sup>16</sup> are as follows:

### Low Birth Weight:

- 2.01% of term babies in 2019 were born with low birth weight; this is better than the South West average (2.57%) and England average (2.90%)

### Smoking throughout pregnancy:

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<sup>16</sup> Fingertips, Public Health England [Public Health Profiles - PHE](#)

- 9.6% of women smoke in at time of delivery in 2019/20 which is better than the South West average (11%) and England average (10.4%). This South Glos rate has remained stable despite the England average improving slowly over time.

#### Teenage pregnancy:

- Mothers under 20 have a 30% higher risk of poor mental health two years after giving birth.<sup>17</sup> This affects their own wellbeing, and their ability to form a secure attachment with their baby, recognised as a key foundation stone for positive child outcomes.
- An estimated ten girls under the age of 18 became pregnant in 2018/19 (3 per 1000) which is lower than the South West (6/1000) and England average (7/1000)

#### Child Poverty:

- The End Child Poverty produced Child Poverty figures in Jan 2018 at Local Authority and parliamentary constituency level, for both before and after housing costs.<sup>18</sup>
- For South Gloucestershire, the figures are: 5780 children (10.03%) before housing costs, and 9367 children (16.25%) after housing costs. In 2016, there were four LSOAs where more than a quarter of children live in low-income families

#### Parental unemployment:

- Most families in poverty have at least one adult in work

#### Looked after children:

- 210 children are in care in 2020 (35 per 10,000) this is the lowest rate in the South West (average 57 per 10,000) and lower than England (67 per 10,000)

#### Lone parent children:

- There are 2.9 million lone parent families in 2019, which is 14.9% of families in the UK.<sup>19</sup> In SG, there are 2.8 times as many children living in low-income parents families than low-income couple families.<sup>20</sup>

#### Domestic Violence & Abuse (DVA):<sup>21</sup>

- It is difficult to be specific about the impacts of DVA on young infants but pregnancy and early parenthood is a time which is greater risk of experiencing DVA within relationships and this can have a profound effect on a young infant.
- In South Gloucestershire, it is estimated that 21,000 women aged 16 – 59 have experienced DVA at least once in their lives. 6,000 Have experienced violence or abuse in the past 12 months and 800 of these will be young women aged 16-19.

<sup>17</sup> The 1001 critical days, the importance of the conception to age two period. A Cross Party Manifesto. 2015. Available from: [www.1001criticaldays.co.uk/the\\_manifesto.php](http://www.1001criticaldays.co.uk/the_manifesto.php)

<sup>18</sup> [Children-in-low-income-families-report-2019.pdf \(southglos.gov.uk\)](#)

<sup>19</sup> [Families and households in the UK - Office for National Statistics \(ons.gov.uk\)](#)

<sup>20</sup> [Children-in-low-income-families-report-2019.pdf \(southglos.gov.uk\)](#)

<sup>21</sup> Domestic Violence and Abuse Strategy, 2019 - 2021, South Gloucestershire Council [domestic-violence-and-abuse-strategy-2018\\_19\\_1.pdf \(openobjects.com\)](#)

- In South Gloucestershire it is estimated that 10,300 men aged 16 –59 have experienced DVA at least once in their lives. Over 3000 men in this age range have experienced DVA in the past 12 months.

Parental alcohol and drug abuse:<sup>22</sup>

- Nationally, approximately 1.2% of pregnant women report currently misusing illicit drugs, solvents, or medicines at their antenatal booking appointment.<sup>23</sup> There are clear associations between antenatal drug use and inequalities, with this proportion increasing to 2.5% among women living in the most deprived areas and 2.4% among women of mixed ethnicity.<sup>24</sup> Fewer than five females who were newly presenting for drug treatment in South Gloucestershire in 2018-19 were pregnant.

Prevalence & Trends of Mental Disorders in 0-5 year olds

Nationally, the first large survey data on this age-group was conducted in 2017. This suggested 5.5% (1 in 18) of preschool children may have a mental disorder. The rate was higher in boys (6.8%) than girls (4.2%).<sup>25</sup> Applying these rates to our local population in South Gloucestershire would result in 348 boys and 203 girls aged 2-4 years old possibly having a mental disorder.

National and estimated South Gloucestershire prevalence of mental disorders in 2- 4 year olds

	<b>Total</b>	<b>Boys</b>	<b>Girls</b>
National rate of mental disorders in 2 – 4 year olds	5.5%	6.8%	4.2%
Total number of children in SG aged 2 – 4 year (using mid-year 2019 ONS pop estimate)	9955	5119	4836
Estimated number of children aged 2 – 4 year in SG with mental disorder	547	348	203

Source: *Mental Health of Children and Young People in England, 2017*

<sup>22</sup> Equalities Impact Assessment of the South Gloucestershire Drugs Strategy, 2020 [South-Gloucestershire-Drugs-Strategy-Equalities-Impact-Assessment-2020.pdf \(southglos.gov.uk\)](#)

<sup>23</sup> [Health of women before and during pregnancy: health behaviours, risk factors and inequalities \(publishing.service.gov.uk\)](#)

<sup>24</sup> [Health of women before and during pregnancy: health behaviours, risk factors and inequalities \(publishing.service.gov.uk\)](#)

<sup>25</sup> [Mental Health of Children and Young People in England, 2017 \[PAS\] - NHS Digital](#)

## 5.2 Children and young people aged 5 to 17

As children grow up, learn and form relationships with peers, teachers, parents and carers, they develop a sense of identity and place in the world. Around half of all mental health problems start by mid-teens.

Promoting CYP's emotional wellbeing will positively impact on their cognitive development, physical health, mental health, and social and economic prospect in adulthood.<sup>26</sup>

Poor emotional wellbeing in childhood and youth increases the likelihood in later life of:

- poor educational attainment
- antisocial behaviour
- drug and alcohol misuse
- teenage pregnancy
- involvement in criminal activity
- mental health problems

### Protective Factors

Protective factors that may decrease vulnerability and increase mental wellbeing include:

- high self-esteem
- good education
- someone from the family being in work
- development of good oral language skills
- positive relationships with parents
- social/community inclusion
- sport and physical activity

The overall levels of educational attainment are good in South Gloucestershire. Yet, there are distinctive inequalities in educational attainment by social gradient which are widening over time (Chapter 5.1).

### Percentage of children meeting standard educational attainment goals in Key Stage 1 & 2 in 2019 in South Gloucestershire compared to the national average

	% meeting expected standard across 4 different domains in 2019 (trend over last 4 years)				Comparison to National Average
	Reading	Writing	Maths	Science	
Key Stage 1	79.8% (stable)	74% (improving)	79.8% (stable)	85.7% (stable)	Better than national average
	% meeting expected standard across all 4 domains in 2018				
Key Stage 2	63.8% (no trend data)				Similar to national average

Source: *Fingertips*, PHE

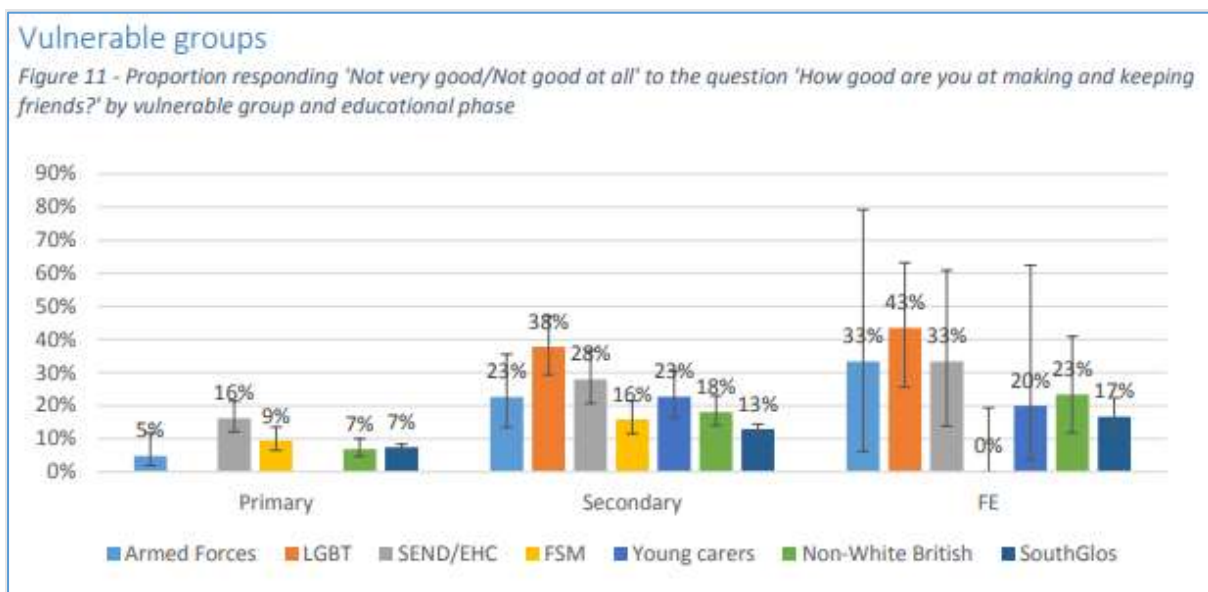
A consistent response from parents, carers and professionals throughout our engagement work is that maintaining friendships and good positive relationships has a strong protective factor on maintaining emotional wellbeing. This creates a supportive network around a child or young person where they feel listened to and where their feelings and experiences can be validated.

<sup>26</sup> [Public Health England. Promoting children and young people's emotional health and wellbeing \(2015\)](#)

*Q: What's important? Feedback at webinar series: "Being listened to and being heard and responded to. Validating their feelings and experiences. Support and understanding from those around them. The opportunity to experience and explore safely, without judgement. Being involved in decisions that affect them."*

The Online Pupil Survey in 2017 reported that 81% of primary school children felt 'good' or 'very good' at making and keeping friends, this proportion dropped to 70% of secondary school respondents and 64% in Further Education respondents.

Proportion responding 'not very good / not good at all' to the question: "How good are you at making and keeping friends?" by vulnerable group and educational phase in 2017 OPS Survey.



Source: 2017 Online Pupil Survey. LGBT: Lesbian, Gay, Bisexual or Trans. SEND/EHC: Special Educational Needs and/or Disability, or Education and Health Care [Plan], FSM: Free School Meals, SouthGlos: average.

This graph shows proportion of respondents reporting 'not very good / not good at all' to the same question, by education phase and certain vulnerable groups. Due to small sample size there is overlap between groups as indicated by the 95% confidence error bars.

- At the primary phase, a higher proportion of children self-reporting as having a special educational needs or an education health care plan reported being 'not very good/not good at all' at making and keeping friends, compared to all primary respondents combined.
- At the secondary phase, a higher proportion of children identifying as LGBT, SEND/EHC and young carers reported being 'not very good/not good at all' at making and keeping friends, compared to all secondary respondents combined.
- In further education, a higher proportion of young people identifying as LGBT reported being 'not very good/not good at all' at making and keeping friends, compared to all FE.

### Risk factors

Risk factors that may increase childhood vulnerability and reduce CYP's emotional wellbeing include:

- being in social care (looked after children)
- homelessness



- youth offending
- low household income
- family disharmony/parental breakup
- domestic violence and abuse
- parental substance misuse
- parental mental ill health and school absence and exclusions

As mentioned in the 0–5-year section above, within the context of vulnerable CYP it is important to consider the impact of adverse childhood experiences (ACEs) and other trauma.

CYP who have protected characteristics may also be at higher risk of have lower emotional wellbeing and mental health. This needs assessment takes an inequalities approach to consider these 'high risk' groups in more detail in Chapter 7.

The following statistics, collated from Fingertips PHE<sup>27</sup> (unless stated otherwise), use some of the locally available data to describe the current risk factors associated with poor emotional wellbeing and mental health in South Gloucestershire:

Low Household Income:

- 8.2% and 9.8% of children in SG are in absolute and relative low income families respectively (2018/19 data: similar to national average)

Family Disharmony / Parental breakup:

- 109.5 per 10,000 children in need due to family stress or dysfunction or absent parenting in 2017, this is higher than South West average (78.3 per 10,000) and national average (93.8 per 10,000)

Domestic Violence and Abuse (DVA):

- 120.2 per 10,000 Children aged under 18 years in need due to abuse or neglect in 2018, this is lower than the South West average (175.3 per 10,000) and national average (181.4 per 10,000)
- From our 2017 OPS we found 20% of Secondary School pupils (year 8, 10, 12) report to have witnessed or experience DVA in the past, with 6% reported that the abuse was still happening 'quite often' or 'on most days'.<sup>28</sup>

Children Looked after in Social Care:

- 35 per 10,000 Children in Care in South Glos in 2020, this is less than the South West average (57 per 10,000) and national average (67 per 10,000)
- CHAT Referral rate: 336 per 10,000 children aged 0 – 17 in 2018/19 (lower than England average)
- CHAT Re-referral: 128 (19%) children with previous referrals within 12 months of latest referral (last 6 months; Nov 2020 Report)
- CHAT Re-registrations for children who started on a Child Protection plan (ever): 35 of 170 children (21%) – (last 6 months; Nov 2020 Report)

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<sup>27</sup> Fingertips, Public Health England [Public Health Profiles - PHE](#)

<sup>28</sup> [domestic-violence-and-abuse-strategy-2018\\_19\\_1.pdf \(openobjects.com\)](#)

- 15.0 average attainment 8 score of children in care in 2019, lower than South West average (16.8) and national average (19.2)

#### Youth Offending:

- 126.8 first time entrants to the youth justice system in 2019, lower than the South West average (193.9) and national average (208.0)

#### School Absences or Exclusions:

- 6.4% 16-17 year olds not in education, employment, or training (NEET) or whose activity is not known in 2019, similar to the South West average (6.5%) and worse than the national average (5.5%)

#### Homelessness:

- 2.1 per 1000 households owned a duty under the Homelessness Reduction Act where the main applicant was aged 16 – 24 years, similar to the South West average (2.5 per 1000) and better than the national average (2.6 per 1000)
- In 2017/18, there were 405 individuals aged between 16 – 24 years who approached South Gloucestershire Council for housing advice; this is a significant reduction in trend compared to previous data in 2013.<sup>29</sup>

#### Prevalence and Trends of Mental Health disorders

National trends show a gradually increasing prevalence of mental disorders over the last two decades. The following table applies national prevalence trends to local estimated population size.

#### National and estimated South Gloucestershire prevalence of mental disorders in 5-15 year olds

<b>National Survey – Prevalence of Mental Health disorders</b>	1999	2004	2017
Prevalence of mental disorders in 5 – 15 year olds	9.7%	10.1%	11.2%
Total number of children in SG aged 5 – 15 year olds (mid-year ONS pop estimate)	32840 (2002)	32325 (2004)	34136 (2019)
Estimated number of children aged 5 – 15 year olds in SG with mental disorder	3185 (2002)	3265 (2004)	3823 (2019)

*Source: Mental health of Children and Young People in England, 2017*

NHS Hospital data offers some estimate of local needs at more severe spectrum of mental health problems in the local area.

In South Gloucestershire, the inpatient admission rate for mental health disorders was 144.4 per 100,000 population aged 0-17 years in 2018/19. This is significantly worse than national average and one of the worst in the South West but has fluctuated above and below the national average in the last 10 years.

<sup>29</sup> SGC Homelessness Strategy EIAA 2019 - 2024

### 5.3 Young People aged 18 – 25 years

This is a key time within a young person's life where they are undergoing transitions in many aspects of their life. They are moving from formal education into higher education (university/college) or into the workplace. Potentially moving out of the family home for the first time either locally or to a new city or town. If they are already undergoing mental health support this will change from a children's service into an adult service which can be a difficult transition to make especially if also in a new place.

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*UWE Student Support: 'Young people need consistent experiences through transitions, they are already going through the transition into higher education and potentially moving to a new place. Then on top of this have the transition from CAMHS into Adult Services as well as the geographical transition of different teams – which may lead to them having to start their treatment again or go back on the waiting list. This can stop young people from going to University.'*

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It is key for young people within this group to have the skills around resilience to make these transitions smoothly. If problems the young person has experience in the past have not been dealt with in the right way they can carry these with them through into this next phase of their lives.

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*Inclusion Manager & Deputy Designated Safeguarding Lead: 'there is a need for more PSHE in schools – coming all the way through the school system so young people are more prepared when they are making the transition to college/higher education.'*

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#### Prevalence and Trends estimates

- 1 in 6 young people aged 16-24 has symptoms of a common mental disorder such as depression or an anxiety disorder.<sup>30</sup>
- Nearly half of 17-19 year olds with diagnosable mental health disorder has self-harmed or attempted suicide at some point, raising to 52.7% for young women.
- The likelihood of a probable mental disorder increased with age with a noticeable difference in gender – 27.2% of young women and 13.3% of young men aged 17 to 22 years were identified as having a probable mental disorder.<sup>31</sup>
- 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%)
- Young people with a probable mental disorder were more likely to say that lockdown made their life worse (59% of 17 to 22 year olds) than those unlikely to have a mental disorder (37.3%)
- 10% of the 417 new registrations to Kooth between April 2020 - March 2021 were aged 18-19yrs.

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<sup>30</sup> [young people's mental health statistics \(youngminds.org.uk\)](https://www.youngminds.org.uk)

<sup>31</sup> [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#)

## College / Higher education

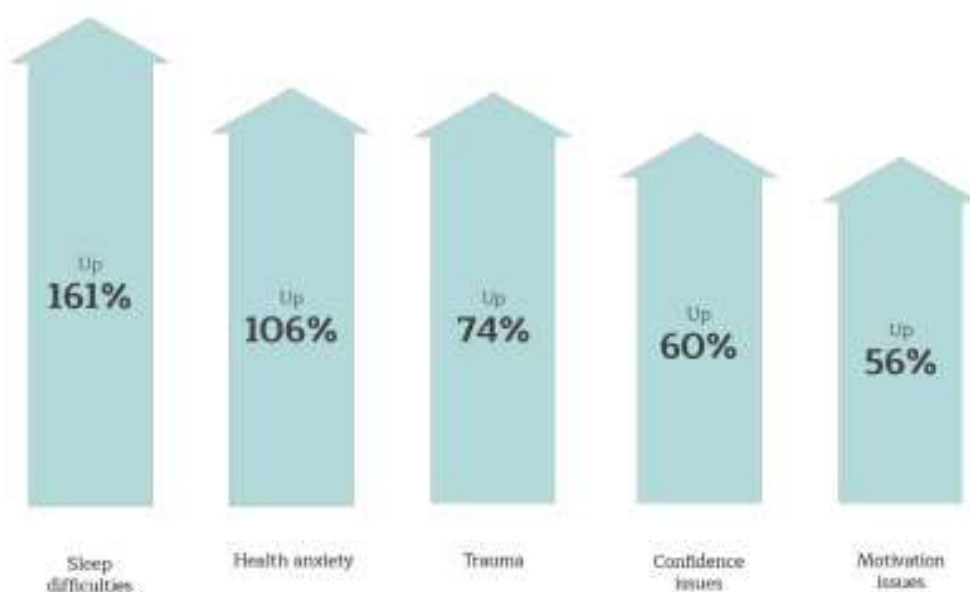
- In 2015/16 over 15,000 first year students in UK universities reported they had a mental health problem, compared to approximately 3,000 in 2006<sup>32</sup>
- 94% of higher education institutions reported an increase in demand for their counselling service
- Poor mental health can lead to higher levels of dropout, statistics highlight a 210% increase in university dropouts among students with mental health problems from 2009/10 to 2014/15

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*Inclusion Manager SGS College: 'Lack of support for 16yr olds for transition from school into a more adult environment – have transition workers passing information from the schools to the college. Would help decrease the anxiety and stress and reduce the amount of drop out in the first couple of weeks.'*

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Nationally Kooth has seen a 25% uptake in university student counselling since the start of the pandemic.<sup>33</sup> The data shows the total number of students presenting with mental health issues has increased in the following areas:



Source: Kooth State of the Nation Report 2021

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<sup>32</sup> [The declining state of student mental health in universities and what can be done | Mental Health Foundation](#)

<sup>33</sup> Kooth State of the Nation Report 2021; [Pulse Report 2021 | Kooth Work](#)

## Young People Not in Education, Employment or Training (NEET)

In 2018 310 (5.5%) of young people aged 16-17 years old in South Gloucestershire were reported as NEET – not in education, employment, or training. This is similar to the England figures (5.5%) but lower than the figures for the South West (6.4%). These are the most recent local figures available.

The Covid-19 pandemic has caused a huge increase in young people classified as NEET with the biggest quarterly increase in number of NEET in almost a decade in quarter 4, 2020 largely driven by ‘unemployed inactive men’.<sup>34</sup>

National research found that 20.8% of NEET young people have a mental health condition in 2020, up 7.7% from 2012.<sup>35</sup> NEET young people are also less likely to have good emotional wellbeing.

## Self harm, attempted suicide and suicide

### Self Harm

Self-harm is when a person hurts themselves on purpose and is usually a sign that a child or young person is in distress and is trying to let those feelings out. It is estimated nationally that 10% of 15-16 year olds self-harm.<sup>36</sup>

National data from Kooth from April 2020 – March 2021 has shown an increasing prevalence of CYP self-harming. Amongst Kooth’s 10-13 year old service users with presenting issues, self-harm issues are being presented by 33% more users than last year. For the entire CYP cohort with presenting issues these issues were 27% more prevalent than last year.<sup>37</sup>

The Secondary School OPS surveys, conducted in 2014, 2017 and 2019, and the OxWell Survey<sup>38</sup>, conducted in May and June 2020, asks, ‘have you ever self-harmed or deliberately taken an overdose?’.

Data from OPS and OxWell Surveys about self-harm, trend over time.

	OPS 2014	OPS 2017	OPS 2019	OxWell 2020*
<b>Secondary School</b>				
Yes	279 (16.1%)	452 (21.2%)	610 (20.8%)	1955 (22.8%)
No	1457	1678	2327	6637
Total (%) answering Self-Harm Q	1736 (90.1%)	2130 (87.5%)	2937 (90.7%)	8592 (64.8%)
Total	1926	2433	3238	13264
<b>Year 12+</b>				
Yes	78 (17.0%)	53 (25.1%)	23 (23.5%)	535 (28.8%)
No	381	158	75	1320
Total (%) answering self-harm Q	459 (97.2%)	211 (88.7%)	98 (83.8%)	1855 (91.9%)
Total	472	238	117	2018

<sup>34</sup> [Young people not in education, employment or training \(NEET\), UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>35</sup> [NEET annual brief, Calendar Year 2020 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/government/statistics/neet-annual-brief-calendar-year-2020)

<sup>36</sup> [Self-harm \(youngminds.org.uk\)](https://www.youngminds.org.uk)

<sup>37</sup> Kooth State of the Nation Report 2021

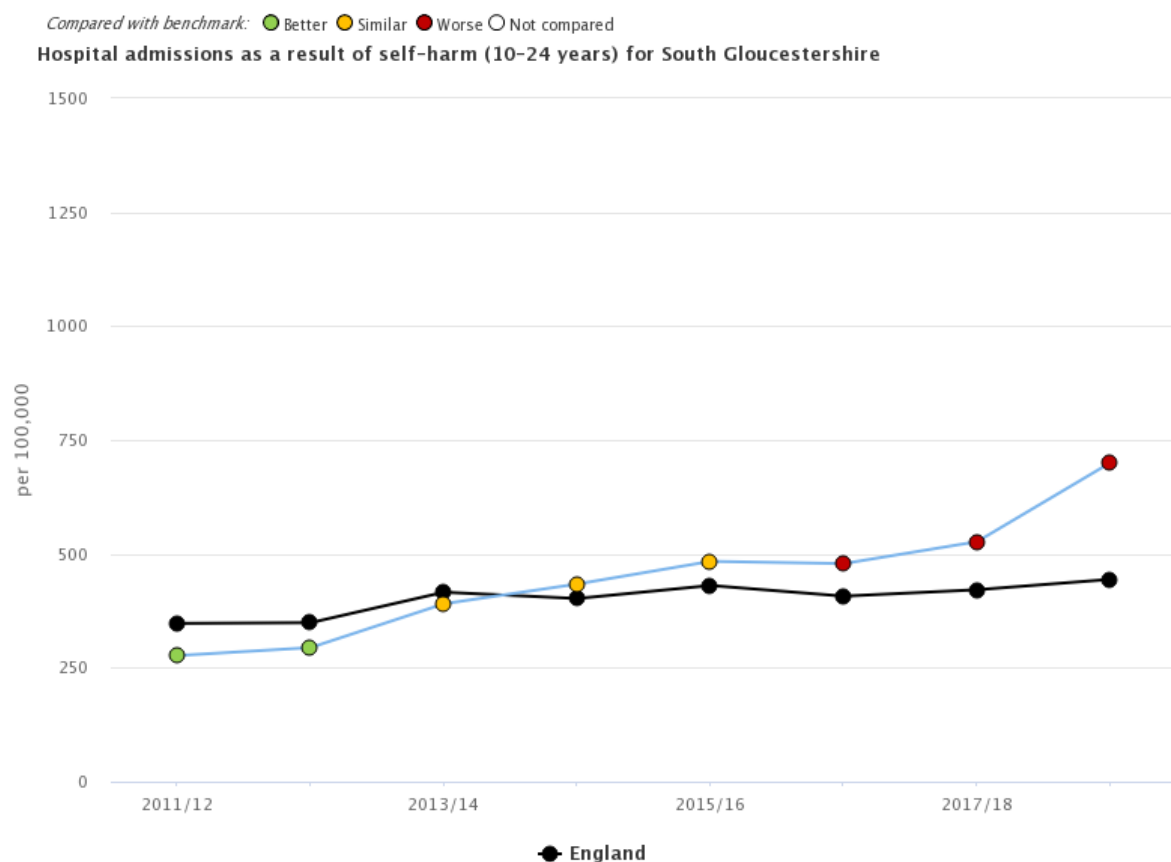
<sup>38</sup> OxWell Survey: [OxWell School Survey 2020 \(fabresearch.com\)](https://www.fabresearch.com)

Source: Online Pupil Surveys and OxWell Surveys. Number of respondents answering Yes and No as a % of number of respondents who answered question about self-harm. \* Number of respondents in OxWell Survey does not add up to 100% because there was an option of 'Not sure what this means' to this question.

This shows a higher prevalence of self-reported self-harm in 2020 compared to previous years and may be related to the impact of the Covid-19 pandemic.

In South Gloucestershire, the hospital admission rate as a result of self-harm was 700 per 100,000 population in young people aged 10 -24 years in 2018/19. This is significantly worse than the national average of 444 but similar to the South West average of 679. The rate of increase in hospital admissions as a result of self-harm between 2011/12 and 2019/20 is higher than the national average rate of increase.

Hospital Admissions as a result of self-harm (10-24 years) for South Gloucestershire compared to national average over time



Source: Fingertips, PHE

Trends over time show that the recent increase in hospital admissions is driven by increases in admissions in the two older young people age categories of 15-19 and 20 -24 years. Also 3-year pooled data (2013/14 - 2015/16), show a person admitted to hospital in the 15-19 age category is four times as likely to be a female than a male of the same age, and the median age of persons admitted for self-harm is getting younger.

The reasons for the difference in hospital admissions for self-harm between the South West and other areas of England are not yet fully understood. An initial analysis of this in 2017 explored the following possible reasons:

- True comparatively higher incidence?
- Improved access to emergency department services in parts of South Gloucestershire from Frenchay to Southmead hospitals?
- Impact of revised treatment guidelines for paracetamol requiring admission?
- Impact of waiting-time incentives in ED increasing hospital admissions?

No firm conclusions have been drawn from this work and PHE is currently investigating this area of work to understand this further.

For all age groups, admissions for self-harm show a high level of association with deprivation. The 3-year pooled data (2013/14 - 2015/16) showed that rate of hospital admissions for self-harm among priority neighbourhoods in South Gloucestershire was 59% higher than in non-priority neighbourhoods.

### Suicide & Attempted Suicide

Suicide, and attempted suicide, is understandably devastating for the young person involved and for their families and the community.

National data from the ONS in 2019 show that despite having a low number of deaths overall, rates among the under 25s have increased in recent years, particularly 10- to 24-year-old females where the rate has increased significantly since 2012 to its highest level with 3.1 deaths per 100,000 females in 2019.<sup>39</sup>

National Kooth data for the period of April 2020 to March 2021 shows a 39% increase in those presenting with suicidal thought versus last year for their under 18 population.<sup>40</sup>

There have been less than five unexplained deaths, which may include suicide, among children or young people aged < 18 years in South Gloucestershire in the last five years.

A nationwide consecutive case study of suicides in <20 year olds in England, published in 2016 in The Lancet, found that “improved services for self-harm and mental health are crucial to suicide prevention, but the wide range of antecedents emphasises the roles of schools, primary care, social services and the youth justice system.”<sup>41</sup>

Accurate data on attempted suicide is difficult to obtain and differentiate from self-harm.

### 5.4 Impact of Covid-19

There is a developing body of evidence about the far-reaching impacts of the Covid-19 pandemic both nationally (see Chapter 3.3).

Locally, in South Gloucestershire we have a few sources of information which we can use to estimate the impact of Covid-19 on CYP’s mental health and emotional wellbeing.

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<sup>39</sup> [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/deaths-and-mortality/causes-of-death/suicides-in-england-and-wales)

<sup>40</sup> Kooth State of the Nation Report 2021

<sup>41</sup> Rodway et al. Suicide in children and young people in England: a consecutive case series, The Lancet, May 2016 [https://doi.org/10.1016/S2215-0366\(16\)30094-3](https://doi.org/10.1016/S2215-0366(16)30094-3)

The OxWell Survey, conducted in May and June 2020, uses the Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) to demonstrate a snapshot of CYP's wellbeing during the first lockdown of Covid-19 pandemic. Higher scores represent a greater positive mental wellbeing.

Warwick-Edinburgh Mental-Wellbeing Scales in Primary, Secondary School and Year 12+ in South Gloucestershire in the OxWell Survey 2020.

	Primary		Secondary School		Year 12+	
	Total	%	Total	%	Total	%
Low	454	14.6	3303	30.6	622	41.4
Moderate	2237	72.2	6582	61	802	53.4
High	409	13.2	897	8.3	78	5.2
<b>Total</b>	<b>3100</b>	<b>100</b>	<b>10782</b>	<b>100</b>	<b>1502</b>	<b>100</b>

Source: OxWell Survey 2020

The Mind You website, a mental health and emotional wellbeing hub for young people in South Gloucestershire, saw a 14% increase in views during May 2020 compared to the previous year with a 23% increase in average time spent on the site.

The BNSSG Clinical Commissioning Group have provided the number of attendances at the Emergency Department (ED) for Mental Health reasons during a pre-Covid-19 period (01/01/2020 - 09/03/2020: 69 days) compared to a 'post-Covid-19' period (10/03/2020 - 19-05/2020: 71 days).

Number of Emergency Department attendances for Mental Health reasons in South Gloucestershire, by age-group, in pre and post-Covid-19 periods

	0-15	16-17	18-25
Pre-Covid-19	81	38	103
Post-Covid-19	43	19	50
<b>Total</b>	<b>124</b>	<b>57</b>	<b>153</b>

Source: BNSSG Clinical Commissioning Group

The daily average ED attendances for Mental Health reasons in South Gloucestershire among 0-15 year olds and 18 –25 year olds reduced from 1.2 to 0.6 (-48%) and 1.5 to 0.7 (-52.8%) respectively. This should be interpreted in the context of an overall 39.5% drop in all ED attendances during the same period during the first lockdown of Covid-19 pandemic.



Emergency Department attendances for Mental Health conditions and presenting complaints for all Bristol, North Somerset, and South Gloucestershire for 0 – 15 year olds, by absolute numbers and % of all ED attendances, in pre and post-Covid-19 periods

8. Condition / Presenting complaint

Condition / Diagnosis	Period		
	Pre-COVID-19	Post COVID-19	Total
Paracetamol overdose	79	55	134
Depressive disorder	79	51	130
All others	46	60	106
Anxiety disorder	41	18	59
Not Rec.	32	13	45
Overdose of antidepressant dru	14	13	27

Condition / Diagnosis	Period		
	Pre-COVID-19	Post COVID-19	Total
Paracetamol overdose	21.3%	20.7%	21.0%
Depressive disorder	21.3%	19.2%	20.4%
All others	12.4%	22.6%	16.6%
Anxiety disorder	11.1%	6.8%	9.3%
Not Rec.	8.6%	4.9%	7.1%
Overdose of antidepress	3.8%	4.9%	4.2%

Presenting Complaint	Period		
	Pre-COVID-19	Post COVID-19	Total
C/O - feeling depressed	90	69	159
Self-injurious behaviour	78	43	121
All others	39	46	85
Poisoning	27	45	72
Not Rec.	49	14	63
Substance misuse	23	12	35
Injury of upper extremity	14	10	24

Presenting Complaint	Period		
	Pre-COVID-19	Post COVID-19	Total
C/O - feeling depressed	23.9%	25.4%	24.5%
Self-injurious behaviour	20.7%	15.8%	18.6%
All others	10.3%	16.9%	13.1%
Poisoning	7.2%	16.5%	11.1%
Not Rec.	13.0%	5.1%	9.7%
Substance misuse	6.1%	4.4%	5.4%
Injury of upper extremi	3.7%	3.7%	3.7%

Source: BNSSG CCG

Emergency Department attendances for Mental Health conditions and presenting complaints for all Bristol, North Somerset, and South Gloucestershire for 18 – 25 year olds, by absolute numbers and % of all ED attendances, in pre and post-Covid-19 periods

8. Condition / Presenting complaint

Condition / Diagnosis	Period		
	Pre-COVID-19	Post COVID-19	Total
Paracetamol overdose	156	73	229
Depressive disorder	134	71	205
Anxiety disorder	125	53	178
Not Rec.	80	20	100
Overdose of antidepressant dru	53	45	98
All others	63	33	96
Open wound of forearm	34	23	57
Personality disorder	24	20	44
Sedative overdose	22	19	41

Condition / Diagnosis	Period		
	Pre-COVID-19	Post	Total
Paracetamol overdose	18.2%	16.7%	17.7%
Depressive disorder	15.6%	16.2%	15.8%
Anxiety disorder	14.6%	12.1%	13.7%
Not Rec.	9.3%	4.6%	7.7%
Overdose of antidepressant dru	6.2%	10.3%	7.6%
All others	7.3%	7.6%	7.4%
Open wound of forearm	4.0%	5.3%	4.4%
Personality disorder	2.8%	4.6%	3.4%
Sedative overdose	2.6%	4.3%	3.2%

Presenting Complaint	Period		
	Pre-COVID-19	Post COVID-19	Total
Self-injurious behaviour	284	151	435
C/O - feeling depressed	126	63	189
Substance misuse	94	59	153
Not Rec.	68	35	103
Bizarre behaviour	51	19	70
Anxiety	51	13	64
All others	39	19	58
Chest pain	29	20	49
Injury of upper extremity	29	10	39
Laceration - injury	19	12	31
Poisoning	17	8	25
Palpitations	14	10	24

Presenting Complaint	Period		
	Pre-COVID-19	Post	Total
Self-injurious behaviour	32.3%	33.6%	32.8%
C/O - feeling depressed	14.3%	14.0%	14.2%
Substance misuse	10.7%	13.1%	11.5%
Not Rec.	7.7%	7.8%	7.8%
Bizarre behaviour	5.8%	4.2%	5.3%
Anxiety	5.8%	2.9%	4.8%
All others	4.4%	4.2%	4.4%
Chest pain	3.3%	4.5%	3.7%
Injury of upper extremity	3.3%	2.2%	2.9%
Laceration - injury	2.2%	2.7%	2.3%
Poisoning	1.9%	1.8%	1.9%
Palpitations	1.6%	2.2%	1.8%

Source: BNSSG Clinical Commissioning Group

Although this is not a statistical analysis, among 18 to 25 year olds, there appears to be an increase in the % of ED attendances for overdose of antidepressants and sedatives, and a decrease in paracetamol overdose during the post-Covid-19 pandemic compared to pre-Covid-19 period, and a

slight increase in % ED attendances for anxiety disorder. Otherwise, % ED attendances for different presentations remain similar.

Barnardo's ran a consultation with 154 young people across Bristol and South Gloucestershire on the effect of a quarantine period on the physical and mental health of young people under 25.<sup>42</sup> There were a range of topics covered including the impact of transition to online/telephone support, disturbed sleep, isolation, lack of routine, and concerns about education, employment, and training. 70% of respondents reported a reduction in socialisation and personally, seeing friends in person, was one of the few respites they had from a poor home life.

Some quotes from the Barnardo's report include:

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*"I don't feel as supported because face 2 face appointments has been put on hold so a phone call once a week is my only support but feeling like phone calls are too rushed"*

*"I am finding the lack of routine the most difficult."*

*"Learning to cook and life has slowed down, meaning I am now doing hobbies that I enjoy."*

*"Everything feels really uncertain and we haven't got much info from college. Don't know what's going to happen, as I don't have a Uni place"*

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The main outcomes of this consultation that the health champions, who presented the findings of the consultation to a group of professionals in Sept 2020, wanted to be taken forward are:

- One size does not fit all
- Choice – provide a choice of digital, phone, face to face meetings
- Peer Support - increase availability for all age groups
- Funding – we welcome the council providing more funds for mental health
- Tech Poverty – looking for ways to tackle it
- Co-design – renewing our commitment
- Loneliness & Isolation – recognising that young people can be lonely and isolated at this time

The 'Snapshot: Looked after Children and Care Leaver's Experience of Covid-19' report by South Gloucestershire council shines a light on this group of CYP's pandemic experience following a consultation in Sept 2020 with responses from 37 Care Leavers and 23 Looked after Children.<sup>43</sup> There were clear themes from the responses about the need for mental health support, to maintain and improve levels of communication with social care, provide opportunities for young people to connect with peers and challenges associated with finding and sustaining employment.

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<sup>42</sup> Helping Young People (children and families) Engage (HYPE): The effect of a quarantine period on the physical and mental health of young people under 25 in Bristol and South Gloucestershire.

<sup>43</sup> Snapshot: Looked after Children and Care Leaver's Experience of Covid-19, South Gloucestershire Council, October 2020

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*Snapshot Survey responses: "I was furloughed and spent the whole of lockdown with my partner. Oh my god, it was a roller coaster and felt like I didn't know what day it was as it felt like it was all merge into one!! Did daily activities to keep ourselves sane but I kinda felt depressed also but think everyone was all going through the same emotions with all the uncertainty."*

*Snapshot Survey responses: "COVID-19 affected me because I was looking for work and wasn't able to due to the pandemic and it threw me back a bit. However social care did help by always checking up on me and making sure I was OK whether that was with food or just my mental state."*

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Many of the professionals who took part in the engagement work for this needs assessment reported that Covid-19 had had a mixed impact on CYP's mental health and emotional wellbeing. There were some concerns that young people were being unfairly blamed for the spread of Covid-19 and what the long-term impact would be on the 'covid generation'. Support services did well to adapt to new ways of working and many mentioned the need to recognise that 'not one size fits all.' The significant impact of Covid-19 on adults has had a knock-on effect on CYP as well.

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*Foster Carers survey response: "Foster Carers' mental health has suffered too, if their emotional wellbeing is not looked after, then they cannot be expected to look after CYP in their care."*

*NHSEI Infant Health Lead: 'Covid-19 has had a significant impact on new parents who have been socially isolated and lack the community support groups compared to other times.'*

*Youth Board focus group: 'It reminds you to take time for yourself.' 'It's been alright and able to relax but having no contact has made it tougher. We have all had our moments. Road back is bumpy.'*

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Healthier Together ran a survey for CYP Professionals (excluding school staff) in August 2020 to capture the impact of Covid-19 on CYP aged 5 – 16 years in Bristol, North Somerset, and South Gloucestershire. There is no way to distinguish responses within this that are specific to professionals supporting CYP in South Gloucestershire. There were 40 respondents for 5-10 age group and 45 for 11-16 age group.

Some findings of this survey:

- All indicators (educational progress, activities/hobbies, socialising with family/friends, sleep and mental health and wellbeing, diet, and physical activity) were described as 'much worse' or 'a bit worse' due to Covid-19 by majority of respondents
- 'Missing structure and routine' and 'Missing face-to-face contact with friends or peers' were the top 2 emotional/behavioural impacts in both age groups with 'increased feelings of uncertainty'

for 5-10 year olds and 'increased feelings of restlessness or boredom' for 11-16 year olds being reported 3<sup>rd</sup>

- The overall most common concern in risky behaviours was bullying/aggression from others (including online) with 33/45 (73%) being very or somewhat concerned, but no respondents finding this 'extremely' concerning. On the other hand, 7 professionals were 'extremely concerned' about CYP breaking lockdown to see friends/family and 4 professionals were 'extremely concerned' about consumption of illegal substances and grooming/exploitation by others.
- 21/40 (52%) professionals 'strongly disagreed' or 'disagreed' with the statement; children, young people and parents/carers know where to turn for advice and support and 25/39 (64%) professionals 'strongly disagreed' or 'disagreed' with the statement; there is enough support (information, helplines, and resources) to support CYP through this time. [5-10 year olds]
- 20/45 (44%) professionals 'strongly disagreed' or 'disagreed' with the statement; children, young people and parents/carers know where to turn for advice and support and 26/45 (58%) professionals 'strongly disagreed' or 'disagreed' with the statement; there is enough support (information, helplines, and resources) to support CYP through this time. [11-16 year olds]

## Chapter 6: Current service activity in South Gloucestershire

This needs assessment does not attempt to fully map or evaluate the service provision in South Gloucestershire for CYP's mental health. The following sections use available data from PHE fingertips and local programme work to describe some of the current service provision and combines this with the feedback from the engagement work for this needs assessment.

There are many community-based services that may not be mentioned because they are too numerous and fall outside of the scope of this report but nevertheless provide an extremely important lifeline of support to many children, young people, and their families.

The engagement work frequently highlighted one of the positive things working well in South Gloucestershire is the strategic alignment of the schools and mental health services and whole-system approach to partnership working.

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*Education & Learning Services, South Glos: 'Most important to build resilience in our children and young people and to continue and strengthen joint working between education, public health, social care/children's services.'*

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### 6.1 Children Under 5:

There is currently a range of services provided for this age group including Preventative Services (Compass, Families Plus 0-5), Inclusion Hubs, midwifery care, health visitors, CAMHS infant health team and perinatal mental health community and specialist services. There are also locally driven initiatives such as targeted work in Patchway in schools and pre-schools supporting parents.

In 2019/20, PHE Fingertip's data shows that:

- 86.3% of new birth visits are completed within 14 days, this is better than the South West average (80.4%) and similar to the national average (86.8%).

- 100% of children aged 2 to 2.5 years receiving ASQ-3 as part of the Healthy Child Programme or integrated review, better than South West average (92.6%)

The Children's Services Analysis Tool (ChAT) in May 2021, reports 7242 contacts and 855 Early Help contacts and 857 referrals in the last 6 months in <18 year olds. These are individuals who contact the local authority through the Access Response Team (ART) requesting additional help forming a continuum from information, early help, through to requiring social services and state intervention. Although there is no data to understand the burden of mental health issues among these contacts, the vast majority of CYP and their families will have emotional wellbeing needs associated with asking the local authority for additional help.

A consistent finding of the engagement work for this needs assessment emphasised the importance of providing timely early years provision, highlighting the benefits of early intervention and prevention and the importance of fostering strong, caring, and nurturing relationships at an early age.

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*CAMHS Staff Member: 'We need more investment in antenatal and ages up to 5 years. The sooner we start supporting families the more effective it is.'*

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CAMHS Infant Mental health team are one of the few CAMHS services which has not seen a large surge in caseload since the Covid-19 pandemic in 2020/21, although other areas of CAMHS services are supporting an increase in the number of young mothers with mental health problems. It is not clear yet whether this is due to a delay in referrals, a currently unmet hidden need from the impact of Covid-19, or a true reflection of current demand.

There were an estimated ten teenage parents aged 17 and under in South Gloucestershire in 2018/19; this trend has been decreasing over the last decade and is lower than the English average.

## 6.2 Children aged 5 to 17

There are a range of services in South Gloucestershire that provide universal and targeted services for CYP, but it is important that these are appropriate, accessible, and meet the needs of the local population.

### *Schools are well-placed to create a happy and healthy environment*

CYP spend a lot of their time in educational settings. It is important that these are happy and healthy environments that enable children to flourish and thrive.

A key theme arising from the engagement work for this needs assessments from young people, professionals and parents alike was that schools are, too often, places where CYP can feel stressed and overworked. There was a general impression that curriculums are too focused on academic outcomes and exams, and do not allow the child or young person to develop their own voice, personality, and chance to be creative.

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*Families Plus practitioners: [We need to] 'get creative with the curriculum'...  
'Schools are starting to see academic performance and MH with equal  
importance (still a long way to go)'*

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*Foster Carers survey response: “Mental health is very fragile, and health and emotional wellbeing should be a main curriculum lesson for our YP to thrive.”*

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School nurses may be well placed to support students with emotional wellbeing and mental health needs and yet they do not have enough capacity or resource to adequately respond to the demand.

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*Youth Board focus group: [re School Nurses] ‘In year 7 school nurses came to talk to the school, they said the days they are in.’*

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In addition, some disciplinary and isolation practices including, but not limited to, fixed or permanent exclusions have a negative impact on children’s mental health and emotional wellbeing. These can also impact on CYP who are already vulnerable, in particular those with Special Educational Needs & Disabilities (SEND) – see section 7.1.

Some secondary schools have benefitted from having a youth worker based within the school who can be a trusted adult who is not related to school. They can help engage the young people in positive activities outside of school and within the nearby youth centre and can be a support within the school when the young person is struggling.

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*Youth Partnership Board Group Interview: ‘Having a youth worker based within schools really helps to build relationships and help a young person directly with any school struggles. This has helped some students from not getting excluded from school. The youth worker can see the differences in the young person between the two settings (school and youth club).’*

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Health in Schools Mental Wellbeing Award (MWA)

The Health in Schools Mental Wellbeing Award (MWA) has run in South Glos since 2018, led by Public Health as part of the wider Health in School Programme Awards. The MWA supports schools to imbed a whole school approach to support the mental health and wellbeing of pupils, staff, parents and carers. This involves an audit process, action planning and implementing change for a school to be awarded. So far 37 schools have taken part with 27 awarded for their commitment to changing culture around mental health in their settings, having an impact on about 26,500 CYP across South Gloucestershire. Primary, secondary, college and specialist provisions have all been awarded. Some of the highlights included: training staff, introducing wellbeing zones, student ambassadors, workshops for parents and schools taking part in Children’s Mental Health Week.

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*School Staff member: ‘It has normalised mental health difficulties and given everyone a voice as well as the understanding and knowledge of how we can help ourselves, each other or who or where to ask for help’*

*Parent: ‘It’s reassuring to know that the school my child attends is invested in the mental health. The wellbeing section of the weekly newsletter is always up lifting*

*even in these challenging times and it is good to have tips and resources we can use at home. The school has been amazing during the lockdowns carrying out weekly phone calls to check the wellbeing not only of the child but us parents too'*

*Student: 'Becoming a student ambassador has helped in school as we have helped people who are struggling and also helped us with our own wellbeing'*

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Taking a whole school approach to mental health and emotional wellbeing is integral in achieving real culture change and breaking down stigma. The award (like many similar schemes across the country) was based on PHE paper on taking a whole school approach.<sup>44</sup> This is an approach that is now being adopted by the newly instated Mental Health School Teams, a joint venture between Avon and Wiltshire Partnership (AWP) and Off The Record (OTR) that is due to be trialled in the Hanham area of South Gloucestershire. Similarly, a new Primary Mental Health Specialist (PMHS) is to start to support the Thornbury SEND cluster also likely to adopt a whole school approach. A best practice/whole school approach checklist is available for any school to use.

However, despite many schools starting to adopt whole school approaches, many are yet to introduce this and time pressures on staff or key people to lead on this is often one of the barriers.

*Teacher from school which had adopted the whole school approach: "School staff are not experts but are expected to be. More counselling and mental health support is needed in schools."*

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Several school staff said the need for a "trusted adult" at school and at home was key to supporting CYP 's emotional wellbeing. Particularly in specialist provision where young people with Social, Emotional and Mental Health needs (SEMH) can lack support at home.

### Universal Services

Universal services, which have a fundamental role in promoting mental wellbeing and preventing poor mental health, should be available to all CYP. Provision of after-school clubs for sport, art, music, and hobbies are often not considered a source of mental health service provision but are fundamental to ensuring emotional wellbeing. They are considered less stigmatising, and it was felt that children and their families are more likely to come forward to these general services compared to framing services as 'specialist' provision. There were frequent comments throughout the engagement process to suggest that we can always benefit from more preventative universal services.

*Youth worker: 'packaging mental health activities among other types of support is a helpful way of engaging CYP in services.'*

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<sup>44</sup> [Promoting children and young people's emotional health and wellbeing - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/421212/promoting-children-and-young-peoples-emotional-health-and-wellbeing.pdf)

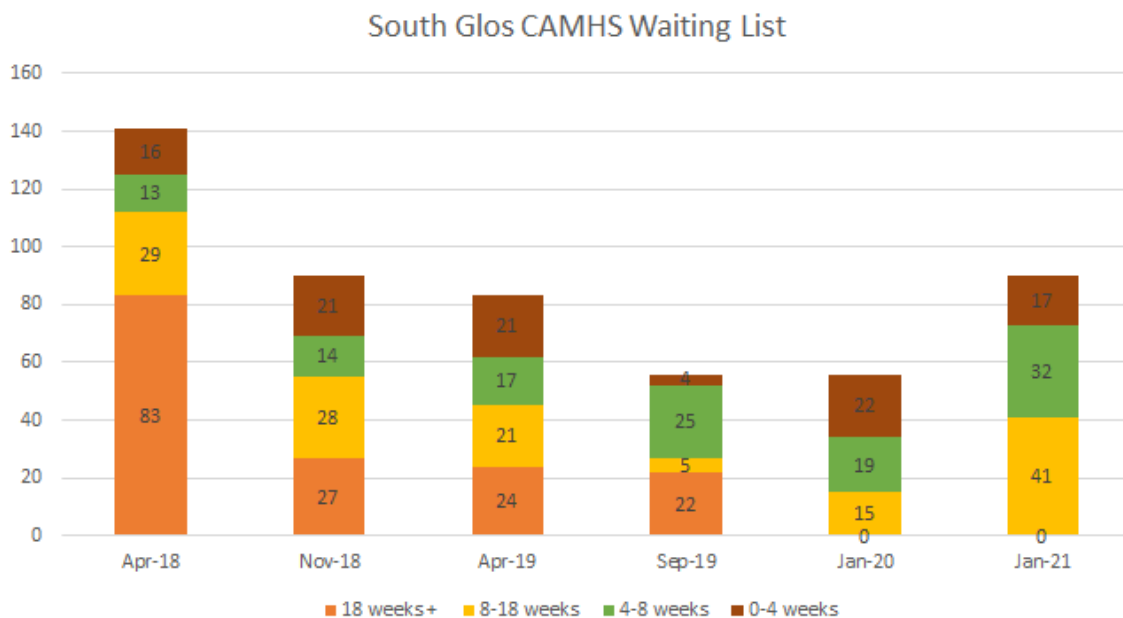
A particular age-group that have a relative shortage of service provision is primary-age school children who no longer have access to services for children < 5 years old but also cannot benefit from many of the secondary-school age services either.

There was also clear feedback from one member of the Youth Board that to destigmatise mental illness there needs to be more awareness and open discussion of mental health and the importance of looking after everyone’s mental wellbeing, “even those who appear mentally healthy”.

### Mental Health services

At the other end of the spectrum, specialist mental health services such as Children and Adolescent Mental Health Service (CAMHS) fulfil a very necessary role for CYP who require specialist support and treatment with access to a wide range of evidence-based treatments including Cognitive Behavioural Therapy, family therapy, psychotherapy, art psychotherapy, Dialectical Behavioural Treatment skills, prescribing, social work, Eye Movement Desensitization and Reprocessing (EMDR).

#### Number of children waiting for CAMHS services by length of time on the waiting list, 2018 - 2021



Source: CAMHS, Avon & Wiltshire Mental Health Partnership NHS Trust

Waiting lists for CAMHS were improving between April 2018 and January 2020 also associated with a reduction in the number of referrals. The Covid-19 pandemic has resulted in the recent increase in 2020/21. In March 2021, there were a total of 539 CYP in the CAMHS caseload, of which 107 are currently on the waiting list.

Kooth and Off The Record (OTR) are two of the main Voluntary, Community and Social Enterprise (VCSE) providers of mental health support locally. They were consistently reported as providing a good service by professionals, parents and carers during engagement work.

In 2020/21, OTR provided 59 online res labs with 356 YP attending (where a South Glos postcode has been recorded for the CYP). OTR provided 1:1 sessions for 258 young people with 74% recording a positive outcome, and 40 young people attended at least one group (MindAid, hARmed, Shameless) with 64% recording a positive outcome.



In 2020/21, Kooth had 417 new registrations and 4,124 logins from 504 service users. 45% of new registrations had heard about the service from school or a teacher and 13% had heard about it from their GP. 95% of users would recommend the service.

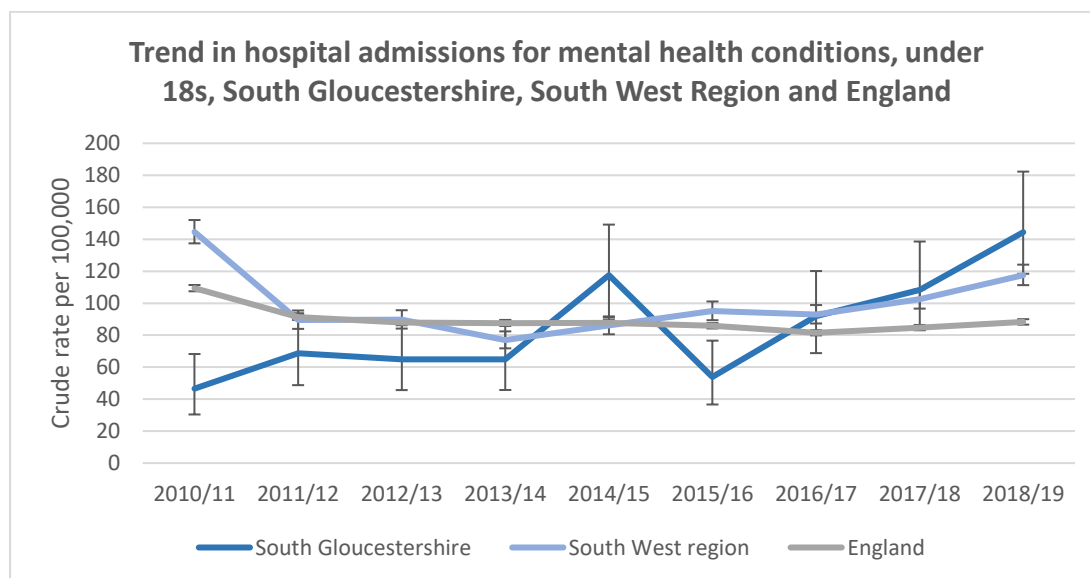
Demographics (%) of CYP attending CAMHS, OTR and Kooth by gender, age, and ethnicity

	<b>CAMHS (March 2021) N= 539</b>	<b>OTR (2020/21) N= 503</b>	<b>Kooth – new registrations (2020/21) N=417</b>
<b>Gender</b>			
Female	61%	65%	72%
Male	38%	28%	24%
Indeterminate	<1%	5%	5%
<b>Age Groups</b>			
0-5	3%	n/a	n/a
5-11	13%	14%	10% (11 year olds)
12-16	66%	Not available	72%
17-18	18%	Not available	18%
<b>Ethnicity</b>			
BAME	6%	7%	11.5%
White British or White Other	81%	78%	Not available
Missing data	13%	15%	Not available

Source: Avon & Wiltshire Mental Health Partnership NHS Trust (CAMHS), Off The Record (OTR) and Kooth. Percentages, rather than absolute numbers, are shown in the table below to prevent issues of small number disclosure. n/a: not applicable

**Hospital Admissions for Mental Health Conditions**

PHE data shows that the national level there has been no significant change to the rate of hospital admissions for mental health conditions amongst under 18s over the last ten years. However, in South Gloucestershire rates have been variable, and there have been notable increases in recent years. The rate is currently significantly higher than England and South West averages. There are many reasons why this is the case, but further exploration to understand that and provide support to reduce hospital admissions where possible, is needed.



Source: PHE Fingertips

### 6.3 Services for Young People aged 18 – 25 and transition to adult services

Some of the mental health services available for this age-group include:

- Kooth is available in the South Gloucestershire area up until the age of 19.
- Off the Record supports young people up until the age of 25 - a considerable proportion of their projects are available for over 18 year olds for example peer mentoring, OTR writes, OTR Sounds, Book Club, The Mentality Project and more
- 1625 Independent People have a transitions and resilience service working with young people who are leaving care (16 – 21 year olds), young people leaving custody (16 – 19 year olds) or are at risk of entering custody (16 – 19 year olds)

### 6.4 Specialist services:

This section mentions some of the specialist mental health services available in South Gloucestershire but does not intend to be a comprehensive list of all available services.

#### Mother & baby unit

The BNSSG Community Perinatal Service can support woman antenatally and postnatally with longstanding severe mental illness. These include bipolar, psychosis, previous postpartum psychosis, eating disorder, Obsessive Compulsion Disorder (OCD) and severe anxiety. Perinatal mental health teams were set up after studies found that access to evidence-based specialist mental health care was significantly beneficial to mum, baby and family.<sup>45</sup>

#### Eating Disorder Services

Eating disorder services in South Gloucestershire sit within CAMHS who have a specialist Eating Disorders Clinic where young people with possible eating disorders are seen within 7 days if urgent and 28 days routinely. The approach when working with those that access the service is family therapy. There are also inpatient services for eating disorder but there is a lack of local specialist beds and waiting times for out of area are extensive due to the demand and increase in eating disorder presentation across the country.

Number of CYP attending CAMHS for Eating Disorder (ED) services in South Gloucestershire, as % of total caseload over the last 4 years.

South Gloucestershire CAMHS Total & Eating Disorder Caseload				
	2017/2018	2018/2019	2019/2020	2020/2021
Total	531	550	569	542
Eating Disorders	29	54	53	81
% ED	5	10	9	15

*Source: Avon & Wiltshire Mental Health Partnership NHS Trust (CAMHS). Please note % are the total ED cases as a % of the entire caseload. The following dates were used to capture each caseload snapshot 31/03/2018, 31/03/2019, 31/03/2020 and 31/01/2021.*

The Covid-19 pandemic has seen an almost doubling of referrals nationally to CAMHS eating disorder clinics in the year since March 2020.<sup>46</sup> Evidence from Kooth that for many young people

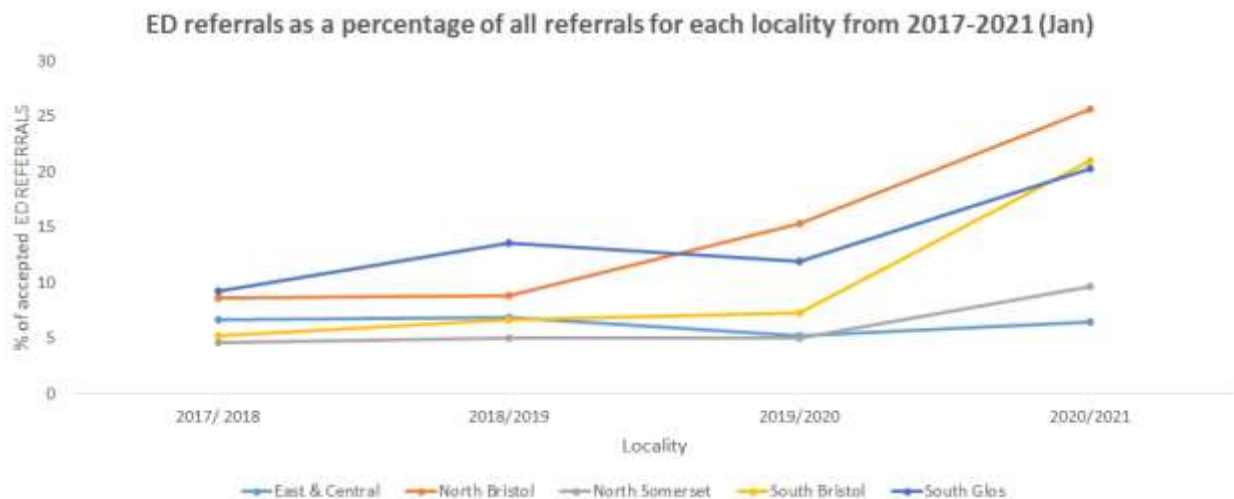
<sup>45</sup> [Perinatal Units - Avon and Wiltshire Mental Health Partnership NHS Trust \(awp.nhs.uk\)](http://awp.nhs.uk)

<sup>46</sup> [Statistics » Children and Young People with an Eating Disorder Waiting Times \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/children-and-young-people-with-an-eating-disorder-waiting-times)

already struggling with eating difficulties, the lockdown has led to a marked worsening of existing symptoms – including binge eating, counting calories, and over-exercising – as a way of coping with the stresses and anxiety of the pandemic.<sup>47 48</sup>

The percentage of eating disorder referrals in South Gloucestershire has been one of the highest in the region across the past few years and the pandemic has highlighted this problem with a dramatic increase in the past year.

Eating Disorder referrals, as a percentage of all referrals to CAMHS for each locality in BNSSG from 2017 – 2021 (Jan)



Source: AWP, CAMHS data

### Early intervention in psychosis

The Early Intervention in Psychosis Team in South Gloucestershire is a multidisciplinary team for anyone aged 14+ who is experiencing symptoms of psychosis. The aim of the service is to support individuals and their families as early as possible for up to 3 years.

### Autistic Spectrum Disorders

A new Hub to streamline autism assessments for young people in Bristol and South Gloucestershire opened in September 2020 by the Community Children’s Health Partnership (CCHP), which allows those referred to be assessed in just one visit and parents and carers are also able to self-refer through the website. However, waiting lists are currently as long as 18 months – 2 years to get an assessment.

### ADHD

In South Gloucestershire ADHD can only be diagnosed by a community paediatrician following referral from a GP, Educational Psychologist, or other health professional. CAMHS do work with CYP with ADHD if they develop mental health problems e.g. anxiety and depression. CYP diagnosed with ADHD can also gain support through the EHCP process.

Further context for CYP with SEND is provided in Chapter 7.1.

<sup>47</sup> Kooth State of the Nation Report 2021

<sup>48</sup> Covid-19 and eating disorder in young people, The Lancet Child & Adolescent Health, May 2021  
[https://doi.org/10.1016/S2352-4642\(21\)00094-8](https://doi.org/10.1016/S2352-4642(21)00094-8)

## 6.5 Information offer and digital services

This chapter, so far, describes the range of services in South Gloucestershire from universal services and school-based support through to specialist mental health services. Whilst improvements to the services themselves are warranted, it is clear from engagement work that there also needs to be an improved local information offer for CYP, their families and carers, and professionals to better understand what is available, to whom and when. This will enable timely early intervention to support and prevent CYP getting to the point where they require specialist or tertiary-level support.

There are many benefits from increasing access to online information and resources. Many local and national services have websites aimed at CYP.

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*Youth Board Focus Group thought an anonymous helpline where people could communicate over text would be useful. It 'would make it a lot easier for young people and encourage them to use it.' Any service should be advertised widely on social media – 'Snapchat and Instagram... Facebook is for adults.'*

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The Mind You website launched in 2018 as a CYP mental health and emotional wellbeing hub for South Gloucestershire Council and maps the current services locally. As a response to Covid-19 and lockdown a dedicated page was added to Mind You with information around services, resources, information for parents and more. Throughout the period of April to September 2020 there was increased mental health messaging going out on the Council's Facebook page signposting people to Mind You, which led to an increase in users, with quite a proportion of users viewing the new Covid-19 information page.

Time Period	No. Users	Total Page Views
Feb – August 2019	2638	5895
Feb – August 2020	3693	6686

Source: Mind You Website Analytics, February – August 2019/20

None of the six children at the Youth Board had heard of this website. The Barnardo's HYPE consultation also found that none of the 129 young people in year 9 through five classes of a South Gloucestershire Secondary School they spoke to had heard of the website. Although promotion of the Mind You website has happened since its launch in 2018 it has been sporadic, and the messaging has not always made it to the young people themselves. It is believed that the site is mostly used by professionals and parents.

It was felt by some professionals that this information offer could be improved, particularly by signposting which services were appropriate for CYP in different circumstances.

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*Compass Team Member: 'It is good to have a range of resources to signpost too for example Mind You, Kooth as not all CYPs will be confident enough to talk to someone face to face about what they are going through or what they are feeling.'*

*Out in South Glos, Focus Group: "The benefit of the current climate is that a lot of things are viewed online, which can make them more accessible to people who*

*find travel really difficult, if their parents don't know and they can't travel, or if they have anxiety with face to face, it's really difficult, so maybe that kind of thing can continue as an option. Not necessarily as a must, but an option for people who may prefer it."*

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All online information and service provision is dependent on CYP having access to the internet in a safe and private environment. There are also risks associated with access to age-inappropriate material and online trolling or abuse that can worsen mental health issues. Cyberbullying is an important emerging issue, with one survey reporting around 18% of 11 to 15 year olds experiencing some form of bullying via electronic communication over a two-month period.<sup>49</sup> Use of the internet and social media can have a positive or negative impact on the mental health and emotional wellbeing of CYP. The Royal Society for Public Health estimate that 91% of 16 to 24 year olds use the internet for social networking, and suggest that this is linked with increased rates of anxiety, depression, and poor sleep.<sup>50</sup>

Many professionals emphasised the risk of digital exclusion where CYP do not have access to the internet at home. In February 2019, there were an estimated 1 million CYP<sup>51</sup>. There has been significant investment by the UK government and BBC Children in Need during the Covid-19 pandemic to tackle digital exclusion, so it is difficult to estimate the number still in need.


Services reacted quickly to COVID getting sessions onto a digital platform within weeks of lockdown happening and face to face sessions having to cease, ensuring that there was still mental health support for the CYP of South Gloucestershire. However, a digital offer cannot be relied on as a long-term mental health offer and a blended approach is what is needed. For some young people, the digital option has been a benefit as due to conditions like social anxiety they would never have walked through the door of a face-to-face session. But for others, digital was not an option as they didn't have a safe space at home to openly talk about their mental health. It also highlighted digital poverty within South Gloucestershire with schools, communities and church groups providing equipment to CYP for them to continue schooling throughout lockdown.

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*Off the Record Group interview: 'Digital is not always a good substitute for all, some young people have chosen to wait until face to face has started back up. However, it has really benefited some who would never have attended a physical session. The pandemic has really highlighted and widened the gap between social inequalities. There is a need to be aware and conscious of digital poverty – some young people do not have access to digital equipment and therefore haven't been able to access sessions.'*

*Team Member of Compass; 'Digital poverty has been hard for a number of families – what is already a stressful situation made worse by not having what is*

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<sup>49</sup> [Public Health England. Cyberbullying: An analysis of data from the Health Behaviour in School-aged Children \(HBSC\) survey for England, 2014 \(2017\)](#) 

<sup>50</sup> [Royal Society for Public Health. Status of Mind: social media and young people's mental health and wellbeing \(2018\) https://www.rsph.org.uk/our-work/campaigns/status-of-mind.html](https://www.rsph.org.uk/our-work/campaigns/status-of-mind.html)

<sup>51</sup> [Digital Access for All launches to help solve problem of digital exclusion - Nominet](#)

*needed for their children to be able to do school work, attend sessions etc especially if this is the only way to engage.'*

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Digital exclusion is only one of many barriers that increases inequalities. Accessibility, due to variation in provision or barriers such as cost, time or acceptability, generate inequalities between and within communities in accessing services. There is more information about high-risk groups in Chapter 7.

## Chapter 7: A focus on inequalities

This chapter aims to shine a light and explore in more detail some of the challenges faced by certain groups of CYP due to inequalities of deprivation or protected characteristics. Where possible, local South Gloucestershire specific data and qualitative feedback from engagement work to understand the lived experiences of these CYP has been included. This cannot be an exhaustive list, and there may be other groups of CYP who are at considerable risk who are not mentioned.

### 7.1 Inequalities due to sociodemographic deprivation

As described throughout Chapter 5, many of the risk factors for mental health and poor emotional wellbeing are associated with sociodemographic deprivation. Families who live in more geographically deprived communities are more likely to experience many of these simultaneous risk factors such as low household income, poor housing, parental unemployment, and lower educational attainment.

National data from the ONS in 2018 report that 27.5% of children who receive Free Schools Meals said they were 'often' lonely, compared with 5.5% of those who did not.

Across South Gloucestershire, the highest levels of deprivation are found within the Council's designated priority neighbourhoods (PNs). In terms of the IMD 13 of the 20 most deprived LSOAs in South Glos are located within PNs. Staple Hill PN contains the most deprived LSOA in South Glos, and all LSOAs within the Cadbury Heath and Patchway PNs are within National Quintile 2.<sup>52</sup>

The 2018 OPS Report by the EPI team in South Gloucestershire Council analysed the 2017 OPS results by certain risk factors including deprivation. There were three localities based on different areas with South Gloucestershire. 'Locality 3', which refers to schools in the Kingswood area which is more urban and densely populated with residents experiencing a higher level of deprivation than elsewhere in South Gloucestershire has the poorest outcomes in the OPS. (Locality 1 schools are in the Severnvalle area and Locality 2 schools are in Yate).

#### Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) by Locality in 2017 OPS Results

##### Locality

Figure 5 - Edinburgh Warwick Mental Health and Wellbeing score by South Gloucestershire Locality



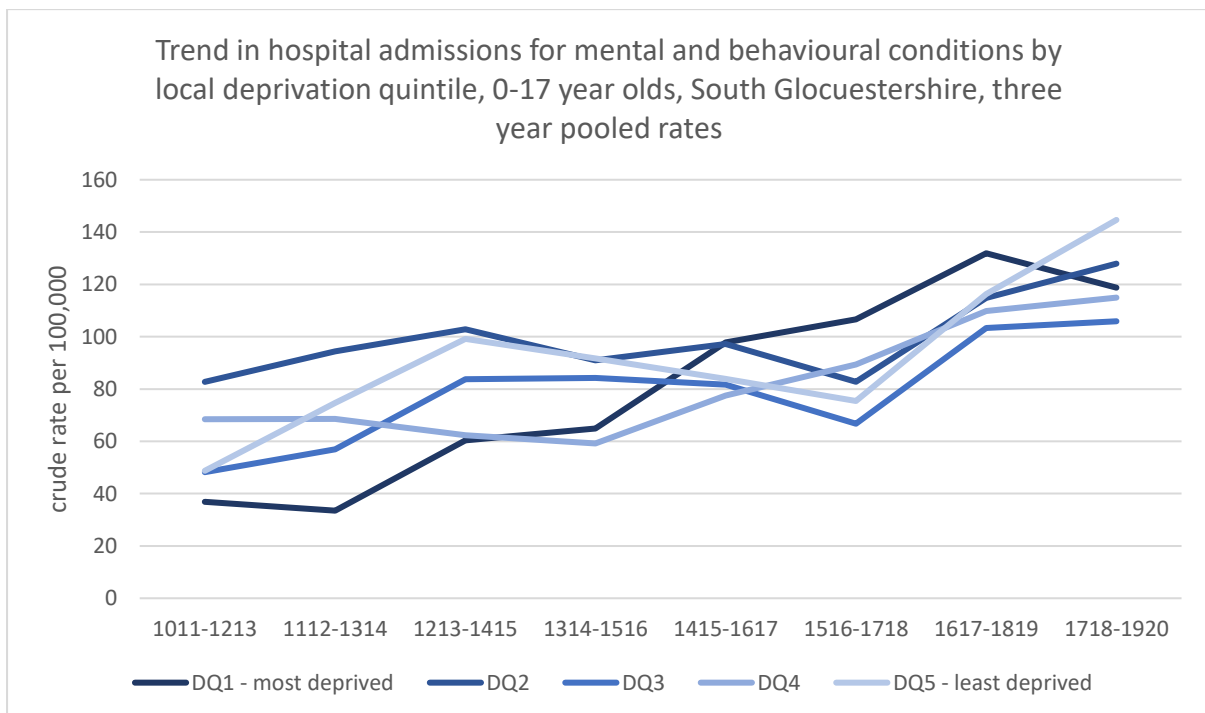
<sup>52</sup> English Indices of Deprivation 2019, South Gloucestershire Priority Neighbourhood Analysis, Research and Consultation team, SGC, November 2019.

Source: 2017 OPS Results; Analysis by EPI team in 2018

Significant findings from the 2017 OPS by locality include:

- The proportion of children and young people recording 'very poor' mental health is highest among those attending schools in locality 3 (8.4%). This difference is statistically significant to both South Gloucestershire (6.4%) and localities 1 (4.8%) and 2 (5.6%). (Graph above)
- The proportion of children and young people feeling 'unhappy most of the time/quite unhappy' is significantly higher among pupils attending schools in locality 3 (17%), when compared to the sample average (15%).
- The proportion feeling 'happy most of the time/quite happy' AT SCHOOL is significantly higher among pupils attending schools in locality 1 (67%) and significantly lower in pupils attending schools in locality 3 (58%), than the sample average (62%).
- The proportion of children and young people feeling 'quite unhappy/unhappy most of the time' AT SCHOOL was significantly higher among pupils attending schools in locality 3 (23%) and significantly lower in pupils attending schools in locality 1 (16%), when compared to the sample average (20%)

Analysis of hospital admissions for mental and behavioural conditions in under 18s has risen across all deprivation quintiles over the last ten years. There has been variation across the quintiles during that time, with no clear pattern associated. Currently the least deprived quintile has the highest rates.



Source: PHE Fingertips June 2021

## 7.2 CYP with Special Educational Needs and/or Disability

There is a complex relationship between poor mental health and Special Educational Needs and/or Disabilities. Children and young people with SEND can be at higher risk of mental health difficulties than those without SEND. Mental health difficulties may also be a cause of SEND.



Children and young people who have special educational needs and disabilities (SEND) may need extra help with their learning and the way we as parents/carers and professionals engage with them.

- **Speech, language, and communication:** may have difficulty in expressing themselves or understanding what others are saying to them and with forming friendships.
- **Thinking, understanding, and learning:** activities may be a difficult challenge, such as reading and spelling.
- **Emotional and behavioural difficulties:** may have very low self-esteem, lack confidence, find certain environments hard and behave differently to when they are at home.
- **Physical or sensory difficulties:** may have a disability, a medical condition or impairment such as hearing or visual, which can impact upon their learning.

There are hidden groups which professionals need to sharpen the focus on and gain a better understanding, this includes severe disability, deaf/blind and CYP, who have a multiple sensory impairment.

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*Parents and Carers Forum: 'Walking promoted as good for mental health and throughout the pandemic people and organisations have been posting pictures of family walks – but there is a lack of understanding that our children's mobility needs or for those with high anxiety needs mean that these walks are not accessible for them. Both wheelchair users and those with unreliable mobility or high anxiety cannot safely access this type of walk.'*

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Across the UK, CYP with SEND are more likely to experience poverty than others and therefore experience the risks highlighted in the section above. They are also less likely to experience a fulfilling education or leave school without outcomes that are more likely to result in experiencing poverty as adults.<sup>53</sup> Children with learning disabilities can find it hard to build social relationships and are more likely to say that they have difficulties getting on with their peers than children without learning disabilities. A learning disability is also likely to reduce a child's capacity for finding creative and adaptive solutions to life's challenges. All these factors are known to have a negative impact on mental health and emotional wellbeing, putting people with learning disabilities at greater risk of developing mental health problems.<sup>54</sup>

Over one in three children and adolescents with a learning disability in Britain (36%) have a diagnosable psychiatric disorder.<sup>55</sup>

- A prevalence rate of 3% for schizophrenia amongst people with learning disabilities (three times greater than for the general population), with higher rates for people of South Asian origin
- Levels of anxiety and depression are similar to those of the general population (though higher in people with Down's syndrome).

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<sup>53</sup> Joseph Rowntree Foundation: Special Educational needs and their links to poverty, Feb 2016 [Special educational needs and their links to poverty | JRF](#)

<sup>54</sup> [children-and-young-people.pdf \(mentalhealth.org.uk\)](#)

<sup>55</sup> Emerson and Hatton (2007) The Mental Health of Children and Adolescents with Learning Disabilities in Britain. Institute for Health Research, Lancaster University

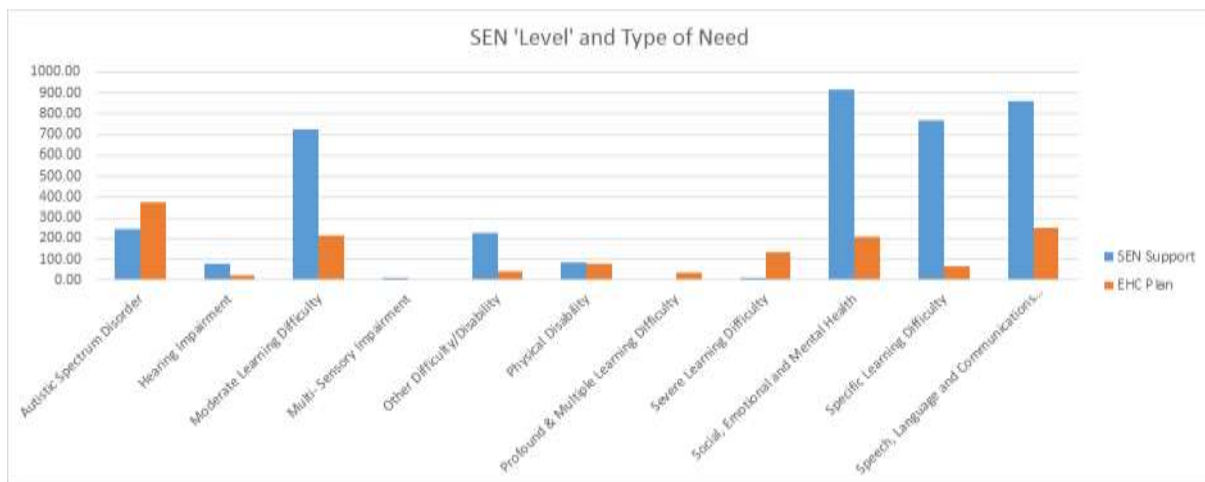
- The prevalence rate of a diagnosable psychiatric disorder is 36% in children and adolescents with learning disabilities, as opposed to 8% in those who do not have a learning disability.

These problems may be worse for those with greater support needs, particularly if they are unable to communicate their feelings or distress (which may result in behaviour mistakenly being interpreted as challenging).

### CYP with SEND in South Gloucestershire

Social, Emotional and Mental Health (SEMH) is the most common area of need for pupils on SEND Support

### SEN 'level' and type of need in South Gloucestershire



Source: Statistics website ([www.gov.uk](http://www.gov.uk)), 10/05/2021

As of January 2020, just over 21% of pupils identified as SEND Support and 14.5% of pupils with an EHCP (Education and Health Care Plan) had SEMH as their primary need in South Gloucestershire. The proportion of pupils at both 'levels' of SEND with SEMH needs was slightly, but not significantly, higher than the national average in both cases (19.4% of SEND Support and 14.2% for EHCPs). This data also suggests that the proportion of the SEND population identified as SEMH had increased year on year.

January 2020 School Census data shows that just 14 schools (of the 1123 total number of schools) in South Gloucestershire contain over one third of all pupils with SEMH.

The 2017 OPS data found that secondary school-aged young people with SEND in South Gloucestershire, compared to all respondents combined, were:



**52%** more likely to have 'poor' or 'very poor' mental wellbeing



**Over 2x** more likely to report difficulty making and keeping friends



**More than twice** as likely to report lower levels of life satisfaction



**65%** more likely to express low levels of confidence about their future



**2x** as likely to report being so worried about something they cannot sleep at night 'quite often/most nights'



**60%** more likely to report feeling generally unhappy 'quite often' or 'most of the time'

These indicators clearly show that SEMH needs are a significant area of need for the CYP of South Gloucestershire, that is seemingly increasing as time goes on. This needs to be explored further but could suggest:

- Practitioners are becoming more confident and proactive about recognising SEMH as a special educational need.
- Support for CYP with SEMH needs is not as effective as it used to be
- Educational settings may require additional support in helping young people with medium severity mental health challenges or social difficulties

#### School exclusions

Nationally, this pattern of CYP with SEND being more vulnerable to exclusion is recognised: the 'Timpson Review of School Exclusion' report on behalf of the Department for Education in 2019 identified that "78% of permanent exclusions issued were to pupils who either had SEN, were classified as in need or were eligible for free school meals. 11% of permanent exclusions were to pupils who had all three characteristics."<sup>56</sup>

A complex range of factors may contribute to this heightened levels of exclusion, which may include:

<sup>56</sup> [Timpson Review of School Exclusion \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- Pupils with SEND are more likely to face significant challenges outside of school, such as poverty or substance abuse in their local community. This may mean they experience and mimic non-desirable behaviours
- Many pupils with SEND have encountered adverse experiences or trauma in their early life that impacts on their ability to modulate their emotional responses and behaviour
- A significant majority of pupils with SEND have difficulties with their speech, language, communication, and social skills. This means they may be more likely to misread social situations or misunderstand boundaries and therefore act inappropriately
- Difficulties in families and schools accessing supportive services in a timely fashion to pre-empt and prevent reaching crisis point

Evidence suggests that previously excluded pupils often have less positive outcomes than their peers, including being more likely to be a victim or perpetrator of a crime or to be NEET (Not in Education, Employment or Training).

In South Gloucestershire, data suggests that pupils with SEND are disproportionately given fixed term exclusions (FEX), with higher rates in some SEND Clusters than in others.

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*Parents and Carers Forum Survey Response: "School anxiety and refusal issues not correctly recognised or support offered, behaviour not seen as communication, when children mask at school parents not being listened to regarding difficulties seen outside of school. School refusal being managed in a heavy handed way, instead of proactively with child's needs at the centre."*

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#### Specialist Services for CYP with SEND

In March 2021, 3% of CYP referred to CAMHS had a primary reason for referral of Autism Spectrum Disorder (ASD). In addition, there were 65 CYP referred to CAMHS for Learning Disability support, of whom 16 were on the waiting list. Of those 0–18 year-olds attending CAMHS for Learning Disability Support, 68% are male and more than half are in the 5-11 age range (source Avon & Wiltshire Mental Health Partnership NHS Trust (CAMHS)).

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*CAMHS: 'We need to look again at how we provide support for CYP with ASD.'*

*Parents and Carers Forum Survey Response: "Thresholds for services are too high, intervention takes place too late. Support is refused due to diagnosis of SEND (MH needs considered part of this instead of being treated)."*

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All the general themes of our engagement work, as described in Appendix A, were also articulated by parents, carers and professionals working with CYP with SEND.

In addition, themes arising specific to CYP with SEND include:

- Many CYP with SEND or complex health needs feel powerless and cannot articulate their needs
- Parents and carers know their child best and should be listened to when they have concerns

- Emotional wellbeing often gets lost when there has been another diagnosis or complex physical needs
- The Parents and Carers Forum offers valuable support. There needs to be more community groups that are available and accessible to CYP with SEND, especially where an adult does not have to attend with them, to give parents/carers some respite
- There needs to be more training and advice for parent/carers, schools, and professionals to understand the challenges of looking after children with SEND
- CYP with mobility difficulties and deaf-blind children face many barriers to accessing green spaces or out-of-school clubs which are not fit for purpose
- Many people feel current thresholds for services limit access and prevent CYP with SEND from getting the help they need, especially access to CAMHS
- Specific feedback from CAMHS suggest that their work with CYP with a diagnosis of ASD and mental health difficulties often requires 'co-ordination only' and a lot of staff and time resource. There may be services or processes better places to meet the needs of these CYP in a more timely way, thereby preventing escalation to and dependency on specialist services.

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*Parents and Carers Forum Survey Response: "Parents know their whole child and often see the most 'real' view of their emotional wellbeing at home where they feel safest to express themselves. Therefore, it's really important that when parents raise concerns about their CYP MH that they are listened to and taken seriously."*

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### 7.3 CYP with Long-term and/or Complex Health needs

Another group which needs to be understood is CYP who have a long term or life limiting medical condition. Not only are they having to deal with extremely challenging daily routines and lengthy hospital stays, but some will sadly have a premature death.

Some of these conditions can include the following: genetic conditions, issues/trauma at birth, complex epilepsy and neurological conditions, other medical conditions, organ conditions and vulnerability, cancer and leukaemia, and cerebral palsy.

Engagement and feedback during this needs assessment has highlighted:

- These children often feel isolated, misunderstood, stigmatised for being different and not wanting to stand out as well as struggling with sensory overload
- The CYP can feel lonely, exhausted from their medical conditions and treatment interventions. The impact from prolonged hospital stays, recovery at home and time in hospices can have a profound effect on their emotional wellbeing and self-esteem.
- For the ones who are not affected by their cognitive ability, the pressure of knowing their life will deteriorate can be extremely difficult
- Professionals also need awareness training to understand what life is like for a severely disabled child or young person with complex health needs. They may not be able to see the world around them or be able to express the trauma they have faced through invasive hospital procedures however through interventions such as music therapy, time in accessible green spaces, they can find ways to improve their emotional wellbeing

- It is not uncommon to come across children who have missed 2+ years of education due to mental or physical health issues – there needs to be a review of the hospital education offer. Furthermore, they may be too ill to attend school, so have to be home-schooled, which can add extra pressure to the family unit and CYP
- The Lifetime service offers a gold standard approach of nurses and psychologists working together to support children and families with life limiting conditions. However, the service has a narrow remit in terms of the population of children and families it serves
- Wider psychological support and interventions related to community paediatrics and more general health conditions across South Glos are limited. Increasing paediatric health psychology across the area is a large endeavour to assure equity of service for all health conditions whether life limiting or not

#### 7.4 Bereaved children and young people

The death of a parent, sibling, family member or friend can affect CYP in different ways. Emotional responses could include shock, denial, anger, guilt, depression, and acceptance. Physical responses could include changes with behaviour and mood, appetite, sleep, regression, and illness.

It is hard to quantify the exact number of bereaved children living in South Gloucestershire since data is not routinely collected. In the absence of official data Winston's Wish's produced these facts and figures, based on mortality figures, census data and other sources:<sup>57</sup>

- More than 100 CYP are bereaved of a parent every single day in the UK
- 45,000 children are bereaved of a parent or sibling every single year in the UK
- 1 in 29 CYP have experienced the death of a parent or sibling – that is at least one in every classroom
- 6,507 and 600 homicide deaths in the UK in 2018 – many of these may be parents or siblings leaving behind bereaved children
- 44,496 (estimated) children with SEND bereaved of a parent in the UK
- 41% of young offenders experienced bereavement as a child
- 6% of 5–16-year-olds have experienced the death of a close friend of the family

The emotional wellbeing needs for each child or young person, will be unique, so parents/carers and professionals will need to use their judgement, to support the CYP. Support can be accessed through resources such as Winston's Wish and Bereavement UK in schools, Cruse Bereavement Care can work with CYP. Complicated grief may require more complex support for the child or young person.

Children and young people who have lost a parent or sibling to terminal illness, may be able to access psychological support through Local hospices such as Charlton Farm, Lifetime Service, Rainbow Trust or St. Peter's hospice.

There have been more than 120,000 deaths in the UK due to the pandemic, with many CYP being affected through the death of a family member or someone else important in their life. The pandemic has created situations in which a death comes unexpectedly, without the chance to say goodbye, or where family members feel guilt that they may have brought the virus into the home. These factors may increase the likelihood of a traumatic bereavement.<sup>58</sup>

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<sup>57</sup> [Facts and Figures about Winston's Wish – Facts and Figures \(winstonswish.org\)](https://www.winstonswish.org)

<sup>58</sup> [Leading experts appeal for an understanding of childhood traumatic bereavement during and beyond the pandemic | Child Bereavement UK](#)

In a traumatic bereavement, the trauma gets in the way of the typical process of grieving. It blocks the child or young person's ability to 'make sense' of the death and adjust to their loss. As a result, how the child or young person experiences or understands the death – the meaning they make of it – results in it being experienced as traumatic. This can happen to CYP in any circumstance and at any age.

### 7.5 CYP who identify as Lesbian, Gay, Bisexual, Trans and/or Queer+ (LGBTQ+)

Children and Young People are in an ongoing process of forming and developing their own unique identities and may start questioning or exploring their sexual orientation and gender identity during this time. It is well recognised that young people who identify as LGBTQ+ may have additional needs in terms of emotional wellbeing and mental health.

National facts and figures about CYP who identify as LGBTQ+<sup>5960</sup>

- Nearly half (45%) of LGBT pupils – including 64% of trans pupils – are bullied for being LGBT in Britain's schools. This is down from 55 per cent of lesbian, gay and bi pupils who experienced bullying because of their sexual orientation in 2012 and 65 per cent in 2007
- Half of LGBT pupils hear homophobic slurs 'frequently' or 'often' at school.
- More than four in five trans young people have self-harmed, as have three in five lesbian, gay and bi young people who are not trans
- More than two in five trans young people have attempted to take their own life, as have one in five lesbian, gay, and bi students who are not trans
- 1,300 to 1,500 gay or bisexual men and 1,500 to 2,000 lesbian, gay, or bisexual women aged 16-59 will have ever experienced DVA. To extrapolate from this to estimate numbers in South Gloucestershire; 370 to 760 gay or bisexual men and 500 to 670 lesbian, gay, or bisexual women aged 16-59 will have experienced DVA in the past year<sup>61</sup>

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<sup>59</sup> [the school report 2017.pdf \(stonewall.org.uk\)](#)

<sup>60</sup> [RARE Research Report PACE 2015.pdf \(queerfutures.co.uk\)](#)

<sup>61</sup> [domestic-violence-and-abuse-strategy-2018\\_19\\_1.pdf \(openobjects.com\)](#)

The 2017 OPS data found that secondary school-aged young people who identified as LGBT in South Gloucestershire, compared to all respondents combined, were:



**2x** more likely to have 'poor' or 'very poor' mental wellbeing



**Almost 3x** more likely to report difficulty making and keeping friends



**More than twice** as likely to report lower levels of life satisfaction



**96%** more likely to express low levels of confidence about their future



**2x** as likely to report being so worried about something they cannot sleep at night 'quite often/most nights'



**63%** more likely to respond 'no-one' when asked who they would go to for help with a personal issue

See Appendix A for detailed themes arising from two 'Out in South Glos' focus groups.

Young People who identify as LGBTQ+ report that some progress has been made in recent years to increase awareness of LGBTQ+ issues and tackling assumptions and stereotyping. Some schools and colleges have LGBTQ+ groups, are welcoming and encourage acceptance and safe space to be 'out' in, where-as others have no obvious provision. The presence of a teacher(s) at the school who is 'out' helps to set an accepting culture. Bullying at school/college continues to be a problem.

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*Out in South Glos Focus Group: "So I think it's all reliant on parents being accepting enough to let the young person go to a service as well, and that can be either accepting LGBT people or of mental health because there are still a lot of parents that don't accept that mental health is a thing and that their kids could be suffering from it."*

*Out in South Glos Focus Group: "There are several services in the area, that young people can go to, like Alphabets, [that] are really good. Sometimes I think the advertisement could be better because it takes some digging to get them, but the fact they are there, it's just getting to them and finding them."*

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## 7.6 CYP from Black, Asian and Minority Ethnicity (BAME) communities

People from BAME communities often face individual and societal challenges that can affect access to healthcare and overall mental and physical health.

It is important to recognise that the term BAME covers a wide range of people with a very diverse range of needs. Different ethnic groups have different experiences of mental health problems that reflect their culture and context. Data collected on mental health in minority ethnic groups has limitations and does not necessarily represent these wide range of experiences and we acknowledge this is the case locally for South Gloucestershire.

More context about the important influences on BAME communities' mental health can be found at [mentalhealth.org](http://mentalhealth.org).<sup>62</sup> These include:

- Racism and discrimination
- Social and economic inequalities
- Mental Health stigma
- Criminal justice system and other factors

As part of the Government's Improving Access to Psychological Therapies (IAPT) agenda,<sup>63</sup> and to strengthen mental health services, there has been a new framework to help drive recruitment and diversity within the workforce,<sup>64</sup> in response to the particular and culturally sensitive barriers this community faces accessing services.

There is limited national data available on rates of mental ill-health among CYP from BAME communities. National data for all ages demonstrates that, compared to white people,<sup>65,66</sup>

- Black women are more likely to experience a common mental illness such as anxiety disorder or depression
- Black men are more likely to experience psychosis
- Black people are more likely to be detained under the Mental Health Act
- People from BAME communities are less likely to receive treatment for mental health issues and have worse outcomes.<sup>67</sup>

Local sources of information about CYP from BAME communities include the Barnardo's Report from August 2019, which included a focus group with a group of children from an African Caribbean perspective, found:

- BAME young people feel they have less information and access to services than their peers

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<sup>62</sup> [BAME and mental health | Mental Health Foundation](#)

<sup>63</sup> [Innovative ways of engaging with Black and Minority Ethnic \(BME\) communities to improve access to psychological therapies | NICE](#)

<sup>64</sup> [New framework launched to strengthen mental health support services | Health Education England \(hee.nhs.uk\)](#)

<sup>65</sup> Race Disparity Audit, Summary Findings from the Ethnicity Facts and Figures website: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/686071/Revised\\_RDA\\_report\\_March\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf)

<sup>66</sup> Mental Health Foundation. Black, Asian and Minority Ethnic (BAME) communities [www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnicbame-communities](http://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnicbame-communities)

<sup>67</sup> Race Disparity Audit, Summary Findings from the Ethnicity Facts and Figures website: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/686071/Revised\\_RDA\\_report\\_March\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf)

- Awareness of CAMHS was low
- The church was mainly seen as a source of support
- BAME group were more likely to define mental health negatively in comparison to other young people

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*YoungMinds Activist Tamanna Speaks at the Houses of Parliament: "Mainstream services need to work with BAME communities in a way that allows them to integrate cultures into services at every level to remove barriers that prevent people from accessing the right support at the right time, this is especially true for young people."*

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A limitation of our methodology during the engagement stage was not speaking to a BAME/young people of colour (YPOC) group(s), therefore their views and needs around mental health locally are not fully represented here. However, a clear theme emerging from the engagement with professionals, families and schools is the importance of understanding inequalities, protected characteristics and the impact this can have on young people's mental health. As described in the demographics section in Chapter 5.1, there are areas in South Gloucestershire that have a high % BAME population who would benefit from more attention to this issue.

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*Families Plus: 'Inequalities need to be addressed'*

*Barnardo's: 'Diversity being understood is one of the most important factors... there is a lack of opportunity to be in a group surrounded by similar young people'*

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## 7.7 Looked After Children and Care Leavers

Looked after children refers to a child or young person who is being cared for by their local authority. They may be living in a children's home, or with foster parents or in some other family arrangement. One of the most common reasons for a child or young person to be taken into care is to protect them from abuse or neglect and many are from disadvantaged backgrounds. Evidence suggests that experiencing abuse or neglect increases the risk of the child or young person experiencing symptoms of trauma which in turn can lead to long-term effects on their physical and mental health.

The move into care can be an additional trauma to the child or young person, due to increased levels of insecurity, feelings of loss and even guilt. The experiences both before and during care can lead to Looked After Children being at much greater risk of experiencing poor mental health compared to their peers. Research shows that around 45% of looked after children in the UK have a diagnosable disorder and that up to 70-80% have recognisable problems. This is not limited to older children but

can have a serious impact on the lives of younger children and their carers. Approximately 1 in 5 of children aged 5 and under exhibit signs of emotional and behavioural difficulties.<sup>68</sup>

PHE Fingertips data, in 2020, reports the following rates of Looked After Children:

- 35 per 10,000 within South Gloucestershire
- 57 per 10,000 within the South West
- 67 per 10,000 within England

Even though the figures for Looked After Children are lower in South Gloucestershire than across the South West or England they are still a key vulnerable group that need working with and support. The stigma of being looked after and the unhappiness that child or young person may feel due to the situation they are in can inhibit them accessing services. The mental health needs of this group of CYP frequently go unnoticed and unmet.

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*Q: What's important? Foster Carer from Survey responses: "That they have a sense of stability and are able to express their worries to a safe adult, that they know their concerns are heard and acted upon to support them. That their feelings are taken seriously and that they feel respected, that if they need extra support this is put in place in a timely manner and with an appropriate to their needs service provider."*

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In March 2021, there were 95 CYP in the Thinking Allowed service for CAMHS, with 36 of them currently on the waiting list. This is a structured psychological consultation and support to the systems surrounding Looked After Children.

	% demographic groups
<b>Gender</b>	
Female	49%
Male	51%
<b>Age</b>	
0-5	<10%
5-11	22%
12-16	27%
17-18	<10%
<b>Ethnicity</b>	
BAME	13%
White British or White Other	62%
Missing data	24%

*Percentages, rather than absolute numbers, are shown in the table below to prevent issues of small number disclosure. Some % do not add up to 100 due to missing data.*

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<sup>68</sup> Mental Health of Looked After Children in the UK: Joe Sempik, [Mental Health of Looked After Children in the UK: Summary \(nice.org.uk\)](https://www.nice.org.uk/guidance/TA64)

Care Leavers are an especially vulnerable group of young people, who face all the usual challenges associated with transitions as described in Chapter 5.3 (18 – 25 year olds) but with additional pressures that may arise from a lack of security, reliability, and stability in their lives.

The Health Project, a survey by the Care Leavers Association completed in December 2017, found that care leavers experienced low self-esteem, anxiety, depression, and isolation which is reported to be consistent with other research on care leavers.<sup>69</sup> In their survey they found that:

- 87% experienced low-self-esteem
- 79% of respondents experienced anxiety
- 75% experienced depression
- 75% have experienced feeling isolated.

The impact of Covid-19 on Looked After Children and Care Leavers in South Gloucestershire are described in more detail in Chapter 5.4.

## 7.8 Young Carers

Young carers are children under 18 who look after a family member or friend. They may be providing care to someone of any age who is; disabled, physically or mentally ill, frail, or elderly or misusing alcohol or other substances. This extra role and responsibility often means they miss school and social interaction with peers and can sideline their whole childhood. Young carers can often be described as a ‘hidden group’ meaning professionals like teachers, doctors etc are not aware of the support and care they are providing and the impact it is having on their lives.

There are 800,000 CYP aged between 5-17 years who care for an adult or family member in the UK. One third of young carers report having a mental health problem and 27% of young carers aged 11-15 years miss or have difficulties at school because of their caring responsibilities.<sup>70</sup> Young Carers from a BAME background are more likely than other young carers to be isolated from support services, according to a report by Barnardo’s.<sup>71</sup>

According to the 2011 census there are 1,384 young carers (aged 5 – 15) in Bristol and South Gloucestershire and 16,118 unpaid carers (aged 5-17 years old) in the South West.<sup>72</sup>

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*[Young Carer Story, Bristol & South Glos Carers Support Centre; “Ryan is 11 years old. He cares for his mum who has long-term mental health conditions and his two brothers who both have autistic spectrum disorder. When we began working](#)*

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<sup>69</sup> [Health Project – The Care Leavers Association](#)

<sup>70</sup> [Supporting Young Carers | The Children's Society \(childrenssociety.org.uk\)](#)

<sup>71</sup> Caring Alone. Why Black, Asian and Minority Ethnic young carers continue to struggle to access support. Feb 2019 [Barnardos Caring Alone report.pdf](#)

<sup>72</sup> Bristol and South Gloucestershire Carers Support Centre [www.carerssupportcentre.org.uk/young-carers](http://www.carerssupportcentre.org.uk/young-carers)

*with Ryan he was feeling low and frustrated. He was missing out on activities and opportunities and feeling isolated. Ryan's mum told us that he would often bear the brunt of her emotions due to the stresses of their family life."*

The 2017 OPS survey found that secondary school-aged young people who reported taking on a caring role, or supporting a family member who is disabled, long-term sick, experiences mental ill-health or misuses drugs or alcohol in South Gloucestershire, compared to all respondents combined, were:



**52%** more likely to have 'poor' or 'very poor' mental wellbeing



**Almost 2x** more likely to report difficulty making and keeping friends



**70%** more likely to report feeling generally unhappy at school



**65%** more likely to express low levels of confidence about their future



**More than 2x** as likely to report being so worried about something they cannot sleep at night 'quite often/most nights'



**77%** more likely to report feeling generally unhappy 'quite often' or 'most of the time'



**37%** more likely to respond 'no-one' when asked who they would go to for help with a personal issue

## 7.9 Youth Offending

Children who end up in custody are three times more likely to have a mental health problem than those who do not. They are also more likely to have more than one mental health problem, to have a learning disability, to be dependent on drugs and alcohol.<sup>73</sup>

There were ~60 first time entrants (aged 10 – 17) into the criminal justice system in South Gloucestershire in 2019/20 (2.4 per 100,000). This is lower than the South West (3.2 per 100,000) and national (3.5 per 100,000) averages.

The South Gloucestershire Youth Offending Team (YOT) is a multi-disciplinary team working with young people aged 10-17 to prevent youth crime and reduce re-offending in South Gloucestershire.

<sup>73</sup> [Youth justice | Centre for Mental Health](#)

The YOT gets involved if a young person gets into trouble with the law, is charged with a crime and has to go to court, is convicted of a crime and given a sentence. Vinney Green Secure Children's Home is for young people sentenced for criminal offences or remanded to youth detention accommodation. The long-term objective of the unit is to work with young people to change their problematic behaviours to allow them to become a responsible member of their community.<sup>74</sup>

Feedback from the YOT team for this needs assessment included:

- Multiagency working between YOT, Social Care, Families Plus and Young People Drug & Alcohol Service is generally working well
- Virtual working has not worked well, and YOT need to see CYP in-person
- There is a lack of employment and training opportunities which impacts on the emotional wellbeing of these CYP

### 7.10 Unaccompanied asylum seekers & refugees

There is evidence to suggest that psychological problems, particularly symptoms of depression and post-traumatic stress disorder, are more prevalent in unaccompanied asylum-seeking children than their peers.<sup>75</sup>

In 2017/18, the ONS predicted minimum number of 15 unaccompanied asylum seekers in South Gloucestershire. There are challenges associated with providing services for this small, but nevertheless vulnerable, group of CYP.

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*16-25 Independent People: 'Many services, for Young Asylum Seekers and Refugees are in Bristol which can be a challenge for young people who live in South Gloucestershire to access.'*

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### 7.11 Intersectionality

We know that having 4 or more ACEs increases the risk of suffering from mental health issues. In a similar way, we must take an intersectional lens to the 'at risk' groups highlighted above.

Children and young people who identify as more than one of the 'at risk' groups, for example LGBTQ+ and BAME, and/or who are also living with a disability may face even more challenges with their own emotional wellbeing. They may struggle to find peers who they identify and connect with or services where they see others like them represented.

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*Out in South Glos Focus Group: "There is another gap... and I think it's really important, the special educational needs for LGBT. Oh my goodness, there is nothing in school about that. And I've had, personally, children who in front of*

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<sup>74</sup> [The South Gloucestershire Youth Offending Team \(YOT\) | South Gloucestershire Council \(southglos.gov.uk\)](#)

<sup>75</sup> Psychological distress and mental health service contact of unaccompanied asylum-seeking children. Sanchez-Cao et al. Child: care, health and development. <https://doi.org/10.1111/j.1365-2214.2012.01406.x>

*me, they have cut their veins or cut everywhere, several times a day, because they didn't know how to say, "I am actually gay, and I feel that this is a wrong body."*

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## Chapter 8: Key findings and Recommendations

### 8.1 Key Findings

Following a rigorous methodology, combining quantitative and qualitative data, and extensive engagement work, the key findings of this needs assessment are:

- Every CYP is unique and should be seen as a whole person in a whole community, taking into account how their history and their present impacts on their future.
- CYP's emotional wellbeing is really important and can be promoted by creating a culture and environment where strong nurturing relationships can develop among and between children, young people, families, carers, and professionals.
- Universal services that encourage positive activities and development of peer friendships and family relationships, are critical to promoting emotional wellbeing, and help to prevent the development or worsening of mental health problems. These services need to be accessible to all.
- Early intervention when things start to go wrong with CYP's mental health but does not yet meet the thresholds set for specialist services is essential, and families and professionals are finding it a challenge to get the appropriate support in a timely manner.
- Schools are well placed to create healthy and happy environments which enable children to flourish and thrive. They are not always achieving this due to concerns about over-reliance on academic achievements. Schools that have a culture of celebrating difference and diversity, take a strong stance against bullying, encourage positive activities, and broaden their curriculum create a healthier environment to support CYP's emotional wellbeing.
- For many, there is a good relationship between services, multi-agency meetings and schools so that in the most part, there is good system-level co-ordination of care for CYP. A strong message was to ensure there was no 'wrong front door' and services should continue to work together to provide this.
- There are several services available to support CYP's mental health and emotional wellbeing in South Gloucestershire and yet the information offer in order to find and signpost CYP and families/carers to the most appropriate service needs to be strengthened.
- Digital resources, such as online forums, websites, and online virtual meetings (as a result of Covid-19), can be helpful but a blended approach with in-person services is required to



reach all CYP. Digital exclusion is a real issue for some of the most vulnerable CYP and should always be considered to ensure they can access the support required.

- Certain groups of CYP are at higher risk of mental health problems and face barriers in accessing services which meet their needs. Intersectionality of individual CYP should be considered when assessing whether services are accessible.
- Covid-19 has impacted on CYP's mental health and emotional wellbeing in a variety of ways. We are starting to see increased pressure on specialist services where CYPs' mental health has been negatively affected and there have been delays in detecting this or seeking help as a result of the pandemic. The full impact of the Covid-19 pandemic on CYP's mental health and emotional wellbeing will not be realised for many years.
- Across the whole spectrum from promotion of emotional wellbeing to specialist mental health support, adequate and appropriate resources and funding are required to reflect the significant impact this has on CYPs health and wellbeing now and in the future.

## 8.2 Recommendations

Based on this needs assessment and an appreciation of the council's current areas of focus, the following recommendations are to be considered in the development of the South Gloucestershire 2021 – 2025 Children and Young People's Mental Health and Emotional Wellbeing strategy.

### Whole-population approaches

1. Improve the voice of CYP, parents and carers, to enable co-development of services that take into account the understanding and perspective of people with lived experience
2. There needs to be a renewed effort to create a culture and environment in South Gloucestershire where strong nurturing relationships can develop, and positive activities and non-specialist services that promote and support emotional wellbeing in CYP are encouraged and recognised for the vital role they play in, but not limited to, the prevention of mental health problems
3. Work with urban planning and green infrastructure colleagues to ensure that urban and natural environments are accessible and safe for all CYP, recognising their importance for emotional wellbeing and the inaccessibility due to physical disabilities that some CYP face.
4. To continue the development of a trauma informed system, based on the learning from ACEs and other traumas, across universal provision and specialist mental health services, including schools.
5. Use evidence-based approaches to ensure adequate and appropriate resource and funding of the whole spectrum from prevention to treatment for emotional wellbeing and mental health support.
6. More exploration is needed to understand, and reduce, hospital admissions for mental health conditions in the under 18s.

## Perinatal

7. Focus attention on strengthening early help and prevention services for the youngest age group from antenatal through to 5 years old. These formative years are critical to ensuring strong nurturing relationships develop and are the foundation of what emotional wellbeing is built upon.

## Information and Digital

8. Strengthen the information offer and signposting of wide range of available services to CYP, parents, carers, and professionals so the CYP can access appropriate services and support in a timely way
9. Improve the understanding of the size of the problem of digital exclusion and which CYP are affected by this to ensure services are accessible to all, including continuing to provide a blended approach of in-person and digital services.

## Early Help

10. Re-assess where early intervention can be improved in CYP's services, especially where CYP with early signs of developing mental health problems can be supported before they meet the thresholds of requiring specialist support. A trauma-based approach to working with families and CYP who have experienced ACEs and other trauma will help identify and support CYP at high risk of developing mental health problems.
11. Increase partnership working between Education Learning and Services (ELS), new mental health support teams in schools and other community-based services to ensure that schools can be happy and healthy environments that enable CYP to flourish and thrive
12. Schools, Community Centres, and other public buildings need 'safe spaces' where CYP are able to talk privately without risk of being overheard
13. Increased partnership working with UWE to ensure that university students accessing mental health services away from home, and CYP moving away from South Gloucestershire, for the first time can transition their care without disruption
14. Ensure that current support mechanisms do not disappear if/when a CYP is accepted on the waiting list for specialist support because due to waiting lists this interim period can be critical to preventing any deterioration in a CYP's symptoms by the time they are seen in specialist services

## Targeted provision

15. Take an inequalities lens to ensure that all mental health and emotional wellbeing support, from universal through the spectrum to specialist services, are truly accessible to all CYP
16. Acknowledge the lack of engagement of this needs assessment with CYP from BAME backgrounds in South Gloucestershire and seek to address this in the strategy. Work with health and social care services to improve the diversity of workforce to help address some of the barriers the BAME community face in accessing services.
17. Assess and evaluate the needs of CYP with SEND, especially ASD, and mental health problems and of the autism hub in more detail, including learning from other areas, to see how the services in South Gloucestershire can better meet the needs of these individuals and their families.
18. Improve our understanding of the circumstances of when and why fixed-term and permanent exclusions in schools are applied and how we can minimise the impacts these

have on the mental health and emotional wellbeing of all CYP, and in particular CYP with SEND.

19. To support the emotional wellbeing needs of children with long-term illness there needs to be a better signposting of services and a review of larger hospital education offer across BNSSG to help children get back into education
20. Work closely with BNSSG ICS and further afield to address the shortfall in service capacity to meet the needs of CYP with eating disorders
21. Understand difference in trends in hospital admissions due to self-harm across the South West compared to other areas in more detail and establish whether this is an area of concern

## Appendix A: Engagement & Stakeholder Summary

The mental health team at South Gloucestershire Council have engaged with a wide range of individuals and organisations to seek input into this needs assessment. We have collated views from children, young people, parents, carers, volunteers, and professionals, both within the council and through our partners, during February and March 2021.

### Methodology

Qualitative insights for this needs assessment was gained using three main ways:

- 1) 1:1 interviews (or written feedback) with professionals working with CYP
- 2) Focus groups with children & young people
  - a. Youth Board
  - b. Diversity Trust (x2)
- 3) Online feedback form following February's Mental Health Awareness Webinar series

The following questions were asked in interviews, in written feedback and in focus groups. Although the wording of the questions was slightly altered and engaging methodology such as post-it notes and group discussion was used in the focus groups with CYP.

- What are the most important factors in CYP's lives that helps to maintain their mental health and emotional wellbeing?
- What works well in South Glos to support CYP's mental health and emotional wellbeing?
- What are the problems, gaps, and challenges to supporting CYP's mental health and emotional wellbeing?
- What can be learnt from the COVID-19 pandemic about how to support CYP's mental health and emotional wellbeing?
- What one thing would make the biggest improvements in CYP mental health and emotional wellbeing?
- Do you have any other recommendations for improving the mental health and emotional wellbeing of CYP in South Glos?

The webinar feedback form included the following 3 questions:

- What are the most important things in CYP's lives that help to maintain their wellbeing?
- What are the biggest challenges facing CYP's mental health?
- Is there anything else you would like to tell us about CYP's mental health and wellbeing in South Gloucestershire?

Three group meetings were held with the Mental Health team, who had conducted the engagement events, to discuss and collate themes arising from the interviews, focus groups and webinar feedback. These themes are described in detail below and embedded throughout the needs assessment report.

The inclusion of quotes in the report help to bring the voices of those who were spoke to during the engagement events and interviews. Where this was a 1:1 or group interview – these were not recorded so the paraphrased quote has been included with simple ' ' notation. Where these are written responses, we have included these as verbatim quotes with " " notation. In addition, the two Diversity Trust focus groups were recorded and anonymous transcripts were provided, so quotations from these are included verbatim with " " notation.

## Reach of Engagement Events

1) A total of 34 1:1 interviews, and 9 group-discussions with professionals working for the Council and partner organisations were conducted for this needs assessment, including the following:

<b>Within the Council:</b>	<b>External Partners:</b>
Education, Learning & Skills	Southern Brooks
Young People's Drug & Alcohol Support Services	CAMHS
Breakthrough Mentoring	Foster Carers (13 anonymous written responses to a survey)
SEND & Inclusion Officer	University of West of England
Early Years	Clinical Commissioning Group - BNSSG
Health Visiting	Off The Record
Youth Offending Team	Kooth
Troubled Families	Creative Youth Network – Youth Partnership Board
Compass Team	SGS College
	A number of schools
	Barnardo's
	SG Parents & Carers
	16-25 Independent People
	SENCos Leads
	Lifetime/Sirona
	Home schooling
	Therapeutic Parenting Pathway Project
	Charlton Farm Hospice
	A General Practitioner
	PHE Mental Health team
	NHSEI Mental Health team

### 2) Focus groups with children & young people

The Diversity Trust ran two focus groups; one online group which was attended by LGBTQ young people, youth workers, volunteers, and a teacher from a local school, and one in-person group at the Youth Centre in Yate with a group of LGBTQ young people, that was facilitated by a SGC Council representative.

An online focus group with the South Gloucestershire Council Youth Board, facilitated by two members of the Mental Health Public Health team and the Participation Team lead from the council, was held with a group of six young people aged 12 – 16 years old. In addition, one young person who was unable to attend the Youth Board focus group sent in their responses to the questions by email.

3) The webinar series hosted by the Council in February for Children's Mental Health Awareness week was attended by 422 people. There were webinars for a range of audiences including professionals, volunteers, parents and CYP.

## Themes arising from Engagement Events

### 1) 1:1 and written feedback from professionals

#### Overarching themes for all CYP:

##### Importance of positive relationships

- Trusted relationships with adults (e.g. parents, carers, teachers, community group leader)
- Importance of building attachment through stability of loving secure relationships (not just with parents, also with key workers)
- Feeling safe at home, school and in the community
- Relationships which allow the CYP to be really listened to, acknowledge, and validate their feelings, and support them through being emotionally available

##### Wide range of service provision that is easily accessible, timely, appropriate level of support

- High thresholds for CAMHS mean that many CYP need support from non-specialist services
- There is support available for those with highest need who meet the threshold of specialist services and there is some universal support – it is the ‘middle-ground’ when CYP where people feel let down and require more support, to prevent CYP’s mental health from deteriorating to the point where specialist input is required.

##### Positive Activities

- Getting out into nature, space to run around, play and ‘let off steam’ in a safe accessible environment
- Some of the most beneficial services for supporting CYP’s mental health and emotional wellbeing are not framed as or labelled as Mental Health services but offer good-quality universal provision such as youth clubs, sports, and these can be seen as more acceptable because they are less stigmatising
- The importance of good sleep hygiene which is linked to being less dependent on screens, phones, and social media

##### Clear Information Offer

- The information available about the local service provision could be strengthened so that parents, teachers, and professionals understand the eligibility criteria for certain services and breadth of options available
- Many people reported that there should be no wrong entry point so that children referred to one service would be supported and, at times may require ‘hand-holding’ to find the right support
- Wide recognition of benefit of online resources but acknowledgement of very real issue of digital exclusion

##### Specific Age-Groups:

- Parents of young children need additional support due to covid
- 4-8yr transition to school-aged groups is a blind spot for support, once pre-school activities stop
- School-leavers and university students need additional support at a considerable time of change when often away from home for first time and those with existing mental health

problems need support to access the services they require, for example transitioning to adult services

- Electronic patient-held medical records would facilitate the transfer of care between services at this challenging time

School can create a positive supportive environment

- The ethos and environment of a school can have a significant impact on a child or young person's welfare and emotional wellbeing. For example, where positive activities such as play, art, music, creativity, and not just academic achievements, are celebrated, this creates a happy healthy environment for all CYP to thrive
- There was much criticism of over-dependence on academic outcomes and exams creating a stressful pressurised environment for CYP, especially younger children
- Isolation and exclusion practices (FEX/PEX) within schools were criticised for having a negative impact on CYP's mental health and suggest teachers and assistants need more training on how to manage challenging behaviour
- Schools that celebrate difference and diversity are healthier happier places to learn and actively encourage emotional wellbeing in CYP and staff
- Schools must actively tackle and address bullying behaviour

## 2) Focus Groups Young People Themes

a) 'Out in South Glos' and Alphabets Focus Group:

- What's important? Activities that encourage escapism – books, music, getting out into nature, friendships/relationships, sleep, work and studies
- There are some good services provided for CYP who identify as LGBTQ+ (e.g. Peer support groups such as Alphabets, Off The Record, online provision of support, LGBTQ+ awareness assemblies in schools) but they are inconsistently available and people lack awareness that they exist in schools/colleges
- There needs to be better signposting to services with more visibility of LGBTQ+ groups in school/college
- Safe spaces where CYP can have private conversations without fear of being overheard or interrupted are essential; these are often difficult to find at home or at school
- Better recognition of the needs of CYP who have ASD and mental health issues
- There should be more discussion about discussing and breaking-down gender norms to deal with a toxic masculinity culture
- Celebrating and being open about diversity – when CYP see others who are like them, they are encouraged to be themselves and this improves emotional wellbeing. There was an enthusiastic discussion about delivering more school assemblies by people who identify as LGBTQ+ so CYP are more exposed to people who have lived experience and can share their perspectives.

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*[Re school assemblies] ...I think we had people come in from prison, people that had been to prison and then they had come out and we had talks about that. But we never really had people come in and talk about being LGBT or recovering from*

*various mental health things, or living with mental health conditions like ... So I think that would be really useful just to have*

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- Start educating children about diversity and accepting difference from an early age, more support for this is required in primary school.

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*"I think there's not enough early intervention support for primary school ages... I'm hearing a lot of primary schools trying to access [...] saying, "We're desperate. Please we need something" because there's not enough room in children and mental health services for the younger children, but the younger children are experiencing in those early days signs that may be slightly different to everyone else... the earlier the better."*

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- Supporting and educating parents of CYP who identify as LGBTQ+ as they are often the gatekeepers to accessing support in the evenings, and can be a

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*"So I think it's all reliant on parents being accepting enough to let the young person go to a service as well, and that can be either accepting LGBT people or of mental health because there are still a lot of parents that don't accept that mental health is a thing and that their kids could be suffering from it."*

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#### b) Youth Board

- What's important / helpful? Family, reading, friends, chocolate, focusing on something else
- Services should be confidential and anonymous, led by trained sensitive professionals
- Covid has had a mixed impact on CYP – challenges of missing friends and education but also more space to be themselves

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*Impact of Covid? "It reminds you to take time for yourself." "It's been alright and able to relax but having no contact has made it tougher. We have all had our moments. Road back is bumpy."*

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- There was little awareness of specific mental health support groups within the group. The only ones that were actively mentioned were a poster for Childline and school nurses. After prompting, a few of the young people had heard of CAMHS but did not have any knowledge about it.

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*Re CAMHS: "I've heard of it but have no opinion. I would google it, if I needed it"*

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- The YP wanted to be made more aware of what services were available, suggesting promotion on social media would be useful.
- The services would have to be accessible and appropriate for YP to use such as an anonymous texting service.

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*“Anonymous helpline where people could communicate over text.”*

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- The YP thought that social media can have a positive and negative impact on mental health depending on how the person engages with it. They said that lots of their friends have mechanisms in place to recognise when their social media use is becoming problematic and there is a need to self-limit it.

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*“It’s great depending on the person.” “People tell me they deleted the account and a lot happier.” “Me and my friends randomly delete and we felt happier but in this day and age, we have been around social media.” “Bad side effects and really hurt.” “People are reliant on it”*

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### 3) Webinar Feedback Themes

#### Importance of family and connection

- Positive impact of stability, negative impact of breakdown
- Parenting skills
- Impact of parent’s mental health
- Positive and trusted adult role-models
- Love & security
- Detrimental impact of abuse
- Need to work closer and support families more

#### Importance of friends and connection

- Highlighted by isolation caused by Covid
- Support CYP with skills of how to make, and keep, friendships and relationships
- Strong support network
- Negative impact of peer-pressure, bullying, body image and identity concerns

#### Impact of School pressures

- Academic pressures, too many exams
- High expectations
- Not enough creativity and time for play
- School staff are stretched and do not have capacity to pick up where things start to go wrong

#### Impact of Tech & Social media

- Difficulties associated with being 'always online'
- Fast-paced, busy lives, gaming, too many screens – exhausting
- Result in not enough: outdoors, exercise, 'natural burn-out time' like play-fighting, sports

Ability to communicate feelings and be heard

- Emotional literacy to explain how one feels
- Really be listened to and taken seriously, non-judgemental approach

Access to the right services with accessible information offer

- Early, timely intervention when things start to go wrong
- More early intervention, non-specialist support before meet CAMHS thresholds
- Understand what is available, for who, and how to access
- Appropriate style of approach to working with CYP, gaining trust and engaging with where the CYP is at

In addition: Safe Space, Routine, Sleep, Healthy Diet, Exercise, Youth Clubs, prioritise MH funding, Impact of being known as the 'generation covid', additional challenges supporting CYP with SEND & mental health problems.

The following two word clouds were created summarising themes of feedback from the webinar series in answer to the questions;

What are the most important things in CYP's lives that help to maintain their wellbeing?



What are the biggest challenges facing CYP's mental health?

