

Mental Health of Children & Young People in Southwark

Southwark's Joint Strategic Needs Assessment

Public Health Division

Children & Adults Services

September 2023

CONTENT WARNING

This report contains information about suicide, self-harm and mental health, including data on local suicide and self-harm numbers.

If you are affected by any of the issues raised, there are services that can help:

- The [Samaritans](#) are open every day of the year; you can phone them for free on 116 123 or email jo@samaritans.org (response time: 24 hours).
- [Mind](#), the mental health charity, offers support by phone on 0300 123 3393, or online.
- [NHS mental health](#) gives information and support.
- [The Listening Place](#) offers free face-to-face support in London for people who feel life is no longer worth living.

GATEWAY INFORMATION

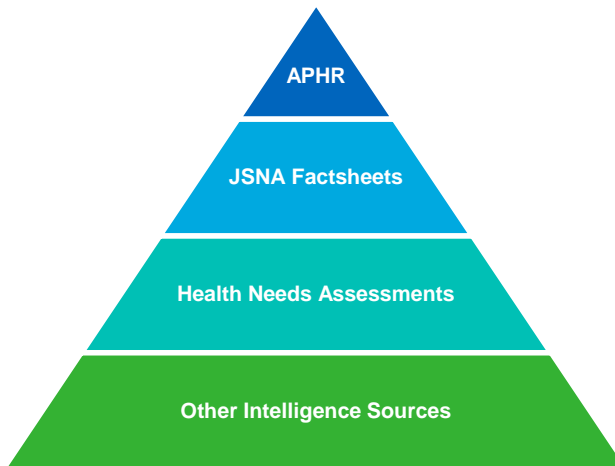
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Contributors:	K Heal, F Tracey, C Williamson, P Hill, J Champion, L Colledge, L Brutus
Approved by:	Sangeeta Leahy
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Contact details:	publichealth@southwark.gov.uk
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report (APHR) provides an overview of health and wellbeing in the borough.



Tier II: JSNA Factsheets provide a short overview of health issues in the borough.



Tier III: Health Needs Assessments provide an in-depth review of specific issues.



Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

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This JSNA aims to assess Southwark CYP mental health needs, risks, services, unmet need and user experience

INTRODUCTION: AIMS & OBJECTIVES

This needs assessment had the following objectives:

1. Estimate the prevalence and numbers of children and young people (CYP) affected by different mental disorders in Southwark, including those at risk and vulnerable groups.
2. Estimate the number of CYP in Southwark affected by risk factors for mental disorders amenable to intervention, including those from high risk groups.
3. Estimate the number of CYP in Southwark who would benefit from evidence-based intervention to promote mental wellbeing and resilience.
4. Map and assess the current delivery of CYP mental health and wellbeing services, against the number of CYP who would benefit from such services, in order to estimate unmet need.
5. Consult and gain feedback from service providers and users, to inform recommendations.
6. Propose recommendations based on evidence and need, to support CYP mental health in Southwark.

Scope	Includes
Population	Children and young people
Age group	0 to 17 years
Vulnerable groups	Disadvantaged and disengaged CYP, with greater mental health risks and mental wellbeing needs
Setting	Early years, schools, youth centres and communities

The terms ‘mental wellbeing’, ‘resilience’, ‘mental illness’ and ‘mental disorder’ have specific meanings

INTRODUCTION: DEFINITIONS

Good mental health gives children and young people the best start in life; conversely, CYP mental disorders can have far-reaching impacts on adult physical, mental, social and economic wellbeing.

- This JSNA addresses CYP mental health and wellbeing using the following terms:

Mental wellbeing	Variously defined as: “a state in which the individual realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community”; “the combination of feeling good and functioning effectively”; and “a positive state of mind and body, feeling safe and able to cope, with a sense of connection to people, communities and the wider environment”.
Resilience	The ability to withstand adversity.
Mental illness	Depression or anxiety (also known as ‘common mental disorder’), as well as psychosis, schizophrenia and bipolar disorder (also known as ‘severe mental illness’).
Mental disorder	Includes mental illnesses as well as personality disorder, eating disorder, and alcohol and drug use disorder.
Mental health condition	Includes mental illnesses as well as personality disorder, eating disorder, and alcohol and drug disorder.

Risk factors and protective factors (individual, social and environmental) can greatly influence CYP mental health

INTRODUCTION: RISKS AND PROTECTIVE FACTORS

Children and young people's mental health is affected by various risk factors and protective factors.

- These factors can be genetic, biological, psychological and/or social, and they can interact.
- CYP mental disorders increase the risk of adult mental disorders, and most adult mental disorders arise during childhood, so factors influencing CYP mental health risk are important to address.
- Higher risk groups have clustered risk factors and are at greatly increased risk of mental disorders.

Risk factors	<p>Individual factors, e.g.:</p> <ul style="list-style-type: none">○ Prematurity, poor diet, alcohol and tobacco use○ Childhood adversity (maltreatment, abuse, bullying) <p>Environmental and social factors, e.g.:</p> <ul style="list-style-type: none">○ Low income, food insecurity, debt○ Inequality, stigma, exclusion○ Humanitarian emergencies, conflict○ Natural disasters, air pollution, climate change <p>Higher risk groups, e.g.:</p> <ul style="list-style-type: none">○ Special educational needs, homeless, looked-after children, young offenders
Protective factors	<p>Individual factors, e.g.:</p> <ul style="list-style-type: none">○ Adequate infant attachment○ Healthy diet, physical activity, adequate sleep <p>Environmental & social factors, e.g.:</p> <ul style="list-style-type: none">○ Effective parenting○ Preschool social and emotional learning interventions

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National laws and policies mandate CYP protection and prioritise CYP mental health support expansion

POLICY CONTEXT: NATIONAL

CYP mental health is a national policy priority. Previously, the **Five Year Forward View for Mental Health**¹ (2016), and **Transforming Children and Young People's Mental Health** green paper² (2017) set out foundations for improving mental health support, especially via schools and colleges. Other relevant policies include (but are not limited to):

The NHS Long Term Plan (2019)³ restated commitment to delivering key priorities over the next 10 years, including:

- Investment in service growth – at least an additional 345,000 CYP will be able to access support via NHS-funded mental health services and school- or college-based Mental Health Support Teams.
- Boosting investment in CYP eating disorder services, to deliver new waiting time standards by 2020/21.
- CYP experiencing a mental health crisis will be able to access the support they need. Expanding timely, age-appropriate crisis services will improve the experience of CYP and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services.
- Mental health support for CYP will be embedded in schools and colleges, delivering preventative support, information-sharing and digital interventions.
- Young adult mental health services (18–25 years old) will support the transition to adulthood, delivering an integrated approach across health, social care, education and the voluntary sector.

Statutory duties:

- Health & Social Care Act (2022): Integrated care partnerships have a statutory duty to set out how assessed needs (determined via JSNAs) are to be met by the Integrated Care Board (ICB), partner local authorities and NHS England, via the Integrated Care System (ICS)⁴.
- Children Act (2004)⁵ and Children & Families Act (2014)⁶: These place a statutory duty on local authorities to protect CYP.
- Equality Act (2010)⁷: It is illegal to discriminate against people with a disability (including a mental disorder) by not providing treatment.
- UN Convention on the Rights of the Child (1989)⁸: Enforced under English law from 1992⁹; the government must protect children from abuse, injury, exploitation, neglect and maltreatment while under the care of parents or other care-givers.
- Working Together to Safeguard Children (2015)¹⁰: Policies and procedures must be in place to protect CYP.
- Local Safeguarding Children's Boards¹¹: Must implement a child-centred approach and work together to oversee local CYP safety and wellbeing.

1. NHS England, 2016. The Five Year Forward View for Mental Health.

2. Department of Health & Social Care, Department for Education, 2017. Transforming children and young people's mental health provision: a green paper.

3. NHS, 2019. NHS Long Term Plan.

4. UK Parliament, 2022. Health and Care Act 2022.

5. UK Parliament, 2004. Children Act.

6. UK Parliament, 2014. Children and Families Act.

7. UK Parliament, 2010. Equality Act.

8. United Nations, 1989. Convention on the Rights of the Child.

9. Department for Education, 2010. United Nations Convention on the Rights of the Child (UNCRC): how legislation underpins implementation in England.

10. Department for Education, 2015. Working together to safeguard children.

11. South London and Maudsley Mental Health Trust, 2023. Private communication.

Local policies aim to improve prevention, early intervention and treatment for CYP mental disorders

POLICY CONTEXT: LOCAL 1

CYP mental health support is also a local policy priority. Relevant documents include (but are not limited to):

Joint Southwark Mental Health and Wellbeing Strategy (2021–2024)¹

- Following on from the 2018 Strategy, this updated document aims to improve residents' mental health and transform community services by combining high quality commissioning and partnership working.
- CYP priorities include: improved services and support; access; waiting times; investment in early intervention and prevention; therapeutic placements; personal health budgets; perinatal and parental mental health; a targeted youth offer; and addressing inequalities (e.g. for CYP who are from minoritised ethnic communities; who have special educational needs and disabilities (SEND); or who have lesbian, gay, bisexual, trans, queer or other sexual and/or gender identities (LGBTQ+)).

Southwark Council 2020 commitment to universal CYP mental disorder treatment coverage^{2,3}

- In 2019, Southwark became the first English local authority to commit to supporting 100% of children and young people with mental health needs to access the support they needed, by 2020.
- The council worked with local schools, NHS commissioners, providers, community & voluntary sector, young people's representatives, parents and service users to agree ambitious goals to improve outcomes for CYP.

South East London ICS Child & Adolescent Mental Health Service (CAMHS) Transformation Plan 2021/2022⁴

- This builds on the ambitions of the Southwark CYP Mental Health and Wellbeing Transformation Plan (2015–2020).
- Its vision is to give every child the best start in life, so they can become a happy, healthy adult.
- Aims include: a cohesive system of emotional and mental health support (in collaboration with adult mental health services); investment in prevention and early intervention; and meeting the needs of vulnerable groups.
- A Children and Young People's Mental Health and Emotional Wellbeing strategic and working group was established to drive these priorities forward across Southwark.

1. South East London CCG and Southwark Council, 2021. Joint Southwark Mental Health and Wellbeing Strategy (2021 – 2024).

2. Centre for Mental Health, 2019. Southwark's bold vision for children and young people's mental health (17 May).

3. Southwark News, 2018. Southwark to become the only local authority to treat 100 per cent of children diagnosed with a mental health condition (5 Dec).

4. South East London Integrated Care System, 2021. South East London Integrated Care System CAMHS Transformation Plan 2021/2022.

Southwark's 2023–25 Local Transformation Plan develops existing CYP mental health supports

POLICY CONTEXT: LOCAL 2

Southwark Local Transformation Plan (2023–2025), Partnership Southwark & South East London Integrated Care System¹.

- This Plan aims to improve CYP mental health services locally and across the South East London ICS over the next 2 years.
- The Local Transformation Plan builds on the work undertaken over the last 12 months, including: Mental Health Support Teams in schools, the Improving Mental Health And Resilience in Schools (IMHARS) programme, equality of access analysis across services, multi-agency working, and developing the 0–11 yr service.
- Priorities have been developed and agreed with partners across the Mental Health and Emotional Wellbeing Working and Steering Group, and are in line with the health inequalities report on children and young people's mental health².
- There are 10 priority areas, of which the following are new investment priorities: reducing waiting lists, improving equality of access, supporting 16–25 yr olds to access the right support, and supporting children responding to trauma or crisis stepdown.
- The Partnership Commissioning Team will develop the action plan against its key priorities and work closely with local providers and clinical leads; the CYP Mental Health and Emotional Wellbeing Strategic and Working Group will monitor delivery.

1. Southwark Council, 2022. Southwark Local Transformation Plan (2023–2025).

2. South East London ICS, 2022. Health inequalities report on children and young people's mental health.

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At least 650 Southwark 2–4 yr olds are estimated to have a mental disorder, but fewer than 60 receive treatment

OVERVIEW: PREVALENCE & TREATMENT: 2–4 YR

In Southwark, it is estimated that at least 650 2–4 yr olds (1 in 15; 6.7%) are estimated to have a mental disorder needing treatment¹.

Mental disorder type	Est. prevalence*	Est. Southwark no.	Comment
Any mental disorder	6.7%	At least 650	Estimates from 2017 data, so do not account for COVID-19 pandemic impact
Any emotional disorder	1.3%	At least 150	
Any behavioural disorder	3.3%	At least 300	
Any hyperactivity disorder	0.5%	At least 50	
Less common mental disorders	3.5%	At least 350	Including an estimated 150 (1.4%) with autism spectrum disorder (ASD)

Treatment provider	Treatment aspect	Annual delivery				Comment
		2019/20	2020/21	2021/22	2022/23	
Primary care & other sectors	GP consultation	...	...	...	...	No data available
CAMHS under-5s service	Referrals accepted, of received	24 of 42	19 of 45	77 of 86	72 of 89	
	Number worked with**	40	34	57	56	
	Most common diagnoses:					
	– Childhood autism	5	5	Less than 5	Less than 5	Est. number: 150
	– Unspecified behavioural/emotional disorder	Less than 5	Less than 5	Less than 5	Less than 5	
	– No diagnosis	20	7	32		

1. South London and Maudsley Mental Health Trust, 2023. Private communications.

*Estimated prevalence based on rate in most deprived local-authority-level Index of Multiple Deprivation quintile from 2017 National Child and Adolescent Survey (NHS Digital, 2018). Estimated Southwark number based on prevalence application to same-age Southwark population. **Annual number worked with often exceeds annual accepted referral numbers as some patients' treatment continues from the previous year. Est = estimated; no. = number; GP = general practitioner; ... = unknown.

It is estimated over 8,500 5–17 yr olds have a mental disorder needing treatment; over 3,300 have more than one

OVERVIEW: PREVALENCE: 5–17 YR

In Southwark, it is estimated around 8,550 5–17 yr olds (1 in 5; 20.8%) are estimated to have a mental disorder needing treatment¹.

Mental disorder type	Est. prevalence*	Est. Southwark no.	Comment
Any mental disorder (MD)	20.8%	8,550	
More than 1 mental disorder		3,350	Two-fifths (39.1%) of 5–17 yr olds with MD have more than 1 MD
Emotional disorder	8.3%	3,420	Including an estimated 650 also with behavioural disorder
Behavioural disorder	6.7%	2,750	Including an estimated 950 also with emotional disorder
Hyperkinetic disorder	2.5%	1,050	Including an estimated 650 also with behavioural disorder
Psychosis	0.1%	50	
Eating disorder	0.4%	150	Alternatively, an estimated 12.9% 11–16 yr olds screen positive for eating disorder (equating to an estimated 3,400 CYP in Southwark)
Personality disorder	3.0%	650	i.e. Emotionally unstable personality disorder**
Neurodevelopmental disorder: ASD	1.4%	600	Learning disability children have 6.5-fold higher risk of other MDs
Alcohol use disorder	6%	950	11–15 yr olds drinking at least weekly (11% drink fortnightly or monthly)
Drug use disorder	12%	1,900	11–15 yr olds taking drugs in the last year (11 yr olds: 3%; 15 yr olds: 24%)
Tobacco use disorder	1.0%	150	11–15 yr olds smoking regularly (2.0% smoke occasionally)

1. South London and Maudsley Mental Health Trust, 2023. Private communication.

*Estimated prevalence in most deprived English local-authority-level Index of Multiple Deprivation quintile, from 2017 National Child and Adolescent Survey (NHSD, 2018), applied to same-age Southwark population. **The most common type of personality disorder among 11–17 yr olds. Est = estimated; no = number.

An estimated 8,550 5–17 yr olds need mental disorder treatment; only a minority receive it

OVERVIEW: TREATMENT PROVISION: 5–17 YR 1

Clinical mental health service data indicates treatment gaps for Southwark 5–17 yr olds.

Mental disorder type / treatment provider	Treatment aspect	Annual delivery				Comment
		2019/20	2020/21	2021/22	2022/23	
Any mental disorder						Est. 8,550; all need treatment
Primary care	GP consultation	...	...	...	...	No data available (but 711 GP referrals to CAMHS in 2022/23)
The Nest	Referrals	...	...	...	68	68 in 12 mths to 2022/23 Q1
	Average waiting time to 1st contact	...	...	...	...	No data available
	Number supported	...	...	416	...	Little data available
CAMHS	Referrals	1,467	1,317	1,918	1,924	
	Average waiting time to first contact	...	...	...	15 wks	2,623 awaiting first contact as of Feb 2023
	Number worked with*	2,094	2,083	2,348	2,647	
Emotional disorder						Est. 3,400: all need treatment
Primary care	GP consultation	...	...	...	...	No data available
IAPT	Treatment completed	...	...	34	...	34 from Nov 2021 to Oct 2022
CAMHS	Referrals accepted, of received	330 of 364	314 of 344	416 of 430	263 of 271	
	Number worked with*	553	596	678	681	

1. South London and Maudsley Mental Health Trust, 2023. Private communication.

*Annual number worked with often exceeds annual accepted referral numbers as some patients' treatment continues from the previous year.

Est = estimated number; ... = unknown; GP = General Practitioner; IAPT = Improving Access to Psychological Therapies.

Yearly, fewer than 1 in 3 CYP with behavioural disorder or with hyperkinetic disorder get the treatment they need

OVERVIEW: TREATMENT PROVISION: 5–17 YR 2

Treatment data for local 5–17 yr olds: behavioural, hyperkinetic and psychosis disorders:

Mental disorder type / treatment provider	Treatment aspect	Annual delivery				Comment
		2019/20	2020/21	2021/22	2022/23	
Behavioural disorder						Est. 2,750; all need treatment
Primary care	GP consultation	...	...	...	...	No data available
Southwark Parenting Programme	Parents trained and supported	Est. 45 parents and 72 CYP over 3 yrs				Data for 2018 to 2021
Groundworks	One-to-one parenting intervention	...	...	...	166	166 parents
Place2Be	Families receiving parenting training	...	...	...	5	No data for behavioural disorder
CAMHS	Referrals accepted, of received	20 of 24	16 of 17	13 of 13	11 of 12	
	Number worked with*	46	40	35	25	
Hyperkinetic disorder						Est. 1,050; all need treatment
Primary care	GP consultation	...	...	...	...	No data available
CAMHS	Number worked with*	329	306	327	331	
Psychosis						Est. 50; all need treatment
Primary care	GP consultation	...	...	...	...	No data available
CAMHS	Referrals accepted, of received	7 of 8	10 of 12	Less than 3**	8 of 9	
	Number worked with*	29	25	22	21	

1. South London and Maudsley Mental Health Trust, 2023. Private communication.

*Annual numbers worked with often exceed annual accepted referral numbers as some patients' treatment continues from the previous year. **Of less than 5 referrals received. Est = estimated number; GP = General Practitioner; SLaM = Southwark London and Maudsley Mental Health Trust.

Yearly, less than half of CYP with eating disorder, personality disorder, ASD or substance use disorders get treatment

OVERVIEW: TREATMENT PROVISION: 5–17 YR 3

Treatment data for local 5–17 yr olds: eating disorder, personality disorder, ASD and substance use disorders:

Mental disorder type / treatment provider	Treatment aspect	Annual delivery				Comment
		2019/20	2020/21	2021/22	2022/23	
Eating disorder						Est. 150 (may be 3,400); all need treatment
Primary care	GP consultation	...	...	...	...	No data available
Beat Youthline		...	...	...	...	No data available
CAMHS	Referrals accepted, of received	24 of 26	28 of 36	35 of 35	27 of 30	
	Referrals seen within 4 wk	...	...	...	71%	
	Number worked with*	47	56	63	62	
Personality disorder*						Est. 650 11–17 yr olds**; all need treatment
Primary care	GP consultation	...	...	...	...	No data available
CAMHS	Referrals accepted, of received	3 of 4	4 of 4	0 of 0	0 of 0	
	Number worked with*	16	8	Less than 5	0	
Autistic spectrum disorder						Est. 600; all need treatment
Primary care	GP consultation	...	...	...	...	No data available
Community paediatrician	Specialist consultation	...	...	...	...	No data, but rising numbers verbally reported
CAMHS	Referrals accepted, of received	10 of 12	5 of 7	Less than 5 [†]	Less than 5 [†]	
	Number worked with*	25	26	18	11	
Substance use disorders						Est. alcohol 950, drugs 1900, smoking 150 (11–15 yrs)
	Successful treatment completion	25	5	15	...	All substance misuse treatment completions

1. South London and Maudsley Mental Health Trust, 2023. Private communication. (All data except substance use disorder treatment data.)

2. National Drug Treatment Monitoring System, 2023. Young people (<18) profiles (Southwark data).

*Annual numbers worked with often exceed annual accepted referral numbers as some patients' treatment continues from the previous year. **Emotionally unstable personality disorder, the most common personality disorder in 11–17 yr olds. [†]Of less than 5 referrals received. Est = estimated number; GP = General Practitioner; ... = unknown.

Southwark CAMHS referrals have risen by one-third in 3 yrs; average waiting time is more than 3 mths

OVERVIEW: TREATMENT PROVISION: CAMHS SERVICES

Locally, **Child and Adolescent Mental Health Services (CAMHS)** are delivered by South London and Maudsley NHS Foundation Trust (SLaM), supporting CYP with mild to complex mental health needs and offering a range of specialist treatment and care.

▪ Referrals:

- In Southwark, CYP CAMHS referrals rose by almost one-third (31%) between 2019/20 (1,467 referrals) and 2022/23 (1,924) (in line with national trends)¹.
- 92% of referrals were accepted in 2022/23; the 77% acceptance target has been exceeded for the last 4 years¹.
- Over the last 4 years, most referrals came from GPs (over 1 in 3; 37%), schools (over 1 in 5; 22%), and A&E and Child Health (1 in 10; 10% and 9%, respectively)¹.

▪ Waiting times:

- The UK CAMHS waiting time target (i.e. from acceptance to first contact and assessment) is 4 wks¹.
- In 2022/23, fewer than half (46%) of accepted Southwark CYP were seen within 4 wks; the average Southwark CAMHS waiting time (to first contact and assessment) was 14.9 wks¹.
- Among Southwark CYP seen in 2022/23, waiting time target achievement was highest for crisis intervention (84%) and tier 2 provision (83%), and lowest for the Looked After Children (13%), Neurodevelopmental (22%) and Parent and Infant (28%) mental health services¹.
- More than one-third (38%) of Neurodevelopmental Service patients first seen in 2022/23 had waited a year or more¹.
- Long waiting times increase CYP mental distress and suicidality risk².

- **Number of Southwark CYP worked with:** This rose by one-quarter (26%) between 2019/20 (2,094) and 2022/23 (2,647)¹.
- **Contact type:** Two-thirds (67%) of 2022/23 CAMHS patients attended face-to-face; others used phone (26%) or video (7%)¹.
- **Missed appointments:** In 2021/22, 1 in 10 (10%) Southwark CAMHS patients did not attend their booked appointment via any medium¹.
- **Outcome:** In 2022/23, only 1 in 4 (27.5%) discharged Southwark CAMHS patients had a completed Child Global Assessment Scale score (well below the 40% target), making it difficult to assess CAMHS treatment impact at a population level. For those with a completed assessment, average score increased by 10, indicating improved overall functioning¹.

1. South London and Maudsley Mental Health Trust, 2023. Private communication.

2. Young Minds, 2023. Mental health waiting times harming young people.

Mental health related hospital admission rates for Southwark CYP have declined since 2017/18

OVERVIEW: HOSPITAL ADMISSIONS

Southwark's CYP hospital mental health admission levels have greatly reduced since 2017/18.

- In 2021/22, Southwark 0–17 yr olds had 87.4 hospital mental health admissions per 100,000 population (about 50 hospital admissions); rates were statistically similar to neighbouring boroughs, London and England.
- Annual CAMHS admissions (including South London Mental Health & Community Partnership (SLP) and private treatment) were: 19 (2019/20); 12 (2020/21); and 11 (2022/23).

Self-harm hospital admission levels are higher in older teenagers.

- Between 2011/12 and 2020/21, self-harm hospital admissions for 10–19 yr olds increased but remained lower than England levels; levels were much higher in 15–19 yr olds than 10–14 yr olds, as per national trends.
- Although hospital admission levels declined steeply between 2019/20 and 2020/21, this probably reflects Covid pandemic effects on health care services.
- In 2021/22, Southwark levels for both 10–14 yr olds (185.1 per 100,000; about 30 admissions) and 15–19 yr olds (408.7 per 100,000; about 65 admissions) were significantly lower than England but similar to neighbouring boroughs and London.
- Self-harm hospital admission numbers greatly under-represent self-harm prevalence: nationally, more than 1 in 20 (5.5%) 11–16 yr olds have self-harmed, and 1 in 6 (15.4%) 17–19 yr olds².

Figure 1. Hospital admissions of 0–17 yr olds for mental health conditions, per 100,000 population, 2017/18 to 2020/21

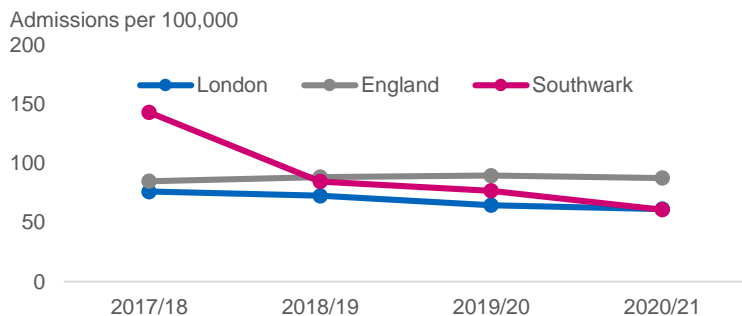
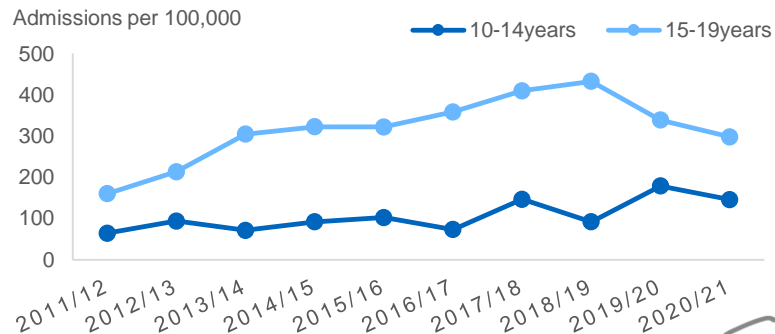


Figure 2. Hospital admissions of Southwark CYP for self-harm, 2011/12 to 2020/21²



1. Office for Health Improvement and Disparities, 2023. Child Health Profiles; Children's and Young People's Mental Health and Wellbeing profile.
 2. SLam, 2023. Private communication.

An estimated 800 Southwark 7–16 yr olds have self-harmed in the last month, increasing their suicide risk

OVERVIEW: SELF-HARM

Self-harm is strongly associated with CYP mental disorders and increases the risk of suicide^{1,2,3}.

- Some CYP use self-harm to cope with overwhelming and distressing thoughts and feelings⁴. Many people do not talk to anyone about their self-harm, and many do not present to a professional^{3,4}.
- Self-harm risk is higher for all CYP groups with increased risk of mental disorder⁵.
- Treatment of CYP mental disorder reduces self-harming risk³.
- CYP self-harm levels almost tripled in young women and doubled in young men (16–24 yrs) between 2000 and 2014⁶.
- Nationally in 2022, 1 in 40 (2.5%) 7–16 yr olds had self-harmed in the past 4 wks; levels were 17 times higher in CYP with a probable mental disorder (10.2%) compare with unaffected peers (0.6%)^{5,7}.
- England-wide in 2018, 1 in 4 (25.5%) 11–16 yr olds with mental disorder reported self-harming (ever); they were more than 8 times more likely to do so than same-age peers without mental disorder (3.0%)⁸.
- Females are at greater risk than males. Southwark 2021/22 self-harm hospital admission rates were 5 times higher in female 15–19 yr olds (about 1 in 150; 680 per 100,000) than males (about 1 in 800; 128 per 100,000); regional and national patterns were similar⁹. Among English 7–16 yr olds, 1 in 10 girls (9.7%) report ever self-harming (1 in 30 (3.0%) in the last 4 weeks), compared with 1 in 17 (6.0%) boys (1 in 50 (2.1%) in the last 4 weeks)⁷.
- Based on current evidence, an estimated 800 Southwark 7–16 yr olds have self-harmed in the last 4 weeks^{7,10}.
- Between 2011/12 and 2019/20, emergency self-harm hospital admission rates for Southwark 10–19 yr olds more than doubled; the 2021/22 10–19 yr rate was about 1 in 300 (about 300 per 100,000) (10–14 yrs, about 1 in 500 (185 per 100,000); 15–19 yrs, about 1 in 200 (409 per 100,000)), similar to London levels and lower than national levels⁹. Hospital admission rates substantially under-represent self-harm prevalence³.
- In 2022/23, CAMHS received about 90 Southwark CYP referrals related to self-harm⁵. Data on GP support is unavailable⁵.

1. Nuffield Trust, 2022. Hospital admissions as a result of self-harm in children and young people.

2. Mental Health Foundation, 2022. Self-harm.

3. Royal College of Psychiatrists, 2020. Self-harm and suicide in adults: Final report of the Patient Safety Group.

4. Mental Health Foundation, 2006. The truth about self-harm.

5. South London and Maudsley Mental Health Trust, 2023. Private communication.

6. Association for Young People's Health, 2017. Key Data on Young People 2017.

7. NHS Digital, 2022. Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey.

8. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

9. Office for Health Improvement and Disparities, 2023. Children and Young People's Mental Health & Wellbeing profile.

10. ONS, 2023. Custom data tool (Census 2021 data).

Suicide is a leading cause of CYP death, and is over 10 times more likely in CYP with mental disorder

OVERVIEW: SUICIDE

Suicide is one of the leading causes of death in children and young people¹.

- Completed suicide in CYP is linked to many risk factors, including poor mental health, self-harm, school pressures, bullying, social problems, substance misuse, family environment and neglect. Adverse childhood experiences (ACEs), deprivation and poor physical health also increase the risk.¹
- International evidence suggests that 12–26 yr olds with mental disorder are over three times more likely to attempt suicide (256% increase) and over 10 times more likely to complete it (983% increase)².
- Suicide is much more common in older than younger CYP: 2021 England rates were 6.2 per 100,000 for 15–19 yr olds versus 0.4 per 100,000 for 10–14 yr olds³.
- Male CYP are much more likely to take their own life than females: 2021 England national rates for 15–19 yr olds were 135 per 100,000 for males versus 63 per 100,000 for females³. (Rates for 10–14 yr old males and females were statistically similar, at 6 per 100,000 for males versus 8 per 100,000 for females.) England 15–19 yr suicide rates increased significantly between 2012 and 2021 (by almost half in males, and double in females).
- All groups at higher risk of mental disorders are at increased risk of suicide⁴.
- UK-wide in 2018/19, an estimated 7.4% of CYP had attempted suicide by the age of 17 yr⁵; this suggests that about 200 Southwark 17 yr olds have attempted suicide.
- In Southwark, over the 10 years from 2013 to 2022, there were fewer than 5 suspected or confirmed suicide deaths reported for Southwark 0–17 yr olds^{6,7}.
- Treatment and prevention of CYP mental disorder reduces suicide rates⁴.
- Papyrus support CYP affected by suicidal thoughts, and adults working with them, via their HOPELINE247 telephone/text/email service⁸.

1. Royal College of Paediatrics and Child Health, 2021. State of Child Health: Suicide.

2. Gili *et al*, 2018. *J Affect Disorder* 245:162-62.

3. ONS, 2022. Suicides in England and Wales.

4. SLaM, 2023. Private communication.

5. UCL, 2020. Mental ill-health at age 17 in the UK.

6. THRIVE LDN, 2023, Real-time Surveillance data portal (showing suspected suicide deaths). NHS Digital, 2022, Primary Care Mortality Dataset.

7. NHS Digital, 2023. Primary Care Mortality Dataset.

8. Papyrus, 2023. HOPELINE247.

Nationally, CYP mental health dramatically deteriorated during the Covid pandemic, and effects have persisted

OVERVIEW: COVID IMPACTS

The **COVID-19** pandemic had dramatic effects on CYP mental health and wellbeing.

- Over the COVID-19 pandemic, CYP faced numerous challenges, including social isolation, school disruption, health anxiety and economic instability¹.
- Nationally, CYP mental health dramatically worsened over the pandemic, and the impact has persisted since.
 - For 7–16 yr olds, rates of probable mental disorder increased from 1 in 8 (12.1%) in 2017 to over 1 in 6 (16.7%) in 2020, and then remained at that level in 2021 and 2022².
 - For 17–19 yr olds, rates of probable mental disorder increased from 1 in 10 (10.1%) in 2017 to 1 in 4 (25.7%) in 2022².
 - Eating disorder rates in 11–16 yr olds almost doubled, from 6.7% in 2017 to 13.0% in 2020, and then stayed at that level in 2021 and 2022².
- In May/June 2022, about 1 in 9 UK 10–17 year olds (11%) reported not coping well overall during the pandemic³; if Southwark levels are similar, this equates to about 2,800 local children and young people⁴.
- Local research across Southwark and Lambeth found that, during the first wave of the pandemic, students' main worries related to family illness, exam results and falling behind on school work⁵.
- In contrast to the national picture, local Southwark and Lambeth research showed little change in mental disorder prevalence over the first Covid wave: pre-existing inequalities persisted but generally did not widen⁵.
- CYP were more likely to experience poor mental health during the pandemic if they: had pre-existing mental health issues or SEND; were female or LGBTQ+; or were from minoritised ethnic groups or low-income households^{1,6}.

1. King's College London, 2022. How has COVID-19 impacted children and young people?

2. NHS Digital, 2022. Mental Health of Children and Young People in England 2022.

3. The Children's Society, 2022. The Good Childhood Report.

4. Office for National Statistics, 2022. Mid-Year Population Estimates, UK, June 2021.

5. Southwark Council, 2022. COVID-19: Start Well Impact Assessment.

6. Care Quality Commission, 2022. Provider collaboration review: Mental health care of children and young people during the COVID-19 pandemic.

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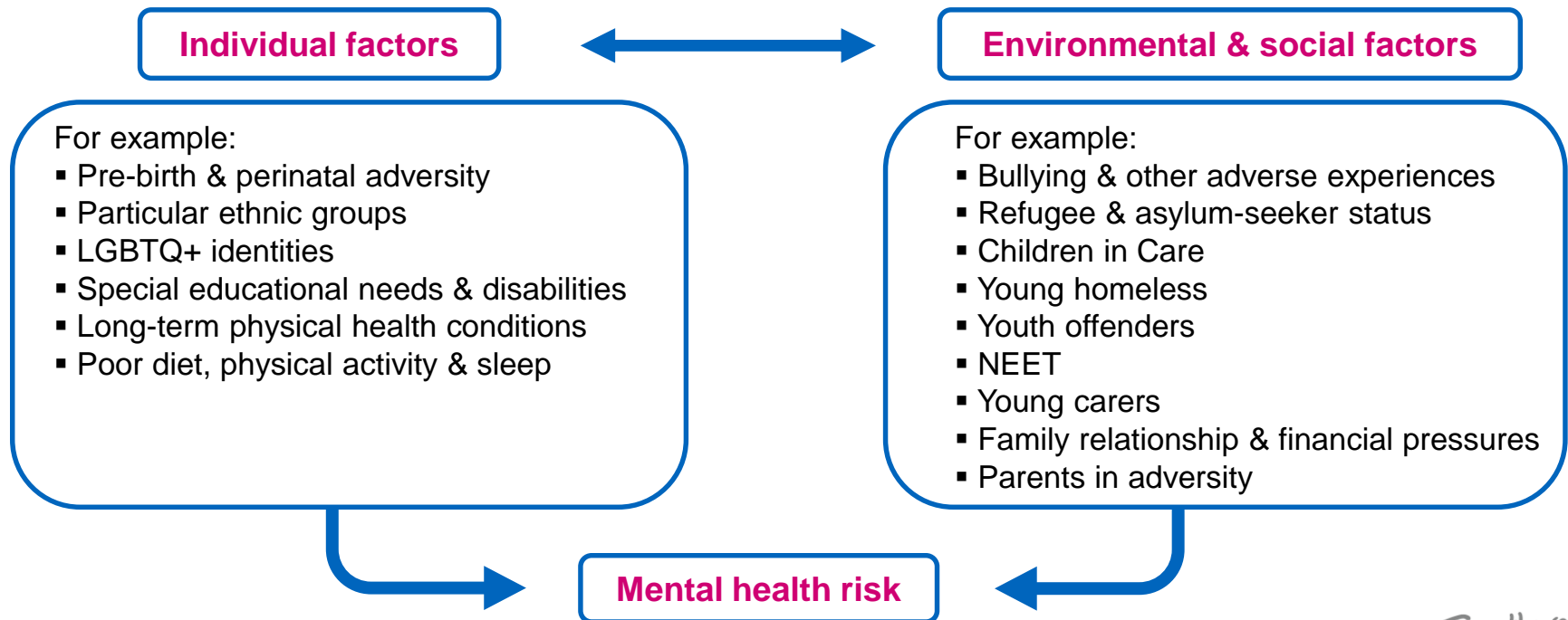
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Poor CYP mental health is strongly associated with adverse circumstances and inequality

HIGH RISK GROUPS: OVERVIEW

Specific groups of children and young people are at higher risk of mental disorder and poor mental wellbeing, due to adverse individual, environmental, social and economic circumstances.

- Risk factors are often inter-related and clustered together in particular groups.
- Mental health and wellbeing are strongly associated with inequalities¹. Southwark has higher proportions of CYP population groups at much greater risk of poor mental health.
- CYP from higher risk groups need targeted treatment, prevention and promotion to stop inequalities from widening.



1. Campion et al, 2022. *Lancet Psychiatry* 9:169-82.
NEET = not in education, employment or training.

Many local CYP groups are at higher risk of mental disorder, but treatment data is often unavailable

CYP MENTAL DISORDERS: LOCAL HIGH RISK GROUPS

High risk group	Mental disorder prevalence	Southwark		
		Population no.	Est. mental disorder no.	2022/23 treatment no.
Asylum-seeker and refugees	PTSD: up to 53% Depression: up to 33% Anxiety disorders: up to 32% Behavioural & emotional problems: up to 35%	250	PTSD: up to 150 Depression: up to 100 Anxiety disorder: up to 100 Behavioural & emotional problems: up to 100	Unknown
Children in Care	46%	457	200	89
Young carers	33% (all mental health issues)	Est. 1,165–3,400	400–1,100	Unknown
NEET	ADHD: 26%; Conduct disorder: 31% Depression: 8% Anxiety: 10% Harmful substance use: 27%	165	ADHD: 50; Conduct disorder: 50 Depression: Less than 50 Anxiety: Less than 50 Harmful substance use: 50	Unknown
Particular ethnic groups	White British: 20%; White Other: 19% Mixed or Other ethnicity: 17% Black: 10%; Asian: 5%	White*: 16,520 Black, Asian & other minoritised ethnic: 34,290	White*: 2,800 Black, Asian & other minoritised ethnic: 3,100	White: 1,200 Black, Asian & other minoritised ethnic: 1,450
SEND	Mental disorder: 47%; Behavioural disorder: 23%; Emotional disorder: 20%; Hyperkinetic disorder: 12%; ASD: 14%	6,604	Mental disorder: 4,400 ASD: 600	250 for ASD
LGBTQ+	Trans: 85% (based on self-harm as proxy for MD) LGB+: 35%	Est. 300 trans Est. 2,150 LGB+	Trans: 250 LGB+: 750	Unknown
Young offenders	Emotional or mental health need: 25%	150	50	13
Homeless	48% to 98%	Est. 100 16-17 yr olds	50 to 100	Unknown
Long-term conditions	30%	6,850	2,050	Unknown
Children of parents with mental disorder	2–4 yr olds: 15%; 5–19 yr olds: 28%	At least 6,350	At least 1,450	227
Children of parents with disability	31.8%	Est. 18,000	Est. 5,700	Unknown
Children of parents on low income and receiving benefits	2–4 yr olds: 10.4%; 5–19 yr olds: 18.2%	Est. 9,350	Est. 1,550	Unknown

Up to half of asylum-seeker CYP have PTSD, and up to 1 in 3 have depression, anxiety and behavioural problems

HIGH RISK GROUP: ASYLUM-SEEKERS & REFUGEES

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for this population in Southwark?
Asylum-seeker and refugee CYP	In 2022, Southwark had about 250 asylum-seeker and/or refugee CYP aged 0–17 yr housed in initial accommodation centres, and there were about 70 unaccompanied asylum-seeking children in Southwark ¹ .	<p>For refugee CYP 21 yr or younger seeking asylum in European countries, up to half have post-traumatic stress disorder (PTSD; range, 19.0% to 52.7%), and up to one-third have depression (10.3% to 32.8%), anxiety disorders (8.7% to 31.6%), and/or behavioural and emotional problems (19.8% to 35.0%)².</p> <p>Based on available evidence, estimated numbers of Southwark refugees and asylum seekers affected by mental disorder are up to: 150 for PTSD; 100 for depression; 100 for anxiety disorder; and 100 for behavioural and emotional problems (individuals may have more than one disorder).</p>	<p>Support is provided through: South London and Maudsley Health Inclusion Team; Southwark Day Centre for Asylum Seekers; and other voluntary and community sector organisations.</p> <p>Data is lacking on numbers of Southwark asylum-seeker and refugee CYP receiving mental disorder treatment, preventative interventions and mental wellbeing promotion.</p>

1. Southwark Council 2022. Private communication (housing data).
 2. Kien et al, 2018. *Eur Child Adolesc Psychiatry* 23:1295-1310.

Almost half of all Children in Care have a mental disorder; about 200 Southwark CIC are affected

HIGH RISK GROUP: CHILDREN IN CARE

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for this population in Southwark?
Children in Care (CIC)	In 2022, Southwark had 457 Children in Care (CIC; 0-17 yrs). Southwark's rate (79 per 10,000) was the second highest of all London boroughs, and significantly higher than London and England averages, but similar to neighbouring borough levels ¹ .	<p>Children in Care are one of the most vulnerable CYP groups: nationally, 46% are estimated to have a diagnosable mental disorder².</p> <p>Looked-after children have much higher levels of mental disorder (5.5-fold more), behavioural disorder (9-fold more) and hospitalisation for attempted suicide (4–5 times more), compared with children in private households³. They are 4 times more likely to have SEND and almost 10 times more likely to have an Educational, Health and Care Plan (EHCP), compared with unaffected peers⁵.</p> <p>Based on available evidence, an estimated 200 Southwark CIC have a mental disorder.</p>	<p>In 2022/23, Carelink received 66 new CIC referrals, all but 2 were accepted, 89 CIC were worked with, and average treatment time was 72 wk⁴. (Carelink is a multi-disciplinary CAMHS service providing support for Southwark CIC and their carers, via evidence-based interventions.)</p> <p>No data is available on support provided by primary care, social care, Improving Access to Psychological Therapies (IAPT) or parenting intervention providers.</p> <p>Data is also lacking on numbers of Southwark CIC receiving mental disorder prevention interventions and/or mental wellbeing promotion.</p>

1. Office for Health Improvement & Disparities, 2023. Child Health and Children's and Young People's Mental Health and Wellbeing profiles.

2. NICE, 2021. Looked-after children and young people (statement 5).

3. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

4. South London and Maudsley Mental Health Trust, 2023. Private communication.

5. South London and Maudsley Mental Health Trust, 2022. Four Boroughs Community Performance Report.

1 in 3 young carers have mental health issues: between 400 and 1,000 Southwark CYP are probably affected

HIGH RISK GROUP: YOUNG CARERS

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for this population in Southwark?
Young carers	<p>The 2021 census found that 1,165 Southwark 5–17 yr olds provided unpaid care¹.</p> <p>However, nationally as many as 1 in 5 (21.6%) 11–15 yr olds act as carers, so Southwark young carers could number more than 3,400².</p>	<p>1 in 3 young carers have a mental health issue³.</p> <p>Nationally, young carers' mental distress levels rise with age: one-sixth (14%) of 9–11 yr carers are unhappy with their mental health, versus almost half (47%) of 16–17 yr carers⁴.</p> <p>Based on available evidence, an estimated 400 to 1,100 Southwark young carers have a mental disorder.</p>	<p>IMAGO provides general support for young carers in the borough, commissioned by Southwark Council. In May 2023, IMAGO was supporting 304 Southwark young carers. In 2018, 522 were supported, who were⁵:</p> <ul style="list-style-type: none"> – 56% female, 43% male, 1% unknown gender – 79% from Black, Asian and other minoritised ethnic groups. <p>Data is lacking on numbers of Southwark young carers receiving mental disorder treatment (including from primary care, social care and IAPT), preventative interventions and mental wellbeing promotion.</p>
<p>Additional issues or gaps:</p> <p>Services and support are reliant on families self-declaring; many are hesitant to do so as they fear unhelpful consequences⁵.</p> <p>Data quality for young carers is poor as many remain unknown to services.</p> <p>The school census will report on young carers from spring 2023 onwards.</p>			

1. ONS, 2023. Unpaid care by age, sex and deprivation, England and Wales: Census 2021.

2. Joseph et al, 2019. *Child: Care, Health Development* 45:606-12.

3. The Children Society, 2023. Young carer facts.

4. Children Commissioner, 2022. The Big Ask Voices: Shinning a light on young carers.

5. Southwark Council, 2021. Carers' JSNA.

6. Barnado's, 2017. Still Hidden, Still Ignored – who cares for young carers?

NEET young people have double the risk of mental disorder and three times the risk of suicidal behaviour

HIGH RISK GROUP: NEET

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for this population in Southwark?
Not in Education, Employment or Training (NEET)	<p>In 2021, Southwark's NEET prevalence (3.0%) was significantly below England and neighbouring borough levels, and similar to London rates; 165 16–17 yr olds were affected¹.</p> <p>In 2019, 1 in 5 Southwark teenage mothers (16–18 yrs) were NEET².</p>	<p>British 18 yr olds who are NEET have three-times greater risk of recent or previous suicidal behaviour*, compared with non-NEET peers (15.9% vs 5.0%, respectively), and also much higher levels of previous child** mental health problems (attention deficit hyperactivity disorder (ADHD; two-fold higher: 25.9% vs 10.4%, respectively); conduct disorder (two-fold: 30.5% vs 13.7%); depression (over two-fold: 8.3% vs 3.0%); anxiety (almost two-fold: 9.6% vs 5.6%); and harmful substance use (almost two-fold: 26.8% vs 14.8%))³.</p> <p>Based on available evidence, among Southwark NEET 16–17 yr olds, estimated numbers are; ADHD, 50; conduct disorder, 50; depression and anxiety, less than 50 each; harmful substance use, 50; and suicidal behaviour, 50.</p>	<p>CYP are supported to access the Nest and Southwark Information, Advice and Support Team (SIAS).</p> <p>Data is lacking on numbers of Southwark NEET CYP receiving mental disorder treatment (including from primary care, social care, IAPT and SIAS), preventative interventions, and mental wellbeing promotion.</p>

Additional issues or gaps:

Teenage mothers can access support through early intervention Health Visiting and the new Bright Beginnings service. 42% of care leavers are NEET. NEET young people are supported to access opportunities, e.g. via Southwark Virtual School⁴. In Sep 2022, 16% of CYP from the Southwark Youth Justice Service caseload were NEET⁵.

1. Office for Health Improvement and Disparities, 2023. Children's and Young People's Mental Health and Wellbeing profiles.
 2. Southwark Council, 2019. Everything to gain and nothing to lose. Annual Public Health Report.
 3. Goldman-Mellor et al, 2015. *J Child Psychol Psychiatry* 57:196-203. *As 12–18 yr olds; **at 12 yrs of age. ADHD = attention deficit hyperactivity disorder.
 4. Southwark Council, 2022. Southwark Virtual School Annual Headteacher's Report Academic Year 2021-22.
 5. Southwark Council, 2022. Family Early Help and Youth Justice. YOS Performance Information Report.

White British and White Other CYP have twice the mental health risk of Black and Asian CYP

HIGH RISK GROUPS: PARTICULAR ETHNIC GROUPS

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for this population in Southwark?
Particular ethnic groups	Southwark has a very diverse population: in 2021, over three-fifths (64%) of 0–17 yr olds were from Black, Asian and other minoritised ethnic groups ¹ .	Nationally, mental disorders are more common in White CYP than other groups. In 6–16 yr olds in 2021, levels of probable mental disorder were: White British, 1 in 5 (20.1%); White Other, 1 in 5 (19.2%); Mixed or Other ethnicity, 1 in 6 (16.8%); Black/Black British, 1 in 10 (9.7%); and Asian/Asian British, 1 in 20 (5.2%) ² . Overall national rates for White & White Other versus Black, Asian & other minoritised ethnic groups were respectively: 2–4 yrs: 6.1% vs 3.9%; 6–16 yrs: 20.1% vs 9.7%; 17–19 yrs: 17.8% vs 15.9%. Based on available evidence, estimated expected numbers of Southwark 2–17 yr olds with probable mental disorder are: White British and White Other, 2,800; Black, Asian and other minoritised groups: 3,100 ¹ .	In 2022/23, CAMHS worked with about 1,200 under-18 yr old CYP from White groups and about 1,450 from Black, Asian and other non-White groups ³ . Nationally and locally, Black young people experiencing mental distress are disproportionately more likely to access support via youth offending or crisis care services; White young people are more likely to access support via CAMHS or talking therapies ⁴ . Data is lacking on how many Southwark CYP from different ethnic groups access mental disorder prevention and mental wellbeing promotion initiatives.
Additional issues or gaps: Some communities' cultural barriers and stigma affect CYP access to mental health services ⁵ ; services co-creation is needed. Existing data shows a disparity between mental health service use levels among non-White ethnic groups, comparing under-18s versus adults.			

1. ONS, 2022. Ethnic group by age by sex dataset (Census 2021 data).

2. NHS Digital, 2022. Mental Health of Children and Young People in England 2021 – wave 2 follow up to the 2017 survey.

3. South London and Maudsley Mental Health Trust, 2023. Private communication.

4. Southwark Council, 2021. Mental Health and Inequalities of Black, Asian and Minority Ethnic Children and Young People (Health and Social Care Scrutiny Commission).

5. Southwark Council, 2018. Children and Young People Mental Wellbeing JSNA.

The ethnic mix of Southwark CYP CAMHS service users is as expected, based on national and local data

HIGH RISK GROUPS: PARTICULAR ETHNIC GROUPS: SERVICE USE

Proportions of different ethnic groups among CAMHS service users can be compared to patterns among predicted local CYP with mental disorder, and among the total CYP population.

- Over the 4 years 2019/20 to 2022/23, 52.8% of CAMHS Southwark CYP service users (2–17 yrs) were from Black, Asian and other minoritised ethnic groups, and 47.2% were from White groups (White British or White Other)¹.
- In 2021, of Southwark 2–17 yr olds estimated to have a mental disorder (about 5,900, based on national averages²), about 53% were expected to be from Black, Asian and other minoritised ethnic groups and about 47% from White groups^{1,2}.
- In the overall 2021 Southwark 2–17 yr population, 67.5% were from Black, Asian and other minoritised groups and 32.5% were from White groups³.
- Thus, in recent years, levels of Southwark CAMHS service users were well matched to expected population levels of mental disorder, for both Black, Asian & other minoritised ethnic group CYP and for White CYP. Levels of White CYP CAMHS service use were over two-fifths higher than levels of White 2–17 yr olds in the general Southwark population; increased risk of mental disorder among White CYP is the probable explanation.

Table 1. Prevalences of ethnic groups within CAMHS Southwark CYP caseload (4-year average for 2019/20 to 2022/23), among Southwark 2–17 yr CYP predicted to have a mental disorder (in 2021), and in the general Southwark 2–17 yr population (2021)

Group	% of CAMHS 4-yr caseload	% of est. CYP with MHD	% of CYP population
Black, Asian & other minoritised ethnic*	52.8%	53%	67.5%
White**	47.2%	47%	32.5%

1. SLaM, 2023. Private communication. *Where ethnicity was known (5% of patients were of unknown ethnicity); minoritised ethnic does not include White Other groups.

2. NHS Digital, 2021. Mental Health of Children and Young People in England 2021 – wave 2 follow up to the 2017 survey.

3. ONS, 2023. Ethnic group by age and sex in England and Wales. Census 2021. **White = White British and White Other.

Almost half of SEND CYP have a mental disorder, five times higher than levels in non-SEND peers

HIGH RISK GROUP: SEND

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for this population in Southwark?
Special Educational Needs and Disabilities (SEND)	In 2021/22, 6,604 Southwark pupils aged under 18 yrs were receiving support for special educational needs, and 1,804 had an EHCP or other statement ¹ . Of those receiving SEN support, the most common primary support needs were: speech, language and communication (almost one-third (31%); 2,042 pupils); learning disability (one-quarter (24%); 1,606); social, emotional and mental health issues (almost one-fifth (18%); 1,184); and ASD (1/10th (10%); 656).	Nationally, 5–19 yr olds with SEN have a greatly increased risk of mental disorder: 5 times higher for all mental disorders (47% vs 9%), 7 times more for behavioural disorder (23% vs 3%), 3 times more for emotional disorder (20% vs 6%), more than 10 times more for hyperkinetic disorder (12% vs 1%), and more than 100 times more for ASD (14% vs 0.1%), compared with non-SEN peers (2018 data) ² . Based on available evidence, an estimated 4,400 Southwark CYP with SEND have a mental disorder ³ . Over one-third (35%) of children with learning disability have a mental disorder ² . Among Southwark under 18 yrs SEN pupils with an EHCP, almost half (50%) have ASD as their primary need (it is the most common support need), a substantially higher level than in London (39%) and England (31%) ¹ .	The Child and Adolescent Neurodevelopmental Service delivers specialist treatment for CYP with severe developmental disorder, working alongside social care and community health teams. The SIAS team provides confidential support to parents, carers and CYP (0–25 yrs) with SEND; support numbers are unavailable. In 2022/23, CAMHS received fewer than 5 ASD referrals, accepted all, and worked with about 250 ASD CYP ³ . Data is lacking on how many Southwark SEND CYP are supported by primary care, community paediatrics, social care, parenting programmes, mental disorder prevention projects, and mental wellbeing initiatives.

Additional issues or gaps: Nationally, it is estimated only 28% of SEND CYP with a mental health issue have had any contact with mental health services⁴. Public mental health interventions need to be targeted and adapted to meet the needs of CYP and families with SEND⁵.

1. ONS, 2023. Special Educational Needs in England datasets.
 2. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.
 3. South London and Maudsley Mental Health Trust, 2023. Private communication.
 4. Children and young people's mental health coalition, 2019. Overshadowed: The mental health needs of children and young people with learning disabilities.
 5. Harper et al, 2019. Autistica Action Briefing: Children and Young People's Mental Health.

2 in 5 trans CYP attempt suicide; LGB+ CYP mental disorder and suicidality rates are triple heterosexual levels

HIGH RISK GROUPS: LGBTQ+

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for this population in Southwark?
Lesbian, gay, bisexual, transgender, queer, intersex, asexual & other (LGBTQ+) youth	<p>Census 2021 found that about 1 in 70 (1.4%) Southwark 16–24 yr olds had a gender identity different from their sex registered at birth (i.e. are 'trans'), and 9.8% identified as LGB or another non-heterosexual term¹. An earlier survey estimated that 10% of secondary school pupils (11–16 yrs) identified as LGBTQ².</p> <p>Based on these rates, an estimated 300 Southwark 11–17 yr olds are trans and an estimated 2,150 identify as LGB+.</p>	<p>Nationally, mental disorder rates in LGB CYP (35%) are almost triple heterosexual CYP levels (13%)³.</p> <p>Self-harming in the past year is over twice as common in UK LGB+ 17 yr olds (over 1 in 2: 55.8%) than in heterosexual peers⁴.</p> <p>British LGBTQ+ 11–19 yr olds report very high levels of self-harm (four-fifths (84%) of trans CYP and three-fifths (61%) of non-trans LGB CYP), suicidal thoughts (trans CYP, 92%; non-binary CYP, 89%; and cis-gendered LGB CYP, 70%) and suicide attempts (2 in 5 (45%) trans CYP, 1 in 3 (35%) non-binary CYP, and 1 in 5 (22%) cis-gendered LGB CYP)⁴. Sexual minority youth have almost triple the suicidality levels of heterosexual youth². Suicide attempt risk increases with bullying, disability, free school meal status and faith practice⁵.</p> <p>Based on available evidence, estimated mental disorder numbers among affected Southwark 11–17 yr olds are 750 for LGB+ CYP and 250 for trans CYP (the trans estimate uses self-harm as a proxy for mental disorder).</p>	<p>Southwark mental health services collect data on gender identity but not sexual orientation, preventing assessment of service access, equity and effectiveness for local LGBTQ+ CYP.</p> <p>Local and online charities provide specialist LGBTQ+ CYP mental health support: METRO provides support, including counselling; LGBT Jigsaw provides support, including around housing and homelessness; and Mermaids supports transgender, non-binary and gender-diverse CYP and their families, as well as professionals involved in their care. No data is available on LGBTQ+ CYP seen.</p> <p>Data is also lacking on how many Southwark LGBTQ+ CYP receive mental disorder prevention and mental wellbeing promotion initiatives.</p>
<p>Additional issues or gaps: LGBTQ+ CYP can experience homophobia, biphobia and/or transphobia in the form of violence, discrimination, bullying, social isolation and rejection, and distressing experiences when coming out, endangering their mental health and wellbeing.⁴</p>			

1. ONS, 2023. Gender identity by age (Census 2021 data publication). Question answer rates among 16-24 yr olds: 92% for gender identity; 89% for sexual orientation.

2. South London and Maudsley Mental Health Trust, 2023. Private communication.

3. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

4. UCL, 2020. Mental ill-health at age 17 in the UK.

5. Stonewall, 2017. School Report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017.

Young offenders have higher risk of mental disorders and suicide attempts

HIGH RISK GROUP: YOUNG OFFENDERS

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for this population in Southwark?
Young offenders	<p>In Southwark, levels of first-time entrants to the Youth Justice System (YJS) have fallen by four-fifths since 2010. Southwark's 2021 rate (209 per 100,000; 55 CYP) was higher than England levels (147 per 100,000) but statistically similar to London (187 per 100,000)¹.</p> <p>In 2022/23, about 250 Southwark 0–17 yr olds were in contact with the YJS and about 150 received a conviction; very few were detained. Of those convicted, 9/10ths were male (92%), over half (57%) were from Black ethnic groups, almost one-quarter (23%) were from White groups and over one-sixth (18%) were from Mixed groups².</p>	<p>Sentenced English and Welsh young offenders in prison have high levels of mental disorder: more than one-third have depression symptoms (males, 36%; females, 51%); more than two-fifths have neurotic disorder (males, 42%; females, 68%); 9/10ths of males have personality disorder (88%); 1/10th of males have psychosis (10%); over half have hazardous drinking (males, 70%; females, 51%); and over 1 in 10 have attempted suicide in the last year (males, 12%; females, 33%)³.</p> <p>In detained male adolescents, over two-thirds (70%) have a mental disorder³.</p> <p>Over the past 3 years, 25% of Southwark young offenders assessed had an emotional or mental health need². A high proportion of young offender CYP meet the threshold for statutory social work, prompting safety and wellbeing concerns².</p> <p>Based on the above evidence, about 50 Southwark young offenders have an emotional or mental health need.</p>	<p>In 2022/23, the CAMHS Youth Offending Service (YOS) accepted all 10 referrals received; three-quarters (74%) were seen within 4 wks; 13 CYP were worked with; cases were open for an average of 45 wks; and 1% of accepted referrals came from YJS, police, probation or the courts⁴.</p> <p>CYP who are referred to CAMHS via the YJS have a much shorter length of time spent in the service, an average of 29 weeks, compared with the main cohort (61 weeks)⁵; reasons are unknown.</p> <p>Data is lacking on how many Southwark young offenders receive mental disorder prevention and mental wellbeing promotion initiatives.</p>
<p>Additional issues or gaps: Young gang associates have almost twice the risk (92% higher) of social, emotional and mental health issues, compared with other child offenders and other children known to social services³.</p>			

1. Office for Health Improvement and Disparities, 2022. Child Health profiles; Children's and Young People's Mental Health and Wellbeing profiles.
 2. Southwark Council (Family Early Help and Youth Justice team), 2023. Private communication (Southwark Youth Justice Services data).
 3. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.
 4. South London and Maudsley Mental Health Trust, 2023. Private communication.
 5. South London and Maudsley Mental Health Trust, 2022. 4 boroughs community performance report - July 2022.

Levels of probable mental disorder in homeless young people range from half to all

HIGH RISK GROUP: HOMELESS

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for this population in Southwark?
Homeless young people	In Southwark in 2021/22, 469 16–24 yr olds were deemed homeless (down from 581 in 2020/21) ¹ . Southwark had the fourth highest prevalence of homeless young 16–24 yr olds (3.5 per 1,000) of all London boroughs; rates were around one-half higher than London and England levels ¹ .	<p>Homeless young people are extremely vulnerable. Mental illness can be a cause of homelessness².</p> <p>International evidence indicates that between half (48%) and almost all (98%) young homeless people (aged up to 25 yrs) experience mental disorders².</p> <p>Based on this evidence, an estimated 50 to 100 homeless Southwark 16–17 yr olds have a mental disorder.</p>	Data is lacking on numbers of Southwark homeless CYP receiving mental disorder treatment, preventative interventions and mental wellbeing promotion.

1. Office for Health Improvement and Disparities, 2023. Children's and Young People's Mental Health and Wellbeing profile.
 2. Hodgson et al, 2013. *Am J Public Health* 103:324-37.

Over 2,000 Southwark CYP have a mental disorder linked to long-term physical health conditions (mainly obesity)

HIGH RISK GROUPS: PHYSICAL HEALTH CONDITIONS AND POOR DIET

	What do we know about the population in Southwark?	What are the mental health needs?	What do we know about mental health support for these populations in Southwark?
CYP with physical health conditions	<p>Among Southwark 0–19 yr GP patients with diagnosed long-term conditions, about 2,100 have asthma; smaller numbers are recorded as having other conditions (e.g. obesity, cancer, epilepsy and diabetes)¹.</p> <p>However, school assessments show that over one-quarter (27.1%) of Southwark 10–11 yr school pupils are obese². If rates are similar in older CYP, this equates to about 6,850 obese Southwark 10–17 yr olds.</p>	<p>6–16 yr olds with long-term physical health conditions are twice as likely to have a probable mental disorder, compared with those without (29.6% vs 14.9%, respectively)⁴.</p> <p>Based on available evidence, about 2,050 Southwark 0–17 yr olds are estimated to have a probable mental disorder linked to a long-term physical health (mostly obesity).</p>	<p>Data is lacking on how many Southwark CYP with long-term conditions and/or poor diet receive mental disorder treatment, preventative interventions and mental wellbeing promotion.</p>
CYP with poor diet	<p>An estimated 3,800 Southwark 8–17 yr olds have eaten no fruit or vegetables in the last 24 hrs³.</p>	<p>International evidence for 0–19 yr olds shows a significant association between unhealthy diet and poorer mental health⁵. Based on this evidence, an estimated 3,800 Southwark CYP have increased risk of poorer mental health due to their poor diet.</p>	
Additional issues or gaps: Children who are disabled or deaf.			

1. SEL ICS, 2023. Co-morbidities dashboard (data to 30 Apr 2023). Note: numbers are not additive: one child can have more than one diagnosis.
 2. Office for Health Improvement & Disparities, 2023. Maternal and child health data profiles.
 3. SHEU, 2016. Supporting the Health & Wellbeing of Children and Young People in Southwark (summary report).
 4. NHS Digital, 2021. Mental Health of Children and Young People in England, 2021: Wave 2 follow up to the 2017 survey.
 5. O'Neil et al, 2014. *Am J Public Health* 104:e31-42.

Children of parents with mental disorders have triple the risk of developing a mental disorder themselves

HIGH RISK GROUP: CHILDREN OF PARENTS WITH MENTAL DISORDER

	What do we know about these populations in Southwark?	What are the mental health considerations?	What do we know about support for these populations in Southwark?
Children of parents with mental disorder	<p>Nationally, more than one-fifth (23%) of mothers of 0–16 yr olds have a mental disorder, rising to more than one-quarter (28.3%) for households in the most deprived fifth of neighbourhoods¹.</p> <p>In 2021, an estimated 6,350 households with dependent children had a mother with a mental disorder².</p>	<p>Children of parents with a mental disorder have a higher risk of developing a mental disorder themselves³. The risk is 1 in 6 (14.9%) for 2–4 yr olds and over 1 in 4 (27.9%) for 5–19 yr olds (versus 4.1% and 9.4%, respectively, for unaffected peers).</p> <p>Treatment of parental mental disorder can prevent child mental disorder⁴.</p> <p>In addition, interventions to support the children of parents with mental disorder can prevent those children from developing mental disorders themselves⁵.</p> <p>Based on available evidence, at least 1,450 Southwark 2–17 yr olds may have a mental disorder related to their mother having a mental disorder.</p>	<p>Local services for parents with mental disorder include²:</p> <ul style="list-style-type: none"> ▪ SLaM Perinatal Mental Health Team (2022/23: 185 of 416 referrals accepted and 295 parents worked with); ▪ SLaM Helping Families team (2022/23: 28 of 29 referrals accepted and 16 families worked with); ▪ SLaM Southwark Parental Mental Health Team (2022/23: 209 of 237 referrals accepted and 211 parents worked with); ▪ SLaM parent and infant mental health services (2022/23: fewer than 5 referrals received and all accepted, and 169 parents worked with). <p>Data on support from primary care and IAPT is unavailable.</p>

1. Abel et al, 2019. *Lancet Public Health* 4:e291-300.

2. South London and Maudsley Mental Health Trust, 2023. Private communication.

3. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

4. Cuijpers et al, 2015. *Eur Child Adolesc Psychiatry* 24:237-45.

5. Havinga et al, 2021. *Br J Clin Psychol* 60:212-51.

Parental financial hardship, physical illness and relationship issues raise child mental health risk

HIGH RISK GROUP: CHILDREN OF PARENTS IN ADVERSITY

	What do we know about these populations in Southwark?	What are the mental health considerations?	What do we know about support for these populations in Southwark?
Children of parents in adversity	<p>Children’s mental health is at risk if their parents are¹:</p> <ul style="list-style-type: none"> ▪ In receipt of benefits. ▪ In financial hardship and/or debt. ▪ Experiencing physical illness or disability. ▪ Having relationship difficulties (including with the child). 	<p>Nationally, among 5–19 yr olds with parents receiving low-income benefits, or in households in the lowest fifth of household income, about one-sixth have a mental disorder (18.2% and 14.7%, respectively); levels rise to almost one-third (31.8%) for those in families receiving disability benefits¹. Among 2–4 yr olds of parents receiving benefits, about 1 in 10 (10.4%) have a mental disorder¹. CYP whose parents receive benefits have a 2- to 3-fold increased risk of mental disorder compared with unaffected peers¹.</p> <p>In 2021/22, over 1 in 6 (18.4%) Southwark 0–15 yr olds lived in relatively low-income families (i.e. earning less than 60% of the average UK income) which received benefits for at least part of the year².</p> <p>Based on the above evidence, among Southwark 2–17 yr olds whose parents have relatively low income supplemented by benefits (about 9,350 children), about 1,550 are estimated to have a mental disorder³.</p> <p>In 2021, 17,997 Southwark 5–15 yr olds lived in a household where someone was disabled³. Assuming the disabled person was their parent and received disability benefits, Southwark could have up to 5,700 5–15 yr olds with a mental disorder whose parent receives disability benefits.</p>	<p>No data is available on support for children of parents affected by financial hardship, physical illness/disability or relationship difficulties, regarding: mental disorder treatment (including from primary care and IAPT); mental disorder prevention interventions; and mental wellbeing promotion initiatives⁴.</p>

1. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.
 2. Office for Health Improvement and Disparities, 2023. Local Authority Health Profile.
 3. ONS, 2023. Custom data set (Census 2021 data).
 4. South London and Maudsley Mental Health Trust, 2023. Private communication.

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Substance use endangers CYP mental health; CYP with mental disorders have much higher substance use levels

RISK FACTORS: ALCOHOL AND DRUG USE

ALCOHOL

- Alcohol can negatively affect CYP health and social outcomes and is strongly associated with other risky behaviours. Some CYP use alcohol and other substances to help them cope with trauma or personal issues¹.
- In 2021, 1 in 12 (8.3%) English 11–16 yr olds reported drinking at least weekly; this equates to about 1,600 Southwark 11–16 yr olds². Levels were four-fifths higher in children with possible or probable mental disorder (1 in 6; 15.8%) than in unaffected peers (1 in 12; 8.6%)². Children drinking at least weekly had almost double the rate of probable mental disorder compared with non-drinking peers (1 in 3 (31%) vs 1 in 6 (17%), respectively).
- In 2021, over 1 in 20 (5.5%) English 11–15 yr olds reported drinking alcohol at least weekly (2% of 11 yr olds, rising to 20% of 15 yr olds), equating to about 850 Southwark 11–15 yr olds. (Over 1 in 10 (10.6%) English 11–15 yr olds drank fortnightly or monthly, equating to about 1,700 Southwark 11–15 yr olds.)³
- Southwark's under-18 yr hospital admission rate for alcohol-specific conditions is 10 per 100,000 (2018/19–20/21; 20 admissions over 3 years), significantly lower than England and statistically similar to London and neighbouring boroughs; levels have not significantly changed in recent years⁴.
- Data is unavailable for CYP alcohol use disorder treatment via primary care, CAMHS and other sectors.
- Healthy Young People Southwark provides information and support services for CYP with concerns about alcohol use; CYP can complete a self-assessment quiz and self-refer themselves for support.

DRUGS

- Drug use can negatively affect young people's health, development, education, and relationships with family and friends⁵.
- Weekly cannabis use doubles the risk of depression and anxiety in teenagers⁶; regular use increases risk of psychosis⁷ and can make existing mental health conditions worse⁸. Some young people use drugs as a coping mechanism, to block unwanted thoughts and feelings⁹.
- England-wide in 2021, 1 in 100 (1.1%) 11–16 yr olds reported using cannabis or other drugs in the past week²; this equates to about 200 Southwark 11–16 yr olds². Levels were almost 7 times higher in children with possible or probable mental disorder (over 1 in 25; 4.5%) compared with unaffected peers (0.7%)².
- England-wide in 2021, over 1 in 6 (18%) 11–15 yr olds reported ever using drugs, and 1 in 8 (11.9%) in the past year (3% of 11 yr olds, increasing to 24% of 15 yr olds); this equates to about 1,900 Southwark 11–15 yr olds using drugs in the past year³.
- Among English 11–15 yr olds, cannabis, volatile substances (e.g. glue) and psychoactive substances (e.g. nitrous oxide) were the drugs most commonly used (by 7.0%, 6.8% and 4.7%, respectively)³.
- In 2016 in Southwark, 1% of Year 8 and 7% of Year 10 pupils had used cannabis in the last month, equating to about 350 12–17 yr olds in 2021¹⁰.
- Substance misuse hospital admission rates for Southwark 15–24 yr olds were 54 per 100,000 (60 admissions) over 2018/19–20/21, much lower than England levels and similar to London and neighbouring borough levels⁴.
- In 2021/22, about 35 Southwark under-18 yr olds received (any) substance misuse treatment (about 15 14–15 yr olds, 20 16–17 yr olds, 5 females and 25 males; about 30 used cannabis); about 15 successfully completed treatment¹¹. Treatment data for primary care and CAMHS is unavailable.

1. Anna Freud Centre, 2023. Substance misuse.

2. NHS Digital, 2021. Mental Health of Children and Young People in England, 2021 wave 2 follow up to the 2017 survey.

3. NHS Digital, 2022. Smoking, drinking and drug use in young people. England, 2021.

4. PHE Fingerprints, 2023. Child Health Profiles data tools: Children's and Young People's Mental Health and Wellbeing data tool.

5. Young Minds, 2022. Parents' A-Z mental health guide: Drugs and alcohol.

6. Patton et al, 2002. *BMJ* 325:1195–8.

7. Royal College of Paediatricians and Child Health, 2020. Alcohol and drug use in young people.

8. Royal College of Psychiatrists, 2022. Cannabis and mental health – for young people.

9. Child Mind Institute, 2022. Mental health disorders and teen substance use.

10. SHUE, 2016. SHUE Survey 2016 – Secondary 2016 Tables. Overall, 2% of Year 8 and Year 10 respondents had used cannabis in the last month.

11. National Drug Treatment Monitoring System, 2023. Young people (<18) profiles (Southwark data).

Smoking jeopardises mental health; CYP with mental disorders are much more likely to smoke or vape

RISK FACTOR: TOBACCO

TOBACCO

- **Smoking** is associated with increased risk of mental disorder¹; in adults, smoking increases risk of new-onset mental disorder by at least two-fifths (42%)².
- There is a strong association between smoking and other risky behaviours, including alcohol and drug use^{1,3}.
- Among England 11–15 yr olds in 2021, 1.0% smoked regularly (1.0% of girls and 1.1% of boys) (2.0% smoked occasionally: 2.6% of girls and 1.4% of boys). If rates are similar, this equates to about 150 regular smokers and 300 occasional smokers among Southwark 11–15 yr olds⁴.
- Very few young people access Southwark smoking cessation support services and set a quit date. As most adult smokers smoke their first cigarette by the age of 18 yrs⁵, there is much opportunity for early intervention.
- The risks and long-term health effects of **e-cigarettes** are unknown⁵. England-wide in 2021, 1 in 5 (22%) 11–15 yr olds had tried e-cigarettes, almost 1 in 10 (9%) were current users, and 1 in 25 (4%) were regular users⁴. Between 2018 and 2021, rates of regular e-cigarette use rose four-fold in girls (from 1.2% to 5.0%) and by one-third (from 2.6% to 3.5%) in boys⁴. If rates are similar among Southwark 11–15 yr olds, this equates to about 1,450 current e-cigarette users and 650 regular users.
- In 2018, English 11–16 yr olds with a mental disorder were 10 times more likely to be regular smokers (6.9% vs 0.7%), three times more likely to have tried cigarettes (22.5% vs 7.3%), and twice as likely to have tried e-cigarettes (24.1% vs 11.2%), compared with unaffected peers⁶.
- No data is available on numbers of Southwark CYP receiving support for tobacco addiction from primary care, CAMHS or other sectors⁷. Local authority funded smoking cessation services do not accept under-18 yr olds⁸.

1. Smoking and mental health. Mental Health Foundation. (2022). Smoking and mental health | Mental Health Foundation

2. Mojtabai & Crum, 2013. *Am J Public Health* 103:1656–65.

3. Action on Smoking and Health (ASH), 2019. Young people and smoking.

4. NHS Digital, 2021. Smoking, Drinking and Drug Use among Young People in England.

5. Royal College of Paediatricians and Child Health, 2020. Smoking in young people.

6. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

7. South London and Maudsley Mental Health Trust, 2023. Private communication.

8. Southwark Council, 2023. Private communication (Public Health Division).

Low socio-economic status doubles the risk of child psychological disorders

RISK FACTOR: SOCIO-ECONOMIC STATUS

SOCIO-ECONOMIC STATUS

- CYP affected by **low socio-economic status** (SES) are exposed to multiple disadvantages and often have worse access to education and social participation, compared with those with high SES¹.
- The **Income Deprivation Affecting Children Index** (IDACI) highlights areas where children are most affected by family income deprivation. In 2019, Southwark was in the most deprived fifth of local authorities England-wide; it was the fourth worst affected borough in London, and worse than the England average². In 2020, about 46,500 Southwark 0–17 yr olds lived in low family income neighbourhoods^{2,3}.
- In 2021/22, over 1 in 6 (18.4%) Southwark 0–15 yr olds lived in **relatively low-income families** (i.e. earning less than 60% of the average UK household income) which received benefits for at least part of the year⁴; this equates to about 11,800 Southwark 0–17 yr olds⁵.
- The recent UK cost of living crisis (i.e. sharp inflation rises since May 2021, due to essential goods price rises unmatched by wages and benefits increases) has disproportionately affected low-income households, compounding inequalities⁶.
- In 2021, 3,610 Southwark 0–17 yr olds lived in **households** which were **deprived in three or more ways**⁷.
- CYP affected by low SES are at increased risk of developing a mental disorder:
 - Low SES almost doubles the risk of child psychological disorders (1.9 times more, compared with high SES children);
 - Family transition into poverty increases risk of child behavioural problems by two-fifths (41% more);
 - Low household income is associated with an 8-fold increase in 5 yr olds' risk of socio-emotional difficulties (lowest vs highest 20% household incomes)⁸.

1. Reiss et al, 2019. *PLoS One* 14:e0213700.

2. Ministry of Housing, Communities and Local Government, 2019. English indices of deprivation: supplementary indices (IDACI). Low family income = 1st and 2nd IDACI deciles.

3. ONS, 2021. Mid-year small area population estimates.

4. Office for Health Improvement and Disparities, 2023. Local Authority Health Profile.

5. ONS, 2023. Custom data tool (Census 2021 data).

6. Southwark Council, 2022. Cost of Living Crisis Profile.

7. ONS, 2021. Census 2021 custom datasets (household deprivation plus households with dependent children datasets). Household deprivation dimensions: education (deprivation = low educational qualifications); employment (i.e. any member unemployed or economically inactive due to illness); health (i.e. any member in bad health or disabled); and housing (i.e. overcrowded, shared accommodation or no central heating).

8. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

Food insecurity and physical inactivity increase mental health risks for children and young people

RISK FACTORS: FOOD INSECURITY AND PHYSICAL INACTIVITY

FOOD INSECURITY

- Even marginal levels of food insecurity increase the risk of CYP behavioural, emotional and academic problems, at all ages¹.
- Current high costs of living have greatly affected children and families. In May 2023, two-fifths (40%) of UK adults in households with children had eaten less or skipped meals in the past month, due to insufficient money².
- In 2021/22, one-quarter (25.7%) of London single parents reported that their children had low or very low food security; 1 in 12 (7.6%) of coupled parents reported the same. This equates to about 6,600 food-insecure 0–17 yr olds in Southwark^{3,4}.
- Southwark young people report lack of awareness of available food security supports, stigma around using food banks, and being too embarrassed to seek support⁵.
- Southwark Council supports CYP food security by providing: Free Healthy School Meals (4–7 yrs; for all children ineligible for government-funded Universal Infant Free School Meals); Free School Meals (6–11 yrs; future provision will also cover high school pupils); and free fruit (7–11 yrs).
- Local food banks are available but wider promotion is needed.

PHYSICAL INACTIVITY

- England-wide, active 5–16 yr olds are happier, less lonely and have higher wellbeing levels than less active peers⁶. Among British 11–13 yr olds, physical fitness is associated with significantly better mental health⁷.
- In 2019/20, one-third (33.4%) of Southwark 5–16 yr olds had less than half the recommended physical activity level (only two-fifths (45%) had the recommended level, 60 mins per day)⁸. England-wide, CYP exercise levels fell during the Covid pandemic but have since recovered⁸. Based on this evidence, at least 12,800 Southwark 5–16 yr olds have insufficient physical activity⁴.
- Southwark CYP are offered free swimming lessons, outdoor gyms and a variety of sport and physical activity. The Healthy Schools initiative encourages schools to support physical activity via active travel, 'Daily Mile' exercise and formal physical education.

1. Shankar et al, 2017. *J Dev Behav Pediatr* 38:135-50.

2. Food Standards Agency, 2023. Consumer Insights tracking survey.

3. Greater London Authority, 2022. Survey of Londoners 2021-22.

4. ONS, 2023. Custom data tool (Census 2021 data).

5. Southwark Council, 2022. Report into food insecurity in adolescents and young people in Southwark.

6. Sport England, 2022. Children's activity levels recover to pre-pandemic levels.

7. Wheatley et al, 2020, *BMJ Open Sport Exercise Medicine* 6:e000819.

8. Sport England, 2023. Active Lives data tool (Active Lives Survey data).

Childhood adversity is associated with over two-fifths of childhood mental disorder

RISK FACTORS: ADVERSE CHILDHOOD EXPERIENCES 1

ADVERSE CHILDHOOD EXPERIENCES (ACEs): IMPACT AND PREVALENCE

Mental disorder risk

- Childhood adversity is one of the strongest predictors of adult mental disorder. Internationally, it is associated with over two-fifths (44.6%) of childhood mental disorder and accounts for almost one-third (30%) of adult mental disorder¹.
- In adulthood, children experiencing abuse have almost triple the risk of depression (190% increase), four times the risk of PTSD (300% increase), over double the risk of psychosis (170% increase) and drug problems (110% increase), and a four-fifths higher risk of alcohol dependence (80% increase), compared with unaffected peers¹. Repeated childhood sexual abuse raises adult mental disorder risks much higher.
- Childhood bullying quadruples the risk of 10–15 yr old mental ill-health symptoms² and doubles the risk of adolescent suicide attempts¹. The mental disorder risk of cyberbullied 11–16 yr olds (over 2 in 5 (45.9%)) is almost three times that of unaffected (or unsure) peers (1 in 6; 16.5%)³.
- Other ACEs increasing the risk of CYP mental disorder include: dysfunctional parenting and neglect (physical or emotional); parental violence, substance misuse, mental illness and criminality; violence and war; female genital mutilation; and bereavement¹.
- People experiencing 4 or more ACEs have 4 times higher risk of poor mental wellbeing, 5 times higher risk of illicit drug use, and 12 times higher risk of suicide attempt.⁴

Prevalence of different ACE types

- Nationally, almost half of all adults (47%) report facing at least one ACE; almost 1 in 10 (9%) report four or more¹.
- Childhood sexual abuse is reported by almost 1 in 12 (7%) 11–17 yr females⁵, over 1 in 10 (11.1%) adult females, and up to 1 in 20 (1% to 5.3%) adult males⁶, nationally; in Southwark, this equates to about 3,350 5–17 yr olds experiencing childhood sexual abuse⁷.
- Among UK children, almost 1 in 10 (8.9%) under-11 yr olds and 1 in 5 (21.9%) 11–17 yr olds report one or more experiences of physical, sexual or emotional abuse, or neglect, from parents or care-givers at some point during childhood; 2.5% and 6%, respectively, experienced this in the past year⁵. Based on this evidence, about 1,800 Southwark 5–17 yr olds faced at least one experience of abuse or neglect from a care-giver during the past year⁷.
- Nationally in 2015–16, about 1 in 8 (11.9%) 10–15 yr olds reported being bullied four or more times in the past 6 mths², equating to about 2,300 Southwark 10–15 yr olds⁷. In 2014, nearly 1 in 3 (32%) English 11–15 yr olds reported being bullied in the past few months (34% of girls, 31% boys)⁸, equating to about 5,100 Southwark 11–15 yr olds.
- Nationally in 2022, cyberbullying was reported by 1 in 8 (12.6%) 11–16 yr olds, and more than 1 in 4 (29.4%) same-age peers with probable mental disorder³; Based on this evidence, about 2,750 Southwark 11–17 yr olds have experienced cyberbullying^{3,7}.
- Many children experiencing ACEs will not present to services and not be identified as needing support.⁴

Protection duty

- Local authorities have a statutory duty to protect CYP, so ACEs are a key priority area for local assessment and action.

1. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

2. ONS, 2015, 2018, 2020. Measuring National Well-being: Insights into children's mental health and well-being: Report data tables.

3. NHS Digital, 2022. Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey.

4. Young Minds, 2018. Addressing Adversity.

5. Radford et al, 2013. *Child Abuse Neglect* 37:801-13.

6. Bebbington et al, 2011. *Soc Psychiatry Psychiatr Epidemiol* 46:255-62.

7. ONS, 2023. Custom data tool (Census 2021 data).

8. Brooks et al, 2015. HBSC England National Report: Health Behaviour in School-aged Children (HBSC): World Health Organization Collaborative Cross National Study.

More data is needed on local interventions for adverse childhood experiences

RISK FACTORS: ADVERSE CHILDHOOD EXPERIENCES 2

ADVERSE CHILDHOOD EXPERIENCES (ACEs): INTERVENTIONS

Interventions to address maltreatment and abuse

- Southwark Children's Social Care Clinical Service: In 2021/22, 306 assessments and/or interventions were undertaken, including 81 to prevent further abuse or neglect and 37 to help families in need¹.
- Family Early Help Social Care service: In 2020/21, 4,025 referrals were received and 4,810 contacts made, including for physical abuse (9%), neglect (8%) and domestic violence (7%)¹.
- Child Protection Plans: Data is needed, where initial category of abuse includes physical abuse, sexual abuse, emotional abuse or neglect.

Interventions to prevent abuse²

More data is needed on numbers of individuals benefiting from:

- Parenting training programmes.
- Parent education, for expectant and new parents.
- Parental support.
- Home visiting programmes.
- School-based programmes to detect and prevent abuse.
- Social Services interventions addressing parental circumstances (e.g. housing and employment).

Bullying prevention

- Over the 2020/21 school year, Southwark state-funded schools gave out 29 suspensions for bullying (1.7% of all suspensions); there were no permanent exclusions for bullying³.
- Data is needed on Southwark CYP receiving school-based bullying and cyberbullying prevention interventions.

Violence and domestic violence interventions

- In 2016, 13% of Southwark high school students (aged 12–13 yrs and 14–15 yrs) reported being physically attacked in the past year, 1% at home⁴.
- Data is needed on violence and domestic violence prevention interventions for Southwark under-18s.

Female genital mutilation (FGM) interventions

- In 2021/22, of Southwark female residents attending health services in whom FGM was identified, 125 had undergone FGM before the age of 18 yrs (representing almost all (95%) of those for whom FGM age was known, and three-quarters (76%) of all presenting FGM patients)⁵.
- Data is needed on local interventions to prevent FGM and support survivors.

1. South London and Maudsley Mental Health Trust, 2023. Private communication.

2. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health. (See p. 63.)

3. Department for Education, 2023. Pupil absence in schools in England: Spring term 2022/23.

4. SHEU, 2016. Supporting the Health & Wellbeing of Children and Young People in Southwark (secondary school data tables).

5. NHS Digital, 2022. Female Genital Mutilation (FGM) Annual Report – April 2021 to March 2022 (experimental statistics report).

1 in 8 CYP have been cyberbullied (1 in 4 for CYP with mental disorder), doubling their suicide risk

RISK FACTORS: SCREEN TIME AND ONLINE ACTIVITY

SCREEN TIME & ONLINE ACTIVITY

- Higher levels of **screen time** (TV, computer and/or mobile phone) are associated with increased risk of CYP depression, suicidality, and behavioural, hyperactivity and inattention problems, as well as poorer sleep¹. Internationally, 10–19 yr olds with more than 2–3 hrs screen time per day have poorer mental health².
- CYP screen time has increased as a result of the COVID-19 pandemic, impairing mental health, diet and sleep³.
- Successful interventions to reduce screen time include usage-limiting devices, contingent feedback systems, clinic-based counselling and school-based interventions¹.
- Greater **social media** use increases depression risk, especially among girls; increased internet usage is linked to higher risk of self-harm and suicidal ideation in young people¹.
- Conversely, English 11–19 yr olds with mental disorder are over twice as likely to use social media for 4+ hrs on school days (29.4% vs 12.0%), and to have numbers of likes, comments and shares affect their mood (27.2% vs 13.9%), compared with unaffected peers⁴.
- In 2018, one-sixth (14.6%) of English 11–19 yr olds spent more than 4 hrs on social media on school days, and one-third (32.5%) on non-school days⁴.
- Based on this evidence, an estimated 2,600 Southwark 11–17 yr olds spend more than 4 hrs on social media on school days, putting their mental health at risk^{4,5}.
- **Cyberbullying** is a further hazard of online social media use. Nationally in 2022, cyberbullying had been experienced by 1 in 8 (12.6%) 11–16 yr olds; rates were over 3 times higher in CYP with a mental disorder (over 1 in 4; 29.4%) than in unaffected peers (7.9%)⁶. Cyberbullied CYP's mental disorder risk (over 2 in 5 (45.9%)) was almost three times that of unaffected (or unsure) peers (1 in 6; 16.5%).
- Based on this evidence, about 2,750 Southwark 11–16 yr olds have experienced cyberbullying^{5,6}.
- Conversely, 11–19 yr olds with a mental disorder are twice as likely to be cyberbullies themselves, compared with unaffected peers (14.6% vs 6.9%, respectively)⁴.
- Internationally, cyberbullying doubles the risk of CYP depression, anxiety, and suicidal ideas and attempts⁷.
- Needs assessment should address cyberbullying impacts and interventions.

1. Campion, 2019. Public mental health: evidence, practice and commissioning. Royal Society of Public Health.

2. Hoare et al, 2016. *Int J Behav Nutr Phys Activ* 13:108.

3. Trott et al, 2022. *eClin Med*, 48:101462.

4. NHSD, 2018. Mental Health of Children and Young people in England, 2017.

5. ONS, 2023, Custom dataset (Census 2021).

6. NHSD, 2022. Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey.

7. Van Geel et al, 2014. *JAMA Pediatr* 168:435-42.

School absence and exclusion are linked to higher mental disorder risk; some ethnic groups are at higher risk

RISK FACTORS: SCHOOL ABSENCE & EXCLUSION

SCHOOL ABSENCE & EXCLUSION

- Nationally, school absences and exclusion are associated with increased risk of adolescent mental disorder¹.
- Among 11–16 yr olds **truant from school**, about 1 in 10 has an emotional disorder (9.7%) or behavioural disorder (11.2%)¹. In 11–16 yr olds with any mental disorder, truancy is over 10 times more likely (affecting over 1 in 12; 8.5%) compared with unaffected peers (0.8%)¹.
- England-wide in 2022, 7–16 yr olds with a probable mental disorder were almost 4 times more likely to miss 3 or more weeks of school in one term, compared with unaffected peers (rates: 13.1% vs 3.4%, respectively)². Those missing 3+ weeks in one term were over 6 times more likely to have a probable mental disorder, compared with those missing no school days (probable mental disorder prevalence: 46.0% vs 6.9%, respectively)². (Mental disorder can be both cause and effect of school absences.)
- In the 2022/23 Southwark school autumn term:
 - Unauthorised absence resulted in the loss of 90,106 (1 in 50) school sessions (i.e. half-days) (about 1 in 60 (1.6%) primary school sessions and 1 in 80 (1.2%) secondary school sessions were lost)³.
 - Unauthorised absence rates were over 3 times higher for Irish Traveller (1 in 10 sessions, 9.0%) and Gypsy Roma pupils (1 in 15, 6.9%), two-thirds higher for Mixed Black Caribbean & White pupils (1 in 25; 4.0%), two-fifths higher for Irish pupils (1 in 30, 2.9%) and one-third higher for Black Caribbean pupils (1 in 40; 2.8%), compared with White British pupils (1 in 50; 2.1%).
- Nationally, CYP with a mental disorder are over 7 times more likely to be **excluded from school** (affecting about 1 in 30; 3.0%) than those without (0.4%), and also more likely to be excluded from higher education¹.
- In the 2021/22 Southwark school spring term:
 - 3 pupils were permanently excluded, 673 pupils were suspended at least once, and 560 pupils were suspended more than once (518 secondary school pupils and 42 primary school pupils)⁴. (For full 2021/22 year: 5 exclusions; 2,096 suspensions (1 in 20 pupils).)
 - Persistent disruptive behaviour was the most common cause of suspension: one-third (31.5%; 238) of all suspensions were for this reason⁴.
 - Suspension rates were significantly higher among pupils from Mixed Black Caribbean & White (1 in 30; 3.5 per 100 pupils), Black Caribbean (1 in 40; 2.6 per 100 pupils), Other Black (1 in 40; 2.5 per 100 pupils) and Black African (1 in 50; 2.0 per 100 pupils) groups, compared with White British (1 in 80; 1.2 per 100) and Other White (1 in 120; 0.8 per 100) groups. Compared with White British pupils, suspension rates were 3 times higher in Mixed Black Caribbean & White pupils, more than twice as high in Black Caribbean and Other Black pupils, and two-thirds higher in Black African pupils⁴.*

1. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

2. NHS Digital, 2022. Mental Health of Children and Young People in England, 2022: Wave 3 follow up to the 2017 survey.

3. Gov.UK, 2023. Pupil absence in schools in England: Autumn term 2022/23.

4. Gov.UK, 2023. Permanent exclusions and suspensions in England: Spring term 2021/22. *Southwark permanent exclusion numbers were too small to allow statistically significant comparison of ethnic groups.

Adverse events during pregnancy, birth and infancy can greatly affect child mental health risk

RISK FACTORS: PREGNANCY & INFANCY

PREGNANCY AND INFANCY

- Maternal **substance use** during pregnancy raises the risk of child mental disorders: smoking doubles the risk of conduct disorder (106% increase), increases ADHD risk by three-fifths (60% increase) and increases 3 yr olds' levels of depressive and anxiety behaviours; alcohol increases the risk of conduct disorder by 10-fold, hyperkinetic disorder 8-fold and intellectual disability 97-fold; and cannabis increases conduct disorder risk by one-quarter (29% increase) and increases risks for other behavioural problems¹. Across South-East London, 1 in 20 (4.7%) pregnant women were smokers at time of delivery in 2022/23², equating to about 150 Southwark birthing parents in 2021³. England-wide in 2018/19, 4.1% of pregnant women drank alcohol in early pregnancy and 1.4% misused drugs, equating to about 100 and 50 Southwark birthing parents, respectively, in 2021³.
- **Low birth weight** increases the risk of adolescent depression¹. In 2021, 1 in 30 Southwark term-gestation babies (3.0%; about 100) were born with low birth weight.
- **Prenatal infection** increases the risk of ASD and schizophrenia spectrum disorders¹.
- **Pre-eclampsia** raises child ASD risk by one-third (32%)¹. England-wide, mild and severe pre-eclampsia affect 6% and 2% of pregnancies, respectively³, equating to about 200 and 50 Southwark pregnancies, respectively. Risk is higher in Black mothers³.
- Infant **prematurity** (i.e. less than 32 weeks' gestation) more than doubles young adults' risk of psychosis (2.5 times more likely) and depressive disorder (2.9 times more likely), and raises bipolar affective disorder risk more than 7-fold (740%)¹. In Southwark between 2019 and 2021, 1 in 14 babies (7.0%) were born premature (about 260 a year)⁴.
- **Low vitamin D** in pregnancy more than doubles child ASD risk (242% increase)¹. In a north-west London study, over one-quarter (29%) of pregnant women were vitamin-D-deficient in summer (winter rates would be higher)⁵. Black and Asian women's risk is higher⁶.
- **Antenatal mental disorders**: the risk of child socio-emotional problems is substantially increased by maternal antenatal depression (79% increase) and anxiety (56% increase)¹. Internationally, 1 in 8 (12.7%) pregnancies are affected by major depression and 1 in 6 (14.6%) by clinically significant anxiety (conditions may co-exist)⁷; based on this evidence, in 2021 about 400 Southwark birthing parents had major depression during their pregnancy and 450 had anxiety (overlap is likely)⁴.
- **Infant-parent bonding** strongly affects infant socio-emotional, behavioural and resilience development^{8,9}; poor attachment is associated with maternal postnatal mental disorder, and higher risk of child and adolescent mental disorder, delinquency and criminality. An estimated 4,900 Southwark under-2 yr olds (3 in 5) have poor (i.e. insecure or disorganised) attachment¹⁰. Effective interventions include parenting and home visiting programmes, relationship-based interventions, and parents reading to their children¹⁰. Assessment of local intervention is needed¹⁰.

1. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

2. NHS Digital, 2022. Statistics on women's smoking status at time of delivery: data tables (SEL ICB, Quarter 1, 2022-23).

3. UK Parliament, Hansard, 2019. Pre-eclampsia (vol 649).

4. OHID, 2023. Maternal and Child Health data profile.

5. Science Advisory Committee, 2016. Vitamin D and Health.

6. McAree et al. 2011. *Arch Dis Child* 96: suppl 1.

7. NICE National Collaborating Centre for Mental Health, 2018. Antenatal and Postnatal Mental Health.

8. Le Bas et al, 2022. *J Am Acad Child Adolesc Psych* 61:820-9.

9. Rasmussen et al, 2019. *Psychol Rep* 122:1259-96.

10. South London and Maudsley Mental Health Trust, 2023. Private communication.

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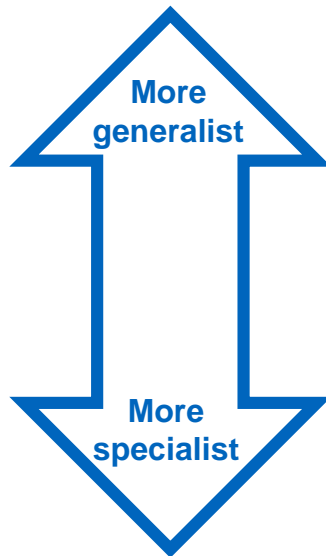
Evidence Review

Summary & Recommendations

Southwark has many general and specialist CYP mental health support services, plus support for families

LOCAL RESPONSE: OVERVIEW

Many general and specialist services are available to support Southwark CYP and families' mental health and wellbeing, with various access routes. The following slides summarise the main provision.



- Primary care (GPs)
- Faces in Focus, Young Minds, KOOTH, Togetherall, Good Thinking
- The Nest, Listening Place, Schools Wellbeing Services, IMAGO, Candle Project, Theatre Troupe, Healthy Young People Southwark
- CAMHS Early Help, CYP Practitioners, Child & Family Service, Adolescent Services, Neurodevelopmental Service, Outreach Team, Crisis Line
- YJS In-reach, MHST, Carelink, Eating Disorders, METRO

Local parenting interventions deliver first-line treatment for CYP behavioural and hyperkinetic disorders and ASD

LOCAL RESPONSE: PARENTING PROGRAMMES

Intervention with parents is effective for specific CYP mental disorders.

- Parenting interventions are first-line treatment for the estimated 3,050 local CYP with behavioural disorder, 1,100 local CYP with hyperkinetic disorder, and 750 local CYP with autism spectrum disorder¹.
- They also prevent and/or reduce severity of child mental disorder, substance use, antisocial behaviour and delinquency, and child unintentional injury, and promote parental attachment².

Southwark provision:

- Southwark's Parenting Programme and Team: This team offers a range of evidence-based parenting interventions. Between 2018 and 2021, the team supported 324 parents to complete parenting programmes, impacting on the lives of 516 children¹. Proportion of referrals were: 13% for behavioural difficulties; 7% for child mental health; 5% for physical abuse; 2% for domestic violence; and 1% for antisocial behaviour¹.
- Groundworks: In the past year, 166 parents received one-to-one intervention; no information is available on child mental disorder status¹.
- Place2Be: In the past year, this school-based mental health initiative enabled 5 families to access Personalised Individual Parenting Training, and provided 296 parent support sessions¹.

1. South London and Maudsley Mental Health Trust, 2023. Private communication.

2. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

School-based programmes are effective in treating and preventing CYP mental disorder and risk factors

LOCAL RESPONSE: SCHOOL-BASED APPROACH 1

Taking a whole-school (or college) approach to mental health and wellbeing, via a coordinated and evidence-informed approach, improves pupil wellbeing and learning outcomes¹.

- **Evidence base:** School-based programmes are shown to be effective for²:
 - Treatment of childhood behavioural disorder, conduct problems, anxiety and depression.
 - Reducing and preventing CYP suicide.
 - Preventing CYP mental disorder.
 - Preventing CYP violence (including dating violence experience and perpetration), aggression, bullying and cyberbullying, delinquency, and offending.
 - Preventing parental domestic violence, abuse, sexual abuse and maltreatment.
 - Reducing screen time.
 - Preventing smoking uptake, alcohol and drug use, and physical inactivity.
 - Promoting mental wellbeing, self-regulation and resilience.

Many of the above school-based CYP programmes are highly cost-effective².

- **Curriculum subjects:**
 - Personal, social, health and economic (PSHE) education: a non-statutory subject (with mandatory content) helping CYP deal with fundamental life challenges (e.g. friendships, emotional wellbeing, coping with change). If well delivered, this subject has a positive impact on academic and non-academic pupil outcomes, particularly for vulnerable and disadvantaged pupils³. However, local coverage and outcomes have not been evaluated⁴.
 - Relationships, sex, and health and wellbeing education (RSHE): a statutory subject in primary and secondary schools, providing knowledge and guidance on healthy relationships and risky behaviours, and supporting CYP's resilience, wellbeing and life satisfaction⁵. Local outcomes have not been evaluated⁴.
- **Healthy Schools London (HSL):** The Healthy Schools London awards framework helps schools to support pupil and staff health and wellbeing, by recognising achievements and identifying priority areas for development.
 - 98% of Southwark schools (111) are HSL-registered; 71 are bronze-level, 45 are silver and 26 are gold.
 - Local outcomes have not been evaluated.

1. Department for Education, 2021. Promoting and supporting mental health and wellbeing in schools and colleges.

2. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.

3. PSHE Association, 2023. Evidence and research.

4. South London and Maudsley Mental Health Trust, 2023. Private communication.

5. Department for Education, 2019. Relationships Education, Relationships and Sex Education (RSE) and Health Education.

6. Southwark Council, 2023. Private communication.

A whole-school approach to promoting positive mental health and wellbeing can improve pupil wellbeing

LOCAL RESPONSE: SCHOOL-BASED APPROACH 2

Wellbeing First – Improving Mental Health and Resilience in Schools (IMHARS)¹

- IMHARS is an evidence-based, whole-school (and whole-college), inclusive approach to improving the mental health and resilience of CYP, underpinned by prevention, identification, early support in school, and referral to external specialist support.
- The framework's 10 components (including resilience, physical education and sports, and strong partnerships) support pupils' mental wellbeing and resilience, and also address staff training and support.
- By Aug 2023:
 - 94 Southwark schools had received funding to deliver the IMHARS framework, covering 38 innovation priorities and 29 school collaborative projects.
 - More than 125 delegates from over 60 schools had participated in IMHARS training, workshops and/or continuing professional development.
 - 22 Headteachers had received IMHARS leadership coaching
- Positive outcomes include the development of local partnerships to share good practice and support.
- More data is needed on numbers of pupils and staff receiving interventions, and on outcomes.

Mental Health First Aid (MHFA)²

- This course teaches participants to recognise signs of mental ill health, intervene early, break down barriers, listen, and signpost to mental health support services.³
- By Aug 2023, MHFA training had been delivered in 96 Southwark schools, training over 400 mental health first aiders.
- Further data is needed on the trained mental health first aiders, and on outcomes and further extension plans.

1. Southwark Council, 2023. Southwark Education Learning and Achievement: Wellbeing, Mental Health, PSHE and Healthy Schools.

2. Southwark Council, 2022. Private communication.

3. MHFA England, 2023. Mental Health Training: What we do.

4. Southwark Council, 2023. Improving Mental Health and Resilience in Schools (IMHARS) Programme.

Mental Health Support Teams in local schools and colleges provide support for both pupils and staff

LOCAL RESPONSE: SCHOOL-BASED APPROACH 3

Mental Health Support Teams support both pupils and staff in Southwark schools and colleges.

- Mental Health Support Teams (MHSTs) are based in schools and colleges, and aim to¹:
 - Deliver evidence-based early interventions for mild-to-moderate mental health issues.
 - Support implementation of a whole-school approach to mental health and wellbeing, based on each school's needs.
 - Give advice and support, build partnerships, and signpost to specialist support if needed.
- In Nov 2022, 8 Southwark schools were receiving MHST support.
- Interventions include one-to-one sessions, group work ('Brain Buddies'), and a 10-week emotional regulation course covering topics such as emotional wellbeing, healthy relationships and cyberbullying.
- In the 2022 autumn term:
 - Southwark MHSTs received 69 referrals and accepted 62.
 - The main referral reason was to attend the young people's group (23 referrals); other reasons were primary and secondary anxiety, low mood, and behavior. Fewer than 5 referrals were for the parent group.
 - Referees were 55% female and 45% male. 1 in 5 referees were from Black African (21%), Other Black (19%) or White British (19%) backgrounds; Asian and Asian British referees made up less than 5%.
 - 72 CYP pupils attended group sessions and 232 college students attended World Mental Health workshops. All CYP in contact with MHSTs said they had received good support and that their concerns had been taken seriously.
 - 170 staff completed self-harm and suicide training. Following training, 63% reported they felt more confident talking to students about these topics, and 43% felt they had more knowledge (based on feedback from 30 responses).
- Further data on interventions and outcomes is needed.

CYP MHST feedback:

I was listened to
and helped with
problem-solving

It gave me ideas of
what I can do to
address my low mood

I liked that I was
able to talk
openly and felt
listened to

Place2Be delivers mental health support and training to teachers, pupils and their parents, in 5 local schools

LOCAL RESPONSE: SCHOOL-BASED APPROACH 4

Place2Be is currently delivered in 5 Southwark schools¹.

- Across the borough, 19 days' worth of mental health support are delivered per week.
- 133 CYP received 1,398 sessions of one-to-one counselling. Mental health data was available for 66 of these children:
 - Teacher completion of the Strengths and Difficulties Questionnaire (SDQ, a behavioural screening questionnaire for child assessment) revealed that 30% had severe difficulties, 15% moderate difficulties and 55% no difficulties.
 - Parent SDQ completion revealed that 49% of children had severe difficulties, 15% had moderate difficulties and 37% had no difficulties.
- A total of 815 CYP received 1,161 sessions of 15- to 20-min, self-referred, solution-focused intervention ('Place2Talk').
- A total of 296 parent sessions were provided in the past calendar year.
- 5 families accessed Personalised Individual Parenting Training.
- Among staff:
 - 145 teachers accessed school-based 'Place2Think' services to discuss CYP-related issues.
 - 735 school staff from 108 schools accessed the 'Mental Health Champions' online course.

Place2Be has been evaluated by teachers, parents and CYP. Recently¹:

- Three-fifths of teachers (61%; 42 of 69) felt their CYP of concern were a bit better or much better after Place2Be intervention.
- One-third of teachers (31%; 13 of 31) felt that CYP whose behaviour had been impacting on classroom learning had less of an impact after Place2Be intervention.
- Over two-fifths of teachers (47%; 8 of 17) felt that CYP with difficulties causing problems for teacher or class had improved and were causing fewer problems, after Place2Be intervention.
- Four-fifths of parents (79%; 34 of 43) felt that their child was a bit better or much better after Place2Be intervention.
- Three-quarters of secondary school CYP (76%; 19 of 25) reported feeling better after Place2Be intervention (based on SDQ data).

Place2Be also delivers training; recently¹:

- 145 teachers accessed training via Place2Think.

Southwark CUES helps primary pupils to manage challenges better, using multi-media, CBT techniques

LOCAL RESPONSE: SCHOOL-BASED APPROACH 5

Southwark CUES builds primary school pupils' ability to manage difficulties, using cognitive and behavioural skills¹.

- Southwark CUES is a prevention and early intervention programme which uses evidence-based cognitive behavioural therapy (CBT) techniques.
- Primary school children are taught cognitive strategies and simple behavioural techniques, with the help of fun, multi-media, hands-on activities that make abstract concepts more concrete and memorable. Flexible and adaptive responses to difficulties are promoted, including:
 - Self-regulation: the ability to monitor and manage thoughts, behaviours and emotions; this is especially important when facing difficult challenges or strong emotions.
 - Support-seeking: recognising when extra help is needed.
- The Southwark CUES approach effectively improves mental health outcomes for children from low socio-economic backgrounds: for 77 schools across several south London boroughs, all had consistently good outcomes, and qualitative feedback indicated high ratings for accessibility and acceptability.
- Among pupils Southwark CUES have worked with:
 - More than four-fifths (87%) face significant levels of deprivation (based on the Index of Multiple Deprivation).
 - Two-fifths (40%) have a first language that is not English.
 - One-third (34.5%) have been eligible for free school meals at some stage in last 6 yrs.
- Participating Southwark school populations reflect inner London borough demographics: dense populations with high turnover; high levels of deprivation; and high levels of ethnic diversity.
- Assessment of CUES intervention indicated:
 - High levels of acceptability.
 - Improvements in whole class wellbeing.
 - More vulnerable children (i.e. those with clinical levels of distress, and emotional and behavioural difficulties) consistently showed significant improvement.
- From Sep 2023, CUES plans to provide 3 ASD groups a year in Southwark (with corresponding parent groups), potentially benefitting 24 children (up to 8 per group). Southwark CAMHS wait list initiatives will be part of this resource.

Southwark education psychology service provides CYP mental health support, assessment and broader guidance

LOCAL RESPONSE: EDUCATION PSYCHOLOGY SERVICES

Southwark schools also receive support from the local education psychology service¹.

- The Southwark education psychology service is part of the SEND team and has strong links with other local authority services.
- The service works closely with families, schools, post-16 yr provision and early years settings, including private and voluntary pre-school provision, to explore issues and resolve problems that could affect learning and wellbeing.
- The education psychology service also promotes educational opportunities for vulnerable pupils, including looked-after children, those with SEND, and children at risk of significant harm.
- The service promotes high quality care and education within provision accessed by babies, children and young people aged 0–25 yrs in Southwark, and works to ensure that every setting is good or outstanding.
- Additional support is provided to settings in the event of trauma or bereavement.
- Each educational psychologist covers 10 schools.
- In the past year, 539 direct-level contacts have been made with Southwark CYP, 90% of whom had mental health issues.
- Over the last year, psychologists noted increased occurrence of emotionally associated school avoidance.
- Of the education psychology service's available capacity:
 - One-third (36%) is used to carry out education, health and care needs assessments (demand for these assessments has increased recently).
 - 1/50th (2%) is used to provide evidence to inform local authority legal teams and court hearings, when there is an appeal to the SEND IST tribunal.
 - 1/20th (5%) is used for: project work; training delivery; a parent consultation service; and development of video interaction guidance.

KOOTH is an online CYP mental health support platform; Southwark uptake is low

LOCAL RESPONSE: ONLINE 1

KOOTH is a universal mental health and wellbeing online platform for 10–25 yr olds, which provides advice and support from qualified counsellors via chat-based messaging, delivered in drop-in or booked sessions¹.

- KOOTH is commissioned by South East London ICB and operates across the six South East London boroughs.
- In 2021/22, there were 574 registered Southwark KOOTH users:
 - Uptake was lower in Southwark than elsewhere (Southwark CYP made up 8% of registrations but 17% of the eligible population).
 - Two-thirds (69%) of registered users identified as female (male, 24%; other identities, 7%).
 - About half of registered users (52%) were aged 12–16 yr (highest registration numbers were among 15 yr olds: 73). 1 in 12 (8%) were aged 10–11 yr.
 - Over half (55%) of service users were White (other ethnic groups, 39%; unknown, 6%).
- The main issues presented by users were anxiety or stress (23%), suicidal thoughts (15%), and self-harm (13%).
- Information is not available on whether users had a mental disorder, nor on outcomes.
- Users most commonly heard about KOOTH via school (21%), their GP (13%) or Google (10%) (only 1% heard via social media channels).
- During 2021/22, 8 CYP used the counselling chat service (12 chat sessions) and 28 used the message counselling service (144 messages).
- The KOOTH service is under-utilised; over 1,500 hours of service are available to Southwark CYP yearly.

Many other organisations provide online CYP mental health support and advice

LOCAL RESPONSE: ONLINE 2

Online mental health support is available to Southwark CYP from^{1,2}:

- Young Minds: advice for young people.
- Childline: advice, chat service, message board and helpline for 0–18 yr olds.
- Think Ninja: advice and chat service for 11–17 yr olds.
- The Mix: advice, message boards, individual and group chat counselling services, for under-25s.
- Good Thinking: advice for Londoners, including young people.
- One Hub: includes mental health advice for Southwark residents, including young people.
- The Nest: advice and support for Southwark 11–25 yr olds.
- ChatHealth: chat service for 11–19 yr olds.
- Togetherall: advice and chat service for Southwark residents aged 16+ yrs.
- Shout 85258: chat service for all ages.
- MIND: includes advice for 11–18 yr olds.
- Samaritans: chat service and helpline, for all ages.

1. South London and Maudsley, 2023. Private communication.

2. Southwark Council, 2023. Taking care of your mind.

In 2021/22, The Nest delivered over 1,400 hr of one-to-one therapeutic support to Southwark CYP

LOCAL RESPONSE: THE NEST 1

The Nest is a mental wellbeing service supporting 8–25 yr olds, families and professionals in Southwark, commissioned by Southwark Council. The service provides early intervention and prevention for emotional issues and low-level mental health concerns, through person-centred counselling, talking therapies and youth work.

- In 2021/22, The Nest supported 416 Southwark CYP and signposted a further 75 to alternative support and services. 125 CYP were added to the waiting list during this time. (In 2022/23, The Nest received 68 referrals.)
- The service delivered 1,468 hr of one-to-one therapeutic support in 2021/22, compared with 922 hr in 2020/21.
- The majority of service users identified as female (71%), compared with 27% male and 2% other identities.
- Nearly half of all service users supported (45%) were aged 12–15 yrs; only 15% of supported CYP were aged 11 yrs or younger.
- 74% of CYP supported by The Nest were from Black, Asian and other minoritised ethnic groups; 26% were from White groups, lower than overall population levels (40%).

Figure 3. Service users registered with The Nest by age (%) (2021/22).

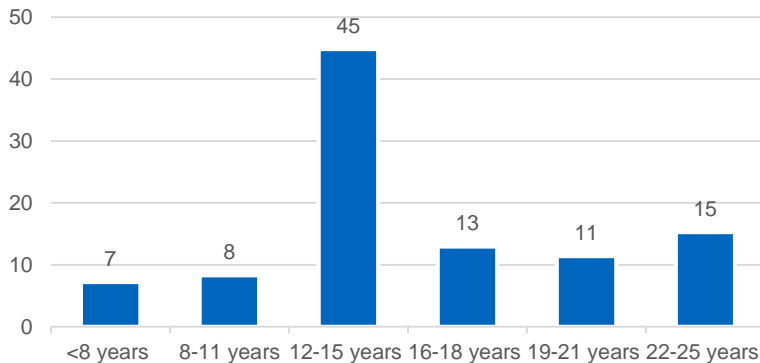
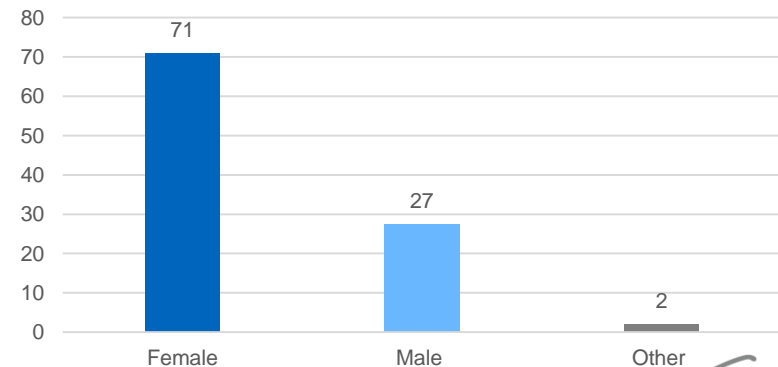


Figure 4. Service users registered with The Nest by gender (%) (2021/22).



Most Nest referrals come from users themselves or school or family, and are due to low mood, anxiety or stress

LOCAL RESPONSE: THE NEST 2

- The most common difficulties faced by Nest users are low mood (more than 1 in 10; 11%), general anxiety and worry (both 1 in 10, 10%), and stress (almost 1 in 10; 9%).
- In 2021/22, The Nest's the main referral sources were self-referral (over one-fifth (22%); 74 referrals), schools (over one-sixth (18%); 61 referrals) and families (one-sixth (14%); 48 referrals).
- Following Nest intervention, at least two-thirds of users reported an increased sense of wellbeing (82%), better ability to cope with problems (78%) and more confidence (66%).

Figure 5. Referral routes to The Nest (2021/22)

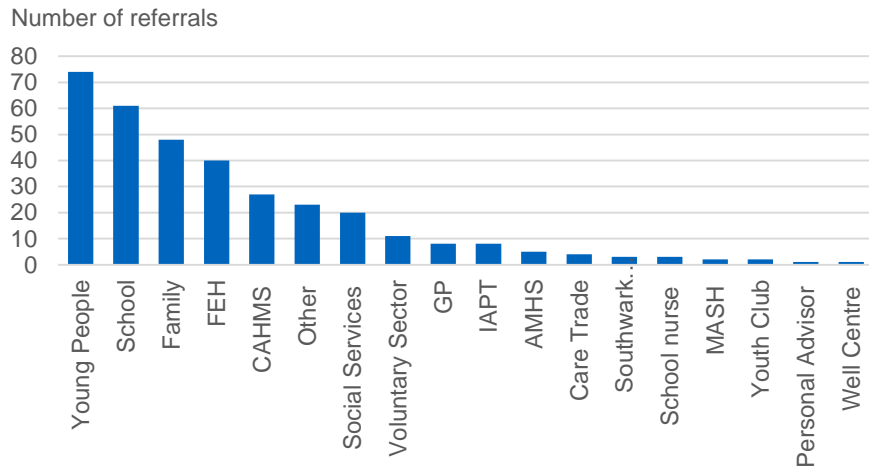


Table 2. The Nest service user feedback (2021/22)

I have an increased sense of wellbeing	82%
I feel better able to cope with problems	78%
I feel more confident	66%
I feel more hopeful about my future	62%
I feel happier	58%
I feel more in control of my life	56%
I have a better relationship with my parents / family / carer	47%
I have a better idea of what I want to do in the future	43%
I am better able to manage my anger	39%

SLaM and Social Care provide targeted CYP and parental mental health support services to specific groups

LOCAL RESPONSE: SLAM AND SOCIAL CARE SERVICES

SLaM provides many specialist mental health services to local CYP and parents.

- Carelink: This SLaM service for Children in Care received 66 referrals in 2022/23 and worked with 89 CYP¹.
- Child Wellbeing Practitioners: In 2022/23, this service received 150 referrals, accepted 48%, and ran 15 workshops for Practitioners and parents².
- Perinatal Mental Health Team: 416 referrals were received in 2022/23; 185 were accepted and 295 individuals were worked with².
- Helping Families: This specialist service supports parental mental health. In 2022/23, 28 of 29 referrals were accepted and 16 families were worked with.
- Southwark Parental Mental Health Team:
 - This specialist team supports parents in mental distress, where children are aged under 5 yrs.
 - In 2022/23, 237 referrals were received and 209 accepted; 464 parents and 615 under-5s were supported².
- Parent and infant mental health:
 - This service's referrals (and percentage acceptance rates) were 115 (73%) in 2021/22 and less than 5 (100%) in 2023/23².
 - In 2023/23, 169 service users were worked with; about one-quarter (28%) were seen within 4 wks of referral acceptance².

Some Social Care services provide support for CYP and parents with mental health and other needs:

- Family Early Help Social Care service: Received 8,835 referrals and other contacts in 2021/22, most commonly due to behavioural difficulties, child mental health, parenting difficulties, physical abuse or neglect².
- Southwark Children's Social Care Clinical Service: Undertook 306 assessments and/or interventions in 2021/22, most often addressing abuse or neglect, Child Social Care input, care planning, family in need, and/or offending risk.

1. SLaM, 2022. Four Boroughs Community Performance Report

2. SLaM, 2023. Private communication.

There are demographic disparities in local CYP mental health service use patterns

LOCAL RESPONSE: SERVICE USER DEMOGRAPHICS

Ethnicity

- Use of The Nest by CYP from White ethnic groups is unexpectedly low compared with overall population levels (White CYP make up 26% of CYP Nest users versus 40% of Southwark 8–25 yr olds overall).

Age

- About half (52%) of KOOTH users are aged 12–16 yrs, similar to The Nest (45% of users are aged 12–15 yrs). Both services have low numbers of service users aged 11 yrs or younger.
- In 2022/23, the majority CYP CAMHS users were aged 10–14 yrs (over two-fifths; 47%) or 15–17 yrs (one-third; 35%); only one-fifth (19%) were aged 5–9 yrs.
- However, this reflects trends in age of onset of mental disorder, with half of lifetime mental disorders arising by the age of 14 yrs¹.

Gender

- The most consistent disparity is seen for gender. The majority of service users for KOOTH and The Nest are female (71% and 69%, respectively), but males make up the majority (53%) of current CAMHS users.
- This suggests that The Nest and KOOTH are being significantly under-utilised by males.

Community stakeholder engagement is needed to explore these demographic disparities, in order to ensure that CYP mental health services are equally accessible to all.

1. Jones, 2013. *Br J Psychiatry* 202:s5-10.

Local VCS organisations offer universal and targeted CYP mental health and wellbeing support

LOCAL RESPONSE: VOLUNTARY AND COMMUNITY SECTOR SERVICES

Many **voluntary and community sector (VCS)** organisations support Southwark CYP with their mental health and wellbeing, via universal and/or targeted interventions. They include (but are not limited to):

- **One Hub Southwark** provides a 'one-stop shop' for activities, information and career advice, with the aim of helping young people stay connected.
- **Healthy Young People Southwark** is a health and wellbeing service provided by Brook and Change, Grow, Live (CGL) for young people, delivering expert advice and support around sexual health, drugs and alcohol, and general health and wellbeing.
- **Southwark Wellbeing Hub Directory**, delivered by the charity Together for Mental Wellbeing, provides information and support to anyone in Southwark who would like to improve their mental health and wellbeing.
 - The Hub hosts a variety of local support styles (one-to-one, peer support and workshops), charity organisations (BEAT, Young Minds), and activities and services (physical activity, food banks).
- **Children and Young People's Partnership**, delivered in Southwark and Lambeth, is designed to deliver better health outcomes for CYP, through a person-centred, evidence-based approach, supporting both physical and mental health.
- **Children Centres and Youth Centres** in the borough provide a variety of activities for families and CYP, including parental support, peer-to-peer mentoring, and activities addressing 'wider determinants' of wellbeing (e.g. connecting with others, sport, cooking classes, and arts and crafts).
- Other organisations in the borough which provide targeted support to vulnerable groups include:
 - **IMAGO**: provides support for young carers and children.
 - **Young Minds Southwark**: offers CYP free online and telephone support and a crisis support line.
 - **Mosaic LGBT+**: delivers support, advocacy and awareness sessions to encourage CYP to build their confidence and manage their mental health and emotional wellbeing.
 - **METRO** and **LGBT Jigsaw** support LGBTQ+ CYP.
 - **Mermaids** supports transgender, non-binary and gender-diverse CYP and their families, as well as professionals involved in their care.
- The **Southwark Youth Parliament** and **Young Advisors** projects enable young people to represent their peers, influence Southwark Council decisions and service delivery, and contribute to borough-wide change.
- For all the above, data on service access, demographics and outcomes is needed.

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Listening to the experiences and needs of the community is essential, to deliver effective support and services

COMMUNITY AND STAKEHOLDER VIEWS 1

Community engagement is essential in order to understand local needs, assess service effectiveness, and empower residents to influence decisions and activities.

Southwark Stands Together¹

- This council initiative, established in response to the racist murder of George Floyd in the USA, aims to better understand the injustice and racism experienced by local Black, Asian and other minoritised ethnic communities, and to help deliver a fairer and more equal society.
- Themed listening events were held in Southwark; three aimed to connect with young people in the borough. Key points from these listening events, relating to mental health and wider determinants, included:

Education:

- More support is needed during the transition between primary and secondary school, a time when young Black boys are at risk of being influenced by gangs and violence.
- Care is needed in schools' handling of behaviour, and the language used, in order to avoid racial profiling (e.g. participants reported, "Black boys are described by teachers as 'disruptive' whereas others are described as 'boisterous'").

Health:

- Understanding community issues and needs, so that appropriate health services and interventions can be developed.
- Addressing the wider determinants of health in Black, Asian and other minoritised ethnic communities and individuals will increase the baseline health of the population. (e.g. participants advised, "Map services that are really needed, to find out what the gaps are for young people and for people needing mental health care").

South London Listens²

- An urgent mental ill-health prevention response to support south London communities recovering from the impacts of the COVID-19 pandemic.
- A priority area was CYP and parental mental health, based on community feedback; services need to:
 - Improve young people's experience while on the CAMHS waiting list, by developing a 'virtual waiting room'.
 - Support and resource parent groups to offer peer-to-peer and co-produced mental health support.

1. Southwark Council, 2021. Southwark Stands Together.

2. South London Listens, 2022. South London Listens.

Residents want to contribute their experiences and service improvement ideas

COMMUNITY AND STAKEHOLDER VIEWS 2

'No Timeouts' report¹

- This children's mental health programme aimed to reduce the inequalities and inconsistencies in support that many families face when a child experiences behavioural difficulties.
- Research was commissioned to understand the reality of life for those affected by behavioural difficulties, via conversations with 18 families living in Southwark and Lambeth.
- Key points raised by families included:
 - Parents reported feeling judged and stigmatised for having a child with a behavioural difficulty; the lack of understanding and empathy they faced meant that even if the right support was available, they wouldn't feel able or safe to access it.
 - Difficulty navigating complicated and slow systems; going through the same steps with multiple people.
 - In reality, families have to fight for support, which is inconsistent and very short-term, with parents piecing together any help they can find.
 - Some of the families who received earlier and more empathetic support felt relieved, positive and hopeful. Although this wasn't the case for many, it is clearly possible.

Summary

- Community consultation and listening events provide valuable insight into services accessibility, challenges faced, and the potential to improve individual health outcomes by addressing the wider determinants of health.
- Consideration must be given to how services and support are promoted and adapted, in order to meet the needs of all communities.
- Community members want to have an active voice, and to contribute not only their experiences but also their ideas for creating positive change.

Young residents have clear ideas on their mental health and wellbeing support needs

COMMUNITY AND STAKEHOLDER VIEWS 3

A focus group involving Southwark Youth Council and Southwark Youth Advisors spoke with CYP across the borough to find out what was important to them, and what it means to have a 'good start' in life as a young person in the borough. Responses were:

My mental health is important to me, managing my stress and time.

Supporting my own wellbeing and my family's is important to me – both physically and mentally.

I feel supported with praise, clear rules, a healthy family lifestyle, and loving family relationships.

It feels good to be part of a strong community and working together to take care of yourself and others.

I feel safe and loved at home and I have friends. I can't wait to go to school to make more friends and have fun and learn to read.

I am confident enough to express my sexuality and experiment with my identity. It is important to be confident with yourself as it will affect your mental health and how confident you feel.

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Implementing evidence-based CYP mental disorder treatment and prevention services is a key challenge

EVIDENCE REVIEW

What works

- Evidence-based interventions exist to treat CYP mental disorder, prevent associated impacts, prevent mental disorder, and promote mental wellbeing^{1,2}. Groups at higher risk require more targeted approaches.
- A whole-school approach to mental health, when delivered consistently throughout the school, can help protect and promote CYP mental health and wellbeing³.
- It is important to take account of the strong evidence base for many school-based interventions, and their cost-effectiveness, in order to prevent mental disorder and promote mental wellbeing and resilience¹.
- CYP and families should have the opportunity to actively inform decision-making and design services; their involvement can help ensure services are accessible, person-centered, and meeting the needs of diverse communities⁴.
- Services should be easy to navigate, providing a integrated care pathway for CYP and families, including the transition to adult services.

Key challenges

- Only a minority of Southwark CYP with mental disorder receive treatment; in addition, there is negligible implementation of evidence-based interventions to prevent mental disorder or promote mental wellbeing and resilience.
- Various reasons account for this, including stigma, which can be a barrier to seeking and accessing support for CYP and families⁵.
- Many services are unable to provide data on coverage or outcomes, including for higher risk groups.
- Children who do not meet a defined threshold are not identified as requiring care, despite their concerns about their mental health and wellbeing.
- Once referred to services, there are long waiting times for assessment and follow-up appointments⁶.
- A co-ordinated plan is needed to address unmet need.

1. Campion, 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health.
2. Royal College of Psychiatrists, 2022. Summary of evidence on public mental health interventions.
3. Department for Education, 2021. Promoting children and young people's mental health and wellbeing.
4. Local Government Association, 2021. A whole household approach to young people's mental health.
5. Psychiatry & Neurology Resource Centre, 2020. Stigma – the biggest barrier to treatment of mental health disorders?
6. Stafford et al, 2020. *BMJ Open Qual* 9:e000832.

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Many opportunities exist to improve local CYP mental health; better implementation and data collection are needed

SUMMARY: LOCAL PICTURE, RISKS & OPPORTUNITIES

This JSNA provides an overview of the mental health and wellbeing needs of Southwark children and young people, including a focus on vulnerable groups, risk factors and local services. It identifies gaps in supports and services, and aims to inform future provision and address the needs of CYP in the borough.

- **Local policy prioritises mental health and wellbeing outcomes for CYP**, with a clear, ambitious action plan to improve support and equity of access for CYP. This is in line with Southwark Council's commitment to universal health coverage for treatment of CYP mental disorder.
- **Poor levels of mental disorder treatment:** Prevalence of mental disorders is high, affecting more than 9,000 under-18s in Southwark. However, only a minority of Southwark CYP with mental disorders receive any treatment, mostly from CAMHS. Information is lacking on treatment from primary care and other sectors, and for most vulnerable groups. There is disparity between CYP and adult levels of mental health service access, for non-White groups. Various reasons account for these treatment and data gaps, including stigma and cultural barriers, which services need to work together to address.
- **Impacts of mental disorder:** These include substance misuse, self-harm and suicide.
- **Risk factors:**
 - Include low socio-economic status, which can have long-term consequences on both mental and physical health.
 - Prevalence of various risk factors for CYP mental disorder is higher in Southwark than nationally.
 - However, coverage of interventions that address these risk factors, to prevent CYP mental disorders, is poor, with lack of available data.
- **High risk groups:** Southwark has a high proportion of vulnerable CYP groups who are more susceptible to experiencing poor mental health and wellbeing, including particular ethnic groups, CYP who are LGBTQ+ or SEND, young carers, and Children in Care. There is poor coverage of services for such groups, and service use data is generally lacking.
- **Opportunities exist to improve coverage of interventions** to treat mental disorder, prevent associated impacts, prevent mental disorder, and promote mental wellbeing and resilience. Coverage targets for different sectors need to be agreed.
- **Data collection:** Data is unavailable for many services. Evaluation and outcomes assessment needs to be embedded into service delivery, in order to better understand service impact and effectiveness.

High risk groups

- Young carers
- Children with SEND
- Children with physical health conditions
- LGBTQI+
- Young offenders
- NEET
- Children in Care
- Homeless
- Asylum seekers & refugees
- Particular ethnic groups
- Children of parents with mental disorder

Risk factors

- Socio-economic disadvantage
- Food insecurity
- Abuse
- Bereavement
- Substance misuse
- Physical inactivity
- Bullying
- Social media
- School absence & exclusion
- Pregnancy & infancy factors



Mental disorders

An estimated 9,000 children and young people in Southwark experience mental disorders such as:

- Behavioural disorders
- Emotional disorders
- Hyperkinetic disorders
- Eating disorders
- Substance misuse
- Personality disorders
- Psychosis

Treatment

It is estimated less than half of children with mental disorders receive treatment.

The Southwark Local Transformation Plan and 2023 JSNA propose key priorities for improving CYP mental health

SUMMARY: NEXT STEPS

The **Southwark Local Transformation Plan (2023–25)**¹ highlights **key priorities** to support the mental health and wellbeing of **Southwark CYP**:

- Agree plan to improve coverage of evidence-based interventions to treat and prevent CYP mental disorder, and to promote mental wellbeing and resilience.
- Reduce waiting lists (priority action*).
- Support 16–25 yr olds to access the right support (priority action*).
- Improve equality of access (priority action*).
- Support children responding to trauma and distress and crisis stepdown (priority action*).
- Improve parental mental health to keep families strong.
- Support Southwark schools' universal and targeted offer for pupils, parents and staff.
- Support the emotional and mental wellbeing of young offenders (including prevention).
- Develop a seamless pathway for CYP with eating disorders.
- Ensure that the mental health needs of those at A&E are better met.
- Improve the responsiveness of perinatal mental health support.

*Priority action for any new investment

Additional considerations from the 2023 JSNA:

Implementation targets:

- Agree and communicate implementation targets, taking account of: Southwark Council's target of universal CYP mental health treatment coverage; statutory CYP protection legislation; and the right to health.

Cyberbullying:

- Increase cyberbullying awareness, assessment, intervention and prevention.

Engagement:

- Undertake specific community engagement to understand service access barriers for CYP and families.
- Work with communities to develop new ways of promoting services and support.

Monitoring and evaluation:

- Work with services to improve data quality and completeness and to resolve data collection gaps, especially regarding protected characteristics.
- Ensure there is a clear commissioning outcomes framework for all interventions.

Training:

- Use local community assets and equip local voluntary and community organisations with tools to support CYP and families with their mental health and wellbeing.

Recommendation: better data collection, data quality and data sharing

RECOMMENDATION 1

Recommendation	Details	Cross-cutting or age-limited	Suggested owners
1. Improve data collection, quality and sharing protocols (including data on ethnicity, gender identity, sexual orientation and SES)	<ul style="list-style-type: none"> Every organisation (including voluntary needs) to provide relevant data on coverage and outcomes of CYP mental health interventions, including for higher risk groups. Enables monitoring of progress in evidence-based intervention coverage and outcomes, across different sectors, including for higher risk groups. 	Cross-cutting	CYP Mental Health & Wellbeing Steering Group
	<ul style="list-style-type: none"> Include primary care (as local data was unavailable for GP provision of CYP mental disorder treatment, mental disorder prevention, and mental health and wellbeing promotion; SLaM plan to do further cross-borough work around this). 	Cross-cutting	SLaM, South East London ICB
	<ul style="list-style-type: none"> Create a cross-partnership approach to quarterly monitoring of CYP mental health service provision reach, volume and outcomes (including all organisations within the partnership, plus online offers) 	Cross-cutting	Integrated Commissioning, South East London ICB, Public Health

Recommendation: ACE needs assessment (better identification, early intervention, mitigation and data needed)

RECOMMENDATION 2

Recommendation	Details	Cross-cutting or age-limited	Suggested owners
2. Adverse childhood experiences (ACEs) needs assessment (identification, earlier intervention and tools)	<ul style="list-style-type: none"> Build on emerging Family Hubs approach to develop an implementation plan of evidence-based ACE interventions (beyond the 'First 1001 Days'). 	Cross-cutting	Public Health, Family Early Help
	<ul style="list-style-type: none"> Develop an Early Help Strategy for partnership actors, with tools to improve ACEs identification and mitigation (building on work in progress, including: neglect strategy and tool kit; 0–19 yr community services framework; and Family Hubs offer) 	Cross-cutting	Public Health, Children's Social Care
	<ul style="list-style-type: none"> Improve ACE identification and data collection (including cyberbullying) in all universal and targeted services, to quantify the impact of ACEs in Southwark 	Cross-cutting	New working group (representing diverse partners working with ACEs)

Recommendations: better workforce training, general population awareness and parenting intervention uptake

RECOMMENDATIONS 3, 4 & 5

Recommendation	Details	Cross-cutting or age-limited	Suggested owners
3. Relevant workforce training in CYP mental health issues	<ul style="list-style-type: none"> ▪ Building on: Family Hubs training offer for practitioners and those supporting parents with children under 2 yrs; Mental Health First Aid training; and suicide prevention training (currently in development). ▪ Consolidating available partnership CYP mental health training into a concise package and schedule. 	Cross-cutting	CYP Mental Health Working group
4. Improve awareness of CYP mental health issues in partnership networks and general population	<ul style="list-style-type: none"> ▪ Accessible CYP mental health psycho-education for the general population, to improve awareness. 	Cross-cutting	Public Health, SLaM
	<ul style="list-style-type: none"> ▪ Compile available CYP mental wellbeing services within a clearly presented platform, to help parents find appropriate support. 	Cross-cutting	Public Health, SLaM
5. Parenting interventions	<ul style="list-style-type: none"> ▪ Widen access to and uptake of existing parenting intervention services, as part of community-based preventative offer (in line with Family Hubs programme aims). 	Cross-cutting	Family Early Help

Recommendations: CYP working/steering group representation; better data on pupils and school programmes

RECOMMENDATIONS 6 & 7

Recommendation	Details	Cross-cutting or age-limited	Suggested owners
6. CYP representation on CYP mental health working and steering groups	<ul style="list-style-type: none"> ▪ Present CYP Mental Health JSNA infographic and executive summary to Youth Parliament, Family Council, Parent Champions and Young Advisors groups, and explore their views. ▪ CYP mental health working and steering groups to assess feedback from young people and their parents and carers, and agree decision on CYP representation within working and steering groups. 	Cross-cutting	Public Health
7. Better data on CYP mental health within education and childcare settings (including mental health and wellbeing service provision, service uptake, and outcomes)	<ul style="list-style-type: none"> ▪ Use results of new SHEU survey (covering mental health, emotional wellbeing and personal development) to inform pupil mental health offer. 	School age	Education, Public Health
	<ul style="list-style-type: none"> ▪ Support existing school-based and -linked offers to collect better data on service uptake and outcomes (e.g. Mental Health Support Teams, The Nest, Place2Be, Southwark CUES and Kooth). ▪ Review current offer, and identify gaps in provision and further areas for development via current networks (building on JSNA data). 	School age	CYP MH Working Group
	<ul style="list-style-type: none"> ▪ Evaluate effectiveness of local Healthy Schools London programme. 	School age	Education, Public Health

Recommendations: Health Visitor and School Nurse support for CYP mental health; suicide prevention support

RECOMMENDATIONS 8 & 9

Recommendation	Details	Cross-cutting or age range	Suggested owners
8. Address wider determinants of CYP mental health	<ul style="list-style-type: none"> ▪ Link cross-cutting recommissioning work and related developments into one unified vision, framework and voice, in order to develop a comprehensive, system-wide action plan addressing the wider determinants of CYP mental health in Southwark. ▪ Ensure recommissioned Health Visiting and School Nursing specification covers wider determinants of CYP mental health. ▪ More data is needed on impacts of intersectionality from ethnicity, socio-economic status and deprivation, regarding access to mental health services and mental health and wellbeing promotion. 	Cross-cutting	Public Health, Southwark Stands Together, CYP Mental Health & Wellbeing Steering Group
9. Suicide prevention	<ul style="list-style-type: none"> ▪ Share findings of this JSNA in order to support the Southwark Suicide Prevention and Action Plan. 	Cross-cutting	Public Health
10. Reduce CYP mental disorder treatment gap	<ul style="list-style-type: none"> ▪ Develop a Specific, Measurable, Attainable, Realistic and Timely (SMART) action plan to track progress on reducing the CYP mental disorder treatment gap, in order to better inform funding decisions related to CYP mental health. ▪ This action plan should incorporate all other recommendations of this JSNA. 	Cross-cutting	Public Health, CYP Mental Health & Wellbeing Steering Group

APPENDICES

Appendix 1: Acronyms used

Appendix 2: Mental Wellbeing of Young People in Southwark JSNA (2018)

APPENDIX 1: ACRONYMS USED

Acronym	Definition	Acronym	Definition
A&E	Accident & emergency department	LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, pansexual, nonbinary and allies
ACE	Adverse childhood experience	MD	Mental disorder
ASD	Autistic spectrum disorder	MHFA	Mental Health First Aid
CAMHS	Child and Adolescent Mental Health Services	NEET	Not in education, employment or training
CBT	Cognitive behavioural therapy	PSHE	Personal, Social, Health and Economic Education
CIC	Children in care	PTSD	Post-traumatic stress disorder
CYP	Children and young people	RSHE	Relationships, Sex, Health and Well-being Education
EHC	Education, Health and Care Plan	SALT	Speech and Language Therapy
FGM	Female genital mutilation	SEND	Special Educational Needs and Disabilities
HSL	Healthy Schools London	SEL	South east London
IAPT	Improving Access to Psychological Therapies	SES	Socio-economic status
ICB	Integrated Care Board	SIAS	Southwark Information, Advice and Support Team
ICS	Integrated Care System	SLaM	South London and Maudsley Mental Health Trust
IDACI	Income Deprivation Affecting Children Index	SLP	South London Mental Health & Community Partnership
IMHARS	Improving Mental Health and Resilience in Schools	VCS	Voluntary and community sector
JSNA	Joint Strategic Needs Assessment	YJS	Youth Justice Service
LAC	Looked after children	YOS	Youth Offending Service

APPENDIX 2: MENTAL WELLBEING OF YOUNG PEOPLE IN SOUTHWARK JSNA

The Mental Wellbeing of Young People in Southwark JSNA (2018) is available online at:
<https://www.southwark.gov.uk/assets/attach/7492/JSNA-2018-CYP-Mental-Wellbeing.pdf> ¹.

Find out more at
southwark.gov.uk/JSNA

Public Health Division

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