MENTAL HEALTH AND WELLBEING OF INFANTS, CHILDREN AND YOUNG PEOPLE

Warwickshire Joint Strategic Needs Assessment 2023

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EXECUTIVE SUMMARY

National and Local Picture

Good mental health is crucial for children and young people to develop and thrive.

Children who have better mental health and wellbeing are more likely to achieve in an academic context and have more effective social relationships and networks and emotional resilience.

However, one in six children aged seven to 16 years in England have a probable mental health disorder[1]. For young people aged 17 to 19 years it is one in four. Half of all mental health conditions start by the age of 14[2], and three quarters start by the age of 24 years old[3].

The first 1,001 days (conception to two years old) is a critical period of social and emotional development for all babies. The National Health Service (NHS) have devised a 'Long Term Plan' to transform perinatal mental health services (PMH) which includes key areas to support expectant mothers and their parents and an emphasis on continuity of care during this time.

Schools and education professionals play an important role in the identification and early intervention of mental health and wellbeing issues, particularly for females whose prevalence of common mental disorder in 2022 doubled from 11% in seven to ten year olds to 22% for 11 to 16 year olds[4].

The treatment gap remains a very real problem with the most recent studies suggesting less than 25-35% of those with a diagnosable mental health condition accessed support[5]. Without

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[1] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed March 2023)

[2] Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593 (accessed September 2022)

[3] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf (accessed September 2022

[4] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed March 2023)

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (accessed September 2022)

treatment of these conditions, children and young people may carry the impacts into adulthood.

Between the ages of 16-25 years, young people transition from secondary education into a variety of settings. Whilst this is often considered an exciting time in a young person's life, it can also be a period of increased stress, anxiety, and loneliness, with lower resilience and reduced confidence and self-esteem[6]. Mental health conditions peak in this age category, with young women experiencing the highest rates of common mental disorders, whilst also being the cohort least likely to receive treatment[7].

Critically, the prevalence of mental health conditions of all types in infants, children, and young people is growing. Taking a proactive, preventative approach will help to identify issues earlier, get support earlier, stop issues escalating and ultimately improve the lives of infants, children and young people.

The Voice of Children and Young People in Warwickshire

Key themes from previous engagement work carried out across Warwickshire is reflected in this JSNA. This comes from a variety of sources and reflects the full age spectrum from 0-25 years. Although the engagement was not directly captured for this purpose, this report draws out the relevant themes and issues that were considered important to children related to their mental health and wellbeing. The following key themes were identified:

- There needs to be easily available information on mental health support for children and young people to access.
- There needs to be more accessible support which is open to everyone.
- Schools being a crucial setting for mental health support and providing signposting.
- There are a range of factors that can both impact and support a child and young person's mental health.
- Social support and having someone to listen is important, this may not necessarily be in a service setting.
- The pandemic has had several consequences on children and young people that can affect their mental health.

[6] https://www.instituteofhealthequity.org/resources-reports/improving-school-transitions-for-health-equity/improving-school-transitions-for-health-equity.pdf (accessed September 2022)

[7] https://openinnovation.blog.gov.uk/2018/03/12/a-modern-epidemic-mental-health-and-under-25s/ (accessed September 2022)

Scope of the JSNA

This JSNA examines the picture of mental health and wellbeing in infants, children and young people aged 0-25 years old in Warwickshire. The word “infants” is included in the title of this JSNA to reflect the importance of the first 1,001 days and the Best Start to Life approach, and the impact that this will have on someone’s mental health throughout their life.

This JSNA does not look specifically at special educational needs or special educational provision. Warwickshire County Council has commissioned a SEND Needs Assessment, due later in 2023. This will provide an overview of the current and future education, health and care needs of children and young people with Special Educational Needs and Disabilities (SEND), including those with specific needs relating to their mental health.

Local Context

Warwickshire has an estimated 171,000 infants, children and young people aged 0-25 years old, making up 28.5% of the total population[8]. It is estimated that there will be a 14% increase in the number of people aged 0-24 years in Warwickshire between 2018 and 2043[9].

Across all five district and boroughs in Warwickshire, numbers within each single year of age increase slightly across the early ages peaking at 10 years old before falling. We then see far fewer young people at the age of 18 and 19, except in Warwick District where the numbers sharply increase due to students moving to the area. Warwickshire is forecast to see large growth in its housing stock in the coming years, evidenced in each District & Borough Local Plan. We can reasonably assume that this will increase the number of children and young people in the county over and above the population projections.

There is a greater diversity of ethnic heritages among Warwickshire’s children than there is across all age groups within the county as a whole. Nearly 86% of children and young people in Warwickshire reported ethnicities with the “White” category, which is lower than 92.8% for those aged 26 years and over. The percentage reporting as White: English, Welsh, Scottish,

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8 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021 (accessed February 2023)

9 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021 (accessed March 2023)

Northern Irish, or British has decreased over the past three census years (2001, 2011, and 2021).

The 2021 Census tells us more about gender identity among Warwickshire's population. Respondents aged 16 years and over were asked "is the gender you identify with the same as your sex registered at birth?". For respondents aged 16 to 24 years, 93.26% stated that their gender identify was the same as their sex registered at birth, 5.93% did not answer the question and 0.81%, equating to 465 16-24 year olds, stated that their gender identity was different from their sex registered at birth.

Thrive

The Thrive framework for system change[10] is used to structure this JSNA. This framework is an integrated, person-centred, and needs-led approach to delivering mental health services for children, young people and their families. The framework shows five different needs-based groups: Thriving, Getting Advice, Getting Help, Getting More Help, and Getting Risk Support.

Thriving – Where Prevention and Promotion can Protect Mental Health

Health Behaviours & Lifestyles

Substance Use

A 2021 national survey[11] of young people found that there has been a decrease in the prevalence of young people smoking cigarettes and both recent and lifetime illicit drug use. There is a clear relationship between substance use and life satisfaction, happiness and anxiety, with those who smoke, drink, and/or take drugs reporting lower levels of life satisfaction and happiness and higher levels of anxiety.

Healthy Weight

[10] Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., ...Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press.

[11] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021 (accessed November 2022)

Research from the Millennium Cohort Study[12] found an association between Body Mass Index (BMI) and emotional problems, with obesity at age seven years old considered a risk factor for emotional distress at 11 years old, and in turn, mental health conditions predicting high BMI at 14 years old. Rates of obesity in Warwickshire have increased over time as shown by the National Child Measurement Programme, with children in both reception and year 6 showing increased obesity rates between the combined years 2009/10-2013/14 and 2017/18-2021/22.

The Warwickshire Health Needs Assessment carried out by school nurses (Compass) has also found an increase in children worrying about what they eat. Of those children asked in year 6, 28% of respondents said they worried in some way about what they ate in 2021/22, compared to 18% in 2019/20.

Pregnancy

Although conception rates in younger mothers have been steadily falling over the past 20 years[13], it remains a significant consideration in young adult mental health, with teenage mothers more likely to experience adverse short term health impacts as well as postpartum depression, which has a prevalence of up to double that observed in adult mothers[14].

Young fathers are significantly more likely to experience depression than older fathers with over one third of young fathers (39.2%) wanting support for their mental health[15].

Perinatal Mental Health

It is important to consider the relationship between infant and child mental health and wellbeing and parental mental health, particularly within the perinatal period (conception to up to one year after giving birth). A variety of issues can contribute to poorer mental health outcomes during the perinatal period, including service provision, a previous mental health diagnosis or lack of integrated physical and mental health care for women and their partners during this time frame[16].

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[12] https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/ (accessed October 2022)

[13] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2020 (accessed December 2022)

[14] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6823974/ (Accessed November 2022)

[15] https://www.mentalhealth.org.uk/explore-mental-health/blogs/fathers-day-focus-young-fathers-and-mental-health (accessed November 2022)

[16] https://www.england.nhs.uk/mental-health/perinatal/ (accessed February 2023)

Previous loss of a child, whether before or after birth, can have a profound psychosocial burden. Within the UK, one in four pregnancies end in miscarriage and one in 250 pregnancies end in stillbirth[17]. Furthermore, a traumatic childbirth can cause psychological distress, fear and helplessness and increase the risk of anxiety, depression, and even post-traumatic stress disorder (PTSD). Such conditions can directly impact the relationship between a parent and their child as well as the couples relationship and could have consequences ranging from social isolation to the other extreme of suicide in a minority of cases[18].

In the UK, the majority of mental illness throughout the perinatal period presents as common mental health disorders such as mild depression, anxiety disorders, and/or adjustment disorders. Sadly, maternal suicide is the leading cause of pregnancy related death in the year after giving birth and almost a quarter of all deaths of women in the perinatal period were from mental health related causes[19].

Places & Communities

Support Networks

A support network is often identified as a key component of good mental health and wellbeing. Having a poor support network has been linked to loneliness and increases the risk of alcohol use, depression, and death by suicide[20]. The Mental Health of Children and Young People survey in 2022[21] found that 5.2% of children aged 11-16 years reported feeling lonely often or always, with 31.6% reporting occasionally or sometimes. This was higher in girls than boys. In 17-22 year olds, 12.6% reported feeling often or always lonely, with 54.1% reporting occasionally or sometimes.

Bullying

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[17] https://www.nihr.ac.uk/documents/2282-improving-mental-health-outcomes-for-women-and-partners-who-have-experienced-pregnancy-not-ending-in-live-births/30853 (accessed February 2023)

[18] Ertan D, Hingray C, Burlacu E, Sterlé A, El-Hage W. Post-traumatic stress disorder following childbirth. BMC Psychiatry. 2021;21(1):1-9

[19] https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2022/MBRRACE-UK_Maternal_MAIN_Report_2022_v10.pdf (accessed February 2023)

[20] https://www.verywellmind.com/social-support-for-psychological-health-4119970 (Accessed December 2022)

[21] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed December 2022)

The Annual Bullying Survey 2020[22] reported that 25% of respondents aged 12-18 years said in the past 12 months they had been bullied based on their own definition. Over three in five (63%) of those who had been bullied said it had a moderate to extreme impact on their mental health, with a further breakdown showing 44% felt anxious, 36% felt depressed, 33% had suicidal thoughts, and 27% self-harmed.

Social Media and Internet Use

Social media and the internet can have both a positive and negative impact on children and young people's mental health. Engagement undertaken by YoungMinds and The Children's Society[23] with children and young people aged 11-25 years showed that 62% of respondents agreed that social media had a positive impact on their relationships with their friends.

However, links have been found between the number of hours spent on social media per week day and the percent of UK teens with depression[24]. Rates are higher for girls than boys, with 38.1% of girls who spend more than five hours per week day on social media also being depressed. Moderate users are only slightly if no worse off than non-users but as time on social media increases, the impact rises quickly.

Body Image

Dissatisfaction with body image in children and young people has been linked with mental health conditions and risk-taking behaviours, particularly to depressive symptoms and anxiety disorders such as social anxiety or panic disorder[25]. Responses to the Warwickshire Health Needs Assessment in 2021/22 showed one in ten children in year 9 never like their body, with over one in three (37%) only sometimes liking their body. In year 6, 31% of respondents sometimes or never like their body. A national Be Real survey[26] highlighted the lengths children and young people would go in order to change their appearance, with one in ten children and young people having done or considered plastic surgery, and 57% having gone on or considered a diet.

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[22] https://www.ditchthelabel.org/research-papers/the-annual-bullying-survey-2020/ (accessed October 2022)

[23] https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/822/822.pdf (accessed October 2022)

[24] https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(18)30060-9/fulltext#secst0100 (accessed February 2023)

[25] https://www.mentalhealth.org.uk/explore-mental-health/articles/body-image-report-executive-summary/body-image-childhood#:~:text=Poor%20body%20image%20may%20also,taking%20part%20in%20activities%20like (accessed October 2022)

[26] https://www.berealcampaign.co.uk/wp-content/uploads/2018/02/Somebody_like_me-v1.0.pdf (accessed October 2022)

Impact on Those Providing Informal Care

Young carers have been found to be twice as likely to report a mental health condition than young people generally[27], with higher levels of anxiety and depressive symptoms.

In the Warwickshire Health Needs Assessment Survey, year 6 and year 9 pupils were asked if they perform any tasks at home because the adult they live with is unable to do so. In year 6, 2.4% selected three or more tasks, indicating a significant level of responsibility, with 1.4% in year 9.

Migrant Communities

There is a large body of evidence identifying refugee and migrant children to be at high risk of developing mental health conditions, primarily internalising disorders such as post-traumatic stress disorder, anxiety and depression[28]. Latest figures show there are just under 1,000 children and young people under the age of 18 years across different migration schemes in Warwickshire.

A Warwickshire Syrian Vulnerable Persons Resettlement Scheme and UK Resettlement Scheme Mental Health Needs Assessment in 2020 found that referrals to mental health services for this group in Warwickshire are low, with key findings showing that this can be explained by:

- A lack of expertise and understanding amongst mainstream health and mental health providers about working with refugees and refugees therefore feeling that services do not always meet their needs.
- Inconsistent use of interpreters with some refugees being told that they cannot access services if they do not speak English.
- Cultural stigma attached to the concept of mental illness and a reluctance to discuss issues and seek help.
- Lack of understanding amongst refugees about mental health support available and what to expect.
- Lack of specialist mental health support for refugee children.

These issues are similarly important to address to support the mental health of children in other migrant communities.

LGBTQ+ and Gender Identity

[27] 2011 census (Accessed November 2022)

[28] https://www.euro.who.int/__data/assets/pdf_file/0011/388361/tc-health-children-eng.pdf (Accessed November 2022)

Whilst being a member of the LGBTQ+ community is not automatically a risk factor for poor mental health, evidence shows that the LGBTQ+ community experiences poor mental health at a disproportionate rate. Research[29] shows that amongst the LGBTQ+ population:

- 50% had experienced depression
- Three in five had experienced anxiety
- One in eight people aged 18-24 had attempted to end their life
- Almost 50% of trans people had thought about taking their life
- 52% have reported self-harming[30]

The 2021 Census included a voluntary question on sexual orientation which was asked to those aged 16 years and over. From responses of those aged 16-24, 9.4% of females and 4.5% of males said they were lesbian, gay, bisexual, or other (LGB+), with 9% of females and 8.7% of females not answering. Respondents were highest in Warwick District, where 12.4% of females and 6% of males said they were LGB+, with 11.4% and 11.2% respectively not answering.

Domestic Abuse

One in seven children and young people under the age of 18 will have lived with domestic violence at some point in their childhood[31]. The impacts of this can be wide ranging and be both short and long term. The types of behavioural and emotional impact can include becoming anxious or depressed, having difficulty sleeping or having nightmares or flashbacks, becoming aggressive or internalising distress and withdrawing from other people and a lowered sense of self-worth. Older children may also miss school, start to use alcohol or drugs, begin to self-harm or have an eating disorder.

In Warwickshire in 2020/21 the rate of domestic abuse related crimes and incidents per 1,000 of the population was 28, which is slightly lower than the England (30) and West Midlands (34) rates.

Loss and Bereavement

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[29] https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/lgbtiq-people-statistics (accessed October 2022)

[30] https://metrocharity.org.uk/sites/default/files/2017-04/National%20Youth%20Chances%20Intergrated%20Report%202016.pdf (accessed October 2022)

[31] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/impact-on-children-and-young-people/ (accessed November 2022)

Bereavement is the aftermath of a loss when emotions are particularly raw. Whilst most are associated with the loss of someone close to them, it can also occur after other deep significant losses.

Grief is known as a source of agitation for existing mental health challenges, with a well-established link between the loss of a parent or parental figure and thoughts of suicidal ideation or self-harm[32]. Data is not collected on the number of children affected by the death of a parent, however estimates indicate that in the UK[33]:

- One parent dies every 20 minutes.
- There are 127 newly bereaved children every day.
- 26,900 parents die each year, leaving dependent children.
- 46,300 dependent children aged 0-17 are bereaved annually.
- By the age of 16, one in 20 young people will have experienced the death of one or both of their parents.

The Warwickshire Health Needs Assessment Survey asked year 6 and year 9 pupils whether they had experienced a sudden loss. In 2020/21, there was a peak of two thirds (66%) of year 9 and 62% of year 6 saying they had experienced a sudden loss. This will include a loss of any kind, not just loss of a parent.

Transition Periods

Transitions are periods of change. For children and young people there is so much that is changing all at once; there are physical and emotional changes, changes in roles, expectations, and relationships to name a few. The transition into primary school, secondary school, and leaving school are perhaps the largest that all children will go through.

Mentally Healthy Schools[34] suggest different ways schools can help support transitions, including engagement with parents and carers to help monitor wellbeing and academic achievements, as well as support networks. Other suggestions include a peer support system and health and wellbeing lessons to help develop children's social and emotional skills from an early age.

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[32] https://doi.org/10.1016/S2352-4642(20)30184-X (accessed December 2022)

[33] https://childhoodbereavementnetwork.org.uk/about-1/what-we-do/research-evidence/key-statistics (accessed March 2023)

[34] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/school-based-risk-factors/transitions/. Accessed February 2023

The transition period between adolescence and adulthood can be a particular challenge. Up until this point children and young people are part of a defined system that provides structure and has the means to monitor problems.

Wider Determinants

Deprivation

Common mental health disorders and severe mental illness both have a pronounced gradient against deprivation and inequalities, with the poorest 20% of households being four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%[35]. All seven domains that make up the Indices of Multiple Deprivation have a direct impact on mental health and wellbeing which is explored further in the main report.

Children who are Looked After

Whilst a child or young person could be having a traumatic experience before moving into care, moving into care itself can be a traumatic experience, due to increased levels of uncertainty and insecurity, as well as feelings of loss. NICE guidance[36] highlights that whilst the rate of mental health disorders in 5 to 15 year-olds is 10%, for those children who are looked after, it is 45%, and for those in residential care it is 72%.

On 31st March 2022, there were 822 children being looked after in Warwickshire. The most common categories of need were 'abuse or neglect' (45%) and 'family dysfunction' (27%). The highest rate of children looked after per 10,000 by originating district was in Nuneaton and Bedworth, with 102.

Children with Long Term Conditions

A child or young person's mental health is closely linked to their physical health, with research finding that children with long term health conditions are twice as likely at age 10 and 13 to present with a mental health disorder than those without a long term health condition, and by age 15 they were 60% more likely to present with a mental health disorder[37].

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[35] https://www.centreformentalhealth.org.uk/sites/default/files/2020-01/Commission%20Briefing%201%20-%20Final.pdf (accessed October 2022)

[36] https://www.nice.org.uk/guidance/ng205/chapter/Context (accessed December 2022)

[37] https://www.qmul.ac.uk/media/news/2020/smd/chronic-illness-in-childhood-linked-to-higher-rates-of-mental-illness.html (accessed December 2022)

Children with Life Limiting Conditions

Research has shown that the incidence of anxiety and depression is significantly higher in children and young people with life limiting conditions, with the conclusion that there is a need for psychological support in this population, including further efforts to prevent, identify, and treat anxiety and depression[38].

Coventry and Warwickshire Child Death Overview Panel reviewed 23 children in Warwickshire with life limiting conditions between 2019 to 2022. They identified common themes throughout the cases, including:

- The provision of counselling and mental health support for these children is usually reliant on charity or hospital settings, the current Rise service is not commissioned to provide mental health support for children who will die.
- Having a child with a life limiting condition impacts the mental health and wellbeing of the whole family.
- Across Coventry and Warwickshire, children with a life limiting condition have not always been considered for a child in need assessment, which could benefit both the child and the familial structure.

Impact of COVID-19

The COVID-19 pandemic had a major impact on the lives of children and young people with challenges such as lockdowns, school closures and home learning and social distancing. The Coventry and Warwickshire Adult Mental Health and Wellbeing JSNA highlighted that there are indications the pandemic had a much deeper impact on the wellbeing of adolescents and young adults compared to older adults.

In 2021,[39] the NHS Children and Young People Mental Health Survey found that when asked if life is better or worse following the pandemic there was a higher percentage responding that life was a little or much worse in those with a probable mental health disorder (64% in 11 to 16 year olds and 75% in 17 to 23 year-olds) compared to those unlikely to have a disorder in both age ranges (54% and 67%).

Cost of Living

[38] https://www.nature.com/articles/s41390-022-02370-8 (accessed December 2022)

[39] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey (accessed December 2022)

The cost of living has been increasing since early 2021, with data from Citizens Advice[40] showing single people with children, people who are disabled or have a long term health condition and people from Black/African/Caribbean/Black British ethnic groups, Other Ethnic Groups and Mixed/Multiple ethnic groups more adversely affected.

Polling of parents with children under 18 years old showed 54% of respondents have been forced to cut back on food spending for their family over the past 12 months, with one in five parents struggling to provide sufficient food[41]. Research conducted with children and young people showed that the cost of living was a major worry for 56% of respondents, with 80% of those aged 20-25 years being always or often worried about earning enough[42].

Climate Change

Climate change was identified as a repeated concern for children and young people in Warwickshire from the engagement mapping for this JSNA. In a national survey from the Lancet published in December 2021[43], 1,000 young people aged 16-25 years from the UK answered questions around climate change. Just over 50% of respondents said they felt helpless about climate change, with just over 60% saying they were afraid. Just over 70% said the future is frightening because of climate change.

Getting Advice, Help, and More Help

Trauma

The Office for Health Improvement and Disparities defined trauma as[44]:

> *"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the*

[40] https://public.flourish.studio/story/1634399/ (accessed December 2022)

[41] https://www.barnardos.org.uk/get-involved/campaign-with-us/impact-of-cost-of-living (accessed December 2022)

[42] https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/money-and-mental-health/#:~:text=The%20links%20between%20money%20and%20mental%20health,-It's%20important%20to&text=A%20young%20person%20may%20also,negative%20impact%20on%20mental%20health. (Accessed December 2022)

[43] https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00278-3/fulltext#seccestitle70 (accessed December 2022)

[44] https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice (accessed March 2023)

experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being."

A Coventry and Warwickshire Trauma Needs Analysis produced in December 2022[45] highlighted several key themes including:

- A recognition by practitioners that trauma was highly prevalent amongst the children and families they support.
- Practitioners were less consistently aware of how interactions with services can be retraumatising and potentially unhelpful for children and young people.
- Practitioners feel overwhelmed by the levels of trauma and complexity that they are facing and feel they are often expected to address this on top of their workload.
- There is a fragmented understanding of all forms of trauma and the many different trauma responses that may arise from exposure to trauma and adversity.
- Vicarious trauma can affect parents, carers, and professionals who work with children who have experienced trauma.

Common Mental Disorders

In the absence of local intelligence, prevalence for both Common Mental Disorders and Severe Mental Illness have used the national NHS Children and Young People's Mental Health surveys[46].

Common Mental Disorders (CMDs) comprise of different types of depression and anxiety that cause marked emotional distress and interfere with daily function. The NHS Health of Children and Young People Survey shows that there has been a statistically significant increase in the percentage of estimated CMDs from 2017 to 2022 in all age categories for both males and females.

Severe Mental Illness

[45] Safer Together. (2022). *Coventry and Warwickshire Trauma Needs Analysis*. Coventry and Warwickshire Integrated Care System

[46] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england (accessed March 2023)

Severe Mental Illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired.

In the NHS Mental Health of Children and Young People survey 2022 it was estimated that 22.6% of females and 14.4% of males aged 17-24 years were at risk for psychotic-like experiences. The survey also showed an increase in the percentage of children and young people screening positive for possible eating problems, with 76% of females aged 17-19 years screening positive in 2022 compared to 61% in 2017, with males at the same age increasing to 45% in 2022 from 30% in 2017.

One in three 17-24 year olds have tried to harm themselves, with that number being higher for females (43%) than males (23%). Just over one in ten (11%) 11-16 year olds have tried to harm themselves, with the percentage of females (15%) just over double that of males (7%)[47].

Service Access

In 2021/22, up to 65% of children and young people in Warwickshire with a probable mental disorder are not in contact with a secondary mental health service. This varies across different age ranges, with 22% of 6-10 year olds, 47% of 11-16 year olds, and 26% of 17-23 year olds with a probable mental health disorder in contact with a secondary mental health service in 2021/22.

The number of 0-4, 5-10, and 11-17 year olds accessing mental health services in Warwickshire has been increasing. For the 5-10 and 11-17 year olds, there is a particular increase which aligns with the start of the lockdowns and first year of the pandemic. Whilst the 11-17 year olds make up the most number of contacts with a mental health service, the largest increase in access is in the 0-4 year old population, which increased by over double when comparing the time periods April 2019-March 2020 and April 2021-March 2022.

At a younger age those accessing mental health services in Warwickshire are predominately male, with around 70% of those accessing between the ages of 2-4 years being male. At the ages of 11-12 years, there is a rise in the percentage of females. At age 14 years, around 65% of those accessing service are female. From 14 to 24 years, the percentage of females accessing services is higher than males.

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[47] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed January 2023)

Service waiting times in 2021/22 reflected the increase in both demand and complexity of children and young people mental health needs. There was a significant increase in referrals for children and young people crisis care and eating disorders, with the demand for these services greater than the pre COVID commissioned capacity.

The Eating Disorders service is provided by Coventry and Warwickshire Rise that aims to work in collaboration with children, young people and their families or carers to offer specialist assessment and treatment for eating disorders. Patients across Coventry and Warwickshire in 2021/22 were in the bottom 5% in the country for eating disorder national access targets for both one week and four weeks. More recent published data has not shown any improvement, although there have been technical difficulties with the data collection system.

Getting Risk Support

Crisis Support

The Rise crisis telephone helpline is run by the Rise Crisis and Home Treatment team who provide multi-disciplinary support to children and young people under the age of 18 years. Service data in Warwickshire shows months where educational pressures peak (such as in May and June during exams) and months with transition points (such as September when the new school year starts) show an increase in the number of calls received.

Hospitalisations

Admissions for children and young people in acute settings having self-harmed in 2021/22 peak at the age of 14 years with 71 admissions. The admissions are female dominated, particularly between the ages of 13-16 years, with just over 60 of the 71 admissions at age 14 being for females[48].

Out of 352 admissions for self-harm, 303 of those were from intentional self-poisoning. Over half (52.8% or 186) self-harm admissions were reported as 4-amniophenol derivatives which includes paracetamol. During March 2023, Coventry & Warwickshire Partnership Trust (CWPT) are collating the source or paracetamols for children and young people following a

[48] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set (accessed March 2023)

rise in children and young people presenting at A&E and on wards with paracetamol overdose, asking in more detail where they got the paracetamol from.

Admissions for children and young people with a mental health disorder diagnosis in 2021/22 shows a steady increase throughout the 0-24 age ranges, with a peak at age 23 of 81 admissions. The increase for males is consistent, whilst females see a particular increase between the ages of 12-14 years followed by a consistent increase[49].

Tier 4 Referrals

CAMHS Tier 4 are specialised services that provide assessment and treatment for children and young people with emotional, behavioural, or mental health difficulties, and are commissioned by NHS England as opposed to local authorities. In October 2022 a review of CAMHS Tier 4 referrals took place across the East and West Midlands by NHS England Midlands. The review found that in the West Midlands:

- 63% of the cases were female.
- 37% of the cases were 17 years old.
- 30% of the cases were admitted following a suicide attempt or assessed as being very high risk of suicide.
- 40% had a diagnosis of autism.
- 80% were subject to a Mental Health Act section.

Suicide

Coventry and Warwickshire Child Death Overview Panel (CDOP) have consolidated learning from cases reviewed at panel into two imagined case studies for this JSNA. These highlight there are often a range of factors that lead to losing a child to suicide. Understanding and combating these factors is crucial in helping to prevent future loss. These factors may not always flag a child or young person as being in crisis and each individual will react to these factors differently. It is therefore important that there is a combined effort between communities and services who work with children and young people to approach suicide awareness and support those who may be struggling.

[49] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set (accessed March 2023)

RECOMMENDATIONS

Overall Recommendations:

- There are a wide range of factors that impact children and young people's mental health and wellbeing. All partners and organisations in Warwickshire have a role to play in improving the mental health and wellbeing of our children and young people. In order to prevent poor mental health outcomes, all services and practitioners involved with children and young people need to consider how they can positively affect children and young people's mental health.
- The prevalence of mental health conditions has increased in recent years. Twinned with an expected increase in the population aged 0–25 years, it is reasonable to assume the incidence of mental health conditions is likely to rise. As a result, the evidence and recommendations from this JSNA should be used to inform any future commissioning activity related to children and young people's mental health and wellbeing; including the issues around meeting capacity and demand.
- There is a strong relationship between physical and mental health, with the millennium cohort study finding that high BMI at a young age was a predicter for poorer mental health later, and vice-versa. Services need to approach physical and mental health together in a holistic way to ensure the best outcomes for children and young people.
- In order to improve mental health and wellbeing, a focus on protective factors and what improves the mental health of this age group is crucial. Considering proactive ways to strengthen mental health and wellbeing and intervene early to prevent worsening ill health is as important as identifying risk factors.
- The national Mental Health of Children and Young People survey found that in 2022, 36.8% of children aged 11-16 years self-reported experiencing loneliness. We must strengthen social support and support networks around children.
- From our mapping of engagement with children and young people in Warwickshire, they said that social stigma still exists around mental health, this needs to be addressed.

Local Context

- The diversity in Warwickshire's children is increasing, particularly in relation to ethnicity. This JSNA recommends the use of the Health Equity Assessment Tool (HEAT) in commissioning and planning decisions. Providers can also utilise HEAT to

ensure there are services provided in accessible locations and at accessible times where children and families are likely to go.

- There is a large 18-25 year old population in Warwick District due in part to the universities. The needs of 18-25 year-olds who move into the area must be considered, particularly in relation to this transition period. Universities and wider system partners are critical in ensuring any action is aligned to best support this population.

Thriving

- Schools are key settings to deliver health promotion messages around the risk factors identified that can impact mental health, as well as providing mental health support and early intervention. This JSNA recommends that the Mentally Healthy Schools recommendations are enacted.
- This JSNA has included the views of children and young people in Warwickshire gained indirectly from a variety of sources and recommends cocreation of services and pathways. Children should be included and involved in finding the solutions to issues that impact them.
- Children and young people said that activities such as art, music and performing can help support their mental health and wellbeing. Whilst currently offered to those accessing early help services, social prescribing should be expanded to all children and young people at the earliest signs of need.
- Counselling and mental health support for children with life limiting conditions is usually reliant on charity or hospital settings. Given the time sensitive nature of their situation, quick methods of referral for both the child and their family would improve health equity. This JSNA recommends an assessment of current pathways and promotion to ensure practitioner awareness.
- Having a life limiting condition does not make a child or young person eligible for a child in need assessment. This JSNA recommends that these children should all be eligible using a life limiting condition checklist. Associated carers assessments should also be offered.
- The 1,001 days period (pregnancy and the postnatal period) is a key time for mothers and their children to get the best start in life. At present, pregnant and postnatal teenagers with common mental health disorders do not meet criteria for the Perinatal Mental Health Team (PMHT) and Rise do not offer a specific perinatal service. This JSNA recommends that the system works together to commission services to address

the mental health needs for young women who are pregnant and post-partum, with prioritisation for access.

- Data is currently unavailable on access to the Healthy Mind/Improving Access to Psychological Therapies (IAPT) service, making it difficult to understand what support there is for women who do not meet criteria for PMHT. Improved data and intelligence collection at a local level is needed to ensure support for new parents is available in the right way at the right time.
- Evidence shows that childcare services are at approximately 75% capacity of pre-pandemic levels. We know that access to childcare services has a positive impact on children's wellbeing and school readiness. This JSNA recommends support is given to childcare services in order that they return to pre-pandemic availability levels to support improved access.

Getting Advice, Help, and More Help

- The engagement mapping found that children and young people said they want more spaces in which to talk about mental health and that these should not always be in services. A universal open access drop-in offer across the county in school and community settings should be developed.
- Evidence shows that children experiencing trauma can affect parents and carers. The whole family offer should be reviewed including drop-in and peer support through to parenting programmes.
- Children and young people said that there needs to be more information about mental health support and services that is all in one place, promoted and easy to access. This should include building on existing information, utilising different social media platforms where possible, and should be co-produced with children and young people.
- It is estimated that in Warwickshire up to 65% of children and young people who have a probable mental health condition may not be accessing a secondary mental health service. There is a need to identify the service touch points for children and young people and undertake a needs and gaps analysis including commissioning recommendations.
- Mental health service access data shows a drop off in the number of young people still accessing mental health services at the point of the transition to adulthood. Further work needs to be done with service users to understand the reasons for this.
- The Coventry and Warwickshire Trauma Needs Analysis made several recommendations that can be seen in full at the end of the Trauma section of this

report. The recommendations from this JSNA need to be read in conjunction with the Coventry and Warwickshire Trauma Needs Analysis recommendations.

Getting Risk Support

- High levels of poor mental wellbeing and self-harm were found amongst females aged 13-18 years. There needs to be a targeted approach towards this population who are at high risk.
- 41% of those admitted for self-harm had contact only after their admission. It is unknown if these 41% were receiving support elsewhere, however it does highlight a system wide approach to identifying those at risk to self-harm.
- As seen in the Coventry and Warwickshire Child Death Overview Panel (CDOP) case studies, there are often a range of factors that lead to losing a child to suicide. Understanding and combating these factors will help prevent future loss. Children and young people are not always flagged as needing crisis support; therefore, there needs to be a combined approach to suicide awareness between communities and services, including those that do not specialise in mental health.
- Recognising that self-harm is a risk factor for suicide, Warwickshire's three place partnerships should look at how they can accelerate work to address this as part of the delivery of the Coventry and Warwickshire Suicide Prevention Strategy 2023.
- Hospital admission data for self-harm shows that 52.8% of all self-harm cases in 2021/22 were reported as 4-amniophenol derivatives which includes paracetamol. CWPT are currently investigating how children and young people are accessing paracetamol. Findings from this work should be used to help target health protection messages, including raising awareness with parents.
- This JSNA recommends that commissioners develop an offer that provides wrap around holistic support for children and young people and their families who are at risk of entering crisis. This should include systems for identifying and flagging these families and children and young people early in the pathway.
- There is a need to ensure clear guidance is available for those who have concerns about a child or young person being at risk of self-harm or suicide ideation, including friends, parents, carers, siblings, and practitioners working with children and young people. This should include peer support, clear pathways to raise concerns, and coproduction of guidance.

INTRODUCTION

OVERVIEW AND SCOPE

This JSNA examines the picture of mental health and wellbeing in infants, children and young people aged 0 to 25 years old in Warwickshire, looking both at service provision and access, as well as highlighting where proactive prevention may be possible around the wider determinants of mental health and wellbeing.

The word Infants has been specifically included in the title of this JSNA to reflect the importance of the first 1,001 days and Best Start to Life approach.

This JSNA does not look specifically at special educational needs or special educational provision. Warwickshire County Council has commissioned a SEND Needs Assessment, due later in 2023. This will provide an overview of the current and future education, health and care needs of children and young people with Special Educational Needs and Disabilities (SEND), including those with specific needs relating to their mental health.

NATIONAL AND LOCAL PICTURE

One in six children (18%) aged 7-16 in England have a probable mental health disorder[50], which is a rise from one in nine 7–16 year-olds (12.1%) in 2017. This means if you look at a classroom with 30 children present, 5 of those children on average will have a mental health problem. Rates are higher for those aged 17 to 19, where 1 in 4 (25.7%) are estimated to have a probable mental disorder, rising from 1 in 10 (10.1%) in 2017, and 1 in 6 (17.7%) in 2020. It is critical to improve the mental health of all infants, children, and young people as 50% of all mental health problems start by the age of 14[51], this then rises to 75% by age 24[52].

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[50] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed March 2023)

[51] Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593 (accessed September 2022)

[52] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf (accessed September 2022

Infants

The first 1001 days (conception to 2 years old) is a critical period of social and emotional development for all babies. Secure attachment and responsive parenting during this period provides babies with the best start in life to achieve good emotional wellbeing and mental health[53]. The National Health Service (NHS) England have devised a 'Long Term Plan' to transform perinatal mental health services (PMH) including key areas of supporting expectant mothers and their partners and emphasis on continuity of care, with a 2023/24 target that at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community.

Children

Good mental health is crucial for children and young people to develop and thrive. Children who have better mental health and wellbeing are more likely to achieve higher academically and have more effective social and emotional competencies[54]. Those who have worse mental health are strongly associated with health risk behaviours such as smoking, drug and alcohol abuse, and risky sexual behaviour[55]. This creates a great inequality, where children with mental health problems face other health issues that impact them throughout their lives.

Schools and education professionals play an important role in the identification and early intervention of mental health and wellbeing issues. The Promoting Children and Young People's Mental Health and Wellbeing report[56] identifies 8 principles of a whole school or college approach to protecting and promoting mental health and wellbeing, including having the right leadership and staff development; having mental health on the curriculum; engaging with students to hear their voice; and working with parents, carers, and the school community to create the right ethos and environment.

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[53] https://parentinfantfoundation.org.uk/1001-days/ (accessed February 2023)

[54] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf (accessed March 2023)

[55] https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health (accessed March 2023)

[56] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf (accessed September 2022)

This is reflected by the 'Transforming children and young people's mental health provision: a Green Paper'[57] in which the government established core proposals to create a network of support for children and young people to help schools and colleges identify and train a designated senior lead for mental health, to fund mental health support teams, and to pilot a four-week waiting time for access to specialist NHS children and young people's mental health services.

The treatment gap remains a very real problem with the most recent studies suggesting less than 25-35% of those with a diagnosable mental health condition accessed support[58]. Without treatment children and young people may carry the impacts into adulthood.

The early identification of mental health and wellbeing issues should help support a child in accessing services and provide support at the earliest point, thereby giving the best chance of preventing further escalation. The *'Future in Mind: promoting, protecting, and improving our children and young people's mental health and wellbeing'* report[59] makes several aspirations to improve awareness, stigma

The report also highlights several aspirations to improve service use, including the provision of timely access to mental health support which is as close to home as possible, and a change in how care is delivered moving away from a tiered model towards one built around needs and evidence-based treatments which is a system that Warwickshire has adopted.

The white paper *'Reforming the Mental Health Act'* also highlights areas in which mental health services can be improved, including examining the autonomy and decision making around mental health support to best suit the individual, and developing new services for children who have complex needs that are not currently being met, for example, as a result of trauma or sexual assault.

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57 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf (accessed September 2022)

58 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (accessed September 2022)

59 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (accessed September 2022)

Young People

Between the ages of 16–25 young people transition from secondary education into a variety of avenues, including higher and further education, apprenticeships, work, leaving home, starting relationships, and beginning families. Whilst this should be an exciting time in young people's lives it can be a period of increased stress, anxiety and loneliness, with a lower stress resilience, and reduced confidence and self-esteem[60].

The prevalence and impact of many mental health problems peak in the 18-25 category, with young women at this age experiencing the highest rates of common mental disorders out of all age categories[61]. Despite issues being on the rise in this age bracket, it is also the cohort less likely to receive treatment than other ages for common mental disorders such as anxiety, depression

This transition period can also involve a move from children's mental health services to adult services, sometimes meaning changes to treatment, people who treat them, where they go for treatment, and who they interact with[62]. This is highlighted by the *'Improving Transition from Children to Adult Mental Health Services'* report, which stresses the importance of not only focusing on treatment, but also considering the impact on families, siblings, life-chances, educational attainment, employment, relationships

The Centre for Mental Health's report *'16-25 years – Missed opportunities: children and young people's mental health'*[63] highlights that it is not too late for interventions to have a positive effect during teenage and young adult years, and that these interventions can significantly reduce impairment seen across the life-course from the effects of Mental Health. However, very few 16–25 year-olds get the early help that has the best chance of making a

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[60] https://www.instituteofhealthequity.org/resources-reports/improving-school-transitions-for-health-equity/improving-school-transitions-for-health-equity.pdf (accessed September 2022)

[61] https://openinnovation.blog.gov.uk/2018/03/12/a-modern-epidemic-mental-health-and-under-25s/ (accessed September 2022)

[62] https://www.local.gov.uk/sites/default/files/documents/39.2%20Improving%20transition%20from%20children%20to%20adult%20mental%20health%20services%20WEB.pdf (accessed September 2022)

[63] https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_MissedOpportunities_16-25years.pdf (accessed September 2022)

difference, and on average it will be 10 years after they first develop symptoms before they access help.

> *"If I'd had the help in my teens that I finally got in my thirties, I wouldn't have lost my twenties."*[64]

In the NHS long term plan[65] there is acknowledgment that between the ages of 16-18 young people are more susceptible to mental health issues. The structure of mental health services often creates a gap for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services. The *'NHS Mental Health Implementation Plan 2019/20 – 2023/24'*[66] aims that by 2023/24 there will be a comprehensive offer for 0–25 year-olds that reaches across mental health services for children and young people and adults. This comprehensive offer is one of the one of the reasons for focusing on those aged up to 25 years-old for this JSNA.

In summary, the prevalence of mental health conditions of all types in infants, children and young people is growing. Taking a proactive, preventative approach will help to identify issues earlier, get support earlier, stop issues escalating and ultimately improve the lives of those at risk. There are opportunities at every level to support this, whether by supporting parents to give their child the best start to life, to opening the conversation about mental health, to getting timely and appropriate support for those in need and those in crisis.

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[64] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf (accessed September 2022)

[65] https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/children-and-young-peoples-mental-health-services/ (accessed September 2022)

[66] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf (accessed September 2022)

THE VOICE OF CHILDREN AND YOUNG PEOPLE IN WARWICKSHIRE

To ensure the voice of children and young people in Warwickshire is reflected within this JSNA a sub-group was set up to explore, map, and identify key themes from engagement work done across the council with the 0-25 population, which can be seen in Appendix 1. The following key themes were identified:

- There needs to be easily available information on mental health support for children and young people to access.
- There needs to be more support open to everyone, with schools being a crucial setting for having and understanding support. (self-harm, schools, population groups)
- There are a range of factors that can both impact and support a child and young person's mental health.
- Social support and having someone to listen is important, this may not necessarily be in a service setting.
- The pandemic has had several consequences on children and young people that can affect their mental health.

To ensure that the views expressed by children and young people are considered, the following considerations have been made within this JSNA:

- The inclusion of the following within the Thriving chapter:
    - Climate change
    - Homelessness
    - Employment
    - Support networks
    - Bullying
    - Impact of COVID-19
    - Loss and bereavement
    - The increased risk to mental health issues in certain groups
    - Transition periods, particularly leaving secondary education.
- A look at self-harm within the Getting Risk Support chapter.
- Mapping of the mental health service provision in Warwickshire.

THRIVE

The Thrive framework for system change[67] is an integrated, person-centred, and needs-led approach to delivering mental health services for children, young people, and their families[68], developed by the Anna Freud National Centre for Children and Families and The Tavistock and Portman NHS Foundation Trust. The framework provides 5 principles for creating coherent and resource-efficient communities to support mental health and wellbeing, with an emphasis on talking about mental health needs in an accessible way. Children, young people, and their families, alongside professionals, dictate the mental health needs through shared decision making.

Figure 1 below shows the five different needs-based groups. There is an emphasis on the prevention and promotion of mental health and wellbeing across the whole population.

Figure 1: The Thrive Framework

Source: Anna Freud[69]

[67] Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., ...Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press.

[68] https://www.annafreud.org/mental-health-professionals/thrive-framework/ (Accessed October 2022)

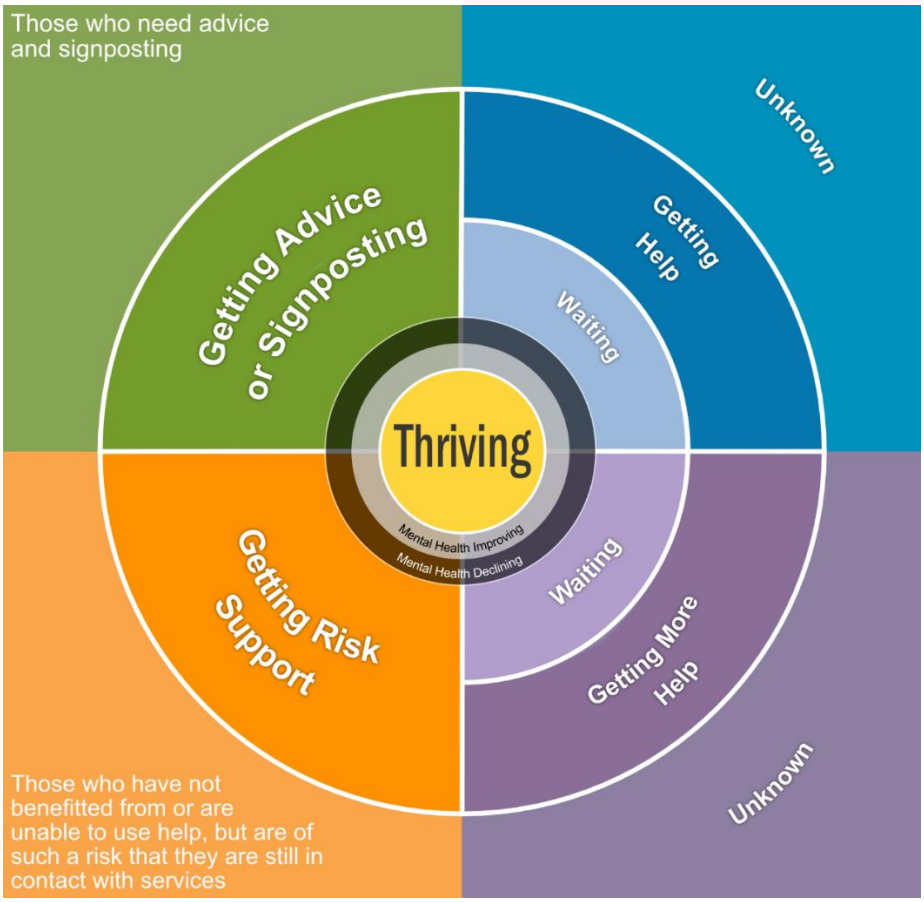
[69] https://www.annafreud.org/mental-health-professionals/thrive-framework/

This framework is for:

- All infants, children, and young people aged between 0-25.
- All families and carers of children and young people aged between 0-25.
- Professionals who promote mental health awareness and help or support children and young people with mental health and wellbeing needs, including those at risk of mental health difficulties.

For the purposes of this needs assessment the JSNA has expanded the Thrive framework as seen in Figure 2. To best focus on the importance of prevention and taking a population health approach, this JSNA has highlighted that consideration is needed for those who are unknown to service, or on service waiting lists. Additionally, at any point a child or young persons mental health may be improving or declining. This may in part be due to the service they are receiving but may equally be due to wider factors beyond the control of services.

Figure 2: Thrive Framework for this JSNA



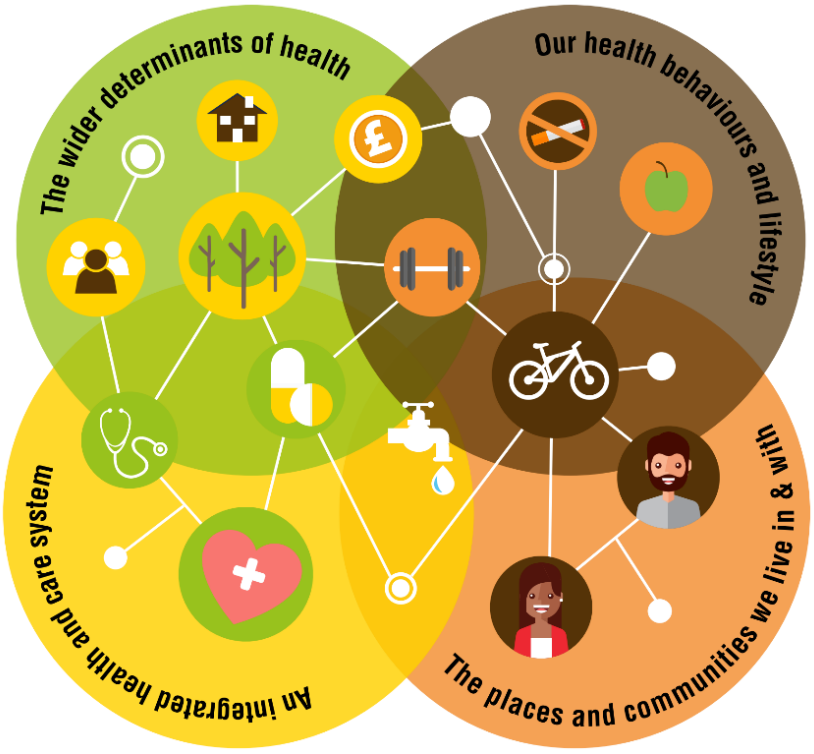
Source: Anna Freud and Warwickshire County Council (WCC)

KINGS FUND MODEL

One approach to addressing health inequalities is the Population Health System[70], as presented by The Kings Fund. In this model, four interconnecting pillars of population health are established (Figure 3). These are the wider determinants of health, our health and behaviours and lifestyles, an integrated health and care system, and the places and communities we live in and with.

This approach takes a holistic view of what impacts people's health and wellbeing. Importance is placed on the links between the pillars to ensure a balanced approach is taken that distributes efforts across all four pillars. This approach has been adopted by Warwickshire County Council as set out in the Health and Wellbeing Strategy which can be read in full here: https://www.warwickshire.gov.uk/healthandwellbeingstrategy

Figure 3: Population Health System



Source: The Kings Fund[71]

[70] https://www.kingsfund.org.uk/publications/vision-population-health (Accessed February 2022)

[71] https://www.kingsfund.org.uk/publications/vision-population-health

LOCAL CONTEXT

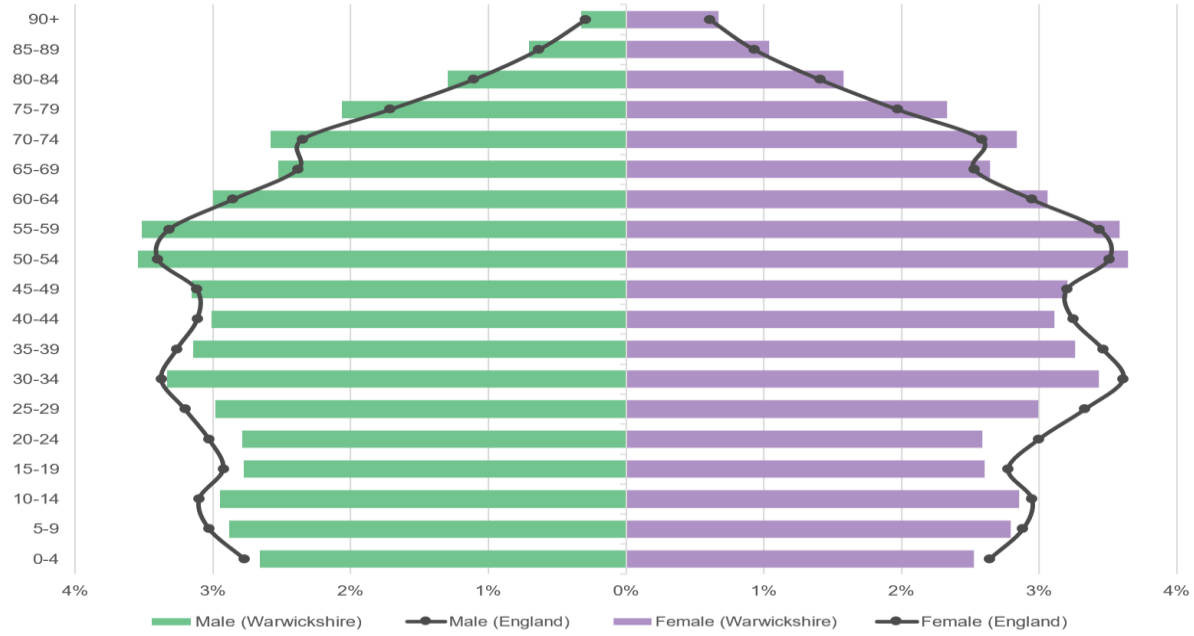
Locally, the Joint Strategic Needs Assessment (JSNA) analyses the current and future health and wellbeing needs of the population. Demographic information of the local population is important to understand those needs, and this chapter outlines key aspects of that information.

Further demographic information can be found on the Warwickshire JSNA webpages: https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1

POPULATION

Warwickshire has an estimated population of 599,153 people (mid-2021) and an estimated 171,010 children and young people aged 0-25. This means that children and young people aged 0-25 are around 28.5% of the total Warwickshire population. The age distribution of the Warwickshire population is shown in Figure 4. Warwickshire has a comparatively older population than the national average, with a higher percentage of people aged 45+ and a lower percentage of those aged 44 and below, especially in the age range of 15 to 29.

Figure 4: Age distribution of Warwickshire population, compared to the England average



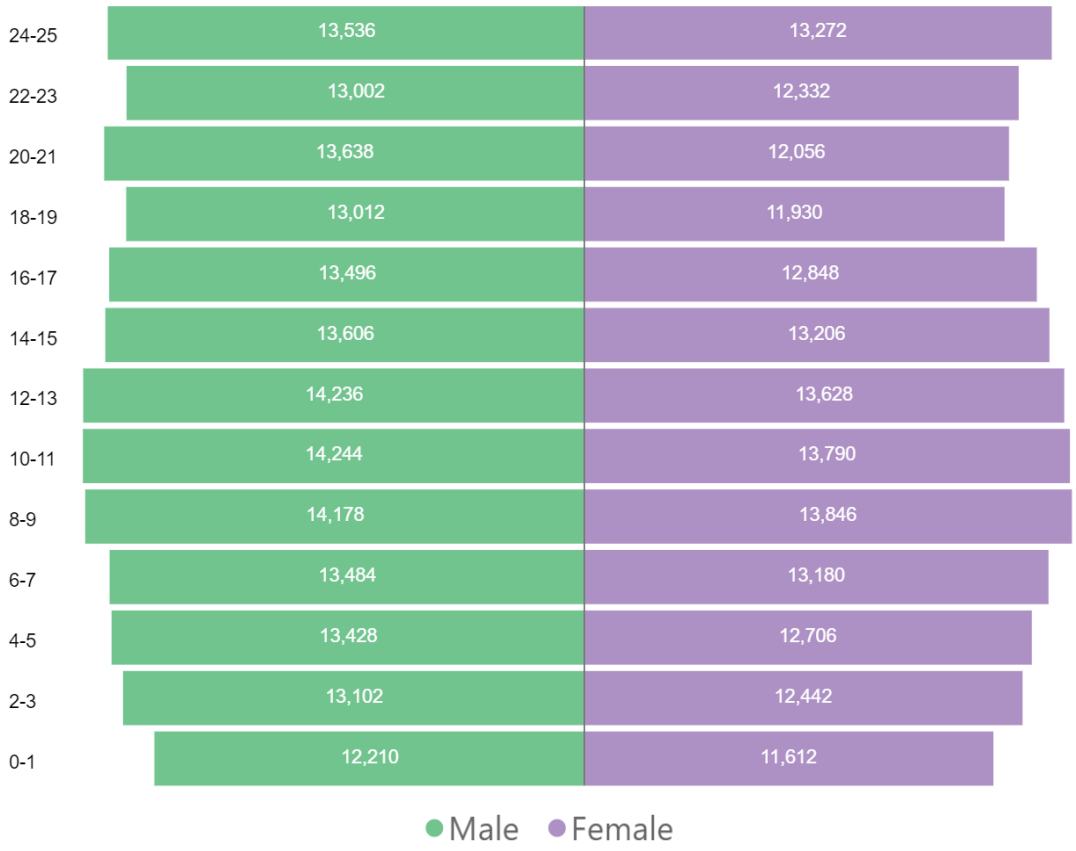
Source: Mid-2021 population estimates, Office of National Statistics[72]

72

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021

Figure 5 shows the age distribution over the 0 – 25 age range, split into two-year age bands. This data is split by sex as registered as birth (a section on gender follows below). As shown, the distribution is relatively uniform throughout this range with a higher number of males than females (87,586 males compared with 83,424 female). This reflects the natural higher incidence of male births compared to female[73]. The gap in the numbers of females compared males is widest in the 20 – 21 age range (12,056 females to 13,638 males).

Figure 5: The age distribution of the 0 – 25 population within Warwickshire



Source: Mid-2021 population estimates, Office of National Statistics[74]

This document divides the 0–25 population into three groups - infants (aged 0–5), children (aged 6–17) and young people (aged 18–25). Between the district and boroughs in

[73] World Health Organization. (2011). Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO.

[74] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021

Warwickshire, the percentage of the population that belongs to these age groups is broadly similar (see Table 1).

Rugby Borough and Nuneaton and Bedworth Borough have a younger population compared to Warwickshire with a higher percentage of their population aged 0-17, whilst young people are the lowest percentage of the population in Stratford-on-Avon District compared to the other areas. North Warwickshire Borough has the lowest numbers within each age grouping which reflects its smaller total population. Warwick District has a higher proportion of young people aged 18-25 compared to the other districts/boroughs, accounting for 11.6% of its population. Around a third of Warwickshire's 18-25 olds live in Warwick District.

Table 1: Number and percentage of area's population for each age grouping across Warwickshire districts and boroughs

Geography Name	Total population	0-5 population	0-5 population %	6-17 population	6-17 population %	18-25 population	18-25 population %
North Warwickshire	65,340	3,965	6.1%	8,654	13.2%	5,007	7.7%
Nuneaton and Bedworth	134,291	9,355	7.0%	19,210	14.3%	11,207	8.3%
Rugby	114,829	7,749	6.7%	17,270	15.0%	8,932	7.8%
Stratford-on-Avon	135,964	7,727	5.7%	17,408	12.8%	9,145	6.7%
Warwick	148,729	8,954	6.0%	19,329	13.0%	17,098	11.5%
Warwickshire	**599,153**	**37,750**	**6.3%**	**81,871**	**13.7%**	**51,389**	**8.6%**

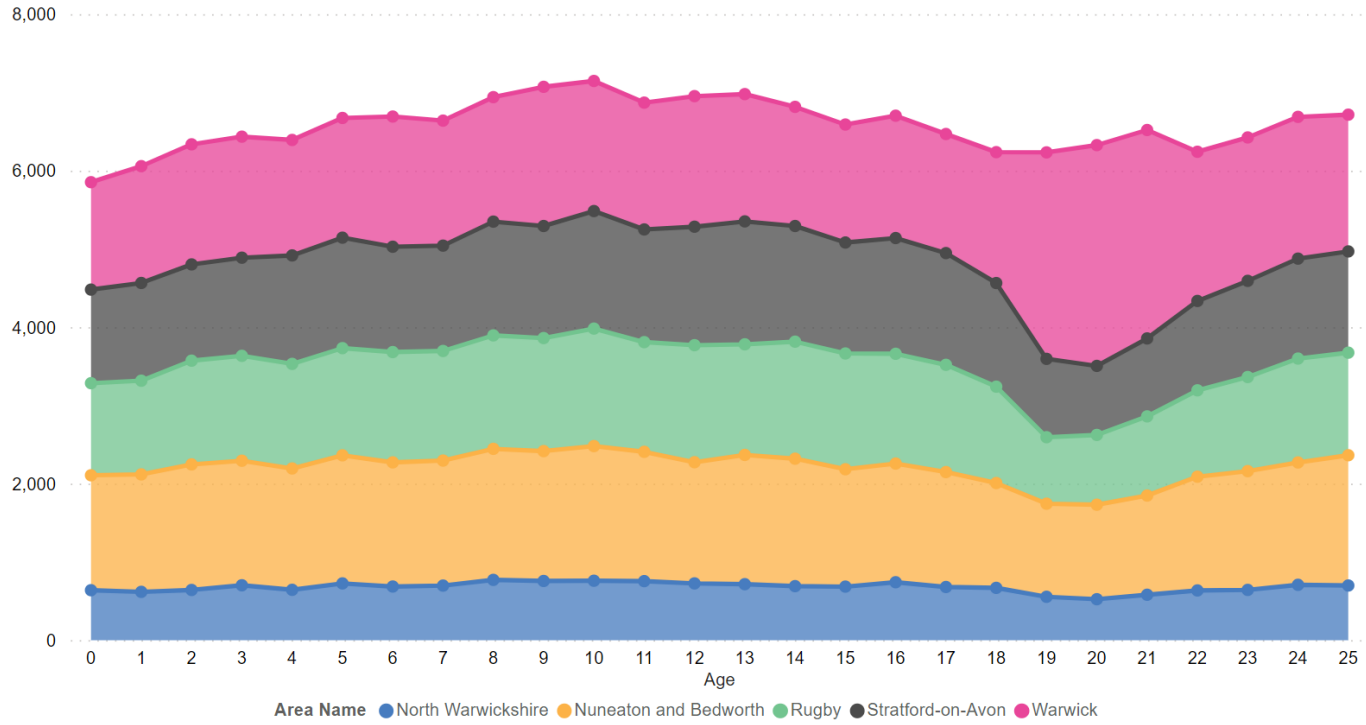
Source: Mid-2021 population estimates, Office of National Statistics[75]

Across the districts and boroughs, the numbers within each single year of age increase slightly until the early teens before dipping at later ages. There is a noticeable dip in the number of people in each single year age grouping for the age range from 18–19, except for in Warwick District where the numbers sharply increase, partly due to the universities (see Figure 6).

75

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021

Figure 6: Number of people of each single year of age across Warwickshire districts and boroughs



Source: Mid-2021 population estimates, Office of National Statistics[76]

The Office for National Statistics (ONS) produces estimates of the size of the population in future, which can be used to plan services. The estimates are based on factors such as mortality, migration, and movement around the country, and also trends in birth rates. They cannot account for unknown factors such as economic changes or events such as the pandemic. The last projections at local authority level were released in June 2020 so they were before the 2021 Census and would not have factored in any effects of the pandemic. The Census results have shown these projections to underestimate the total population in each area (by around 2-3%) except in North Warwickshire where they have been a slight overestimate. However, these projections are still the best resource for the expected population trends.

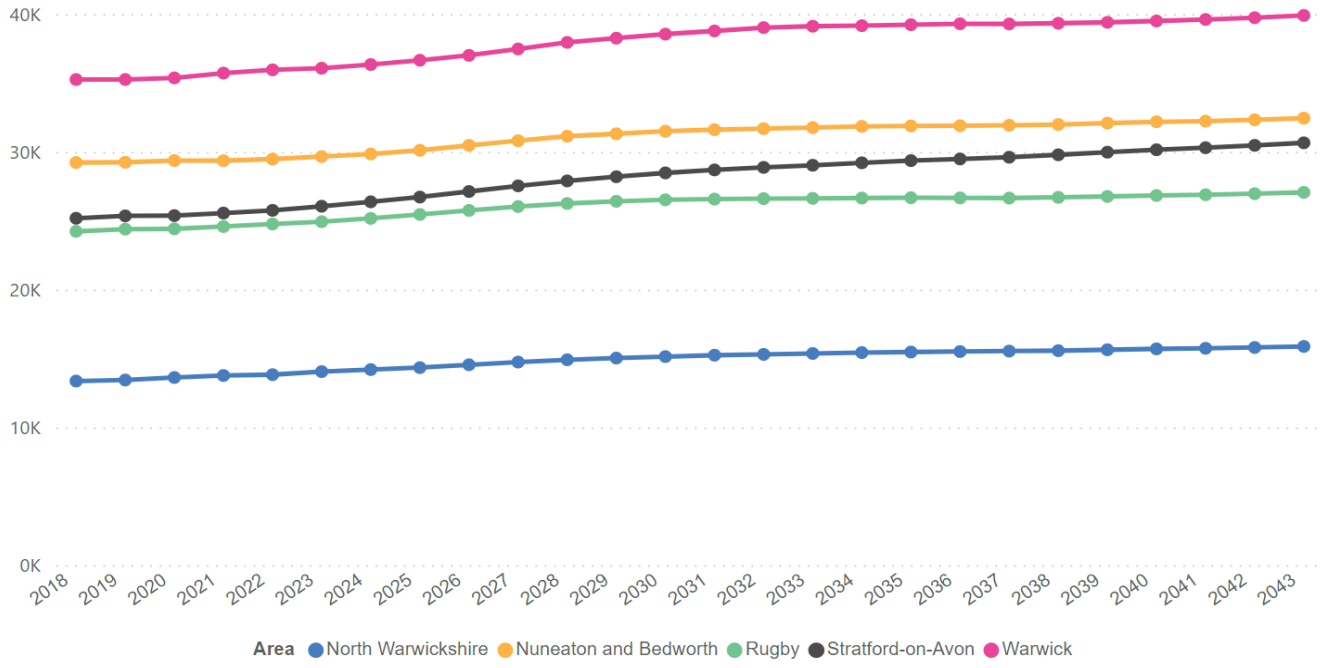
There is a predicted 14% increase (from 161,029 to 183,601) in the number of people aged 0–24 in Warwickshire between 2018 and 2043, lower than the 20% increase (from 571,010 to 684,310) expected across the whole population. The expected increase is around 5,000–5,500 for the 0-4, 5-9, 10-14 and 15-19 age bands, with a smaller predicted increase of

76

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021 (accessed March 2023)

around 2,400 for the 20-24 age group. As shown in Figure 7, the largest increase in the 0–24 population is expected in Stratford-on-Avon (23% increase from 31,900 to 39,200) with this being driven by an increase in people aged 0–19 with little predicted change in the 20–24 population.

Figure 7: Population projections, 0-24 population from 2018 to 2043 by District and Borough



Source: Population projections, Office of National Statistics[77]

HOUSING DEVELOPMENTS

Warwickshire is forecast to see large growth in its housing stock in the coming years, evidenced in each District & Borough Local Plan. Although the housing trajectories do not specifically account for age, we can reasonably assume that the projected housing growth identified across all Districts & Boroughs in Warwickshire will increase the number of children and young people in the county over and above the population projections identified above.

77

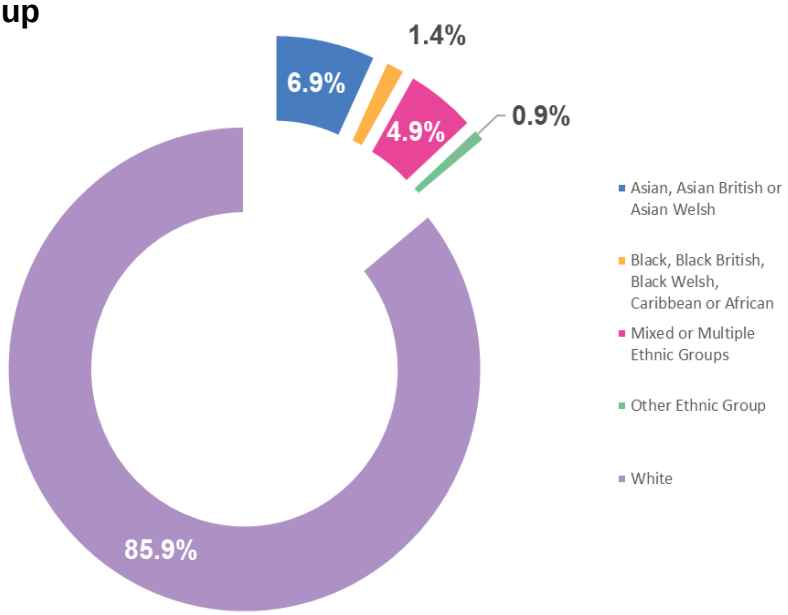
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021 (accessed March 2023)

ETHNICITY

There are inequalities in the health of people with different ethnic backgrounds[78]. Inequalities in health are those differences that are unfair and largely preventable. Inequalities in health are influenced by wider socio-economic factors, cannot be attributed to one specific reason, and rely on action across the whole population health framework to mitigate. Ethnicities other than 'White English' are more likely to encounter racism in some form. Discrimination and racism can negatively affect both physical and mental health of people from ethnic minority groups[79].

The largest ethnic group of children and young people in Warwickshire is the "White" category and this accounts for 85.9% of the 0–25 population. The 0–25 population is more diverse than the rest of the Warwickshire population where 92.8% of those aged 26+ recorded as white.

Figure 8: Warwickshire 0-25 Population by Ethnic Group



Source: ONS Census 2021

The "Asian, Asian British or Asian Welsh" ethnic group is the second largest at 6.93% of the 0–25 population. The majority of this group reported as "Indian" (4.63% of the total 0-25 population) with the second highest being "Other Asian" (1.12% of the total 0-25 population).

Other low level ethnic groups selected by more than 1% of the 0-25 population were within the "Mixed or Multiple: ethnic groups" (White and Asian - 1.92%, White and Black Caribbean - 1.74%) and "Black, Black British, Black Welsh, Caribbean or African" (African - 1.09%).

[78] Public Health Outcomes Framework: Health Equity Report - Focus on ethnicity, Public Health England, 2017

[79] The health of people from ethnic minority groups in England, The King's Fund, 2021 (accessed February 2023)

There has been significant growth in minority ethnicity communities in Warwickshire in the last twenty years. In the 2001 census, 8.3% reported an ethnic group other than white, compared with 20% in the most recent 2021 census.

Tables 2–4 show the ethnic diversity of the districts and boroughs in Warwickshire within the three age groupings. These figures are taken from the 2021 Census data but it is important to note that this is reported on a single year of age basis and these are rounded to the nearest 5 with any numbers under 10 suppressed. Where numbers are zero this should not be taken to mean that there are actually no people of that ethnicity in the area, only that there are less than 10 people within each year of age. Similarly, low percentages are likely to be lower than the reality for the same reason. The tables below therefore give an idea of the difference in ethnic diversity between the districts and boroughs, rather than exact figures. The groupings in these tables are the high-level ethnic groups which are collated from 19 low level groups used in the Census questions[80].

Table 2: 0-5 Population by district and ethnicity

Geography Name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
North Warwickshire	0.0%	0.0%	3.0%	0.0%	97.0%
Nuneaton and Bedworth	8.5%	3.1%	5.0%	1.2%	82.2%
Rugby	8.4%	3.6%	7.9%	1.1%	79.1%
Stratford-on-Avon	1.1%	0.0%	4.6%	0.0%	94.3%
Warwick	10.1%	0.5%	8.2%	1.5%	79.7%
Warwickshire	**6.5%**	**1.6%**	**6.0%**	**0.9%**	**84.9%**

Table 3: 6-17 Population by district and ethnicity

Geography Name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
North Warwickshire	0.1%	0.0%	3.5%	0.0%	96.4%
Nuneaton and Bedworth	8.6%	2.1%	4.0%	1.1%	84.1%
Rugby	9.0%	3.5%	6.7%	0.9%	79.9%
Stratford-on-Avon	1.5%	0.0%	4.5%	0.1%	93.9%
Warwick	10.0%	0.4%	7.5%	1.4%	80.7%
Warwickshire	**6.6%**	**1.3%**	**5.4%**	**0.8%**	**85.7%**

[80] For details on the categories used see: Ethnic group, national identity and religion, ONS, https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/ethnicgroupnationalidentityandreligion#:~:text=The%20recommended%20ethnic%20group%20question,What%20is%20your%20ethnic%20group%3F%E2%80%9D (accessed February 2023)

Table 4: 18-25 population by district and ethnicity

Geography Name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
North Warwickshire	0.0%	0.0%	0.9%	0.0%	99.1%
Nuneaton and Bedworth	8.1%	1.0%	2.5%	1.0%	87.4%
Rugby	5.9%	1.6%	3.4%	1.1%	88.0%
Stratford-on-Avon	0.4%	0.0%	2.0%	0.2%	97.5%
Warwick	14.2%	2.1%	4.6%	1.8%	77.3%
Warwickshire	**7.7%**	**1.2%**	**3.1%**	**1.0%**	**86.9%**

Source: Census 2021, ONS.

Comparing the areas, North Warwickshire Borough and Stratford-on-Avon District have the highest percentage reporting as white in each of the age groupings. Rugby, Nuneaton & Bedworth, and Warwick are comparably more diverse with 18%, 15% and 21% respectively of the 0-25 population recorded in a category other than white. For the 18–25 age group, the percentage reporting as white is larger than the 6-17 age group for all areas except for Warwick District which is smaller at 77.3% compared to 80.7%.

GENDER

In the 2021 Census, respondents aged 16 and over were voluntarily asked “Is the gender you identify with the same as your sex registered at birth?” (Table 5). For the 16–24 respondents, 93.26% stated that their gender identity was the same, 5.93% did not answer the question and 0.81% stated that their gender identity was different. The number of people whose gender identity was different from the sex at birth was higher for this age group than any other age group, with 0.29% of the 25+ population selecting this category. This differed across Warwickshire from 0.61% in North Warwickshire Borough to 0.92% in Warwick District.

Table 5: Number and percentage responses to “Is the gender you identify with the same as your sex registered at birth?” for the 16–24 age group in Warwickshire.

	Gender identity different from sex registered at birth		Gender identity same as sex registered at birth		Not answered	
Area	Count	%	Count	%	Count	%
North Warwickshire	35	0.6%	5430	95.3%	230	4.0%
Nuneaton and Bedworth	105	0.8%	11765	94.2%	620	5.0%
Rugby	80	0.8%	9595	93.1%	630	6.1%
Stratford-on-Avon	75	0.7%	9800	94.5%	500	4.8%
Warwick	170	0.9%	16880	91.4%	1420	7.7%
Warwickshire	**465**	**0.8%**	**53470**	**93.3%**	**3400**	**5.9%**

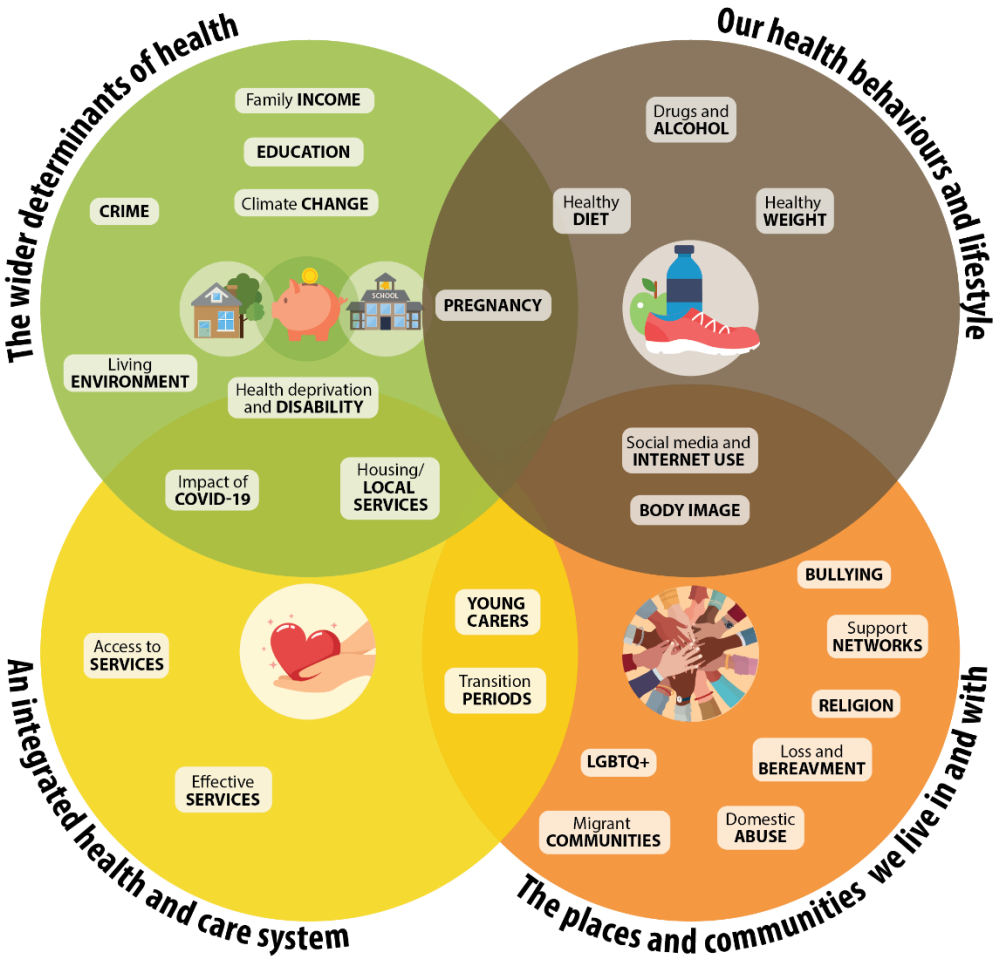
Source: Census 2021, Office for National Statistics, NOMIS[81]

[81] https://www.nomisweb.co.uk/sources/census_2021

THRIVING – WHERE PREVENTION AND PROMOTION CAN PROTECT MENTAL HEALTH

According to the Thrive framework, Thriving is identified as “Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies”. This JSNA has scoped a range of factors that can impact both the mental health and the mental resilience of infants, children, and young people. These have been structured around the Kings Fund Population Health System model as shown in figure 9.

Figure 9: Risk factors for Children and Young People Population Health System



Source: Kings Fund and WCC

SUBSTANCE USE

Smoking or vaping nicotine, drinking, and drug use are the most common substances used by children and young people with a variety of behavioural approaches including experimentation, testing boundaries, and taking risks.

Table 6 shows findings from a 2021 national NHS survey of young people that found that been a decrease in the prevalence of smoking cigarettes and lifetime illicit drug use. Conversely, there has been an increase in e-cigarette use, particularly amongst 15 year-olds girls where 1 in 5 (21%) were classified as current e-cigarette users.

Table 6: National prevalence of smoking amongst young people

Respondents NHS Survey of Young People:	2018	2021
Saying they had ever smoked	16%	12%
Current Smokers	5%	3%
Regular Smokers	2%	1%
Current e-cigarette use (vaping)	6%	9%
Ever taken drugs	24%	18%

Source: NHS Digital[82]

The survey also highlighted that 40% of pupils said they had ever had an alcoholic drink. The prevalence increases with age, from 13% of 11-year-olds to 65% of 15-year-olds. 6% of all pupils said they usually drank alcohol at least once per week. The proportion increases with age, from 1% of 11-year-olds to 14% of 15-year-olds.

There are some signs that can indicate a problem with alcohol or drugs:

[82] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021 (accessed March 2023)

- Change in school performance
- Persistent lateness
- Mood swings
- Being absent from lessons or school
- Smelling of alcohol or cannabis
- Restlessness or tiredness
- Becoming more secretive and distancing themselves from friendship groups
- Reports of money disappearing from home or friends
- Lack of care in appearance

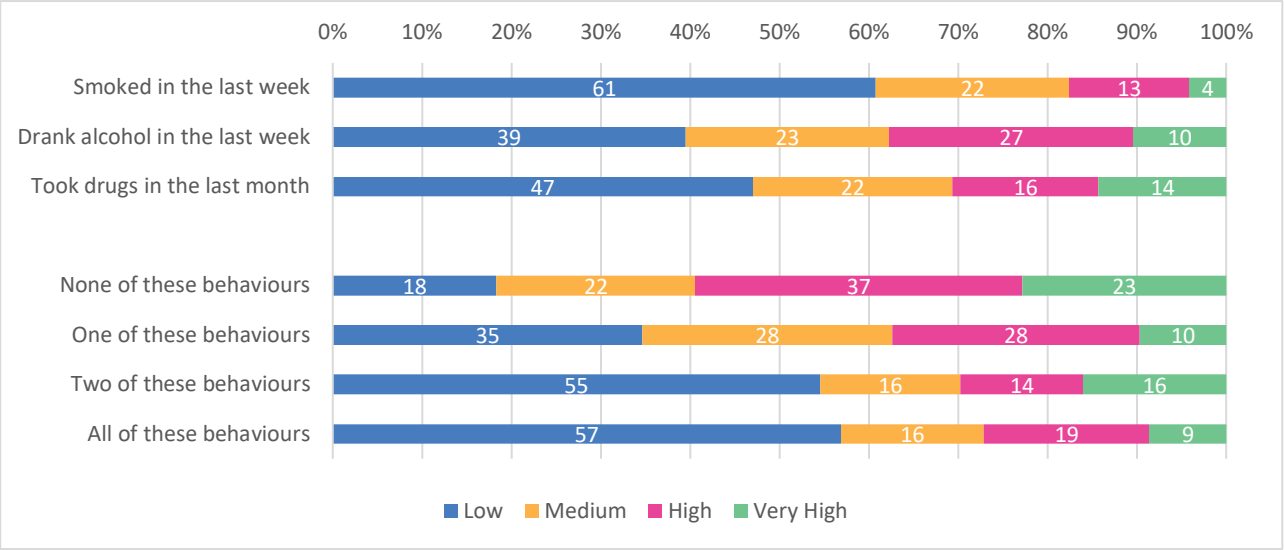
A 2021 national NHS survey[83] of young people compared respondents' wellbeing by recent behaviours of smoking, drinking, and drug use. Figure 10 shows the percentage reporting low level of life satisfaction, medium level of life satisfaction, and high or very high level of life satisfaction by behaviours.

The likelihood of pupils reporting a low level of life satisfaction increased with the number of recent behaviours. Reporting low life satisfaction nowadays compared to 18% for pupils with no recent behaviours:

- 61% of pupils who smoked in the last week,
- 47% of pupils who had taken drugs in the last month
- 39% of pupils who drank alcohol in the last week

[83] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021 (accessed November 2022)

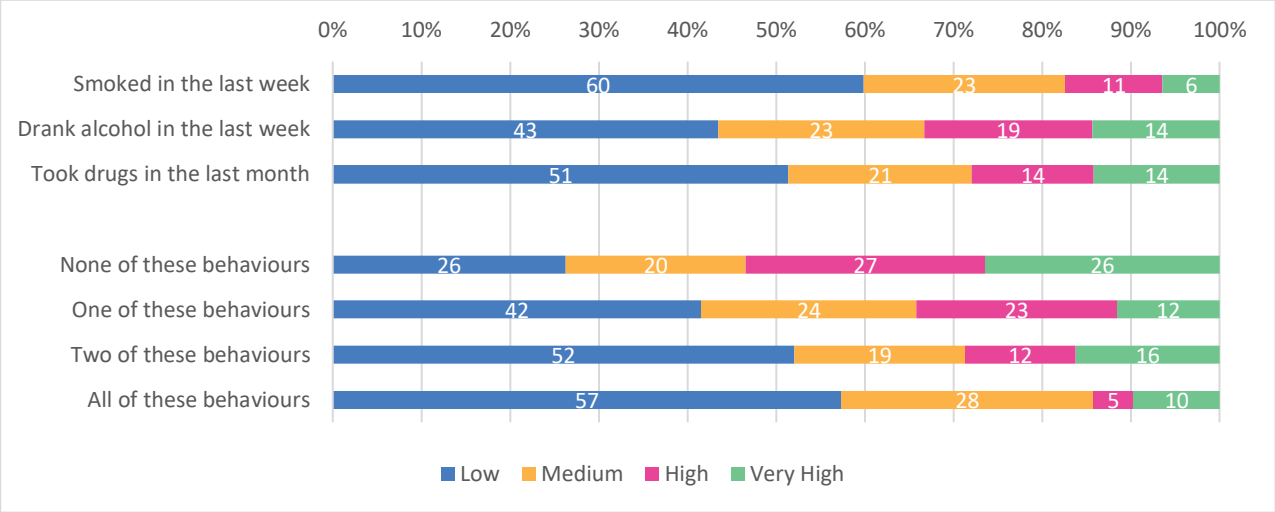
Figure 10: Life satisfaction by recent behaviours (smoking, drinking, and drug use)



Source: NHS Digital[84]

Similar trends can be seen in Figure 11 and Figure 12 happiness levels felt yesterday, and feeling that the things they do in life are worthwhile.

Figure 11: Happiness felt yesterday by recent behaviours (smoking, drinking, and drug use)

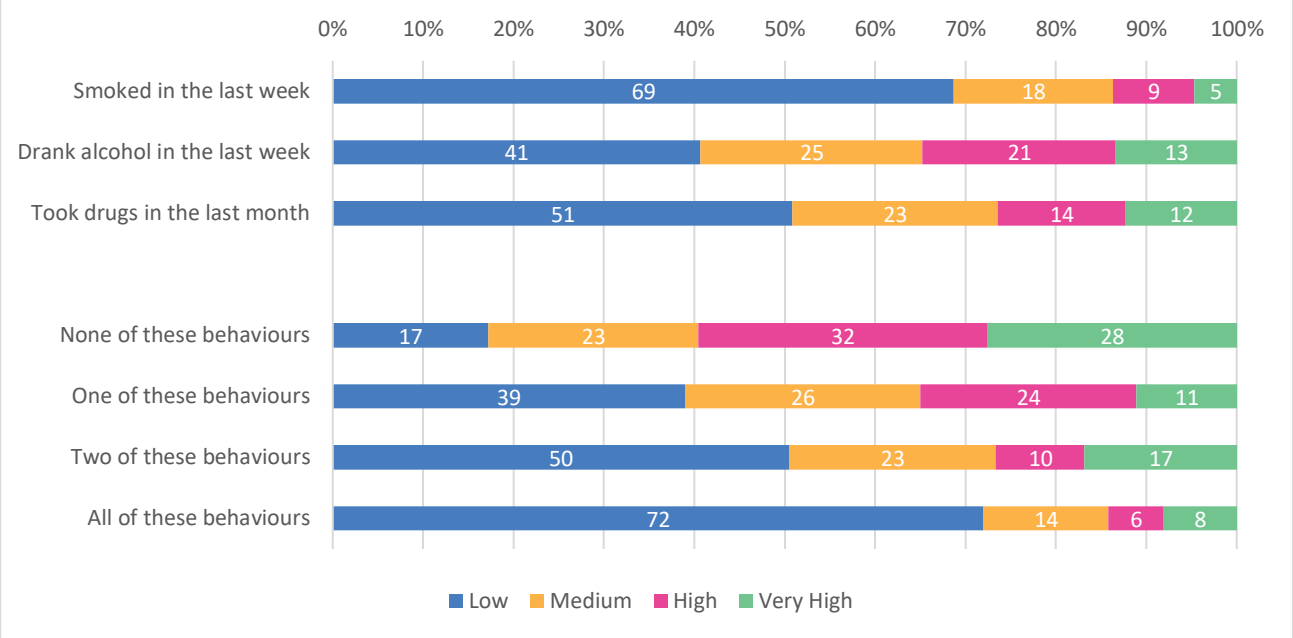


Source: NHS Digital[85]

[84] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021/part-13-wellbeing (accessed March 2023)

[85] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021/part-13-wellbeing (accessed March 2023)

Figure 12: To what extent pupils feel that the things they do in life are worthwhile by recent behaviours (smoking, drinking, and drug use)



Source: NHS Digital[86]

Figure 13 shows that levels of anxiety in pupils were higher if they had taken part in smoking, drinking, and drug use than the average for all pupils,

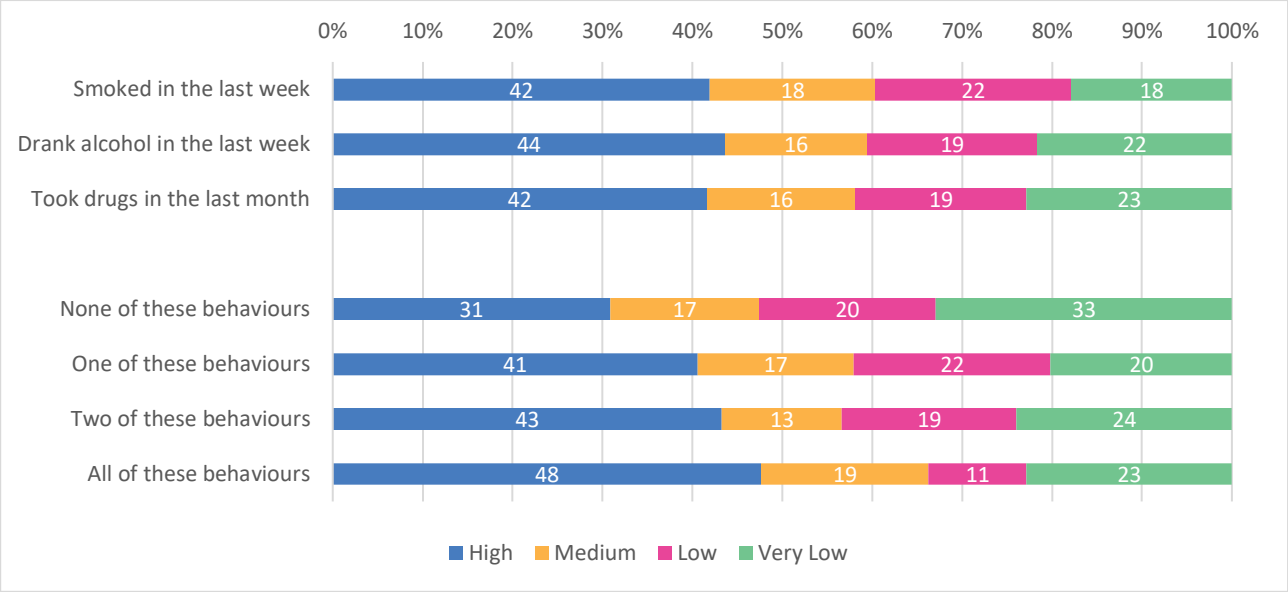
Reporting a high level of anxiety felt yesterday compared to 31% for pupils with none of the recent behaviours:

- 44% of pupils who had drunk alcohol in the last week
- 42% of pupils who smoked in the last week
- 42% of pupils who had taken drugs in the last month

Whilst the likelihood of pupils reporting a high level of anxiety did increase somewhat with the number of recent behaviours, the difference was less than for the other measures.

[86] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021/part-13-wellbeing (accessed March 2023)

Figure 13: Anxiety felt yesterday by recent behaviours (smoking, drinking, and drug use)



Source: NHS Digital[87]

Mentally Healthy Schools[88] identifies several ways that schools can help children and young people navigate experiences with alcohol and drugs, including:

- Writing an accessible drugs and alcohol policy that is shared with students, staff, parents, governors, and the whole school community.
- Having clear school rules regarding the use of drugs and alcohol which are regularly referred to and discussed.
- Ensuring there is high quality drug and alcohol education for all students from a young age, making use of specialists where available to talk confidently about local issues.
- Providing high quality training for staff so that they are able to give informed advice and guidance.
- Ensuring there is a senior member of staff who is responsible for updating the drugs and alcohol policy and liaising with local police and support services.
- Providing support and places of safe talking for vulnerable students, especially where there is drug or alcohol misuse in the family.

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[87] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021/part-13-wellbeing (accessed March 2023)

[88] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/lifestyle-factors/drugs-and-alcohol/ (accessed November 2022)

- Helping young people develop a sense of attachment to school and view it as a place of acceptance, so that they can voice their worries about their own personal choices and those in their family.
- Involving the pastoral team and school nurse in providing support.

HEALTHY WEIGHT

Childhood obesity and excess weight is a national public health concern, with serious implications for a child's physical and mental health. Researchers from University College London and University of Liverpool[89] who analysed data on more than 17,000 children born in the UK who took part in the Millennium Cohort Study[90] found that there is a link between obesity and poor mental health. Both are more common amongst groups who are socioeconomically disadvantaged because of a similar set of causal factors. However, the study adjusted for this confounding factor and the relationship remained, with obesity at age 7 a risk factor for emotional distress at age 11, and in turn, mental health problems predicting high BMI at age 14. Adjusting for confounders in this way strengthens the evidence that the relationships is causal.

There is also evidence to suggest that as children and young people get older obesity and internalising symptoms of emotional problems co-occur[91], with ages 11 to 14 being more likely to have this co-occurrence than in early childhood.

Figure 14 shows the % of children who are underweight, of healthy weight, overweight, and obese in Reception and Year 6. The percentage of children in the healthy weight category decreases by 11 percentage points as children move from age 4 to 5 to age 10-11:

- Reception Age 4-5 – 77%
- Year 6 Age 10-11 – 66%

[89] https://cls.ucl.ac.uk/obesity-and-emotional-problems-tend-to-develop-together-as-children-age-new-research-shows/ (accessed October 2022)

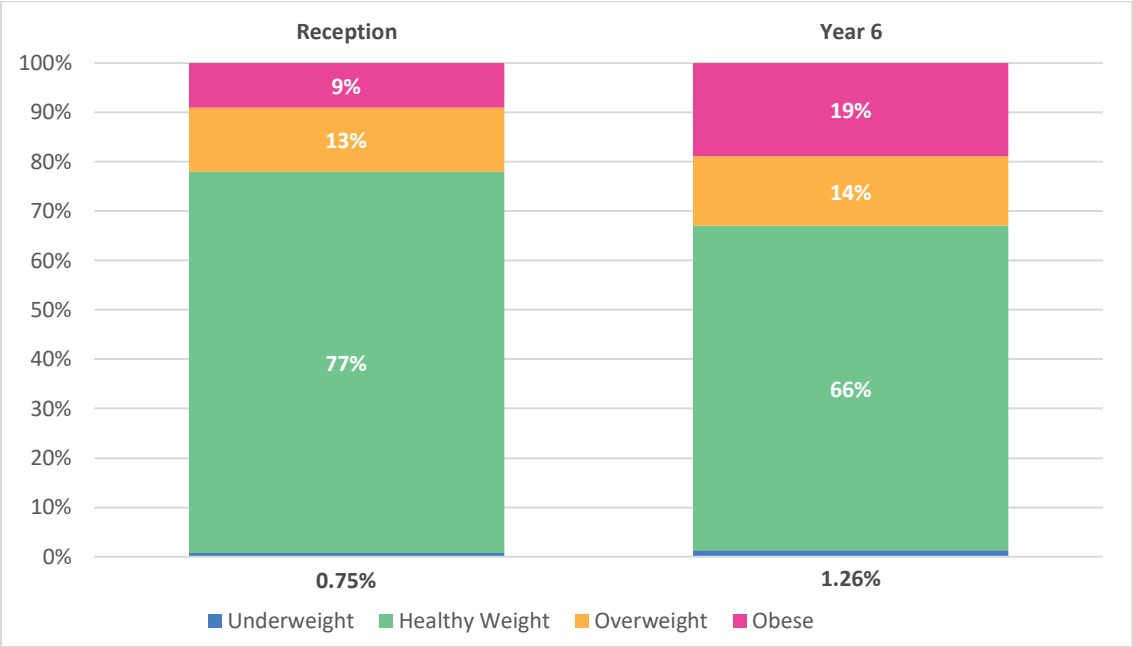
[90] https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/ (accessed October 2022)

[91] https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2728183 (accessed October 2022)

The percentage of children in the obese weight category increases by 10 percentage points as children move from age 4 to 5 to age 10-11:

- Reception Age 4-5 – 9%
- Year 6 Age 10-11 – 19%

Figure 14: Reception and Year 6 Pupils by Weight Category, Warwickshire combined 5-year data (%)

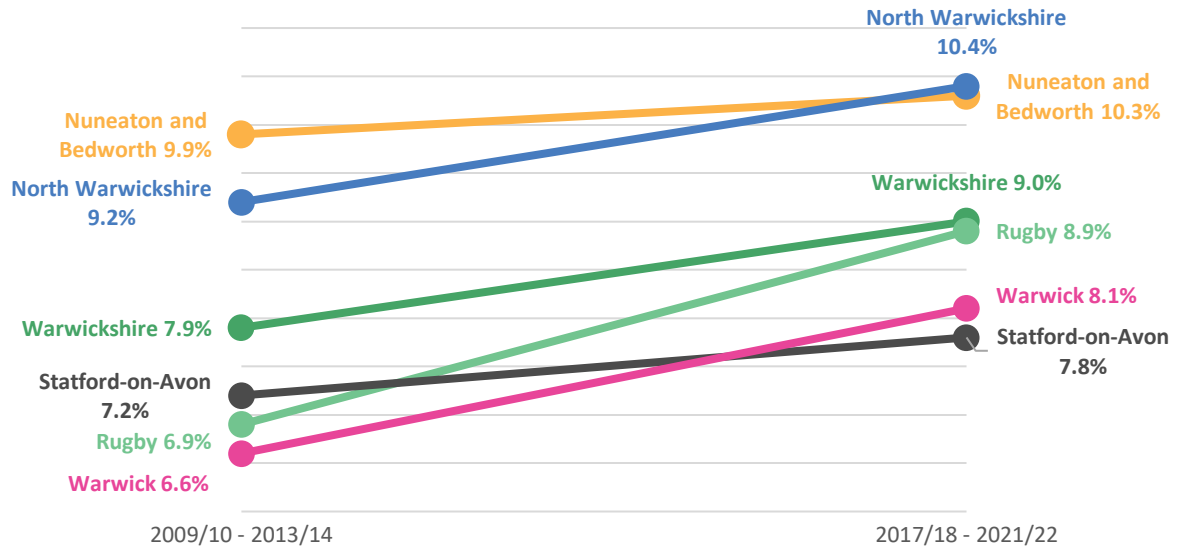


Source: National Child Measurement Programme[92]

Figures 15 and 16 show how this has increased overtime, with both Reception and Year 6 showing increases between the combined years 2009/10 – 2013/14 to 2017/18 – 2021/22. In both periods the highest rates are found in Nuneaton and Bedworth and North Warwickshire, which are both higher than the Warwickshire average.

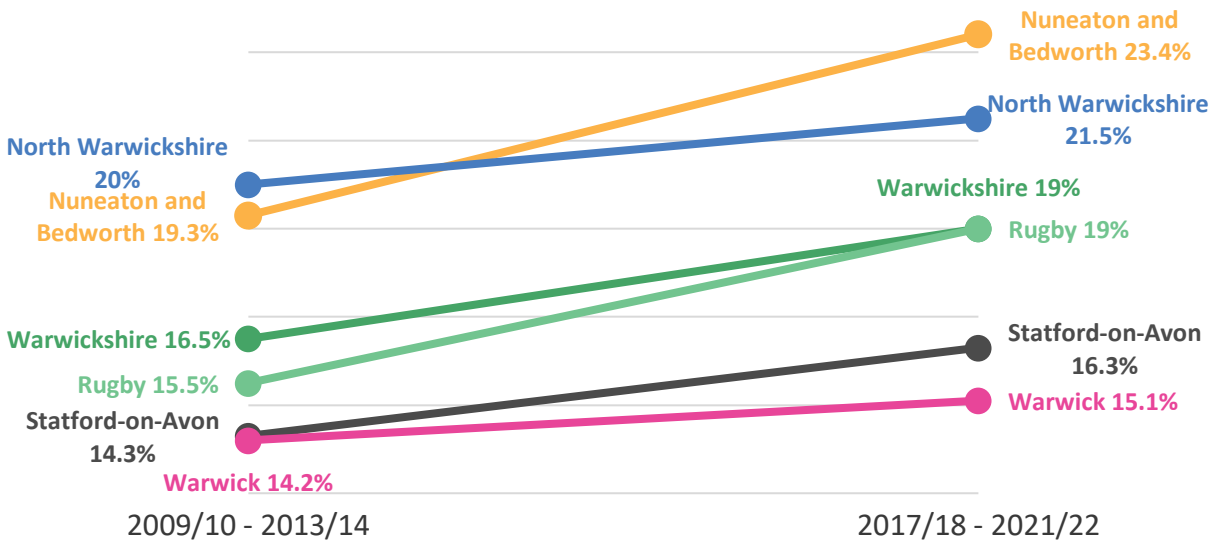
[92] https://digital.nhs.uk/services/national-child-measurement-programme/ (accessed March 2023)

Figure 15: Changes in child obesity over time in reception school year



Source: National Child Measurement Programme[93]

Figure 16: Changes in child obesity over time in Year 6 school year



Source: National Child Measurement Programme[94]

[93] https://digital.nhs.uk/services/national-child-measurement-programme/ (accessed March 2023)

[94] https://digital.nhs.uk/services/national-child-measurement-programme/ (accessed March 2023)

The Warwickshire Health Needs Assessment asks several questions that relate to concern about weight.

Responses in Warwickshire show that almost 1 in 10 parents of reception aged children are worried about their child's diet, in Year 6 there is an increase in the percentage of children who are worried about what they eat, and in Year 9 28% of children are worried about their weight.

Figure 18: Parents of reception aged children: Are you worried about your child's diet?

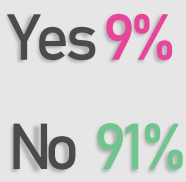
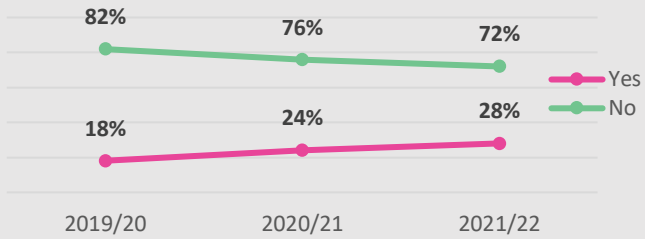
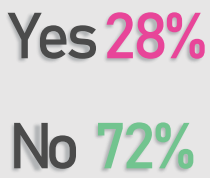


Figure 17: Are you worried about what you eat/your weight?

Year 6: Are you worried in any way about what you eat?



Year 9: Are you worried in any way about your weight?



Source: School Survey 2019/20 - 2021/22

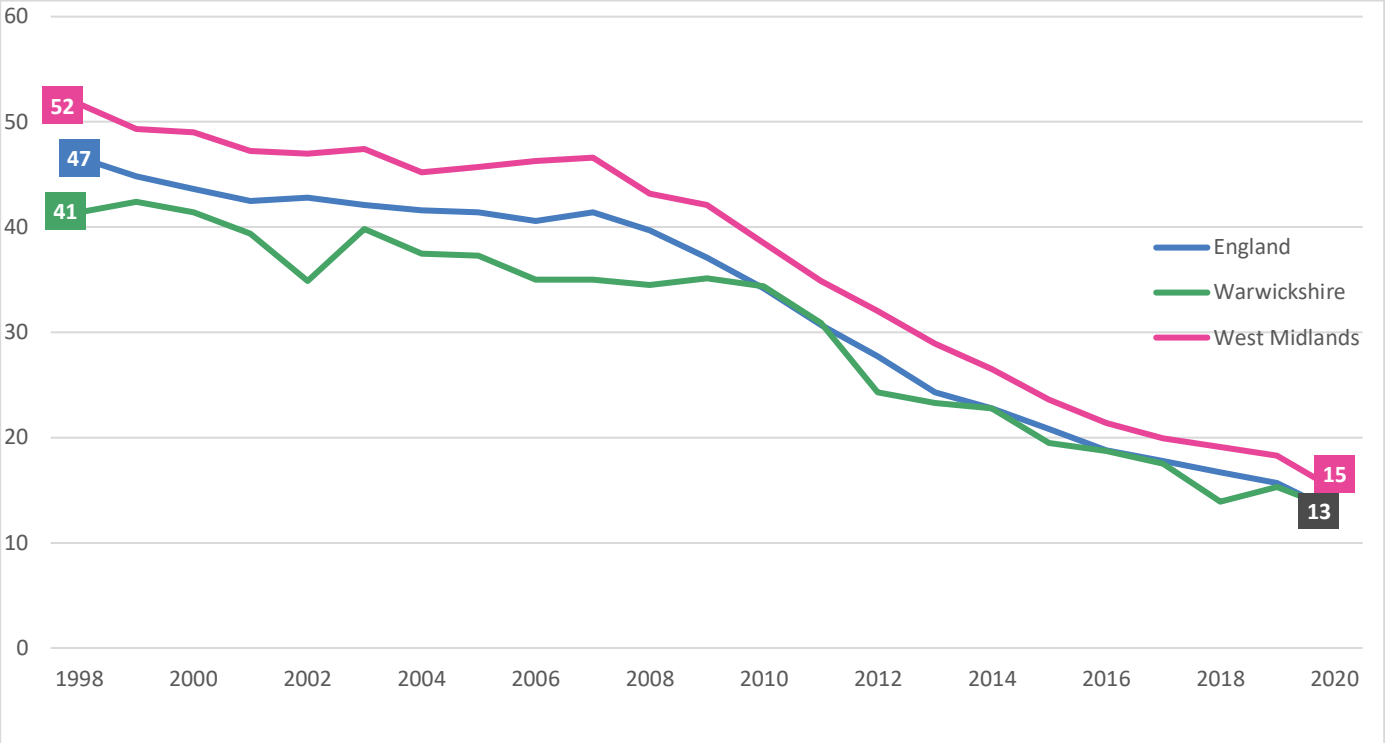
PREGNANCY

Although conception rates in younger mothers have been steadily falling over the past 20 years (Figure 19), it remains a significant consideration in young adult mental health. It is well acknowledged pregnancy in adolescence is associated with less favourable outcomes for both mother and baby from a social, physiological, and mental health perspective. Pregnancy in adolescence is closely tied to marginalisation with social problems such as poverty, unemployment, low levels of education, and isolation being more prevalent[95]. The physiological impacts of very young maternal age (<15 years or 2 years after menarche) are also significant with evidence suggesting this has a negative effect on both maternal and

[95] Cook SMC , Cameron ST Social issues of teenage pregnancy. http://dx.doi.org/10.1111/j.1365-3016.2012.01290.x (Accessed November 2022)

foetal growth and infant survival. Teenage mothers are more likely to experience adverse short term health impacts as well as postpartum depression[96].

Figure 19: Conceptions per 1,000 women aged 15-17 by age group, England and Wales, 1998 to 2020



Source: Office for National Statistics[97]

Table 7 shows that between 2019 – 2021 the total numbers of births for mothers aged 24 and under has fallen from 903 to 829, with the highest number of pregnancies being in the 20-24 age range.

[96] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6823974/ (Accessed November 2022)

[97] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2020

Table 7: Number of births in women under the age of 24 in Warwickshire

Age of Mother	2019	2020	2021
Mother aged under 18	32	27	28
Mother aged 19-20	112	112	90
Mother aged 20-24	759	691	711
Total of <20 & 20-24	**903**	**830**	**829**

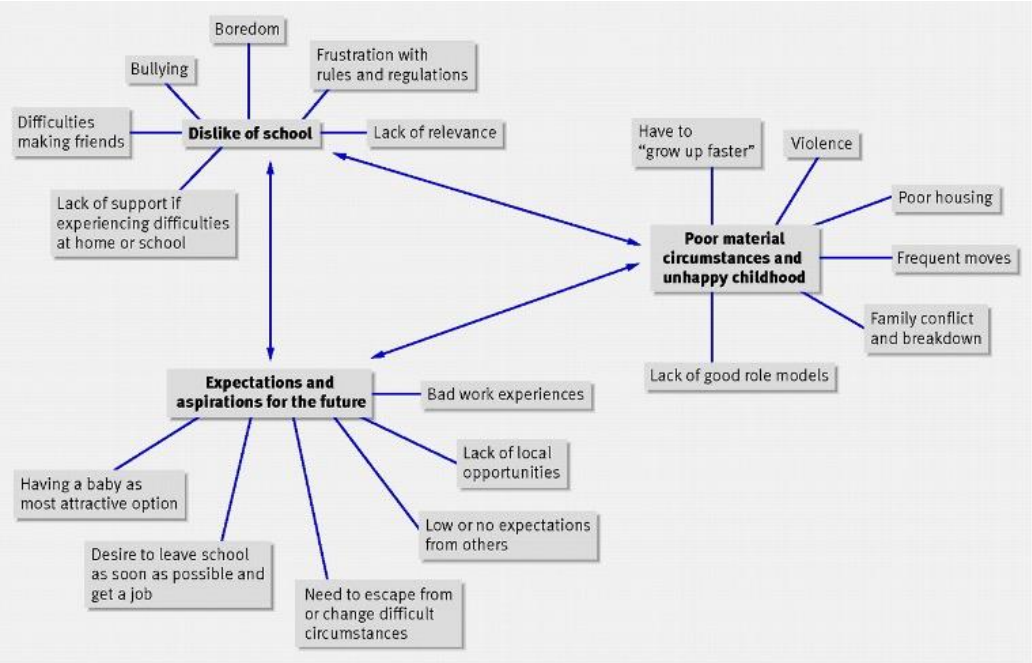
Source: ONS Live Births, NOMIS[98]

There is a complex interplay of factors which can contribute to poor maternal mental health and will mean some young women are at a high risk of developing mental health issues, demonstrated in Figure 20. These include a lack of support structure, experience in the care system and prior psychological distress including exposure to violence which may lead to increased risk of developing depression. Poverty remains a contributing factor in both prenatal and postnatal mental wellbeing[99].

[98] https://www.nomisweb.co.uk/datasets/lebirthrates (accessed March 2023)

[99] https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-019-0848-5 (Accessed November 2022)

Figure 20: Thematic analysis of young people's views on the role of education, training, employment and careers, and financial circumstances in teenage pregnancies.



Source: The BMJ, Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies[100]

Whilst the rate of under 18 conceptions has fallen, Figure 21 shows an increase in the percentage of under 18 conceptions leading to abortions. Evidence is currently mixed as to whether having an abortion has a negative impact on mental health. Research set forward in 'Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009'[101] showed a moderate to highly increased risk of mental health problems after abortion, with women who had undergone an abortion experiencing an 81% increased risk of mental health problems, and nearly 10% of the incidence of mental health problems was shown to be attributable to abortion. However, other studies including 'The mental health impact of receiving vs. being denied a wanted abortion'[102] highlighted that having a wanted abortion

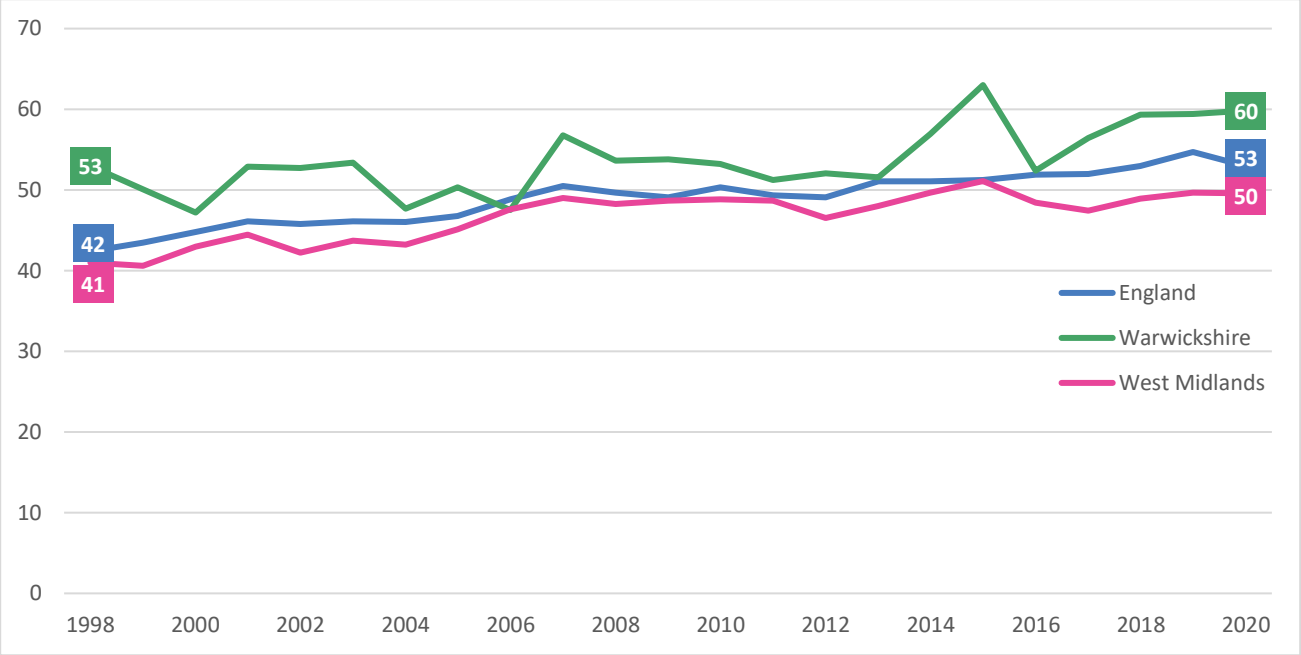
[100] https://www.bmj.com/content/339/bmj.b4254 (accessed March 2023)

[101] https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/abortion-and-mental-health-quantitative-synthesis-and-analysis-of-research-published-19952009/E8D556AAE1C1D2F0F8B060B28BEE6C3D (accessed March 2023)

[102] https://www.ansirh.org/sites/default/files/publications/files/mental_health_issue_brief_7-24-2018.pdf (accessed March 2023)

was not associated with mental health harms, and that compared to receiving an abortion, being denied a wanted abortion was associated with experiencing more symptoms of anxiety and low self-esteem one week after denial. This debate does raise the question of what can be done in order to prevent children and young people needing an abortion, as going through an abortion will carry some risk to the individual.

Figure 21: Percentage of Under 18 conceptions leading to abortions



Source: The Office for National Statistics[103]

According to the Mental health foundation, young fathers are significantly more likely to experience depression than older fathers and over one third of young fathers (39.2%) wanted support for their mental health. They are more likely to struggle with unstable housing, homelessness, isolation, unemployment and relationship breakdown than those who become fathers above the age of 23 which places them at risk of poor mental health. Over one third (34%) reported not living with their child full time.[104]

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103 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2020

104 https://www.mentalhealth.org.uk/explore-mental-health/blogs/fathers-day-focus-young-fathers-and-mental-health

PLACES & COMMUNITIES

SUPPORT NETWORKS

A support network, such as a network of family and friends that can offer support in difficult times, is often identified as a key component of good mental health and wellbeing. Supportive, reliable relationships can help with children's resilience and feelings of security, allowing them to thrive[105]. Having a poor support network has been linked to depression and loneliness and increases the risk of alcohol use, depression, and suicides[106]. Furthermore, loneliness and social isolation have been evidenced to have a negative impact on risk of mortality exceeding that of obesity, and comparable to smoking 15 cigarettes a day[107].

Importantly, several papers emerging following the pandemic have highlighted the differential impact of support networks on children; for example those with probable mental health problems were more likely to report feeling lonely, and felt fearful of leaving the house[108]. Those from economically disadvantaged backgrounds, minority ethnic backgrounds, and with pre-existing mental illnesses or special educational needs and disabilities were disproportionately affected by the pandemic[109], purportedly due to having less access to technology to communicate with friends.

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[105] https://emergingminds.com.au/resources/building-your-childs-support-networks-when-you-experience-mental-illness/ Accessed January 2023.

[106] https://www.verywellmind.com/social-support-for-psychological-health-4119970 (Accessed December 2022) https://www.verywellmind.com/social-support-for-psychological-health-4119970 (Accessed December 2022)

[107] https://www.aging.senate.gov/imo/media/doc/SCA_Holt_04_27_17.pdf. Holt-Lunstad, J. et al. (2015) Loneliness and Social Isolation as Risk Factors for Mortality: A MetaAnalytic Review. (Accessed January 2023)

[108] https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30570-8/fulltext; Newlove-Delgado T, McManus S, Sadler K, et al. Child mental health in England before and during the COVID-19 lockdown. The Lancet Psychiatry. (Accessed January 2023)

[109] http://commonplace-customer-assets.s3.amazonaws.com/lambethwellbeingsurvey/CYPMH%20JSNA%20%20final%20version%20with%20all%20amendments.docx.pdf ; Bignardi G, Dalmaijer ES, Anwyl-Irvine AL, et al. Longitudinal increases in childhood depression during the COVID-19 lockdown in a UK cohort 2020. Accessed January 2023.

Meanwhile strong support networks have been found to be a protective factor for children's wellbeing[110]. Strong and diverse social networks were protective and offered better access to support during the pandemic[111]. In other challenging situations such as where parents are suffering with poor mental health, it is protective for the child to have another trusted adult they can turn to for support as and when needed[112]. The NSPCC also describe positive impacts on wellbeing and resilience from having peer support networks in these situations, with improved self-esteem along with better communication and coping skills[113]. Children receive a sense of connection from social networks which confers a positive impact on mental health. Children who are having difficulties with their mental health are more likely to discuss these with friends and family members initially, with their ongoing involvement reducing the risk of relapse and increasing the young person's quality of life and social adjustment[114]. Positive views and encouragement were commonly reported to be facilitators in seeking professional support for mental health problems[115]. Additionally, support in the form of friendship groups has been identified as protective against bullying[116], with social exclusion itself labelled a form of bullying[117].

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[110] https://learning.nspcc.org.uk/safeguarding-child-protection/early-help-early-intervention#heading-top; https://www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-cyp-mental-health-201806-summary-v01.pdf. Accessed January 2023.

[111] http://commonplace-customer-assets.s3.amazonaws.com/lambethwellbeingsurvey/CYPMH%20JSNA%20%20final%20version%20with%20all%20amendments.docx.pdf; https://www.innovationunit.org/wp-content/uploads/Final-report.pdf. Accessed January 2023.

[112] https://learning.nspcc.org.uk/children-and-families-at-risk/parental-mental-health-problems#skip-to-content. (Accessed January 2023).

[113] https://learning.nspcc.org.uk/children-and-families-at-risk/parental-mental-health-problems#skip-to-content. (Accessed January 2023).

[114] https://headspace.org.au/assets/Uploads/Corporate/inclusion-of-family-and-friends-ext-approved-september-2012.pdf. (Accessed January 2023).

[115] https://link.springer.com/article/10.1007/s00787-019-01469-4. (Accessed January 2023).

[116] Allen, 2014; O'Brien N. 2019

[117] O'Brien N., 2019, O'Brien N. Understanding Alternative Bullying Perspectives Through Research Engagement With Young People. Front Psychol. 2019 Aug 28;10:1984. doi: 10.3389/fpsyg.2019.01984. PMID: 31555177; PMCID: PMC6722199. Accessed January 2023.

A follow up survey and report - the Mental Health of Children and Young People survey – which was started in 2017 and most recently updated with findings from 2022 investigated mental health and loneliness. Children aged 11-16 self-reported how often they felt lonely; 5.2% responded with 'often or always', with 31.6% reporting 'occasionally or sometimes'. This was similar over the preceding 2 years. However, this was higher in girls than boys, and higher in all of those with a 'probable mental health disorder'. In 17-22 year olds, a significantly higher 12.6% reported feeling 'often or always' lonely, with 54.1% reporting they feel so 'occasionally or sometimes'. Again this was similar between years, and higher in those with probable mental health disorders. As mentioned previously, having poor support networks have been linked to feelings of loneliness, and per some definitions could be used as a proxy marker. However, there is a lot of research on how loneliness is related to popularity, number of friends, quality of friendships amongst other social measures and it is not a straightforward unidirectional influence, which is worth bearing in mind as we associate the two here.

Increasing prevalence of CAMHS problems, which were also found to be more complex and deep-rooted, were most frequently attributed to family breakdown and lack of family and friends support networks in a previous report from the service[118]. The World Health Organisation (WHO) describes conflict between parents and caregivers as a type of adverse childhood experience, which are closely linked to poor mental health[119]. The previously mentioned study on the role of social capital in child and adolescent health and wellbeing also investigates the role of family social capital, including of cohesion.

Religious communities, whether on a family level or a larger community level, can offer individuals invaluable social networks and support systems, as well as having the effect of moderating health behaviours, with a systematic review of religious and spiritual interventions in adults shown to have a positive impact on mental health with reductions in stress, depression, and alcoholism[120].

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[118] https://warwick.ac.uk/fac/sci/med/staff/dale/camhsreport.pdf. Accessed January 2023.

[119] Nottinghamshire JSNA: Emotional and Mental Health of Children and Young People, 2021. Accessed January 2023.

[120] https://doi.org/10.1017/s0033291715001166 (Accessed November 2022)

BULLYING

The Department for Education (DfE) gives the following definition of bullying:

Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages, social media or gaming, which can include the use of images and video) and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, special educational needs or disabilities, or because a child is adopted, in care or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences[121]*.*

The Annual Bullying Survey 2020 draws experience from 13,387 young people aged 12-18 in the UK[122]. In this survey 25% of respondents said in the past 12-months and based on their own definition that they have been bullied, with 26% saying they have witnessed bullying. From those who were bullied, 41% said they were bullied at least once per month, with 30% saying at least once per week.

The most common types of bullying identified were social exclusion (89%), verbal bullying (86%), rumours (54%), and intimidation (35%).

Table 8: The Annual Bullying Survey 2020 when asked "why do you think you were bullied?"

47% - attitudes towards my appearance	**30%** - attitudes towards my interests or hobbies	**24%** - because of something I did
22% - being called gay/lesbian when I'm not	**17%** - attitudes towards the clothes I wear	**13%** - attitudes towards my high grades
11% - attitudes towards my low grades	**11%** - attitudes towards my sexuality	**11%** - attitudes towards my mannerisms
8% - attitudes towards low household income	**8%** - a health condition I have	**8%** - because of the things I do online

[121] DfE, https://www.gov.uk/government/publications/preventing-and-tackling-bullying, July 2017, p8

[122] https://www.ditchthelabel.org/research-papers/the-annual-bullying-survey-2020/ (accessed October 2022)

7% - attitudes towards a disability I have	**6%** - attitudes towards high household income	**6%** - attitudes towards my race
5% - attitudes towards my culture	**5%** - attitudes towards my religion	**4%** - attitudes towards my gender identity

Source: Ditch the label[123]

63% of the respondents who had been bullied said it had a moderate to extreme impact on their mental health, with a further breakdown into impact showing in Table 9.

Table 9: The Annual Bullying Survey 2020. Ways in which respondents who had been bullied said it had a impact on their mental health.

44% felt anxious	**36%** felt depressed	**33%** had suicidal thoughts
27% self-harmed	**18%** truanted from school/college	**12%** developed anti-social behaviour
12% developed an eating disorder	**11%** attempted suicide	**9%** ran away from home
8% abused drugs and/or alcohol	**3%** engaged in risky sexual behaviour	

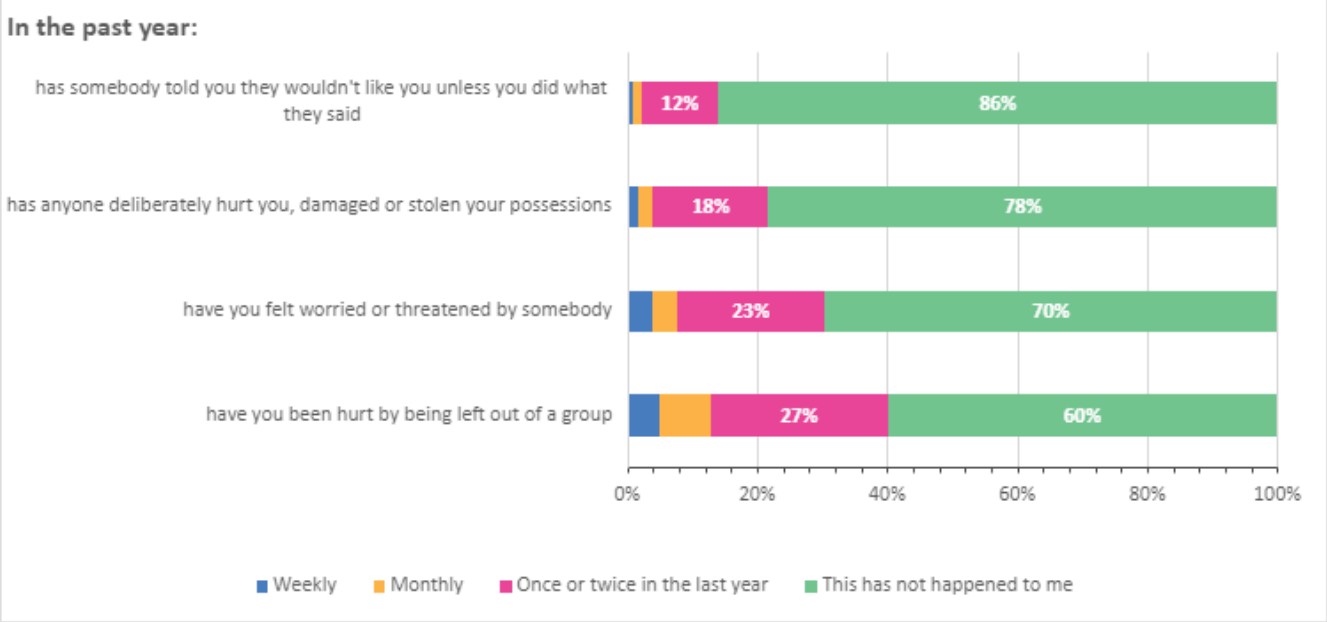
Source: Ditch the label[124]

In Warwickshire the Health Needs Assessment asks Year 6 and Year 9's bullying themed questions which can be seen in Figures 22 and 23.

[123] https://www.ditchthelabel.org/research-papers/the-annual-bullying-survey-2020/ (accessed October 2022)

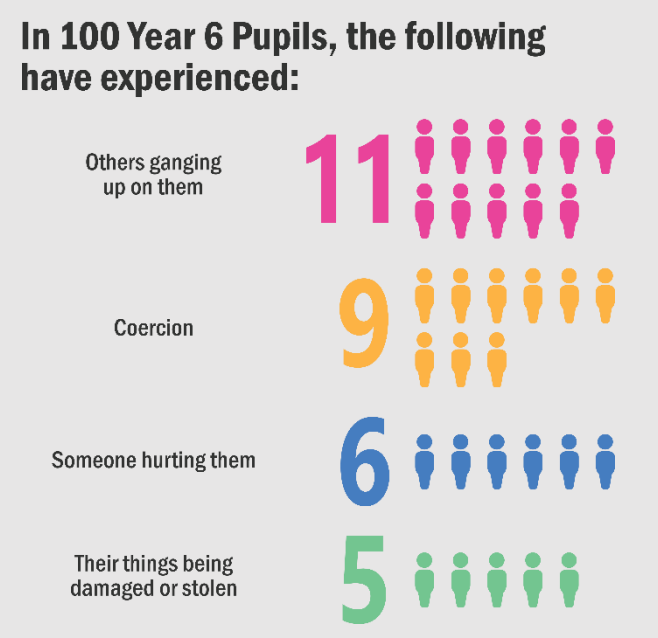
[124] https://www.ditchthelabel.org/research-papers/the-annual-bullying-survey-2020/ (accessed October 2022)

Figure 22: Bullying themed school survey questions: Year 9, 2021/22



Source: Warwickshire Health Needs Assessment, 2021/22

Figure 23: Year 6 Pupils experiencing bullying behaviour



Source: Warwickshire Health Needs Assessment 2021/22

SOCIAL MEDIA AND INTERNET USE

Social media and the internet can have both a positive and negative impact on children and young people's mental health. Research into this impact is lacking, partly due to the emergence of social media and internet use as we know it today being a relatively recent phenomenon, with data available highlighting correlation rather than causation. However, whilst more work is needed to accurately assess impact, risks associated with social media use can be identified, even if the extent of harm cannot yet be measured.

Positive Impacts

Social media and the internet can prove to be a useful tool for children and young people. The Organisation for Economic Co-operation and Development's (OECD) Programme for International Student Assessment (PISA) wellbeing study of 15-year-olds highlighted that 90.5% of boys and 92.3% of girls in the UK agree with the statement "it is very useful to have social media networks on the Internet".[125]

Friendships and Support – Social media is seen as a vital way to stay connected with friends and family, particularly helping to bridge the gap that can be created by attending different schools and long distances. YoungMinds and The Children's Society undertook engagement with 1,000 young people aged 11-25 and reported that social media helped "to foster and sustain relationships", with 62% of respondents agreeing that "social media had a positive impact on their relationships with their friends"[126]. Social media and online communication can allow some young people to be more open to talk about their thoughts and feelings more than they are able or ready to do in a face-to-face situation[127].

Creativity and Learning – There is a wealth of knowledge available on the internet which, when used properly, can be a great tool to assist learning and education. There is also the potential to use social media and the internet in a creative way, such as creating and sharing blogs, podcasts, and videos.

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[125] https://www.oecd-ilibrary.org/docserver/9789264273856-en.pdf?expires=1666186627&id=id&accname=guest&checksum=FAC01321ADC8A16BB9DDF866C2A36CAA (accessed October 2022)

[126] http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/science-and-technology-committee/impact-of-social-media-and-screenuse-on-young-peoples-health/written/81326.html (accessed October 2022)

[127] https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/822/822.pdf (accessed October 2022)

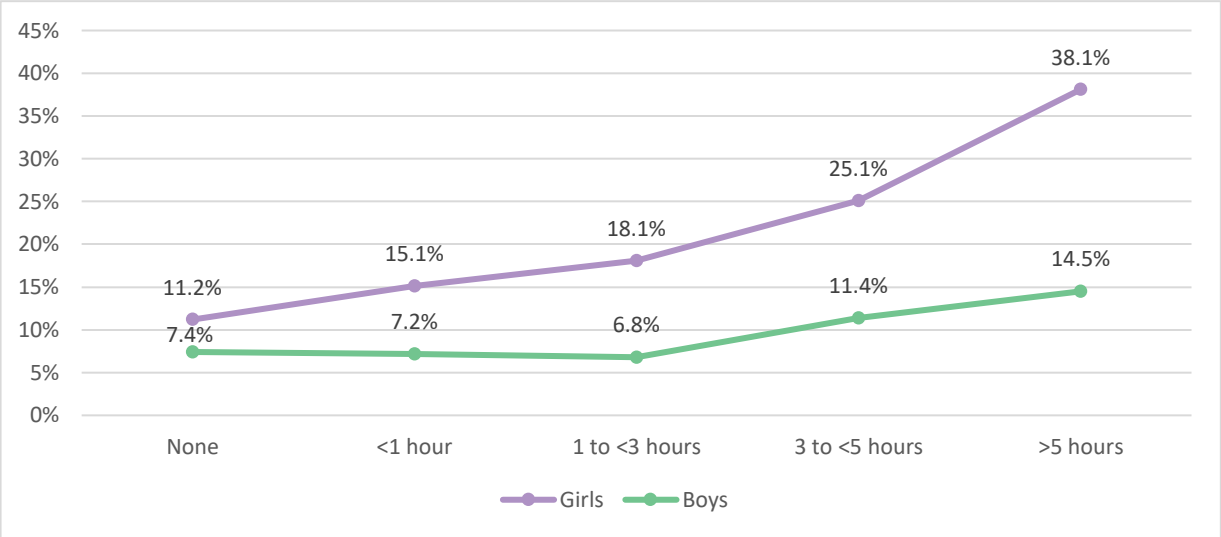
Health Advice – The Royal Society for Public Health (RSPH) submitted written evidence for the Impact of Social Media and Screen-Use on Young People's Health report that young people rate YouTube positively to access information and get awareness of health and wellbeing issues. It notes: "Health campaigns can gain credibility through community promotion on social media platforms, and the very personal nature of someone sharing their experiences, especially on platforms as interactive as YouTube, can provide others with practical strategies and coping mechanisms"[128].

Risk Factors

Risk factors can be identified which may affect a child or young person's ability to thrive.

Amount of time spent on social media – The Social Media Use and Adolescent Mental Health: Findings from the UK Millennium Cohort Study[129] found a link between the number of hours spent on social media per weekday and the percent of UK teens with depression, as shown in Figure 24. Rates are higher for girls than for boys, and moderate users are only slightly if no worse off than non-users but as the time increases the line rises quickly.

Figure 24: % of UK Teens Depressed as a Function of Hours per Weekday on Social Media



Source: The Lancet[130]

[128] https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/822/822.pdf (accessed October 2022)

[129] https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(18)30060-9/fulltext#secst0100 (accessed February 2023)

[130] https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(18)30060-9/fulltext#secst0100 (accessed October 2022)

Cyberbullying – Bullying of any type can increase a child or young person's risk of developing depression and lowered self-esteem with long-lasting effects often carried through into adulthood. Victims of bullying (including cyberbullying) are at a greater risk of both self-harm and suicidal tendencies[131]. The Royal Society for Public Health's report revealed 7 in 10 young people have experienced cyberbullying, with 37% of young people saying they experience cyberbullying on a high-frequency basis[132]. The report also highlighted that young people are twice as likely to be bullied on Facebook than on any other social network.

Whilst social media and the internet may create a new platform on which bullying can take place, research suggests that cyberbullying may not create large numbers of new victims, but instead be used as a modern tool to supplement traditional forms. Research from the University of Warwick[133] showed that in a study of almost 3,000 11–16 year-olds from the UK, only 1% were victims of cyberbullying alone.

Disrupted Sleep – The Sleep Foundation identifies that school aged children aged 5-13 need between 11 hours and 9 hours of sleep a night[134]. A lack of sleep increases the risk of depression and anxiety, as well as a child's ability to concentrate and thrive in school. A Royal Society for Public Health's survey of 16–24-year-olds reported that 1 in 5 respondents wake during the night to check messages on social media[135].

Body Image – Having a healthy body image is important for our mental health. Social media can allow for negative comparisons with others based on appearance which can make young people feel self-conscious about their body image. A Mental Health Foundation survey found that 40% of young people said that images on social media have caused them to worry about their body image. This response was more common in girls (54%) than boys (26%). The Wireless Report 2021 which draws on the experiences of 13,387 people aged 12-18 found that 28% of respondents responded negatively to the question "When you see picture of attractive people on social media, how does it make you feel?"[136]. This was further broken down into 16% saying it made them feel low about themselves, 6% saying it made them feel anxious, and 6% saying it made them feel depressed. A UK-wide survey by the Mental Health

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[131] https://www.jmir.org/2018/4/e129/ (accessed October 2022)

[132] Written evidence - The Royal Society for Public Health (parliament.uk) (accessed October 2022)

[133] https://warwick.ac.uk/newsandevents/pressreleases/cyberbullying_rarely_occurs/ (accessed February 2023)

[134] https://www.sleepfoundation.org/children-and-sleep/how-much-sleep-do-kids-need (accessed October 2022)

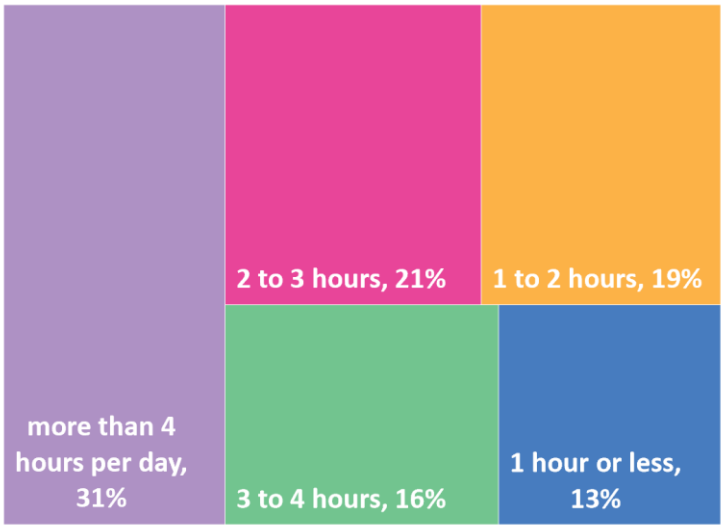
[135] Written evidence - The Royal Society for Public Health (parliament.uk) (accessed October 2022)

[136] https://www.ditchthelabel.org/research-papers/the-wireless-report-2021/ (accessed October 2022)

Foundation[137] of 1,118 teenagers (13-19 years old) in 2019 revealed that one in four girls and one in ten boys had edited photos of themselves in order to change their face or body shape because of concerns about their body image.

Grooming and online abuse – Children and young people using social media and the internet may not always realise who they are interacting or speaking with, or of that person's intentions. This can put children and young people at an increased risk of being groomed online or developing inappropriate relationships which may lead to stalking, harassment, threatening behaviour, sexual exploitation, engaging in sexual acts, or being made to view content of a sexual act. National Society for the Prevention of Cruelty to Children (NSPCC) research showed that more than 1 in 7 children aged 11-18 have been asked to send sexual images or messages of themselves[138].

Figure 25: Year 9 Social Media use in hours 2021/22



Source: Warwickshire Health Needs Assessment, Year 9 2021/22

Figure 25 shows the responses in Warwickshire from Year 9's in the Health Needs Assessment Survey about how often they use social media each day. In 2021/22, almost 1 in 3 Year 9's spent 4 or more hours per day on social media.

Mentally Health Schools highlights that as children and young people spend an increasing proportion of their time online, education settings can have an important role to play in helping children and young people use social media and the internet in a safe, responsible, and positive way[139]. They suggest the following approaches:

[137] https://www.mentalhealth.org.uk/sites/default/files/2022-08/Body%20Image%20-%20How%20we%20think%20and%20feel%20about%20our%20bodies.pdf (accessed March 2023)

[138] https://learning.nspcc.org.uk/media/1067/how-safe-are-our-children-2018.pdf (accessed October 2022)

[139] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/lifestyle-factors/internet-and-social-media/#:~:text=Children%20and%20young%20people%20may%20carry%20out%20or%20be%20exposed,as%20likely%20to%20self%2Dharm. (accessed October 2022)

- Training school/college staff in online risks and safety issues, and on how to protect and support children and young people online. This can include how to notice when a young person feels emotionally unsafe online.
- Working with pupils to develop effective digital safety skills, policies, and procedures to help children and young people stay safe online both inside and outside of the education setting.
- Talking openly about cyberbullying to help children and young people understand what behaviour is not acceptable online, what the consequences are for violating these rules, and how they might report cyberbullying.
- Working with and informing parents and carers on how they can reduce their child's exposure to online risks.
- Encouraging peer support where pupils are trained and supervised to offer their peers advice on how to stay safe online.
- Encouraging pupils to track how much time they are spending online and to get a good night's sleep and switch off their phone before they go to bed.
- Encouraging pupils to reflect on their use of social media.
- Primary schools should focus on strengthening children's digital safety prior to transitioning to secondary school.

In 2018 the Warwickshire Director of Public Health Annual Report[140] focused on the impact of social media on young people's health and wellbeing. The report made the following recommendations:

- Social media can improve access to physical and emotional health and wellbeing information. Warwickshire County Council and local NHs partners need to recognise that social media is potentially the best method to engage, inform and signpost young people to information, support and services.
- Tackling the resilience of young people in a social media world is urgent. All partners need to demonstrate that we adequately resource and work in partnership to protect our young people from harm through social media.
- We need to take account of the influence that social media can have on promoting healthy lifestyle choices (including getting enough sleep, being physically active and having a balanced diet). Resources aimed at promoting healthy lifestyles and supporting young people should be adapted to reflect this.
- Social media can influence relationships in both a positive and negative way. We should ensure that Relationships and Sex Education, as part of the broader Personal Social and Health Education (PSHE) curriculum, includes information on how social

[140] https://api.warwickshire.gov.uk/documents/WCCC-630-1716 (accessed March 2023)

media can impact on relationships and how to prevent inappropriate relationships with others online.

- Social media dependency may be detrimental to health and wellbeing. We should raise awareness to help young people, parents and carers recognise the signs and symptoms of this and provide information on where to seek support.

BODY IMAGE

Dissatisfaction with body image in children and young people has been linked with mental health problems and risk-taking behaviours, particularly to depressive symptoms, and anxiety disorders such as social anxiety or panic disorder[141]. Concerns over body image may also prevent children and young people from engaging in healthy behaviours, survey data from Be Real found that 36% of girls and 24% of boys report avoiding taking part in activities like physical education due to worries about their appearance[142].

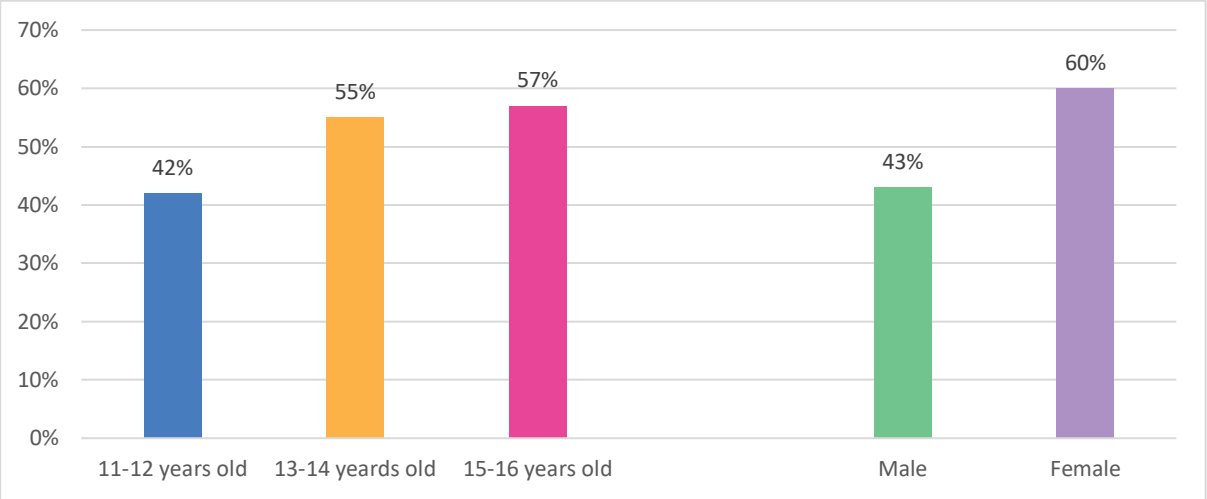
The Be Real survey also found that the majority of young people in the UK often worry about the way they look:

- 4 in 5 young people (79%) said how they look is important to them.
- Nearly two-thirds of young people (63%) said what others think about the way they look is important to them.
- More than half of young people (52%) said they often worry about the way they look.

[141] https://www.mentalhealth.org.uk/explore-mental-health/articles/body-image-report-executive-summary/body-image-childhood#:~:text=Poor%20body%20image%20may%20also,taking%20part%20in%20activities%20like (accessed October 2022)

[142] https://www.berealcampaign.co.uk/research/somebody-like-me (accessed October 2022)

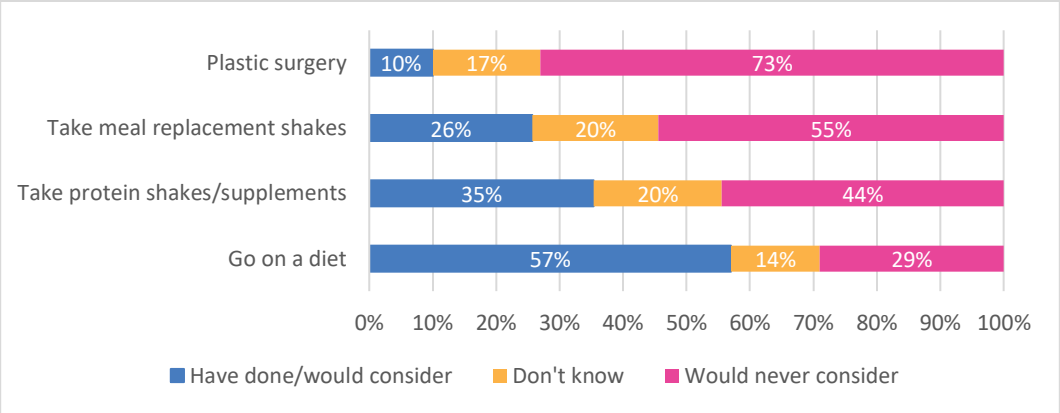
Figure 26: To what extent do you agree with the following statement: I often worry about the way I look?



Source: Be Real Campaign[143]

The lengths to which children and young people are willing to go in order to change their appearance are highlighted in Figure 27, with 57% saying they have or would consider going on a diet, 35% saying they have or would consider taking protein shakes/supplements, and 1 in 10 (10%) of those surveyed saying they have or would consider getting plastic surgery.

Figure 27: Which of the following have you done/would you consider if you wanted to change your looks?

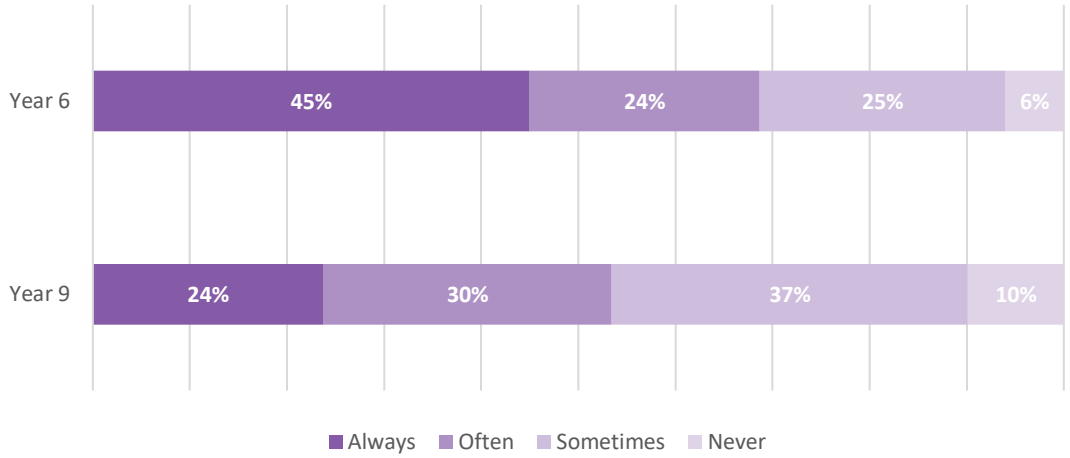


Source: Be Real Campaign

[143] https://www.berealcampaign.co.uk/wp-content/uploads/2018/02/Somebody_like_me-v1.0.pdf (accessed October 2022)

Figure 28 shows the Year 6 and 9 Warwickshire responses to the question 'I like my body' from the Health Needs Assessment in 2021/22, with 1 in 10 Year 9's responding that they never like their body, and almost 50% of Year 9's saying they sometimes or never like their body.

Figure 28: Responses to the question 'I like my body'



Source: Warwickshire Health Needs Assessment 2021/22

IMPACT ON THOSE PROVIDING INFORMAL CARE

Childhood is regarded a protected period where caring responsibilities should be avoided. Nevertheless, 2011 Census reported 166,000 carers aged 5-17 in England[144]. With an ever-increasing ageing population, a longer period where people are living with ill health, reducing family sizes and increasing age of parenthood, these caring responsibilities are increasingly falling to younger demographics in an informal capacity[145]. Caring can encompass a wide range of responsibilities practical support, emotional support and physical or personal care[146]. Informal caregiving is defined as:

[144] https://carers.org/about-caring/about-young-carers (Accessed November 2022)

[145] https://eprints.lse.ac.uk/51955/1/Pickard_Growing%20care%20gap_2015.pdf (Accessed November 2022)

[146] https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00161-X/fulltext (Accessed November 2022)

"*the provision of unpaid care for a friend or relative who requires additional support because of an illness, disability, or advanced age*."[147]

Young carers have been found to be twice as likely to report a mental health condition than young people generally[148]. They were also identified to report higher levels of anxiety and depressive symptoms. In a cross-sectional study of 10-14 years, these associations were strongest in young carers living with care recipients[149]. Another cross-sectional study identified young carers to have lower life satisfaction and self-esteem than their peers, whilst their parents rated them to experience more difficulties with peer relationships and emotional symptoms[150]. .

Young carers are likely to have significantly lower educational attainment than their peers which has been exacerbated by COVID-19 resulting in longer periods of missed schooling than ever before[151]. Although 38% of young carers report having a mental health problem, only half report receiving additional support from a staff member at school. Few (15%) had received a formal review or assessment of their needs, and only half felt that their family received good support and services, indicating a missed opportunity for valuable interventions to help improve overall wellbeing and achievement. Additionally, a quarter of young carers (26%) stated they were bullied at school because of their caring role[152]. Though there is some methodological concern regarding establishing whether the bullying is caused directly by the caring role. A small study by Cree et al. found that young people reporting worries about bullying for their caring role was found to decrease with age[153].

In the Warwickshire Health Needs Assessment Survey Year 6 and Year 9 pupils were asked if they perform any tasks at home because the adult they live with is unable to do so (Table 10). There were eight options, with multiple selections possible. In year 6, a total of 3,751 students answered this question, with 575 (15%) of them selecting one or more task. In year

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147 https://eprints.lse.ac.uk/51955/1/Pickard_Growing%20care%20gap_2015.pdf (Accessed November 2022)

148 2011 census (Accessed November 2022)

149 https://link.springer.com/article/10.1007/s11414-011-9264-9 (Accessed November 2022)

150 https://pubmed.ncbi.nlm.nih.gov/24308481/ (Accessed November 2022)

151 https://carers.org/about-caring/about-young-carers (Accessed November 2022)

152 https://carers.org/downloads/resources-pdfs/young-adult-carers-at-school.pdf (Accessed November 2022)

153 https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1365-2206.2003.00292.x (Accessed November 2022)

9, a total of 1,237 students answered the question with 168 (14%) selecting one or more task. The majority of those who performed tasks selected only one (Yr 6: 65%, Yr. 9: 67%) and the number of respondents fell as the number of tasks increased. Those who selected three or more tasks, indicating a significant level of responsibility, made up 2.4% of the year 6 group and 1.4% of year 9 group.

Table 10: Responsibilities by % of total Mentioned

Do you do any of the following things at home because the adult you live with is unable to do them? (Multiple choice)	Year 6 (%)	Year 9 (%)
Cleaning and tidying at home	51%	20%
Food shopping, preparing meals, paying bills, or working to bring in money	7%	7%
Helping someone you live with to wash or go to the toilet	8%	5%
Interpreting or using sign language for someone you live with	4%	1%
Can't go out with friends because you are looking after someone at home	10%	Not asked
Keeping an eye on someone you live with to make sure they're alright keeping them company etc	Not asked	46%
Looking after younger brothers or sisters	15%	16%
Been absent from school or had to leave school early because of looking after someone	5%	4%
No of respondents with at least one responsibility:	575 (15% responses)	168 (14% responses)
Number of responsibilities mentioned:	927	250

Source: Warwickshire Health Needs Assessment 2021/22

MIGRANT COMMUNITIES

There is a large body of evidence identifying refugee and migrant children to be at high risk of developing mental health conditions, primarily internalising disorders such as post-traumatic stress disorder (PTSD), anxiety, and depression which is linked to exposure with premigration

violence and migration stress[154]. Research has also highlighted high levels of somatic complaints such as headaches, stomach aches, and dizziness[155].

Parental PTSD has been shown to be a predictor of offspring psychiatric contact in a large population of children of refugees. This association was seen both in instances where the child themselves was a refugee as well as when they were born in new country of residence. Additionally, nervous disorders are more prevalent amongst children of parents with PTSD, highlighting the intergenerational impact[156], indicating that interventions targeted at a family level are essential.

Over the past year a substantial number of families and individuals have arrived via different migration schemes to live in Warwickshire (Table 11). These schemes are:

- **UK Resettlement Scheme** – This scheme began in 2016 as the Syrian Vulnerable Persons Resettlement Programme, but in 2019 became the UK Resettlement Scheme, open to refugees fleeing conflict worldwide. To quality, people need to have been recognised as a refugee by the United Nations High Commissioner for Refugees (UNHCR) and need to meet certain criteria demonstrating vulnerability.
- **Afghan Resettlement Schemes:**
    - **Afghan Relocation and Assistance Policy (ARAP)** – The scheme is for those who have worked in roles which could have exposed their identities and placed them at risk of reprisals as a result of their work for the UK Government.
    - **Afghan Citizens Resettlement Scheme (ACRS)** – This scheme is for those who have demonstrated that they assisted the UK efforts in Afghanistan and/or have stood up for democracy, women's rights, freedom of speech, and rule of law, vulnerable people, including women and girls at risk, and members of minority groups at risk.

[154] https://www.euro.who.int/__data/assets/pdf_file/0011/388361/tc-health-children-eng.pdf (Accessed November 2022)

[155] https://link.springer.com/article/10.1007/s00787-019-01340-6 (Accessed November 2022)

[156] https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30077-5/fulltext (Accessed November 2022)

- **Ukraine Schemes:**
    - **Homes for Ukraine Scheme** – This scheme is a community sponsored scheme with private householders claiming £350 per month to accommodate a Ukraine family in their property.
    - **Ukraine Family Scheme** – The Ukraine Family Scheme allows applicants to join family members or extend their stay with family in the UK.
- **Hong Kong BNO (British National Overseas) Scheme** – The Hong Kong BNO route allows BNO status holders and certain family members to live, work, and study in the UK. After 5 years, applicants will be able to apply for settlement, and after a further year, British citizenship.
- **Asylum Dispersal Scheme and Hotels** – Asylum seekers arrive independently in the UK and claim asylum under the terms of the 1951 UN Convention on Refugees. Whilst the Home Office is considering their claim they are housed and provided with food and a basic allowance. There are currently 3 asylum hotels in Warwickshire.

Table 11: Number of Children and Young People in Warwickshire on Migrant Schemes

Scheme	**Number of Children and Young People**
UK Resettlement Scheme and Afghan Resettlement Schemes	Between April 2021 – March 2022 there were **78** children aged 18 and under who had been resettled into the community, and **34** in hotel accommodation.
Homes for Ukraine	70 aged under 4 133 aged 5-10 102 aged 11-15 71 aged 16-18 **376 Total**
Hong Kong BNO Scheme	School admissions data from February 2023 shows **234** Hong Kong BNO pupils in Warwickshire, **147** in primary and **87** in secondary.

Asylum Dispersal Scheme and Hotels	There are **132** children in asylum hotels in Warwickshire, and **106** under 18s looked after by Warwickshire County Council under Section 17 of the Children's Act 1989.

A Warwickshire Syrian Vulnerable Persons Resettlement Scheme (SVPRS) and UK Resettlement Scheme (UKRS) Mental Health Needs Assessment was carried out between March 2020 and November 2020 by Public Health, Coventry University and Warwickshire County Council, with the aim to understand the mental health needs of Syrian refugees resettled in Warwickshire and to identify the main issues and gaps for this population. It found that referrals to mental health services for this group in Warwickshire are low, with the key findings from the needs assessment showing that this low referral rate can be explained by:

- A lack of expertise and understanding amongst mainstream health and mental health providers about working with refugees and refugees therefore feeling that services do not always meet their needs.
- Inconsistent use of interpreters with some refugees being told that they cannot access services if they do not speak English.
- Cultural stigma attached to the concept of mental illness and a reluctance to discuss issues and seek help.
- Lack of understanding amongst refugees about mental health support available and what to expect.
- Lack of specialist mental health support for refugee children.

The Needs Assessment made the following recommendations:

1. Having a named single point of GP contact for the families in specific medical centres would be good practice.
2. The development of a Warwickshire Refugee Resettlement Health and Wellbeing subgroup is recommended. A health group was previously filled this space following this Needs Assessment, however it stopped meeting in December 2022 after losing its chair. This needs to be reinstated, with a new health lead established.
3. It is recommended that ICBs provide guidance to GPs and Mental Health providers in Warwickshire about the procedures in place for accessing interpreters. It is also recommended that GPs and Mental Health Practitioners receive training on working

with interpreters. In addition to this recommendation, when children and young people's commissioned mental health services are commissioned/recommissioned the cost of interpreters needs to be factored in to ensure health equity.

4. It is recommended that Mental Health Commissioners consider the needs and experience of refugees in future planning of services to ensure that services are inclusive, particularly in relation to access.
5. It is recommended that specialist training is provided to Health and Mental Health providers (child and adult), schools, frontline workers in all relevant agencies and volunteers on mental health needs and experience of refugees and the support available. Progress has been made on this recommendation in the form of a one-year pilot which includes training for the groups mentioned above. There may still be scope to do something more specialist with mental health providers.
6. More opportunities need to be provided for refugees to come together in a safe and culturally appropriate way to share experiences of mental health to overcome the stigma attached and to encourage access to services. This could take the form of men's or women's groups where the primary focus is social support rather than a focus on mental health. This could also be provided through special interest groups such as cooking, gardening etc.
7. Refugees face anxiety over the loss of their previous identity and having to redefine themselves within their new culture. Opportunities need to be provided for the development of community led activities that enable individuals to share their culture and identity with their new community in a way that they wish to do so.
8. Respondents to the survey as part of this needs assessment overwhelmingly agreed that there is a need for refugees in Warwickshire to have consistent access to specialist mental health provision which provides support to victims of war, trauma, and torture, where practitioners have expertise in working with interpreters and an understanding of the culture and experience of refugees from Syria and other countries. It is therefore recommended that the service provided by the Migrant Resilience and Wellbeing Service in Coventry is extended to include refugees in Warwickshire. This service has been extended as a pilot for a year but only to those on the UKRS and the Afghan resettlement schemes.

The Coventry and Warwickshire Partnership Trust (CWPT) Refugee Wellbeing Service have been offering training to service providers and volunteers in Warwickshire on working with children and adults who have been through trauma. The team is about to extend to Warwickshire to work with families on the UK Resettlement Scheme and Afghan

Resettlement Schemes. They have recruited a CAMHS worker and are in the process of recruiting an adult worker.

LGBTQ+ AND GENDER IDENTITY

Whilst being a member of the LGBTQ+ community does not mean that someone will definitely have poor mental health, evidence shows that the LGBTQ+ community experiences poor mental health at a disproportionately high rate. Research by the Mental Health Foundation[157] showed that amongst LGBTQ+ people:

- 50% had experienced depression
- 3 in 5 had experienced anxiety
- 1 in 8 people aged 18-24 had attempted to end their life
- Almost 50% of trans people had thought about taking their life

Additionally, Youth Chances conducted a research project which found that 52% of LGBTQ+ people have reported self-harming, compared to 35% of heterosexual non-trans young people[158].

The 2021 Census included a voluntary question on sexual orientation which was asked to those aged 16 years and over. The question asked, “Which of the following best describes your sexual orientation?” and gave four options: straight or heterosexual, gay or lesbian, bisexual or other sexual orientation. If selecting “Other sexual orientation” then they were asked to write in the sexual orientation with which they identified. Due to suppression of small numbers, data available at a local level only gives percentages responding as “Straight or Heterosexual” or a grouped category of “Lesbian, Gay, Bisexual, or Other (LGB+)”. Within Warwickshire, 84.3% of 16–24 year-olds stated that they identify as “Straight or Heterosexual”, 6.9% identifying as “Lesbian, Gay, Bisexual, or Other (LGB+)” and 8.9% of respondents did not answer the question. There was a difference in the numbers reporting between the sexes and between different areas (see Table 12). Females were more likely to

[157] https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/lgbtiq-people-statistics (accessed October 2022)

[158] https://metrocharity.org.uk/sites/default/files/2017-04/National%20Youth%20Chances%20Intergrated%20Report%202016.pdf (accessed October 2022)

identify as “Lesbian, Gay, Bisexual or Other” than males (9.4% compared with 4.5%). Rates were highest for both sexes in Warwick District (12.4% of females, 6.0% of males) and lowest in North Warwickshire Borough for females (3.8% of females) and Nuneaton and Bedworth Borough for males (3.6% of males).

Table 12: Responses to the voluntary sexual orientation question in the 2021 Census for 16–24 year olds in Warwickshire.

		Straight or heterosexual	Lesbian, Gay, Bisexual, or Other (LGB+)	Not answered
North Warwickshire Borough	Female	85.8%	7.6%	6.7%
	Male	90.6%	3.8%	5.5%
Nuneaton and Bedworth Borough	Female	85.5%	7.8%	6.7%
	Male	89.1%	3.6%	7.3%
Rugby Borough	Female	82.4%	8.5%	9.1%
	Male	87.2%	4.1%	8.7%
Stratford-on-Avon District	Female	83.1%	8.2%	8.8%
	Male	88.4%	3.8%	7.8%
Warwick District	Female	76.2%	12.4%	11.4%
	Male	82.8%	6.0%	11.2%
Warwickshire	Female	81.6%	9.4%	9.0%
	Male	86.8%	4.5%	8.7%

Source: Census 2021, ONS

Mentally Healthy Schools identifies a range of complex risk factors that affect LGBTQ+ children and young people that contribute to this disproportionately high level of mental health difficulties[159]:

- **Discrimination and bullying** – Research by Stonewall[160] has found that nearly 50% of LGBTQ+ children and young people are subject to bullying at school.
- **Hate crime** – Children and young people who identify as LGBTQ+ are more likely to experience hate crimes or acts of violence compared to heterosexual people.
- **Isolation within the community** – Children and young people who identify as LGBTQ+ may feel isolated and outside of friendship groups at schools and at external

[159] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/vulnerable-children/lgbtqiplus-children-and-young-people/ (accessed October 2022)

[160] https://www.stonewall.org.uk/ (accessed October 2022)

clubs or activities. They can struggle finding friendships where they feel accepted and comfortable.

- **Coming out** – Coming out can be a highly stressful and challenging time, as well as a liberating process.
- **Discrimination in healthcare** – Experiencing discrimination when accessing healthcare and support may affect the ability to access services and the same level of support as the rest of the population.
- **Family problems** – Some children and young people who identify as LGBTQ+ may be rejected by their family and support network. This can be due to conflicting cultural or religious beliefs and values. This can even lead to homelessness, with Youth Chances identifying that nearly 1 in 10 LGBTQ+ young people have had to leave their home for reasons relating to their sexuality or gender.

DOMESTIC ABUSE

1 in 7 children and young people under the age of 18 will have lived with domestic violence at some point in their childhood[161]. Children and young people can experience both short and long term behavioural and emotional effects because of witnessing domestic abuse. Some of these effects include:

- Becoming anxious or depressed
- Having difficulty sleeping
- Having nightmares or flashbacks
- Being easily startled
- Complaining of physical symptoms such as tummy aches and may start to wet the bed
- Having temper tantrums and problems with school
- Behaving as though they are much younger than they are
- Becoming aggressive or internalising their distress and withdrawing from other people
- Lowered sense of self-worth

[161] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/impact-on-children-and-young-people/ (accessed November 2022)

- Older children may begin to play truant, start to use alcohol or drugs, begin to self-harm by taking overdoses or cutting themselves or have an eating disorder

Figure 29 shows that in Warwickshire in 2020/21, the rate of domestic abuse related crimes and incidents per 1,000 of the population was 28, which is slightly lower than the England (30) and West Midlands (34) rates.

Figure 29: Domestic abuse related crimes and incidents: crude rate per 1,000 (20/21)

Source: Home Office

LOSS AND BEREAVEMENT

Bereavement is the aftermath of a loss when emotions are particularly raw. Whilst bereavement is most associated with the loss of someone close, it can also occur after other deep significant losses such as:

- The breakup of a close relationship
- Miscarriage
- The loss of a job
- A decline in the physical or mental health of someone we care about or oneself
- The loss of a treasured pet
- Moving away to a new location

Data is not collected on the number of children affected by the death of a parent. In the absence of such data, Childhood Bereavement Network have estimated from annual (average 2019-2021) mortality statistics of adults aged 20-64 (i.e. likely age of parents with dependent children), combined with proportions of adults in each band living with dependent children from ONS, that in the UK[162]:

- 1 parent dies every 20 minutes.
- There are 127 newly bereaved children every day.
- 26,900 parents die each year, leaving dependent children.

[162] https://childhoodbereavementnetwork.org.uk/about-1/what-we-do/research-evidence/key-statistics (accessed March 2023)

- 46,300 dependent children aged 0-17 are bereaved annually.
- By the age of 16, 4.7%, or around 1 in 20 young people, will have experienced the death of one or both of their parents.

Bereavement can affect children in different ways, with much of their understanding depending on circumstances such as their age and stage of development. Marie Curie[163] highlights how infants, children, and young people may react at different stages of their life:

Under 6 months

Babies may not have any understanding of death but will notice if a main caregiver is absent. They may exhibit behaviour such as:

- Feeding and sleeping difficulties
- Crying
- Being worried

6 months to 2 years

Toddlers may not have any understanding of death either but will be very upset if a main caregiver is absent. Around the age of 2 children will start to notice the absence of other familiar people such as grandparents. They may exhibit behaviour such as:

- Loud crying, being inconsolable
- Anger about changes to their daily routine
- Sleep problems and tummy aches
- Looking for the person and asking where they are

2 to 5 years

At this age children may talk about death but do not understand it and think that it's reversible. They may ask questions such as 'If grandma is in the ground, how does she breathe?'. They may exhibit behaviour such as:

- Asking the same questions repeatedly
- Needing reassurance that you're not going to die too, and death is not their fault

[163] https://www.mariecurie.org.uk/help/support/bereaved-family-friends/supporting-grieving-child/grief-affect-child (accessed November 2022)

- Clingy behaviour and behaving inappropriately for their age

5 to 10 years

Most pre-teen children understand that death is permanent and inevitable. They may have a fascination around death and what happens when someone dies and may worry about the effect on you if they are sad or worry that you or others may die too. They may exhibit behaviour such as:

- Withdrawal, sadness, loneliness
- Getting angry more often
- Difficulty concentrating at school
- Regressive behaviour
- Trying to be brave
- Trying to control things

Teenagers

Most teenagers have a better understanding of death and the long-term implications. This can lead to worrying about finances or the future. They may exhibit behaviour such as:

- Finding it difficult to talk about their feelings or wanting to talk to friends rather than adults.
- Feeling sadness, anger, or guilt. Their emotions may be quite intense.
- Feeling worse about themselves.
- Wishing it had not happened, or wondering why it had to happen to them.
- Changes in how well they do at school or work.
- Worrying they might develop the illness which the person died of (especially if they were related).

Bereavement in childhood has been shown to link to several negative factors during childhood[164]:

- Lower academic attainment
- Lower aspirations for continued learning
- Increase in physical health complaints

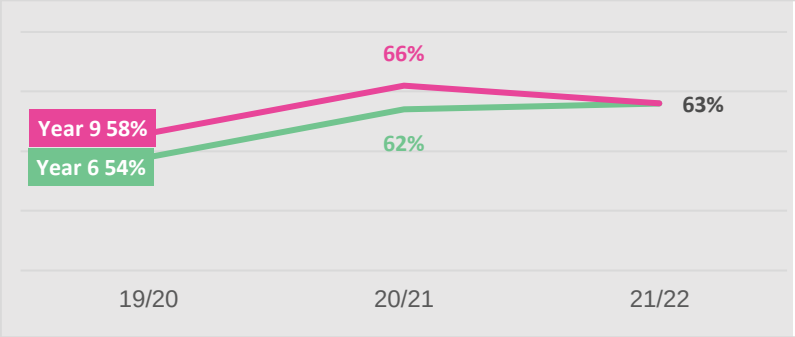
[164] https://www.educare.co.uk/news/how-can-bereavement-affect-a-child (accessed November 2022)

- Increase in risk taking behaviours
- Higher levels of anxiety and depression (into adulthood)
- Increased risk of school exclusions
- Increase in youth offending

Grief is known as a source of agitation for existing mental health challenges, with a well-established link between the loss of a parent or parental figure and thoughts of suicidal ideation or self-harm[165]. In recent years, the compound nature of grief and its effects on the child population's mental health has been at the forefront of child mental health concerns[166]. The need to provide rigorous and swift support being highlighted as a requirement to meet with the emerging mental health needs COVID-19 induced. Additionally, the link between mental health needs and physical health decline in inextricably linked. Thus, to mitigate the risks to children's physical health, one cannot consider the subject in a vacuum without mental health.

The Warwickshire Health Needs Assessment Survey asked Year 6 and Year 9 pupils whether they had experienced a sudden loss. Figure 30 shows the responses over the last 3 years, with a peak of 2 in 3 Year 9 pupils experiencing a sudden loss in 2020/21.

Figure 30: Year 6 and 9 pupils asked whether they had experienced a sudden loss:



Source: Warwickshire Health Needs Assessment

TRANSITION PERIODS

Transitions are inherently periods of change; and with change comes uncertainty. For children and young people there is so much that is changing all at once; there are physical and emotional changes, none perhaps more so than during puberty, but also changes in roles, expectations, and relationships to name but a few. To what extent these transitions trigger

[165] https://doi.org/10.1016/S2352-4642(20)30184-X (accessed December 2022)

[166] https://www.frontiersin.org/articles/10.3389/fpsyt.2021.638866/full (accessed December 2022)

difficulties with mental health versus how pre-existing difficulties might hinder successful transition - both with ongoing knock-on effects - is difficult to disentangle.

This section considers the role that certain distinct transition periods in every child's life might have on their mental wellbeing: transition into primary school, then into secondary school, and perhaps most dramatically the transition from young person to adult.

'We make many transitions in our lives, but perhaps the one with the most far-reaching consequences is the transition into adulthood.'[167]

The transition into primary school may be the first major transition point for a child and their family. Children who are more likely to struggle with transitions include those with additional learning needs, mental health problems, behavioural problems, limited parental support, experience of transient living e.g. living in care, or experience of being bullied. There are some signs that children may be struggling with a transition, which includes difficulty making friends, difficulties coping with daily routines, challenging or disruptive behaviour, and lower than expected progress or disinterest in school to name a few[168]. Locally, there are a wide array of resources available from the council website to support the transition from nursery to reception, including for pupil-specific needs and general resources for children and parents[169]. Generally, it is recognised that parents, carers, and teachers play the biggest role in shaping the success of transition to primary school, with focuses on encouraging independence, practical skills, and discussing and identifying emotions.

The transition into secondary school can be an exciting time for many children, but for others it can cause distress and anxiety. A study performed in Wales in 2021 by Moore et al examined the feelings towards the transition and how it varied with socio-economic status. A third of their cohort reported feeling quite or very worried about the transition to secondary school. Both concerns and excitement were based around support networks – either the worry about losing them, or bullying, or looking forward to forming new friendships and joining friends. Children from poorer backgrounds and reporting more emotional difficulties were

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[167] Heslop et al, 2002

[168] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/school-based-risk-factors/transitions/. Accessed February 2023.

[169] https://www.warwickshire.gov.uk/education-learning/transition-support-package-%E2%80%93-nursery-reception-2020/1 Accessed February 2023.

significantly more likely to report worries about transition, and less likely to look forward to transition[170].

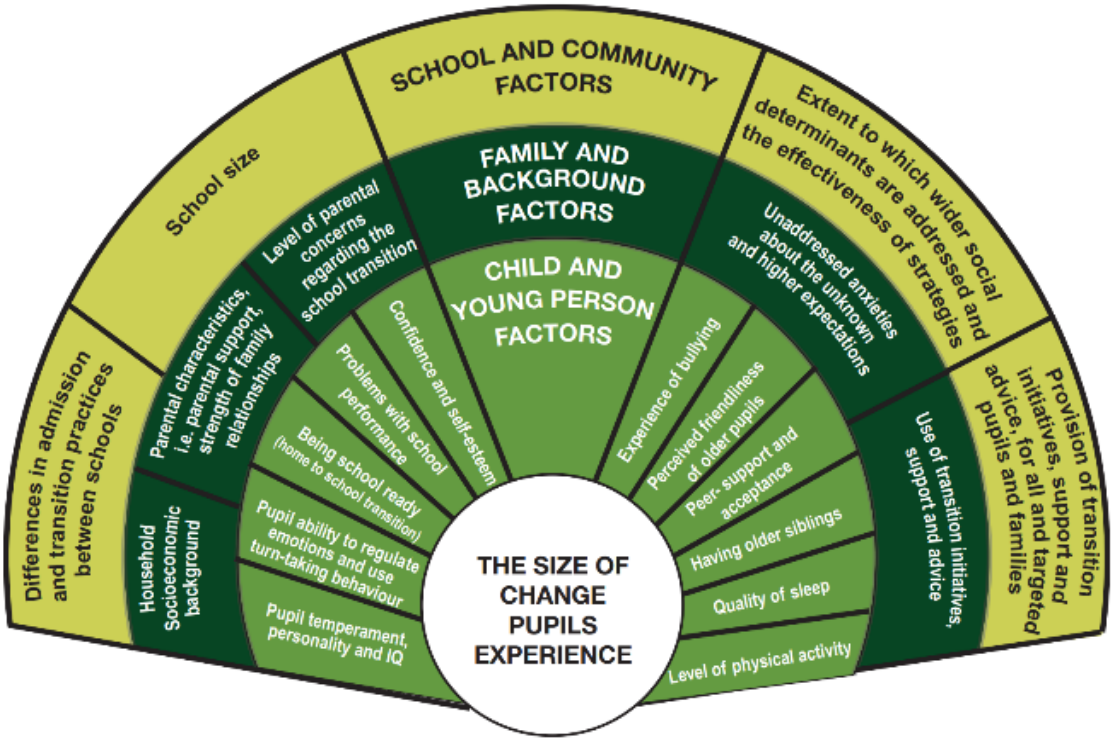
Mentally Healthy Schools suggest different ways schools themselves can help support children to transition to secondary school. This involves engagement with parents and carers to help monitor wellbeing and academic achievements, as well as support networks. They also suggest identifying children that may need additional support, as above, to develop strategies to help support them. Connections between education settings also enable social events between the two, including events such as question and answer sessions. Other suggestions include a peer support system. Finally, health and wellbeing lessons to help develop children's social and emotional skills from an early age can be used, with the aim to build resilience for future or ongoing transitions[171]. There are a wealth of resources available nationally to support with this transition to secondary school[172].

[170] Moore G, Angel L, Brown R, van Godwin J, Hallingberg B, Rice F. Socio-Economic Status, Mental Health Difficulties and Feelings about Transition to Secondary School among 10-11 Year Olds in Wales: Multi-Level Analysis of a Cross Sectional Survey. Child Indic Res. 2021;14(4):1597-1615. doi: 10.1007/s12187-021-09815-2. Epub 2021 Mar 24. PMID: 34721729; PMCID: PMC8550448.

[171] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/school-based-risk-factors/transitions/. (accessed February 2023)

[172] https://www.youngminds.org.uk/professional/resources/supporting-school-transitions/. (accessed February 2023)

Figure 31: The factors affecting the success of school transitions



Source: Institute of Health Equity[173]

The biggest influence on pupils' experience of transition is the size of the change, with all of these factors (Figure 31) having a role in that. Household socioeconomic status, disability, gender, and support networks all affect the variability in transition experience for students. While these can have a negative impact, they can also exert protective and positive influence, such that they can reverse disadvantage faced by some students. However, those who are vulnerable and who continue to experience disadvantage and a negative experience of transition are then more likely to experience increased stress, feeling of loneliness, lower academic achievement, conduct problems along with reduced confidence and self-esteem. These are then in turn risk factors for negative health outcomes such as poor mental health, increased risk of suicide and self-harm, risky healthy behaviours, and through the wider

[173] https://www.instituteofhealthequity.org/resources-reports/improving-school-transitions-for-health-equity/improving-school-transitions-for-health-equity.pdf (accessed February 2023)

determinants of health, risk of non-communicable disease and premature mortality. In short, poor school transitions can exacerbate health inequalities[174].

Possibly the most challenging of the identified transition periods is that between adolescence and adulthood, as previously alluded to. Although each presents its challenges, up until the age of 16 or so, children and young people are part of a defined system that provides structure and has the means to monitor problems. Some children and young people who are in services for long term health conditions, including physical and mental health difficulties, are supported in the transition to adult services from the age of 14 onwards, with the transition being between 16-18 for most services. This can be a difficult time, despite the structure and many frameworks, for NHS services to best support these people and their families.

There is a duty on local authorities to carry out transition assessments on children and young carers before they turn 18 if they are likely to have needs after they turn 18 and that there is an offer of support that will be of significant benefit. There is also an obligation to continue care from children's services until there is a suitable plan in adult's services – such that care does not stop abruptly[175]. Most services advocate early discussion around preparing for adulthood, by no later than year 9 - or the age of 13 or 14. This would involve care plans and encouraging the child or young person to think about their goals for the future, what independence looks like for them, and to continuously review these over the next years.

Some young people with an Education, Health and Care (EHC) plan have access to continued support through education or training up until the age of 25, meaning that this transition period is over a much more prolonged time when compared with our two previously discussed transitions[176]. The National Institute for Health and Care Excellence (NICE) have produced extensive guidelines on the transition from children's to adult's services for young people using health and social care services[177]. In terms of transitioning into work from school, young people can get support and advice from a local JobCentre Plus office,

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[174] https://www.instituteofhealthequity.org/resources-reports/improving-school-transitions-for-health-equity/improving-school-transitions-for-health-equity.pdf. Accessed February 2023.

[175] https://coventrychildcare.proceduresonline.com/files/pre_adulthood_supp_ch_transit.pdf. Accessed February 2023.

[176] https://www.mencap.org.uk/advice-and-support/children-and-young-people/transition-adult-services Accessed February 2023.

[177] https://www.nice.org.uk/guidance/ng43/evidence/full-guideline-pdf-2360240173. (accessed February 2023)

particularly those through a disability employment advisor. Supported and sheltered housing is available for those who are vulnerable or with a disability who are wishing to move away from home[178]. Mental health problems are increasing in prevalence with each year, and without early intervention or support there are repercussions in terms of interpersonal, social, educational, and occupational functioning. Targeted interventions, including some school-based interventions have shown promise, and again suggest the need to maintain a careful overview of a young person's transition to adulthood[179].

WIDER DETERMINANTS

Common mental health disorders and severe mental illness both have a pronounced gradient against deprivation and inequalities. The first briefing from the Commission for Equality in Mental Health[180] reported that children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%.

The Indices of Multiple Deprivation (IMD) are a measure of relative deprivation at Lower-layer Super Output Areas (LSOA) geography across England. IMD uses a set of relative measures for deprivation which are based on seven different domains:

- Income Deprivation
- Employment Deprivation
- Education, Skills, and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation

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[178] https://www.nhs.uk/conditions/social-care-and-support-guide/caring-for-children-and-young-people/moving-from-childrens-social-care-to-adults-social-care/. (accessed February 2023)

[179] Thapar A, Eyre O, Patel V, Brent D. Depression in young people. Lancet. 2022 Aug 20;400(10352):617-631. doi: 10.1016/S0140-6736(22)01012-1. Epub 2022 Aug 5. PMID: 35940184.

[180] https://www.centreformentalhealth.org.uk/sites/default/files/2020-01/Commission%20Briefing%201%20-%20Final.pdf (accessed October 2022)

Each of these domains has a direct impact on mental health, so to explain how deprivation and inequalities have this pronounced gradient this JSNA will consider each of the 7 domains of deprivation independently.

DOMAIN OF DEPRIVATION: INCOME

Children and young people who grow up in low-income households experience many disadvantages that can have a negative impact on mental health. Some of these factors include:

- Limited money for everyday resources – including good quality housing
- Stress of living in a low-income household
- Unhealthy lifestyles
- Poorer education, educational attainment and employment outcomes

Additionally, children's experience of income deprivation can lead to bullying, or feelings of exclusion, as they may have fewer friends and less access to the social activities that other children take part in.

The Millennium Cohort Study in 2012[181] found that children in the lowest income quintile were 4.5 times more likely to experience a severe mental health problem compared to those in the highest. The evidence in the study suggests this inequality had worsened over the previous decade.

The IMD Income deprivation domain measures the proportion of the population experiencing deprivation

Figure 32: Warwickshire LSOAs in 20% most deprived for income domain

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Nuneaton & Bedworth	19%	8,645
North Warwickshire	5%	1,081
Rugby	3%	1,097
Warwick	1%	409
Stratford-on-Avon	0%	

Source: IMD 2019 Income Domain, 2021 Census

[181] https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/ (accessed November 2022)

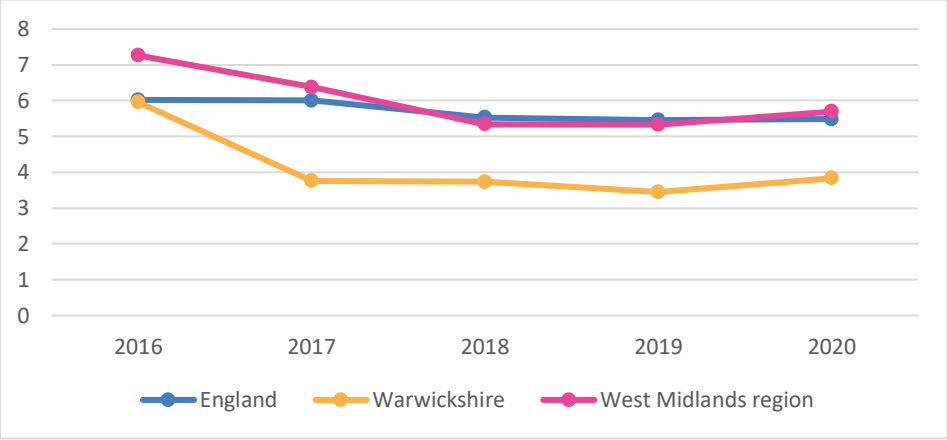
relating to low income which is defined as both those out-of-work, and those in work but who have low earnings. In Warwickshire, there are 20 LSOAs that are in the 20% most deprived nationally in the income domain, accounting for 11,232 children and young people aged 0-24. These areas are primarily in Nuneaton and Bedworth (15) where 23% (8,645) of the 0-24 population are in the lowest income deciles (Figure 32).

DOMAIN OF DEPRIVATION: EMPLOYMENT

Employment deprivation measures the working-age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, and caring responsibilities.

Although the unemployment rate is at the lowest level of youth unemployment since records began in 1992, it still highlights a significant area of improvement. Additionally, youth unemployment initially rose after the covid outbreak reaching a high of 14.9% in July-September 2020 with subsequent impacts to mental health[182]. In times of poor employment market, young people, those with lower qualifications, and minority ethnic groups are disproportionately affected.

Figure 33: % 16-17 not in education, employment or training (NEET) or whose activity is not known



Source: Fingertips

[182] https://commonslibrary.parliament.uk/research-briefings/sn05871/ (accessed November 2022)

Figure 33 shows the percentage of 16-17 year-olds who classify as not in education, employment or training (NEET) or whose activity is not known. The Warwickshire rate is lower than both the England and West Midlands average and has remained consistent since 2017.

Nationally, disadvantaged young people are twice as likely to be NEET as their better-off peers - (26% compared to 13%)[183].

The relationship between mental health and unemployment is bidirectional, with good mental health being a key determinant of the success in the job market. Unemployment has negative impacts on both long term physiological and mental health leading to stress, anxiety, depression, and low self-esteem.

There are several mechanisms by which unemployment results in a decline in mental health. Firstly, through the stress and reduced self-esteem connected with unemployment and the loss of day-to-day structure. Secondly, due to financial stress and insecurity impacting their way of life. And finally, as a result of the social security system which can take a toll on the individual's mental health through claims process and job search conditions[184].

Periods of unemployment have been evidenced to have long term scarring effects on both future earning potentials and mental health. The long-term impact of early unemployment has been shown reduce earning potentials by 13-21% at age 42, though this figure is lower at 9-11% if repeat exposure to unemployment is avoided[185].

Though some research has proposed unemployment to have greater impact on mental health at times of lower unemployment levels[186], it is possible the social and psychological processes mediating this impact may vary between middle aged and younger populations as research has identified even in periods of low stable unemployment levels, youth unemployment was associated with increased risk of mental health diagnosis at follow up.

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[183] https://www.princes-trust.org.uk/about-the-trust/news-views/youth-index-2020 (accessed November 2022)

[184] https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health#:~:text=Unemployment%20causes%20stress%2C%20which%20ultimately,anxiety%20and%20lower%20self%2Desteem. (accessed November 2022)

[185] https://www.sciencedirect.com/science/article/abs/pii/S0927537105000345 (accessed November 2022)

[186] https://pubmed.ncbi.nlm.nih.gov/8843808/ (accessed November 2022)

Furthermore, youth unemployment was more strongly associated with alcohol and drug use disorders, both of which are risk factors for mental health[187].

Figure 34: Whether young people agreed they felt isolated from either people they worked with or others, by employment status.

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

The Mental Health of Children and Young People in England 2022 NHS survey[188] found that people not in education or employment were more likely than other young people to agree (strongly agree or agree) that they felt isolated from others, as shown in Figure 34. 40.5% of those not in employment or education agreed with this statement compared with 15.5% of those in employment but not in education, and 8.8% of those in employment and education.

Figure 35: Number and percentage of Warwickshire LSOAs in 20% most deprived for employment domain

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Nuneaton & Bedworth	20%	8,843
North Warwickshire	8%	1,521
Rugby	3%	1,097
Warwick	1%	409
Stratford-on-Avon	1%	334

Source: IMD 2019 Employment Domain, 2021 Census

Warwickshire is ranked 121 out of 151 upper tier local authorities in England for the IMD employment domain, meaning it is comparatively less deprived. There are 23 (7%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 12,204.

[187] https://jech.bmj.com/content/71/4/344#ref-17 (accessed November 2022)

[188] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed January 2023)

DOMAIN OF DEPRIVATION: EDUCATION, SKILLS, AND TRAINING

Education, skills, and training deprivation measures the lack of attainment and skills in the local population. The indicators fall into two sub-domains, one relating to children and young people and one relating to adult skills. The children and young people sub-domain measures the attainment of qualifications and associated measures.

Educational achievement and mental health are bidirectional. Children and young people who suffer from a mental health issue find it more difficult to achieve high grades, form friendships, and make positive choices that can impact the rest of their lives. Mental health challenges such as difficulty concentrating, lack of optimism, and difficulty sleeping can contribute to this difficulty. Additionally, there is a relationship between high levels of academic achievement and lower levels of mental stress later in life[189].

The Department for Education's research paper 'The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes'[190] examines how various dimensions of children's wellbeing are associated with their educational outcomes. The paper highlighted several key findings:

- Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years.
- Children with better emotional wellbeing make more progress in primary school and are more engaged in secondary school.
- Children with better attention skills experience greater progress across the four key stages of schooling in England. Those who are engaged in less troublesome behaviour also make more progress and are more engaged in secondary school.
- Children who are bullied are less engaged in primary school, whereas those with positive friendships are more engaged in secondary school.

[189] https://warwick.ac.uk/fac/soc/economics/staff/ajoswald/reveducationgardneroswaldjune2002.pdf (accessed November 2022)

[190] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/219638/DFE-RR253.pdf (accessed November 2022)

- As children move through the school system, emotional and behavioural wellbeing become more important in explaining school engagement, while demographic and other characteristics become less important.
- Relationships between emotional, behavioural, social, and school wellbeing and later educational outcomes are generally similar for children and adolescents, regardless of their gender and parents' educational level.

Figure 36: Number and percentage of Warwickshire LSOAs in 20% most deprived for education, skills and training domain

Warwickshire is ranked 112 out of 151 upper tier local authorities in England for the IMD overall education, skills and training domain, meaning it is comparatively less deprived.

For the Children and Young People sub-domain, there are 52 (15%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 27,306. These areas are concentrated in Nuneaton and Bedworth (21), North Warwickshire (11) and Rugby (10); the remaining deprived LSOAs are split between Warwick (7) and Stratford-on-Avon (3).

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Nuneaton & Bedworth	26%	11,530
North Warwickshire	29%	5,470
Rugby	16%	5,584
Warwick	8%	3,684
Stratford-on-Avon	4%	1,038

Source: IMD 2019 Education CYP Sub-Domain, 2021 Census

DOMAIN OF DEPRIVATION: HEALTH DEPRIVATION AND DISABILITY

The health deprivation and disability domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures

morbidity, disability, and premature mortality, but not aspects of behaviour or environment that may be predictive of future health deprivation.

Physical health problems significantly increase the risk of poor mental health, with around 30% of people with a long-term physical health condition also having a mental health problem, most commonly depression or anxiety[191]. Mental health problems may also lead to exacerbations in physical illness, with the effect of poor mental health on physical illnesses being estimated to cost the NHS at least £8 billion each year[192].

Learning disability

According to the Department of Health, learning disability is defined as a significantly reduced ability to understand new or complex information, to learn new skills and a 'reduced ability to cope independently which starts before adulthood with lasting effects on development'. This can be categorised into mild, moderate, or severe[193].

Children and young people with learning disabilities are four times more likely to develop mental health problems according to a report by Children and Young People's Mental Health Coalition (CYPMHC)[194]. This number indicates that more than 14% (one in seven) of all children and young people with mental health difficulties in the UK will also have a learning disability. Data from the same report identified just over a quarter (27.9%) of young people with both a learning disability and a mental health problem have had contact with mental health services which results in a delay or poorer identification of their needs. Once referred, 23% of families had to wait more than 6 months for an appointment with mental health services.

The report identified it is the wider risk factors that young people contend with, such as poverty, bullying, and loneliness rather than their learning difficulties which lead to poor

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[191] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/fulltext (accessed November 2022)

[192] https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf (accessed November 2022)

[193] https://www.datadictionary.nhs.uk/nhs_business_definitions/learning_disability.html (accessed November 2022)

[194] https://cypmhc.org.uk/publications/overshadowed/ (accessed November 2022)

mental health. These predisposing factors for mental health problems in children with learning disability also include:

- Poor communication
- Sensory disability
- Epilepsy
- Physical illness
- Limited range of coping strategies
- Medication
- Abuse
- Behavioural phenotype

Depression can be harder to detect in children with learning disabilities as they are less likely to express emotions such as hopelessness and low mood and behavioural changes may reflect changes in existing behaviours such as rocking. The present guidelines suggest a preference for cognitive behavioural therapy (CBT) over medications however they highlight children with learning disabilities are not considered separately or specifically in creating these guidelines[195].

Physical disabilities

The Equality Act 2010 states physical disability is defined as a “limitation on a person's physical functioning, mobility, dexterity or stamina” that has a 'substantial' and 'long-term' negative effect on an individual’s ability to do normal daily activities. However, impact on these physical disabilities on the individual’s life varies massively, even amongst those with the same diagnosis.

Causes of physical disabilities:

• physical, metabolic or neurological causes, e.g. Cerebral palsy or achondroplasia
• degenerative conditions, e.g. Duchenne muscular dystrophy
• severe trauma, e.g. as a result of an accident, amputation or serious illness
• chromosomal disorder, e.g. Turner syndrome, TUBB4A or Ehlers-Danlos syndrome

[195] https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/mental-health-of-children-with-learning-disabilities/FC845C04F5EBA0D1FAA174E0544C2BAC (accessed November 2022)

• acquired brain injury (ABI)
• muscular skeletal conditions
• birth trauma and prematurity
• upper limb differences affecting hand function and fine motor movement
• lower limb differences affecting mobility
• complex medical needs which impact on physical function
• persistent symptoms affecting mobility and physical function, although there is no diagnosis

Chronic physical illness

Children with chronic physical health conditions are at greater risk of developing emotional and behavioural problems compared to their physically healthy counterparts[196]. This is likely due to a combination of psychological, social, and biological factors, including increasing uncertainty, poor relationships, influence of child illness on parenting styles as well side effects from medication[197]. Crucially, children with psychological needs may present with poorer compliance and self-management of their physical health condition which impacts their quality of life in the long term with subsequent negative effect on their mental wellbeing[198].

Parental impact

Parents of children with physical health difficulties show increased rates of depression and anxiety[199] as a result of the significant pressures of managing work and family life alongside their own anxieties over their child's wellbeing and future[200]. This data is particularly important given the bidirectional relationship between parental mental health and child mental health, taking into account the impact on both the child with physical illness as well as other children in the family.

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[196] https://academic.oup.com/jpepsy/article/36/9/1003/1016057 (accessed November 2022)

[197] https://acamh.onlinelibrary.wiley.com/doi/full/10.1002/jcv2.12046 (accessed November 2022)

[198] https://diabetesjournals.org/care/article/29/6/1389/24858/Depressive-Symptoms-in-Children-and-Adolescents (accessed November 2022)

[199] https://academic.oup.com/jpepsy/article/44/2/139/5138321 (accessed November 2022)

[200] https://academic.oup.com/jpepsy/article/44/8/959/5479914 (accessed November 2022)

Figure 37: Number and percentage of Warwickshire LSOAs in 20% most deprived for health deprivation and disability domain

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Nuneaton & Bedworth	17%	7,638
North Warwickshire	5%	1,081
Rugby	3%	1,064
Warwick	4%	1,690
Stratford-on-Avon	1%	334

Source: IMD 2019 Health deprivation and disability, 2021 Census

Warwickshire is ranked 100 out of 151 upper tier local authorities in England for the IMD health deprivation and disability domain, meaning it is comparatively less deprived.

There are 22 (6%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 11,807. These areas are concentrated in Nuneaton and Bedworth (14), the remaining health deprived LSOAs are in North Warwickshire (2), Rugby (2), Warwick (3) and Stratford-on-Avon (1).

DOMAIN OF DEPRIVATION: CRIME

The crime deprivation domain measures the rate of recorded crime for four major crime types – violence, burglary, theft, and criminal damage, representing the risk of personal and material victimisation at a small area level.

The Effect of Local Area Crime on the Mental Health of Residents paper[201] concludes that local crime rates have a significant, negative, and substantial effect on mental well-being. People residing in higher crime areas are more likely to report mental health problems,

[201] https://www.ucl.ac.uk/~uctpb21/Cpapers/Crime_and_Mental_Health%20EJ.PDF (accessed November 2022)

including depression and psychological distress, and there is evidence to indicate that high crime areas also have elevated levels of anxiety and psychotic symptoms[202].

Children and young people who are involved in crime are also at higher risk of having a mental health problem, with children who end up in custody being 3 times more likely to have a mental health problem than those who do not. They are also more likely to have more than one mental health problem, to have a learning disability, to be dependent on drugs and alcohol, and to have experienced a range of other challenges[203].

Figure 38: Number and percentage of Warwickshire LSOAs in 20% most deprived for crime domain

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Nuneaton & Bedworth	21%	9,140
North Warwickshire	8%	1,386
Rugby	7%	1,759
Warwick	9%	5,225
Stratford-on-Avon	0%	

Source: IMD 2019 crime deprivation domain, 2021 Census

Warwickshire is ranked 101 out of 151 upper tier local authorities in England for the IMD crime domain, meaning it is comparatively less affected by major crime.

There are 32 (9%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 17,510. These areas are concentrated in Nuneaton and Bedworth (17), the remaining LSOAs are in Warwick (8), Rugby (4) and North Warwickshire (3).

[202] https://cresh.org.uk/2021/07/19/crime-and-violence-in-the-neighbourhood-affects-our-mental-health/ (accessed November 2022)

[203] https://www.centreformentalhealth.org.uk/youth-justice (accessed November 2022)

DOMAIN OF DEPRIVATION: BARRIERS TO HOUSING AND SERVICES

The barriers to housing and services domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: geographical barriers, which relate to the physical proximity of local services, and wider barriers which includes issues relating to access to housing such as affordability.

The quality, affordability, and safety of a person's house is vital to their mental health. Poor housing problems such as damp, mould, antisocial neighbours, uncertain tenancies, and overcrowded conditions can worsen mental health by increasing a person's stress, anxiety, depression, and sleep problems. A report by Shelter[204] found that 1 in 5 people have experienced mental health issues due to housing problems, and that compared with the general population people with mental health conditions are:

- One and a half times more likely to live in rented housing
- Twice as likely to be unhappy with their home
- Four times as likely to say that it makes their health worse

Warwickshire is ranked 80 out of 151 upper tier local authorities in England for the IMD housing domain, meaning barriers to housing and services are slightly better than the national mid-point.

There are 50 (15%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 26,908. These areas are concentrated in Stratford-on-Avon (23), the remaining LSOAs are in Warwick (10), Rugby (9), North Warwickshire (9) and Nuneaton and Bedworth (1).

Figure 39: % Warwickshire LSOAs in 20% most deprived for barriers to housing and services domain

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Stratford-on-Avon	36%	10,309
Warwick	12%	6,182
Rugby	15%	6,585
North Warwickshire	18%	3,282
Nuneaton & Bedworth	1.2%	550

Source: IMD 2019 housing deprivation domain, 2021 Census

[204] https://england.shelter.org.uk/ (accessed November 2022)

DOMAIN OF DEPRIVATION: LIVING ENVIRONMENT DEPRIVATION

The Living Environment Deprivation Domain measures the quality of the local environment. The indicators fall into two sub-domains. The 'indoors' living environment measures the quality of housing; while the 'outdoors' living environment contains measures of air quality and road traffic accidents.

Having access to green spaces and nature can benefit both mental and physical wellbeing by[205]:

- Improving your mood
- Reducing feelings of stress or anger
- Helping to take time out and feel more relaxed
- Improving physical health
- Improving confidence and self-esteem
- Helping to meet and get to know new people
- Connecting you to a local community
- Reducing loneliness

The Marmot review[206] highlighted the importance of green space for some groups including children, who can feel excluded if spaces are not designed appropriately and if they are poorly maintained/cleaned, which can influence perceptions of safety.

Research published in the British Journal of Psychiatry[207] using data from over 13,000 people found that residential air pollution exposure is associated with increased mental health service use among people recently diagnosed with psychotic and mood disorders. It concluded that, assuming causality, interventions to reduce air pollution exposure could improve mental health prognoses and reduce healthcare costs.

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[205] https://www.mind.org.uk/information-support/tips-for-everyday-living/nature-and-mental-health/how-nature-benefits-mental-health/ (accessed March 2023)

[206] https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review (accessed March 2023)

[207] https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/association-between-air-pollution-exposure-and-mental-health-service-use-among-individuals-with-first-presentations-of-psychotic-and-mood-disorders-retrospective-cohort-study/010F283B9107A5F04C51F90B5D5F96D6 (accessed March 2023)

Figure 40: Number and percentage of Warwickshire LSOAs in 20% most deprived for living environment domain

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Stratford-on-Avon	21%	7,053
Warwick	9%	4,798
Rugby	5%	1,526
North Warwickshire	16%	2,538
Nuneaton & Bedworth	7%	2,964

Source: IMD 2019 Living Environment deprivation domain, 2021 Census

Warwickshire is ranked 84 out of 151 upper tier local authorities in England for the IMD environment domain, meaning quality of housing and 'outdoor' living environment are overall slightly better than the national mid-point.

There are 38 (11%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 18,879. These areas are concentrated in Stratford-in-Avon (15), the remaining LSOAs are in Warwick (8), North Warwickshire (6), Nuneaton and Bedworth (6) and Rugby (3).

CHILDREN WHO ARE LOOKED-AFTER

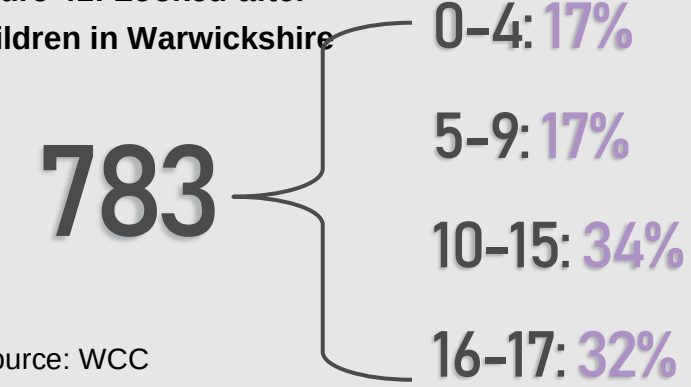
Children who are looked-after are child or young people who are being cared for by their local authority. This includes living in a children's home, with a foster parent, or in some other family arrangement, and refers to any young person up to the age of 18. The most common reason for a child to be taken into care is to protect them from abuse or neglect, but other

circumstances could be due to family breakdown or parents not being able to cope, perhaps due to illness or disability[208].

Whilst a child or young person could be having a traumatic experience before moving into care, moving into care in itself can be a traumatic experience for children and young people, due to increased levels of uncertainty and insecurity, as well as feelings of loss. NICE guidance published on 20th October 2021[209] highlights that whilst the rate of mental health disorders in 5-15 year-olds is 10%, for those who are looked after it is 45%, and for those in residential care it is 72%.

Research also shows that a significant number of care leavers continue to experience mental health difficulties after leaving the care system to a higher degree than other disadvantaged groups. A review by Barnardo's[210] showed that 46% of care leaver cases which were reviewed involved young people who in the opinion of the personal adviser had mental health needs. 65% of those identified were not currently receiving any statutory service.

Figure 41: Looked-after Children in Warwickshire



Source: WCC

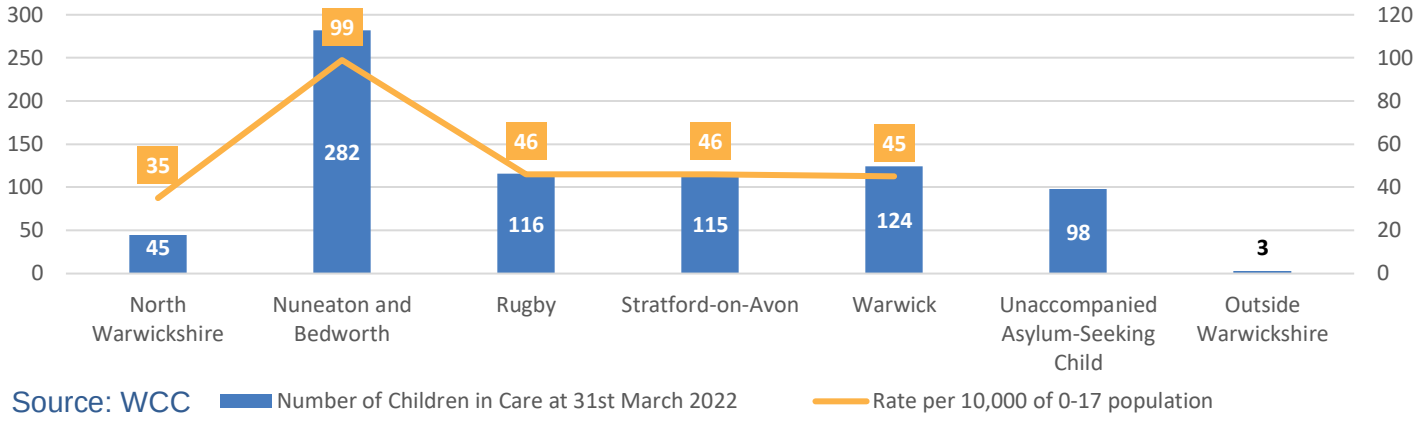
On 28th February 2023, there were 783 children being look-after in Warwickshire, the majority (66%) of whom were aged over 10. The most common categories of need are 'abuse or neglect' (45%) and 'family dysfunction' (27%).

[208] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/vulnerable-children/looked-after-children/ (accessed December 2022)

[209] https://www.nice.org.uk/guidance/ng205/chapter/Context (accessed December 2022)

[210] https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf (accessed December 2022)

Figure 42: Looked-after children in Warwickshire at 28/02/2023 and rate per 10,000 by originating district



Source: WCC

CHILDREN WITH LONG-TERM CONDITIONS

Having a long-term condition can have a profound impact on a child or young person. Long-term conditions are those which can't currently be cured but can be managed with medication or other treatment (examples include diabetes, asthma, epilepsy, chronic fatigue, and high blood pressure).

A child or young person's mental health is closely linked to their physical health, with research finding that children with long-term health conditions are twice as likely at age 10 and 13 to present with a mental health disorder than those without a long-term health condition, and by age 15 they were 60% more likely to present with a mental health disorder[211]. The same research by the Queen Mary University of London reviewed what additional factors might account for the link between chronic conditions and mental illness and found that bullying and health-related school absenteeism emerged as the most significant additional factors.

Long-term conditions can affect physical, cognitive, social, and emotional development, and can also take a toll on parents, carers, and siblings.

[211] https://www.qmul.ac.uk/media/news/2020/smd/chronic-illness-in-childhood-linked-to-higher-rates-of-mental-illness.html (accessed December 2022)

CHILDREN WITH LIFE-LIMITING CONDITIONS

A life-limiting condition is an incurable condition that will shorten a person's life, though they may continue to live active lives for many years. A similar trend has been seen in children and young people with life-limiting conditions as those with long-term conditions, with research showing that the incidence of anxiety and depression is significantly higher in children and young people with life-limiting conditions, compared to children and young people with no long-term conditions[212]. The same study by Paediatric Research in 2022 concluded that the higher incidence of anxiety and depression observed among children and young people with life-limiting conditions highlights the need for psychological support in this population, including further efforts to prevent, identify, and treat anxiety and depression.

From 2019 to 2022 Coventry and Warwickshire Child Death Overview Panel (CDOP) reviewed 40 children with life-limiting conditions. 23 of these cases were in Warwickshire, and 17 of these cases were in Coventry. 60% of cases were male and 40% were female. Throughout these cases there are common action themes that have developed into Coventry and Warwickshire CDOP action planning. These remain the same across Coventry and Warwickshire:

- The provision of counselling and metal health support for children with life-limiting conditions is usually reliant on charity or hospital settings. The current CAHMS/RISE service is not commissioned to provide mental health support for children who will die. (https://cwrise.com/our-services). It is unclear what counselling these children would have received through palliative care, this requires more clarity. There seems to be no escalation pathway that would acknowledge the time-sensitive nature of this support.
- Across Coventry and Warwickshire children with a life-limiting condition have not always been considered for a child in need assessment. This can be of great help to them, their siblings and familial structure. There is a current action in progress to examine how best to provide a guide of access and referral to this to palliative care practitioners. This is a potential invisible arm of aid that could be more commonly used.
- Having a child with a life-limiting condition impacts on the mental health and wellbeing of parents and siblings and increases the vulnerability of siblings as the time of care is divided further than in other family structures, there is a variation as to who cares for

[212] https://www.nature.com/articles/s41390-022-02370-8 (accessed December 2022)

them (more so than other family structures) and they also usually have caring responsibilities.

The average number of children dying of a life-limiting condition in Coventry or Warwickshire each year is around 14. This is a relatively small number of children. However, when considering sibling mental health and family mental health the number of children affected grows significantly, with repercussions of this playing out later in life.

IMPACT OF COVID-19

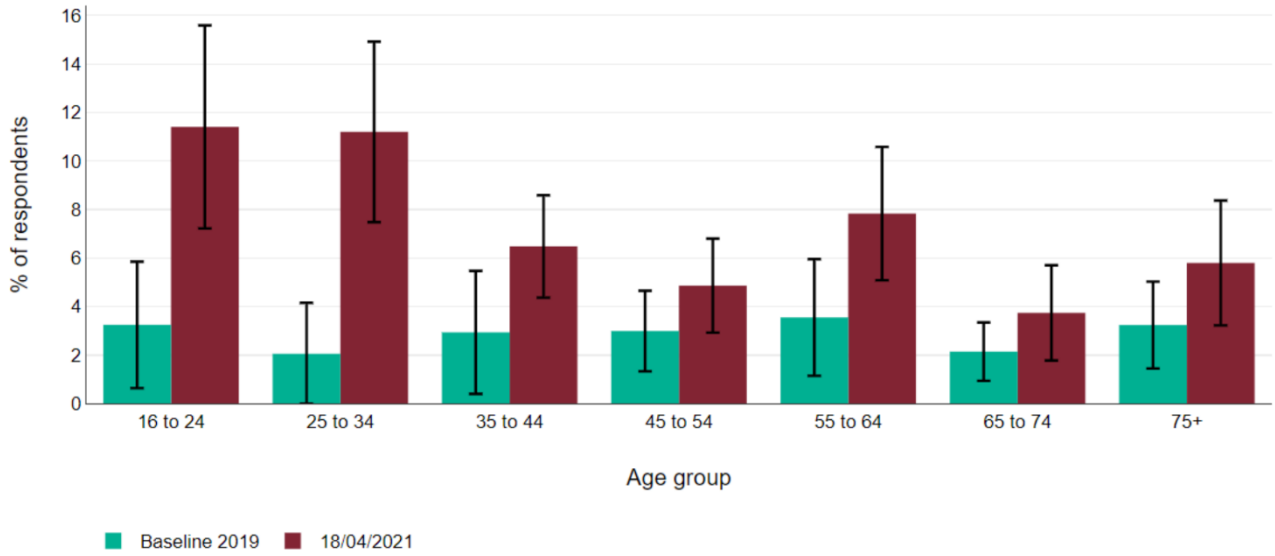
The COVID-19 pandemic had a major impact on the lives of children and young people, with many new and unexpected challenges such as lockdowns, school closures and home learning, and social distancing leading to issues such as social isolation, loneliness, increased anxiety, increased behavioural problems, or increased conflict at home[213].

The Coventry and Warwickshire Adult Mental Health and Wellbeing JSNA[214] highlighted that there are indications the pandemic has had a much deeper impact on the wellbeing of adolescents and young adults. Figure 43 shows how levels of people reporting low self-worth in the Opinions and Lifestyle Survey from Office for National Statistics have changed between 2019 and 2021. Historically there were higher levels of low self-worth amongst working aged adults, particularly in the 55 to 64 age group, with 25- to 34-year-olds reporting the lowest levels of low self-worth. Whilst there have been increases of low self-worth across all age ranges between 2019 to 2021, the most dramatic increases are seen in the 16-25 year-olds and 25-34 year-olds.

[213] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/lifestyle-factors/coronavirus-supporting-children-and-young-peoples-mental-health/ (accessed December 2022)

[214] https://www.warwickshire.gov.uk/directory-record/7178/coventry-and-warwickshire-mental-health-needs-assessment-2021 (accessed December 2022)

Figure 43: Percentage of respondents with low life satisfaction (score 0-4) in England, by age group – 2019 compared with 2021.

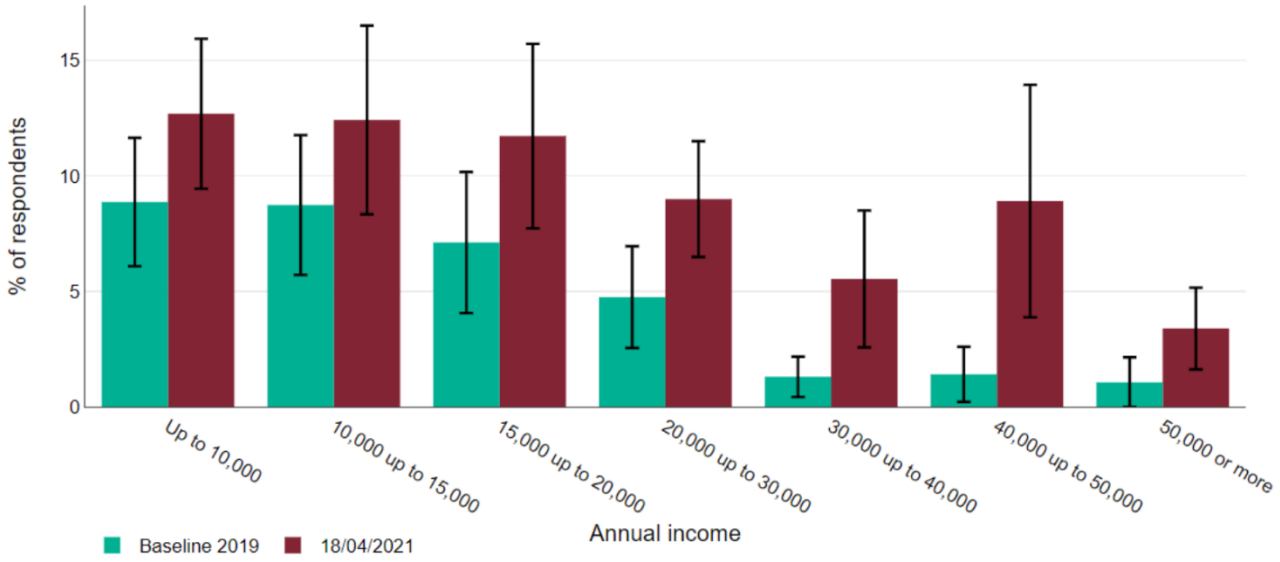


Source: Fingertips

The Coventry and Warwickshire Adult Mental Health and Wellbeing JSNA[215] also highlighted that the pandemic has changed the relationship between income and low life satisfaction. Historically people who earn less have had worse mental wellbeing, with life satisfaction being strongly related to income. Figure 44 shows that whilst a gradient still exists against income, having a higher salary during the pandemic was not as protective.

[215] https://www.warwickshire.gov.uk/directory-record/6791/coventry-and-warwickshire-mental-health-needs-assessment-2021-#:~:text=This%20Joint%20Strategic%20Needs%20Assessment,local%20priority%20setting%20and%20action. (accessed December 2022)

Figure 44: Percentage of respondents with low life satisfaction (score 0-4) in England, by annual income – 2019 compared with 2021.

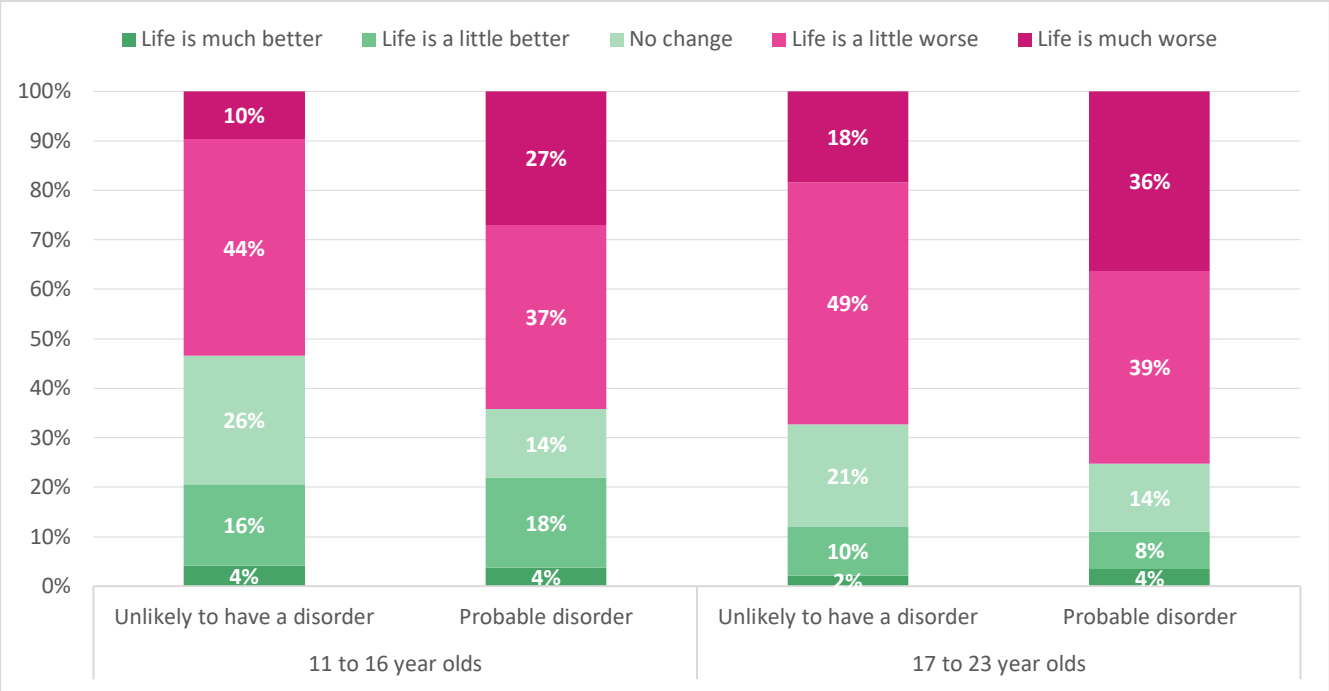


Source: Fingertips

Figure 45 shows responses to the NHS Children and Young People Mental Health Survey 2021 when asked whether life is better or worse following the pandemic. Responses show that:

- There was a higher percentage responding life was a little or much worse in those with a probable mental disorder (64% in 11–16 year-olds and 75% in 17–23 year-olds) compared to those unlikely to have a disorder (54% and 67%) in both age ranges.
- The 17-23 year-old age range had a higher percentage responding life was a little or much worse (67% in unlikely to have a disorder and 75% in probable disorder) compared to the 11-16 year-old age range (54% and 64%).

Figure 45: Affect of COVID-19 restrictions by age and mental health indicator



Source: NHS Children and Young People Mental Health (CYPMH) Survey 2021 (Wave 2 follow up to 2017 survey)

As well as creating new and unexpected challenges, the pandemic has intensified known risk factors for children and young people's mental health and wellbeing, including many of those mentioned within the Thriving chapter of this JSNA. This can be seen reflected in key findings produced by UNICEF in their report for World Mental Health Day in 2021 which looked at how the early stages of the pandemic in 2020 affected the mental health of children and young people[216]. The findings include:

- Females reported greater depressive symptoms, anxiety, and externalizing behaviour while males reported greater alcohol and substance abuse during COVID-19.
- Older children and adolescents reported higher and more severe rates of depressive symptoms.
- Children living in more affected areas, rural areas, or near the epicentres of COVID-19 outbreaks were associated with higher stress and depressive symptoms including anxiety and substance abuse.

[216] https://www.unicef-irc.org/article/2163-what-were-the-immediate-effects-of-life-in-lockdown-on-children.html (accessed December 2022).

- Children living in poverty or in lower socio-economic status were found to be at greater risk of stress and depressive symptoms, whereas higher socio-economic status was found to be a protective factor.
- Children with pre-existing conditions were more significantly affected by pandemic-related changes.
- Children in lower socio-economic settings or humanitarian settings experienced more depression and trouble adapting to online education.
- Children who were exposed to pre-existing childhood abuse and neglect were at increased risk of stress.
- Family conflict increased the risk of mental distress among children and adolescents.
- Separation from families and parental depression were also risk factors for stress and adjustment during the pandemic.
- Stigma based on ethnicity and all forms of racial discrimination were associated with greater anxiety among adolescents.
- Social isolation and loneliness during lockdowns contributed to a range of outcomes including depression, irritability, anxiety, stress, alcohol use and sedentary behaviours.
- However, in some studies, children reported benefits of confinement including spending time with family, relief from academic stressors, which correlated with more life satisfaction.
- Experience or fear of exposure to COVID-19 predicted stress and depressive symptoms but also positive outcomes of health promotion and infection prevention, great social distancing and news monitoring.
- Children and adolescents who spent more time on physical activities and maintaining routines were better protected from depressive symptoms. Stress management, leisure activities and regular communication with loved ones proved to be protective coping strategies to deal with the lockdown stressors.
- Engaging in recreational activities, using technology to communicate with loved ones, having more time for oneself and one's family, protected against anxiety and contributed to overall wellbeing during the pandemic.

Impact of COVID-19 on new-borns and their upbringing

The pandemic and lockdown have had a multitude of challenges in the upbringing of new infants for parents. However, there have also been positive effects observed. These depend

on a variety of factors unique to each individual family unit, such as socioeconomic class, pre-existing mental health, and minority communities[217].

Challenges

Lockdowns and social restrictions increased feelings of loneliness and isolation. It was reported in one study[218], physical affection such as the frequency an infant was kissed by the family was 3 times in 6 months on average (including parents). At 12 months one-quarter of babies had never met another child of similar age. Parents expressed feelings of sadness and disappointment due to the inaccessibility of support from extended family members including grandparents and close friends.

It is evident new parents missed out on crucial support during the pandemic through a lack of formal and informal support services to help promote their well-being and their child's health and development. These may include antenatal and postnatal classes run by the NHS and voluntary groups, specialist perinatal mental health support for those who need it, statutory health visiting checks, and parent and baby group classes. Reports[219] conclude that the pandemic had affected access to these services, with potentially harmful long-term consequences for new parents and their children. Access to childcare was a further concern with official figures showing the number of children attending childcare settings is around 75% of pre-pandemic levels.

Parents of a young infant reported high rates of COVID-19 related stress, with higher reported stress in mothers compared to fathers. Additionally, the percentages of mothers and fathers experiencing clinically meaningful mental health symptoms during the pandemic were relatively high (mothers: 39.7% anxiety, 14.5% depression; fathers: 37.6% anxiety, 6.4% depression). More COVID-19 related stress was associated with more mental health symptoms in parents and increased insensitive parenting practices in mothers[220].

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[217] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9668239/ (accessed February 2023)

[218] https://bmjpaedsopen.bmj.com/content/6/1/e001348 (accessed February 2023)

[219] https://committees.parliament.uk/publications/7477/documents/78447/default/ (accessed February 2023)

[220] https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022-04618-x (accessed February 2023)

Overall, there is no doubt that the pandemic has had a substantial impact on parents, with documented increases in mental health difficulties, alcohol consumption and suicidal thoughts. Their social support systems diminished, economic security threatened and access to essential services limited. As poor parental mental health and insensitive parenting practices carry risk for worse child outcomes across the lifespan, the mental health burden of the COVID-19 pandemic might not only have affected the parents, but also the next generation[221],[222].

Positive Effects

On the contrary, there is qualitative data available demonstrating the positive impact of the pandemic. Many parents have become more mindful of their values and the needs of their families and more creative about meeting these needs. Data shows 78% of parents said they had been showing their children more affection during the pandemic, while 87% said they were spending more quality time with their kids[223]. Parents have a renewed shift of focus towards the family and personal relationships, with many reporting the desire to reach a better balance between work and family life post lockdown, with some parents actively looking for new employment or more flexible working patterns[224].

Parents in a study[225] in Québec were doing significantly better on most parental and relational outcomes in spring 2020 than in spring 2019. Fathers reported less avoidant attachment and parental stress while mothers displayed better life satisfaction. Both fathers and mothers also reported better relationship satisfaction and stronger parental alliance (Figure 46 and 47).

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[221] https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022-04618-x (accessed February 2023)

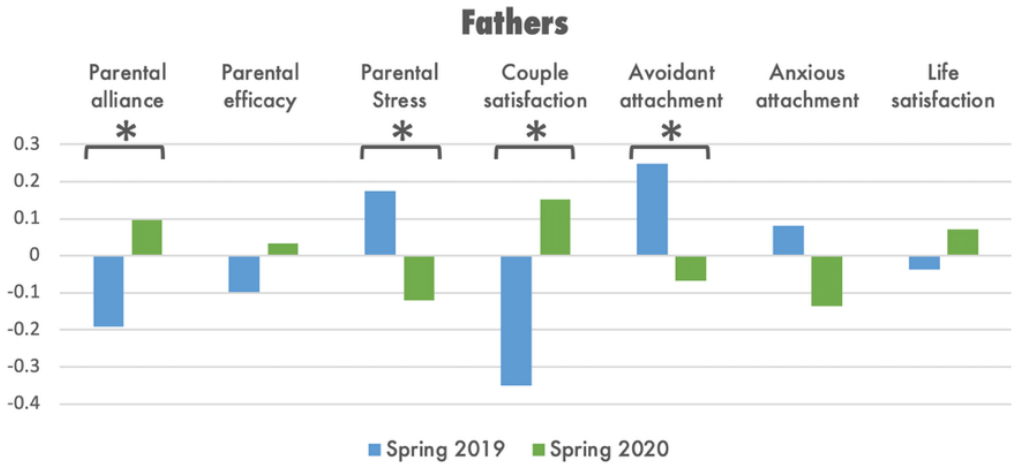
[222] https://www.weforum.org/agenda/2021/07/covid-coronavirus-parents-pandemic-newborns-babies-mothers-fathers (accessed February 2023)

[223] https://www.parents.com/kids/health/childrens-mental-health/silver-linings-positive-effects-of-the-covid-19-pandemic-on-children/ (accessed February 2023)

[224] https://www.leedstrinity.ac.uk/news/archive/2020/covid-19-study-reveals-positive-impact-of-lockdown-on-family-dynamics-and-wellbeing.php (accessed February 2023)

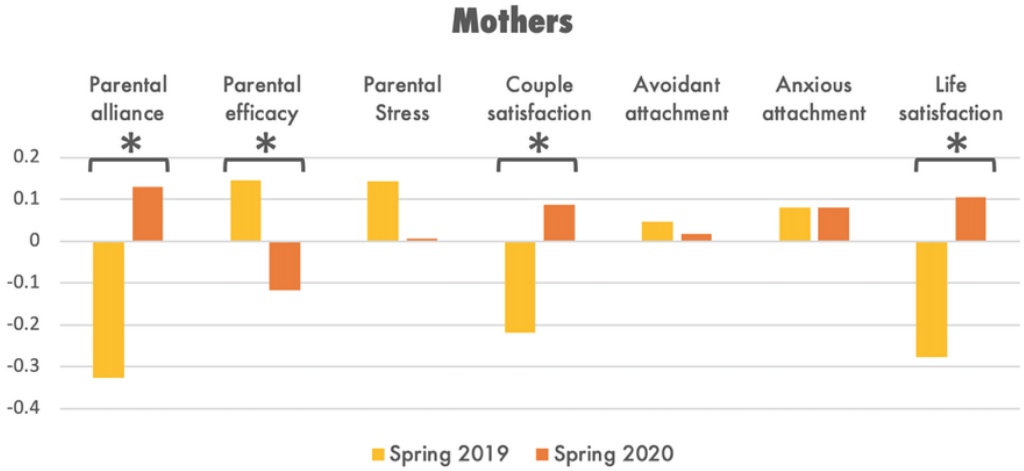
[225] https://www.weforum.org/agenda/2021/07/covid-coronavirus-parents-pandemic-newborns-babies-mothers-fathers (accessed February 2023)

Figure 46: Responses to a study on impact of COVID-19 on Fathers



Source: World Economic Forum[226]

Figure 47: Responses to a study on impact of COVID-19 on Mothers



Source: World Economic Forum

Mothers' perception in their ability to be effective and reliable caregiver is the only thing that seemed to decline during lockdown. It is also possible that for new mothers, being isolated and having less instrumental support from others (like advice from family and friends) brought on insecurity with regards to caring for their new-born.

[226] https://www.weforum.org/agenda/2021/07/covid-coronavirus-parents-pandemic-newborns-babies-mothers-fathers (accessed February 2023)

Most parents reported improvements in some areas, including emotional and physical well-being, parenting, and how families got along together. The most reported domain that showed improvement in the quantitative results was that over 80% indicated that the pandemic made it “a lot” or “a little” better to care for their new infants.

Overall, on the front of the positive impact, qualitative data[227] suggest improvements were influenced by an increase in family quality time, fewer barriers to breastfeeding, more time to be involved in establishing early child feeding routines, and better sleep routines.

COST OF LIVING

The cost of living is a measure of how much it costs to live an average quality of life. The cost of living has been increasing since early 2021, meaning an increased pressure on households as money needed to pay for key goods has been rising faster than household incomes.

Polling of parents with children aged 18 and under by YouGov for the Bernardo’s report “At What Cost? The impact of the cost of living crisis on children and young people”[228] found that:

- More than half of parents (54%) have been forced to cut back on food spending for their family over the past 12 months.
- 1 in 5 parents said they have struggled to provide sufficient food due to the current cost-of-living pressures.
- 26% said their child’s mental health has worsened due to the situation.
- 1 in 5 have taken on new credit cards, extra debt, or a payday loan.
- Parents have admitted resorting to desperate measures, with 26% selling possessions.

Research conducted by Young Minds[229] highlights how children and young people have been feeling about the rising cost of living:

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[227] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8903445/ (accessed February 2023)

[228] https://www.barnardos.org.uk/get-involved/campaign-with-us/impact-of-cost-of-living (accessed December 2022)

[229] https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/money-and-mental-health/#:~:text=The%20links%20between%20money%20and%20mental%20health,-

- The cost of living was the major worry for over half (56%) of young people, rising from 50% in May 2022. They reported disruption to their daily life, particularly their diet and sleep.
- Those aged 20-25 were particularly likely to feel concerned about money, with 80% always or often worried about earning enough.
- Worry isn't confined to those aged 20-25, with 21% of 11-year-olds saying money worries had caused them stress, anxiety, unhappiness, or anger.

Worrying about money issues can affect a child or young person's mental health in several ways, including:

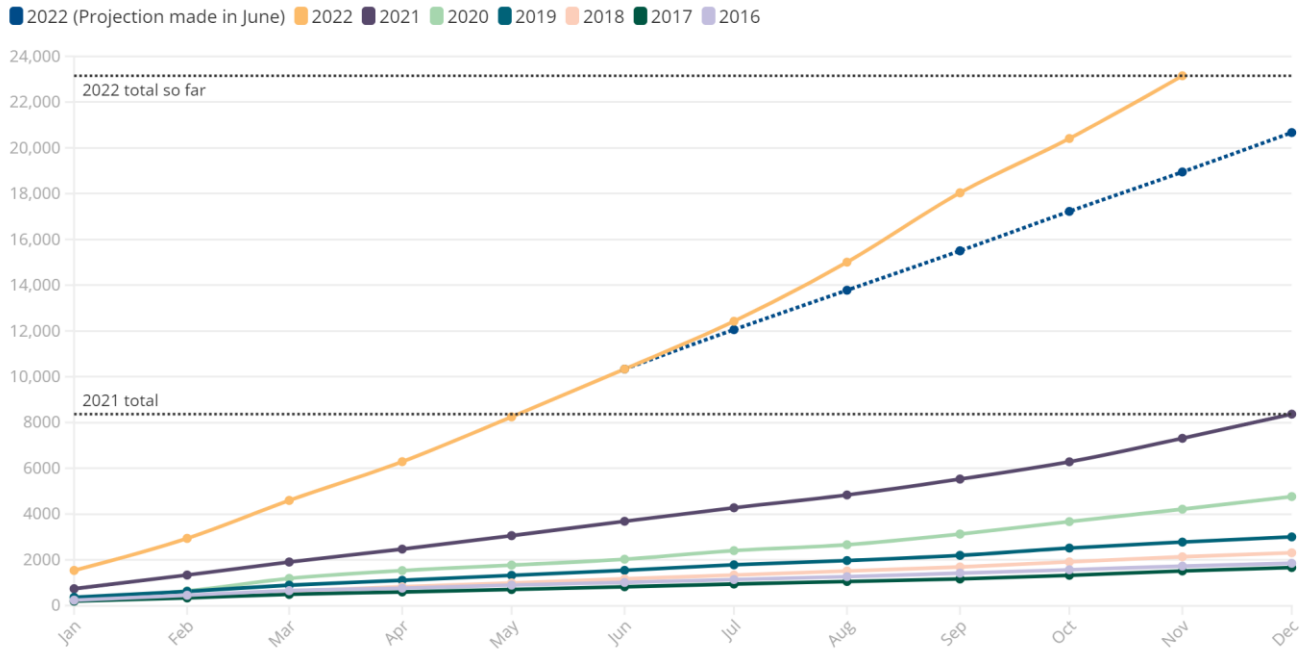
- Anxiety or panic attacks triggered by bills, benefits assessments, debts, or other money issues.
- Sleep problems.
- Social isolation or loneliness due to not having money to do things they enjoy.
- Depression caused by poor living conditions or being unable to afford necessities such as medications, counselling, adequate food or heating.
- Feeling stressed.
- Feelings of fear, shame, guilt (about any spending), being overwhelmed or having low self-esteem.

Citizens Advice have created a cost of living dashboard[230] to share insights from across their service on how the cost of living pressures are affecting the people they help. Figure 48 from their dashboard shows the cumulative number of people citizens advice have seen who have been unable to afford to top up their prepayment meter each year. By the end of November 2022 citizens advice have already seen more people unable to afford to top up their prepayment meter than for the entirety of the previous 6 years combined.

It's%20important%20to&text=A%20young%20person%20may%20also,negative%20impact%20on%20mental%20health. (Accessed December 2022)

[230] https://public.flourish.studio/story/1634399/ (accessed December 2022)

Figure 48: Cumulative number of people citizen advice have seen who've been unable to top up their prepayment meters each year

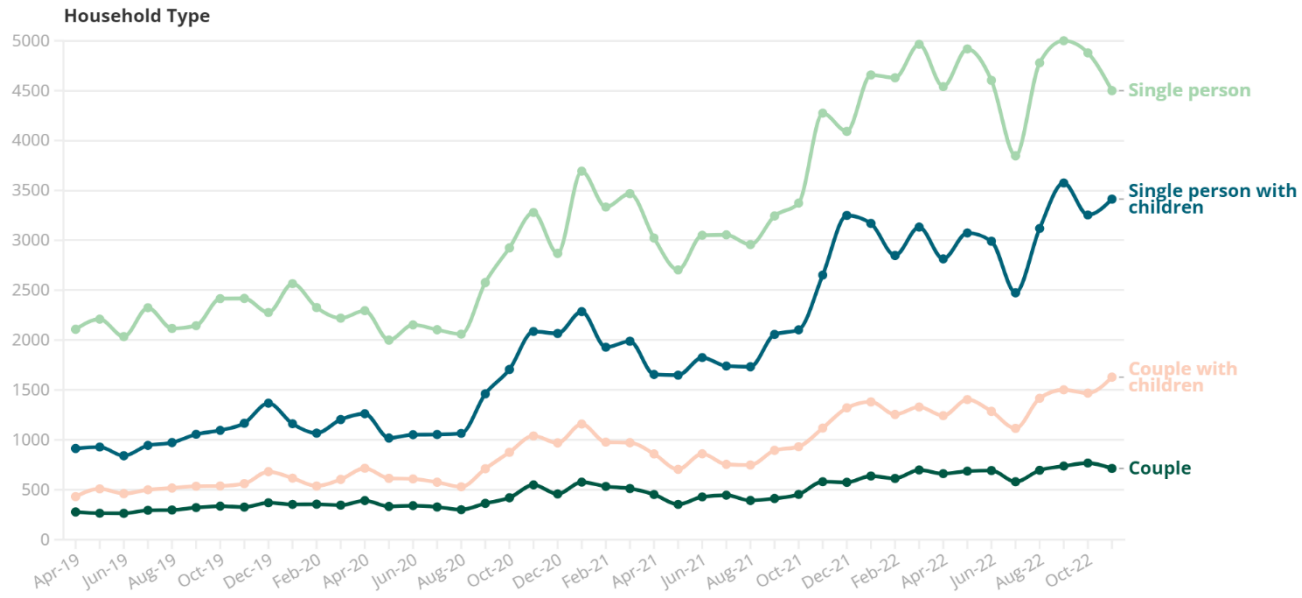


Source: Citizens Advice[231]

Different demographics have been affected to different extents by the cost of living, with Figure 49 from the citizens advice dashboard showing a higher number of referrals to food banks in a single person with children compared to a couple with children, Figure 50 showing a higher number of referrals to food banks in people who are disabled or who have a long-term health condition, and Figure 51 showing a higher number of referrals to food banks in Black/African/Caribbean/Black British ethnic groups, Other Ethnic Groups, and Mixed/Multiple Ethnic Groups compared to White and Asian/Asian British ethnic groups.

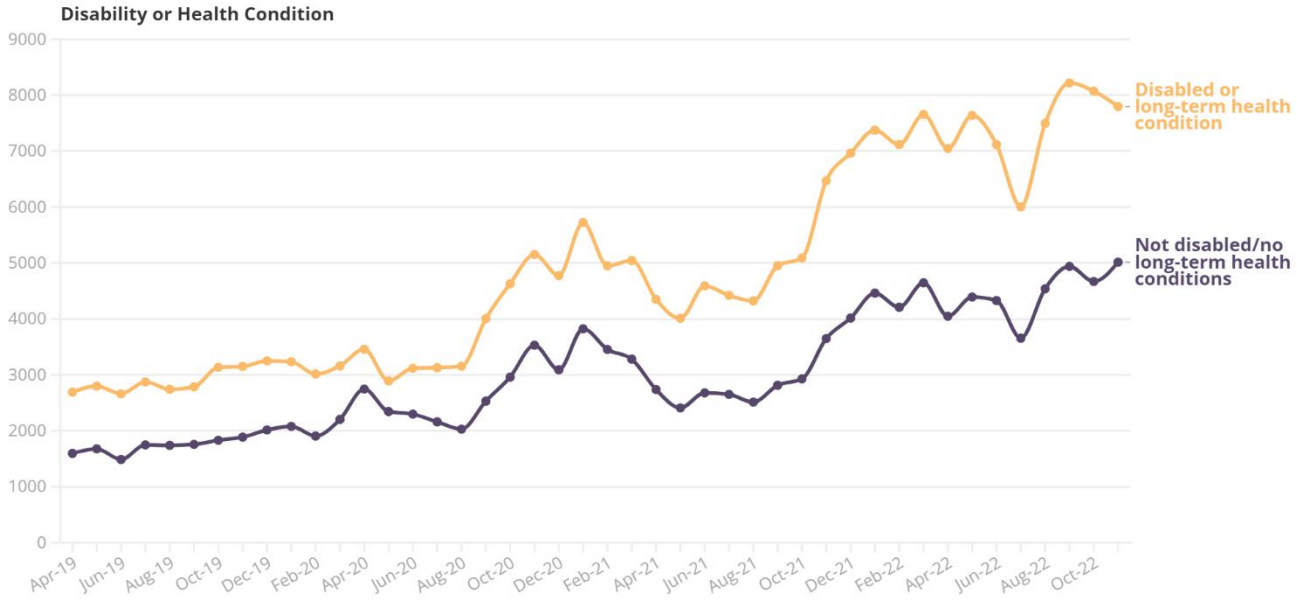
231 https://public.flourish.studio/story/1634399/ (accessed December 2022)

Figure 49: Number of people Citizen Advice have seen have referred to a food bank by Household Type



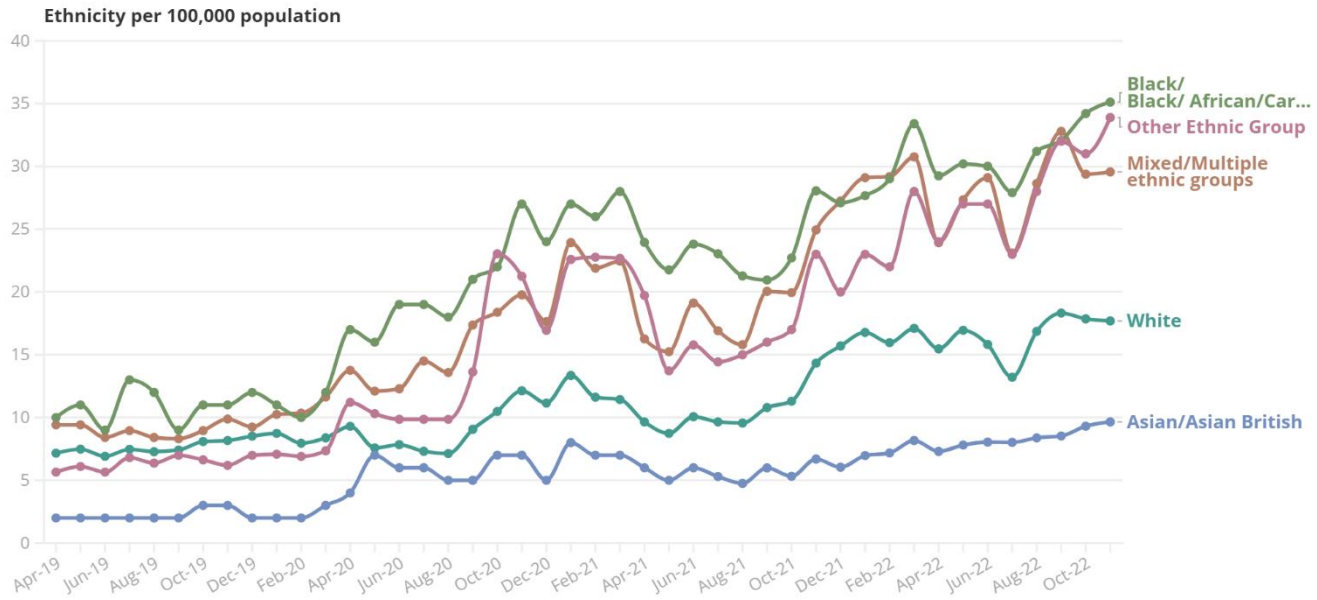
Source: Citizens Advice

Figure 50: Number of people Citizen Advice have seen have referred to a food bank by Disability or Health Condition



Source: Citizens Advice

Figure 51: Number of people Citizen Advice have seen have referred to a food bank by Ethnicity per 100,000 population



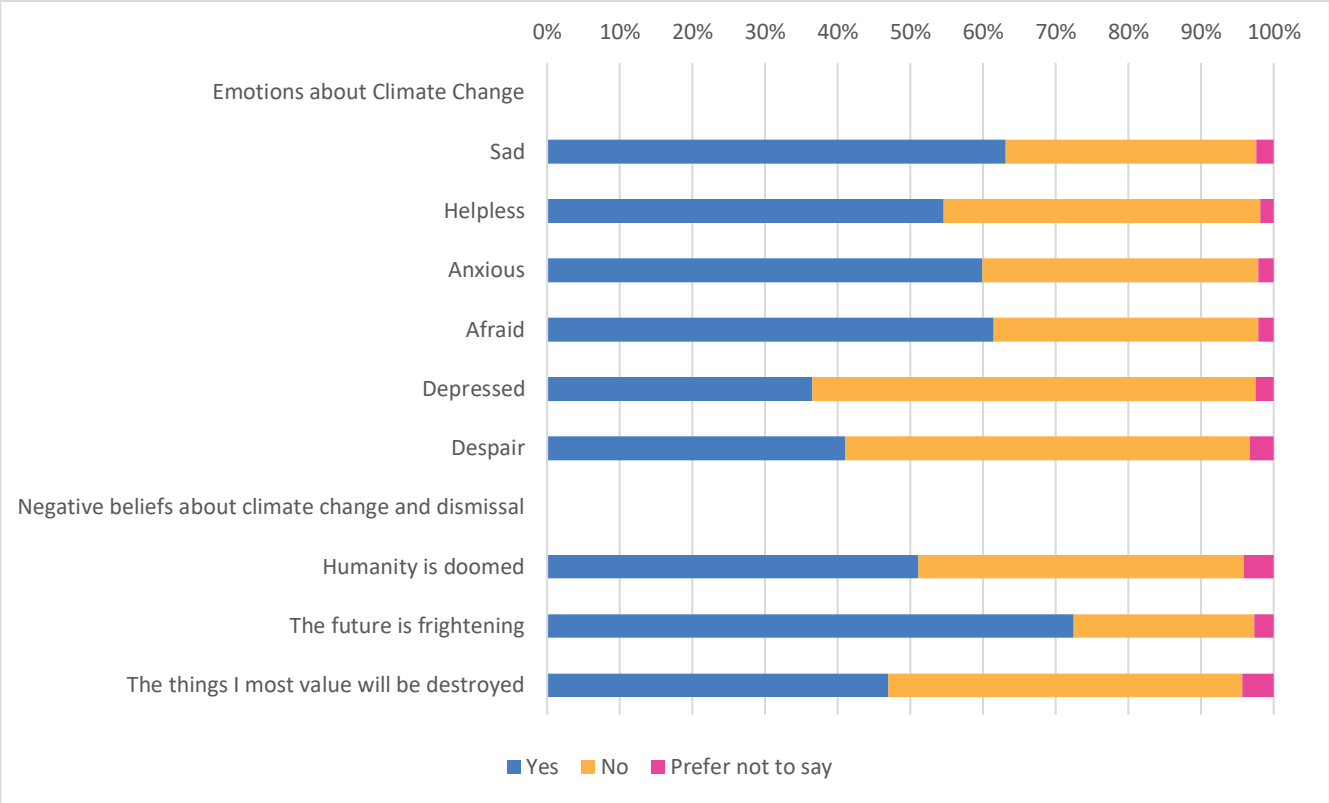
Source: Citizens Advice

CLIMATE CHANGE

From the engagement mapping done as part of this JSNA, climate change was a repeating theme of concern for children and young people. In the Lancet survey published in December 2021, a total of 10,000 children and young people aged 16-25-yeards-old in ten countries (including the UK) were questioned around climate change[232]. Figure 52 highlights some of the responses given to the survey by UK participants:

[232] https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00278-3/fulltext#seccestitle70 (accessed December 2022)

Figure 52: Responses to The Lancet survey on Climate Change



Source: The Lancet[233]

The impact of climate change has been shown to have impact on mental health. The article "Climate Change and Children's Mental Health: A Developmental Perspective"[234] brings together a wide selection of research that shows that hotter average temperatures and more frequent and severe heatwaves are linked with increased population-level psychological distress, self-harm, hospital psychiatric admissions, and suicide. Heat waves aggravate existing mental disorders, especially in conjunction with high humidity, and reduce the effectiveness of certain psychotropic medications. The statistical effect for the impact of hot days on population mental health has been observed to be equivalent to that of unemployment.

[233] https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00278-3/fulltext#seccestitle70 (accessed December 2022)

[234] https://journals.sagepub.com/doi/10.1177/21677026211040787#bibr138-21677026211040787 (accessed December 2022)

PERINATAL MENTAL HEALTH

It is impossible to discuss the correlates of child mental health without visiting parental mental health, particularly within the perinatal period (conception to up to one year after giving birth). A variety of issues can contribute to poorer mental health outcomes during the perinatal period, including service provision, previous mental health diagnosis, or lack of integrated physical and mental health care for women and their partners during this time frame[235]. Other risk factors include but are not limited to[236]:

- childhood abuse and neglect
- domestic abuse
- interpersonal conflict
- inadequate social support
- alcohol or drug abuse
- unplanned or unwanted pregnancy
- migration status

Previous loss of a child, whether before or after birth, can have a profound psychosocial burden which affects parent's mental health and wellbeing. Within the UK, one in four pregnancies end in miscarriage and one in 250 pregnancies end in stillbirth[237]. Furthermore, a traumatic childbirth such as prolonged or assisted labour can cause psychological distress, fear and helplessness and increase the risk of anxiety, depression, and even post-traumatic stress disorder (PTSD). Studies have shown of approximately 45% of women who had traumatic births, 4-6% developed PTSD following childbirth. Such conditions can directly impact the mother-child relations as well as the couple's relationship and could have consequences ranging from social isolation to the other extreme of suicide in a minority of cases. Identification of at risk groups and early intervention with appropriate support could be protective against such consequences and enable the best possible outcomes for mothers and infants[238].

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[235] https://www.england.nhs.uk/mental-health/perinatal/ (accessed February 2023)

[236] https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health (accessed February 2023)

[237] https://www.nihr.ac.uk/documents/2282-improving-mental-health-outcomes-for-women-and-partners-who-have-experienced-pregnancy-not-ending-in-live-births/30853 (accessed February 2023)

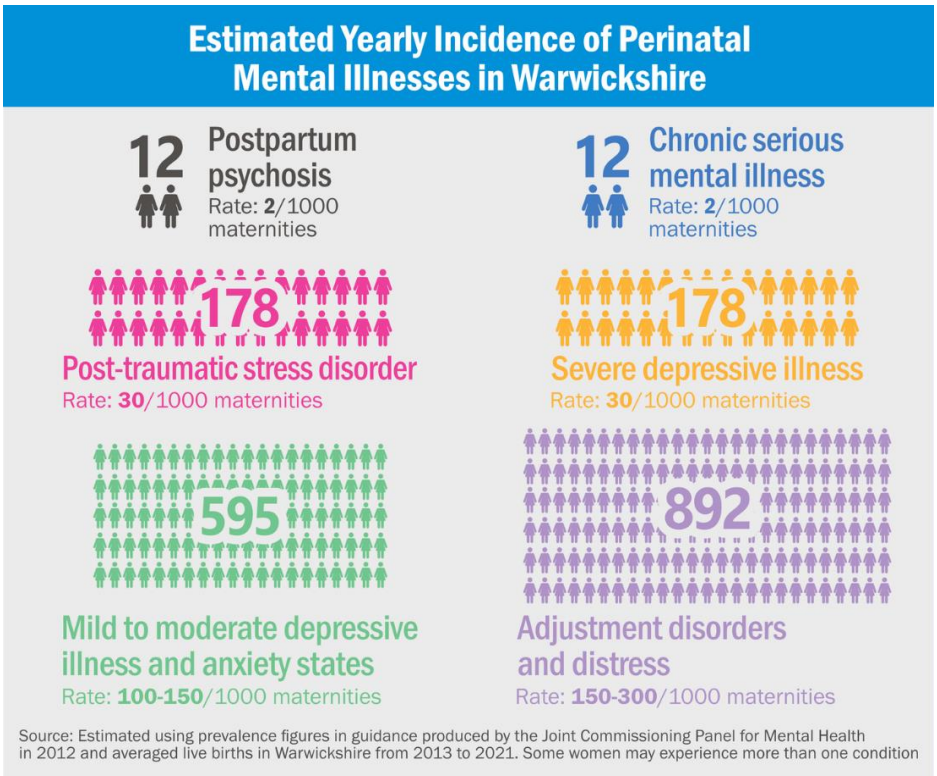
[238] Ertan D, Hingray C, Burlacu E, Sterlé A, El-Hage W. Post-traumatic stress disorder following childbirth. BMC Psychiatry. 2021;21(1):1-9

Defining Perinatal Mental Illness

In the UK the majority of mental illness throughout the perinatal period presents as common mental health disorders such as mild depression, anxiety disorders, and/or adjustment disorders where parents find coping with pregnancy and becoming a parent challenging and sometimes distressing but not at a level where normal functioning is impaired. These disorders affect between 100 and 300 pregnancies per 1000. Around 30 pregnancies per 1,000 are affected by PTSD or severe depressive illness where normal daily functioning is impaired significantly. Around 2 in 1,000 pregnancies will be affected by pre-existing chronic severe mental illness such as bipolar disorder or schizophrenia, which can be exasperated by pregnancy. A small number of women (2 in 1,000) may experience post-partum psychosis in the weeks after birth. This is a severe mental illness triggered specifically by pregnancy and requires specialist support.

Sadly, maternal suicide is the leading cause of pregnancy related death in the year after giving birth and almost a quarter of all deaths of women in the perinatal period were from mental health related causes[239].

Figure 53: Estimated yearly incidence of perinatal mental illness in Warwickshire



[239] https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2022/MBRRACE-UK_Maternal_MAIN_Report_2022_v10.pdf (accessed February 2023)

Local intelligence

Although direct data for the population was unavailable at the time of writing. The Adult Psychiatric Morbidity Survey UK (2014) has been used to calculate approximate prevalence of common mental health problems in women of childbearing age in Warwickshire. It is estimated that 10.9% of women aged 16-44 in Warwickshire experience more severe symptoms likely to require input from perinatal mental health services.

Access to services data tells us, there were 500 women over 16 years old in contact with specialist perinatal mental health in 2021/22 (defined as at least one contact within the 12-month postnatal period) in Warwickshire. This is a 12% increase from 2020/21 but a 14% decrease from 2019/20. The largest increase (of 33%) was seen in Nuneaton and Bedworth from 2020/21 to 2021/22. Therefore, it is likely to be stabilising back to the previous prevalence, with a decrease in access to services seen during the COVID-19 pandemic[240].

Service provision

In Warwickshire, a perinatal mental health pathway is used to screen pregnant women displaying symptoms of poor mental health with the aim to identify the most appropriate support for them during pregnancy and postnatally. Women with milder symptoms who meet primary care criteria receive input from the Healthy Mind service/Improving Access to Psychological Therapy (IAPT) perinatal champions who work closely with the perinatal mental health team (PMHT), however data is unavailable on a breakdown of this support and how quickly, or for how long it is provided. Women with moderate to severe mental health symptoms which meet the secondary mental health criteria in the perinatal period are referred to the PMHT, with women on the primary integrated community (PIC) pathway prioritised for intervention[241].

Perinatal mental health problems can have an adverse impact on the interaction between parents and their baby, affecting the child's emotional, social and cognitive development[242]. During the postnatal period (12 months after birth) if a parent is identified as having mild to moderate mental health issues which are impairing their ability to bond with their baby, or if the infant is displaying signs of mental health concerns, families can be referred to a parent-infant mental health specialist health visitor. Since 2021, Warwickshire has one PIMH

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[240] https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014 (accessed February 2023)

[241] https://www.covwarkpt.nhs.uk/perinatal-mental-health-professionals/ (accessed February 2023)

[242] https://maternalmentalhealthalliance.org/campaign/counting-the-costs/ (accessed February 2023)

specialist health visitor allocated to each place (North, South and Rugby), therefore a strict referral criteria is required. However, families who benefit from this service are offered specialist support including video interaction guidance (VIG) which is endorsed by NICE. VIG is a strengths-based brief intervention where video clips of optimum moment between parent and child are recorded and replayed with discussion to promote communication, sensitivity and mentalisation in relationships. To support both parents' mental health, partners can be referred to the digital app 'DadPad' which provides advice and signposting for new fathers, with development of a same-sex couple version underway[243].

At present pregnant/postnatal teenagers with common mental health disorders do not meet criteria for the PMHT, and RISE do not offer a specific perinatal service, highlighting a commissioning gap for this age groups of young mothers. Pregnancy in teenage years can lead to poor health and social outcomes for both the mother and child, if adequate support is not provided[244]. Young mothers are more at risk of developing postnatal depression than average[245], and their children can be more vulnerable to poor wellbeing[246].

In summary, pregnancy and the perinatal period can be a vulnerable time for many families. The 1,001 days is also a critical time for infant development, and a strong supportive network for parents during this period has the potential to offer a protective factor against poor mental health in later years.

[243] Overview | Autism spectrum disorder in under 19s: support and management | Guidance | NICE, https://www.videointeractionguidance.net/what-is-vig

[244] NICE. Contraceptive services with a focus on young people up to the age of 25. NICE guidelines (PH51). London: National Institute for Health and Care Excellence, 2014 (cited 2015 Oct 16). Available from: www.nice.org.uk/guidance/ph51

[245] Mental Health Foundation. Young mums together: promoting young mothers' wellbeing. London: Mental Health Foundation, 2013 (cited 2015 Nov 11). Available from: www.mentalhealth.org.uk/content/assets/PDF/publications/young-mums-together-report.pdf

[246] NICE. Social and emotional wellbeing: early years. NICE guideline (PH40). London: National Institute for Health and Clinical Excellence, 2012 (cited 2015 Jun 8). Available from: www.nice.org.uk/guidance/ph40/

GETTING ADVICE, HELP, AND MORE HELP

This chapter incorporates 3 sections of the Thrive framework:

Getting Advice: Those who need advice and signposting. Within this grouping are children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support.

Getting Help: Those who need focused goals-based input. This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved.

Getting More Help: Those who need more extensive and specialised goals-based help. Not conceptionally different from Getting Help, but also encompasses those young people and families who would benefit from extensive intervention. This grouping might include children with a range of overlapping needs that mean they may require greater input, such as the coexistence of autistic spectrum disorder (ASD), major trauma or broken attachments.

This chapter will therefore consider the prevalence of mental health conditions that will lead to children and young people needing advice, help, or more help, and the services within Warwickshire to support them.

TRAUMA

In November 2022, the Office for Health Improvement and Disparities defined trauma in their guidance document "Working definition of trauma-informed practice" as[247]:

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being."

[247] https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice (accessed March 2023)

In August 2021, Coventry and Warwickshire successfully bid to become the NHSE/I West Midlands Vanguard for the Framework for Integrated Care. To support this work Coventry and Warwickshire ICB produced a Trauma Needs Analysis in December 2022.

The Needs Analysis found that there was a wide recognition by practitioners from across all sectors that trauma was highly prevalent amongst the children and families that they support, and that trauma may affect the way they engage with services and their presenting behaviours and needs.

Practitioners however seemed to be less consistently aware of how interactions with services can be retraumatising and potentially unhelpful for children and young people. This has resulted in low levels of confidence in being trauma informed, with many practitioners worried that they will say or do the wrong thing.

Practitioners also feel overwhelmed by the levels of trauma and complexity that they are facing and feel that they are often expected to address children's trauma on top of their work, with little support or additional resources to do so. Despite this fatigue, practitioners expressed a willingness to learn more about trauma, and aspire to be trauma informed. Yet there is a sense of confusion about what constitutes a trauma informed approach.

There is also a fragmented understanding of all forms of trauma and the many different trauma responses that may arise from exposure to trauma and adversity. This is problematic as it increases the likelihood of trauma being misinterpreted as either mental illness or behavioural issues which in turn may cumulate in the inappropriate pathologizing and labelling of children.

Vicarious trauma is often used to describe the transference of trauma to those who provide care, intervention, and empathetic engagement to those who have been subjected to trauma and adversity. It is therefore possible for parents, carers, and professionals who work with children who have experienced trauma to be at risk of experiencing vicarious trauma.

One of the recommendations in the Needs Analysis was that there should be consideration of including childhood trauma as part of the Joint Strategic Needs Assessments (JSNAs) to ensure a wider systemic focus on trauma and trauma informed practice. This JSNA therefore supports the recommendations made in the Coventry and Warwickshire Trauma Needs Analysis:

- The system should adopt an agreed approach to trauma and provide clarity on what constitutes trauma informed practice.

- There needs to be a clear trauma training plan in place to avoid confusion and “training fatigue”.
- Practitioners from all sectors should have access to formalised supervision processes and self care should be actively promoted and encouraged.
- A check list should be developed to be used by the commissioners of services to ensure that all services are trauma informed in their design.
- All commissioned providers should receive support and clear direction on how to work in trauma informed ways that align with the adopted system-wide ethos and approach to trauma.
- Strategic and operational workplans should be developed to respond to the gaps that have been identified within the Coventry and Warwickshire Trauma Needs Analysis.
- Case formulation should be adopted in practice to assist contextualising children’s behaviours and presentation in ways that are trauma informed.
- Trauma informed training and services should be developed in a way that is culturally competent.
- Support that is being provided for schools should be carefully co-ordinated to ensure equitable and consistent approaches to trauma.
- Further focus should be given to ensure that practitioners and services are occupationally aware and able to support children to practically engage in community based activities.
- Trauma training should be provided to the wider criminal justice system to lessen the likelihood of children being criminalised and further disadvantaged.

COMMON MENTAL DISORDERS

Common Mental Disorders (CMDs) comprise of different types of depression and anxiety that cause marked emotional distress and interfere with daily function[248]. Signs of anxiety and depression in children and young people can include[249]:

Anxiety	Depression
Becoming socially withdrawn and avoiding spending times with friends or family	Persistent low-mood or lack of motivation
Feeling nervous or 'on edge' a lot of the time	Not enjoying things they used to like doing
Suffering panic attacks	Becoming withdrawn and spending less time with friends and family
Feeling tearful, upset or angry	Experiencing low self-esteem or feeling like they are 'worthless'
Trouble sleeping and changes in eating habits	Feeling tearful or upset regularly
	Changes in eating or sleeping habits

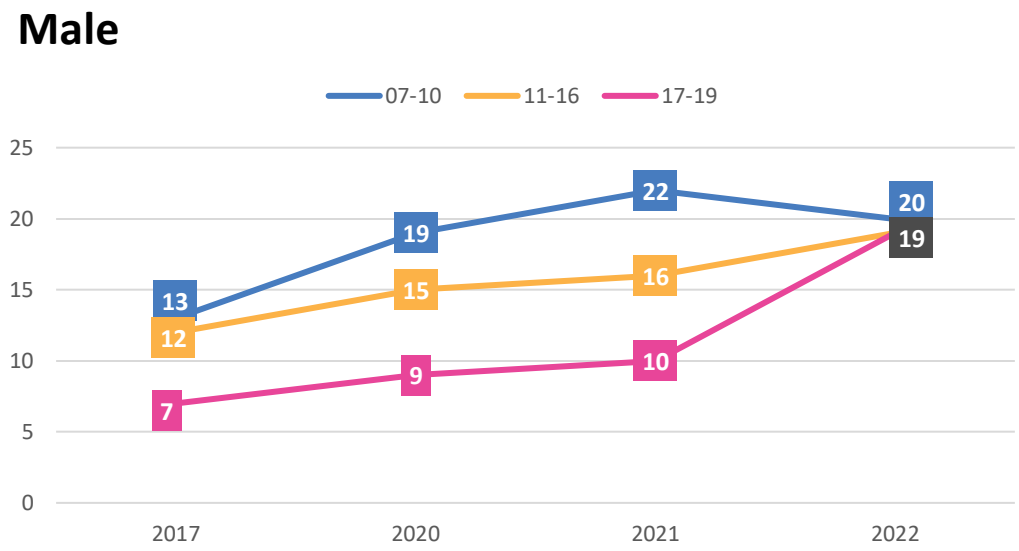
The NHS Mental Health of Children and Young People Survey Results uses the Strengths and Difficulties (SDQ) questionnaire to give an indication of the number of children and young people with a probable and possible common mental disorder by assigning a score to responses. Figure 54 and 55 show the percentage of probable mental disorders in males and

248 https://discovery.ucl.ac.uk/id/eprint/1532018/1/Stansfeld%20et%20al%20APMS2014%20Common%20mental%20disorders.pdf (accessed February 2023)

249 https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/depression-anxiety-mental-health/ (accessed February 2023)

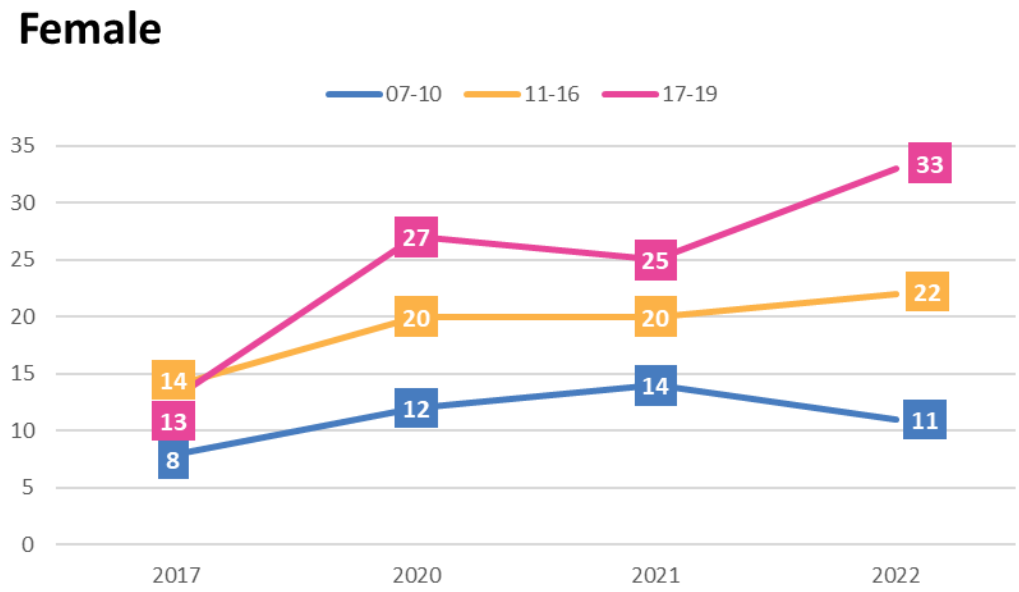
females in 3 different age categories. There has been a statistically significant increase from 2017 to 2022 in all age categories for both males and females.

Figure 54: Prevalence (%) of estimated common mental disorder in Males by age over time



Source: NHS Mental Health of Children and Young People Survey

Figure 55: Prevalence (%) of estimated common mental disorder in females by age over time



Source: NHS Mental Health of Children and Young People Survey

SEVERE MENTAL ILLNESS

Severe Mental Illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired[250]. The term brings together a range of conditions including[251]:

- Schizophrenic and delusional disorders
- Mood (affective) disorders, including depressive, manic, and bipolar forms
- Neuroses, including phobic, panic, and obsessive-compulsive disorders
- Behavioural disorders, including eating, sleep, and stress disorders
- Personality disorders
- Active self-injury, food refusal, suicidal behaviour
- Threatening or injurious behaviours, drug abuse, severe personality disorder
- Overactive behaviours
- Long-term 'negative' symptoms, such as slowness, self-neglect, social withdrawal
- Physical disability, learning disabilities, social disadvantage

Poor physical health is common in people with a SMI with:

- Many people experiencing at least one physical health condition at the same time as their mental illness, known as co-morbidity.
- Frequent diagnoses of more than one physical health condition at the same time as their mental illness, described as multi-morbidity[252].

The NHS Mental Health of Children and Young People Survey 2022 wave 3 follow up to 2017 adolescent psychotic-like symptom screening was used which is designed to assess several symptoms of psychosis over the past 12 months. Answers are scored and added up, with a score greater than 2 considered as an at-risk group for psychotic-like experiences. Psychosis is commonly used as an umbrella term referring to a group of psychotic disorders that includes schizophrenia, schizoaffective disorder, and delusional disorder, and is when people

[250] https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing#purpose (accessed February 2023)

[251] https://www.birmingham.ac.uk/Documents/college-mds/haps/projects/HCNA/HCNAVol2chap13sh6L.pdf (accessed February 2023)

[252] https://onlinelibrary.wiley.com/doi/full/10.1002/j.2051-5545.2011.tb00014.x (accessed February 2023)

lose contact with reality. This might involve seeing or hearing things that other people cannot see or hear and believing things that are not actually true[253].

The onset of psychosis symptoms is most commonly between the ages of 15-40 and is very rare in younger children. Figure 56 shows the percentage of males and females aged 17-24 who scored 2 or more and are therefore part of the at-risk group.

Figure 56: Estimated at risk for psychotic-like experiences (scored 2 or more),

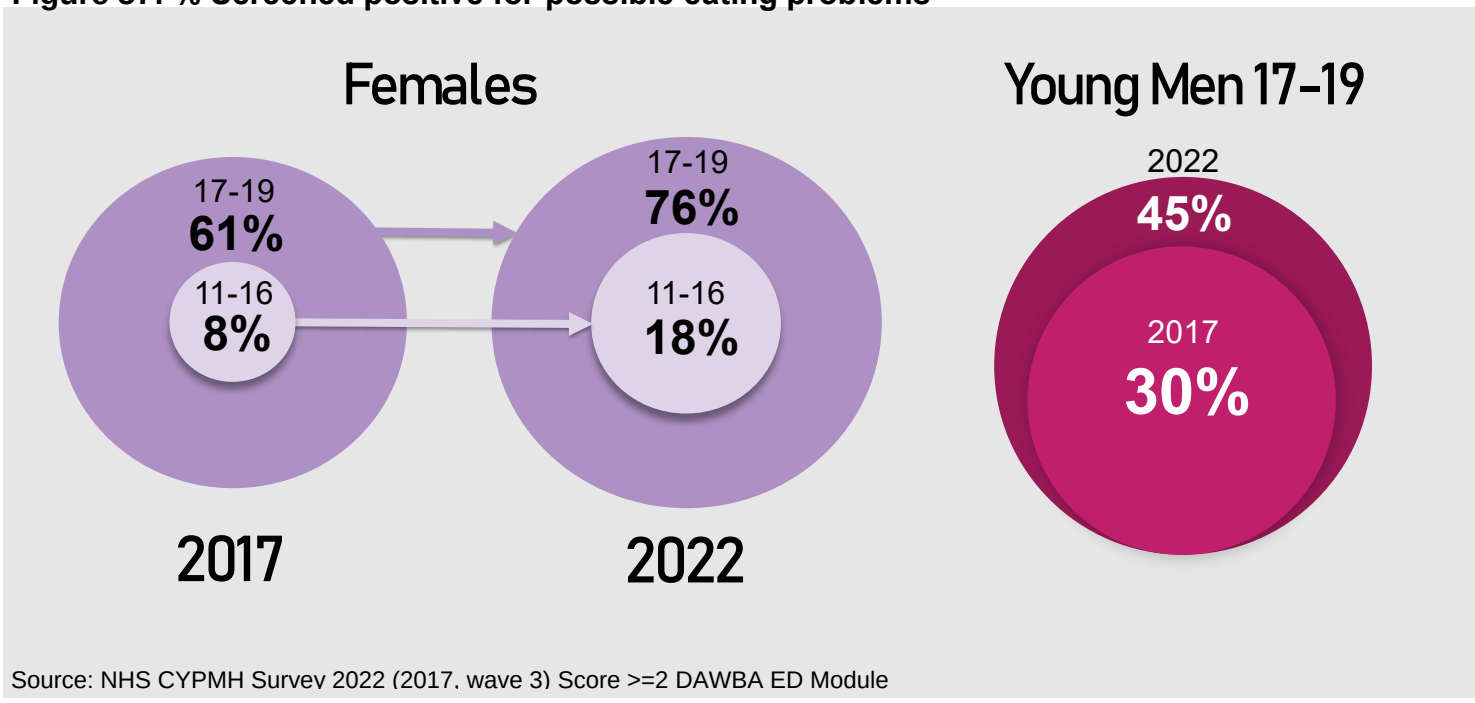
Male: 14.4%

Female: 22.6%

Source: NHS CYPMH Survey 2022 (2017, wave 3)

The NHS Mental Health of Children and Young People Survey also screened for possible eating problems. Results can be seen in Figure 57 which highlights a rise between 2017 to 2022 in the percentage with a possible eating problem in both males and females, with a particularly high rate in 17–19-year-old females, 76% of which screened positive for a possible eating problem.

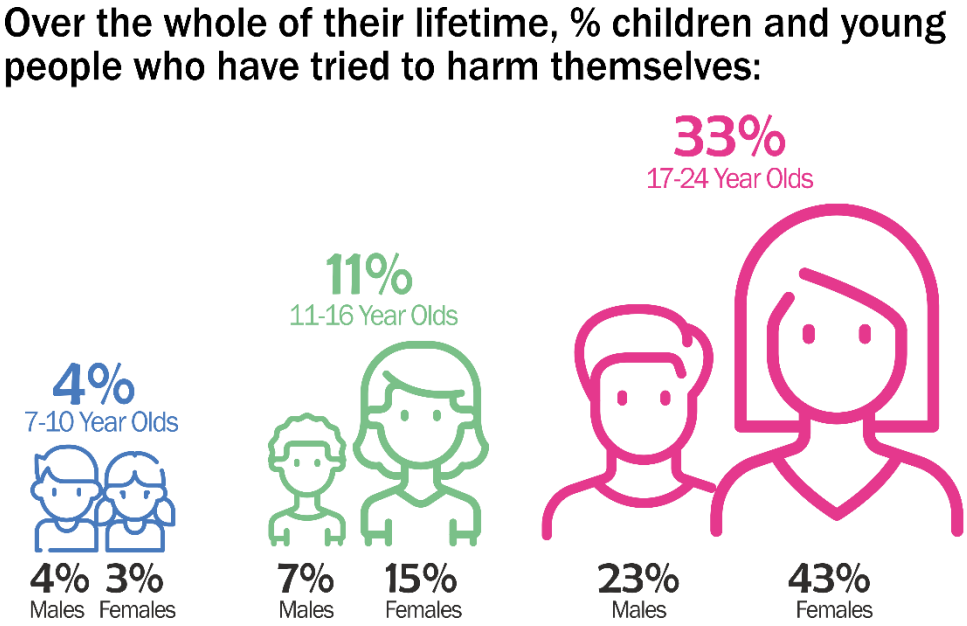
Figure 57: % Screened positive for possible eating problems



Source: NHS CYPMH Survey 2022 (2017, wave 3) Score >=2 DAWBA ED Module

[253] https://www.nhs.uk/mental-health/conditions/psychosis/overview/ (accessed March 2023)

Figure 58: Self-reported self-harm



Source: NHS Children and Young People Mental Health Survey 2022

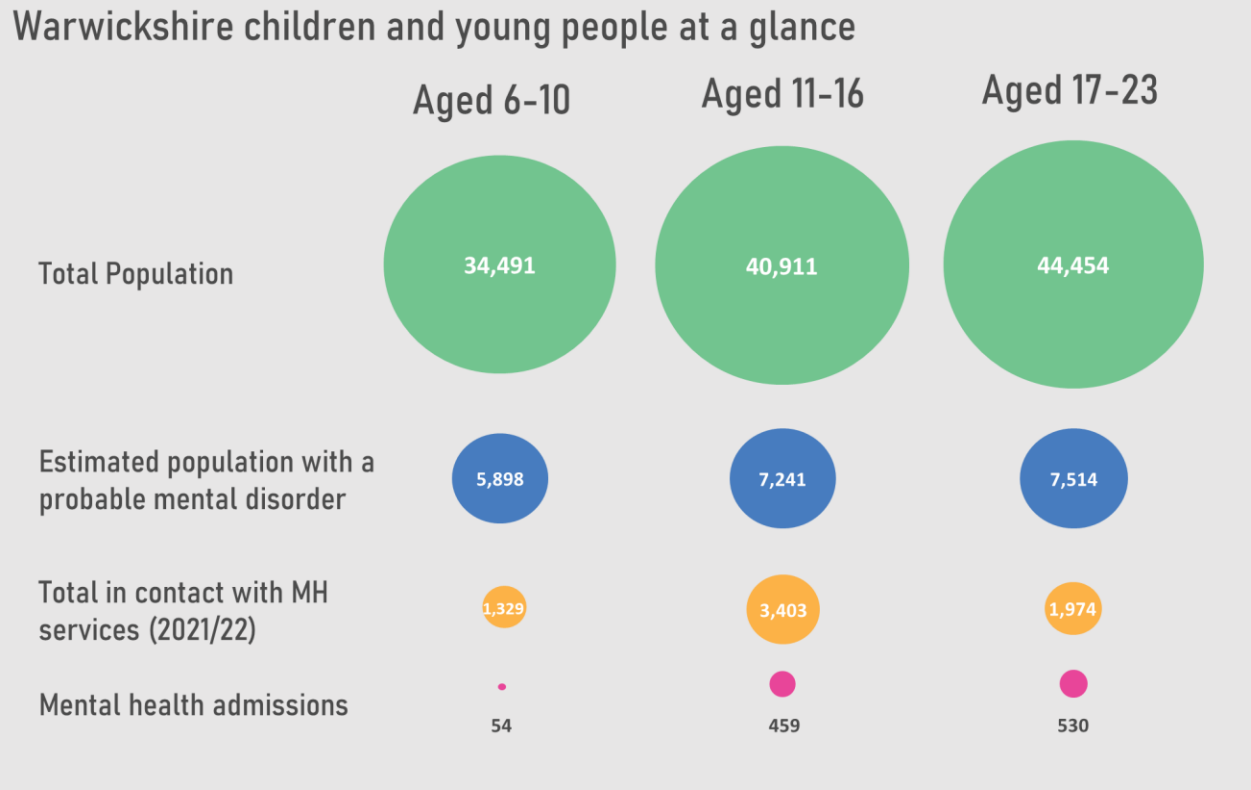
Figure 58 shows the percentage of children and young people who have, over the whole of their lifetime, tried to harm themselves. It shows that 1 in 3 17–24-year-olds have tried to harm themselves, with that number being higher for females (43%) than males (23%). In the 11–16-year-old category the percentage of females who have self-harmed is also higher than males by just over double.

SERVICE ACCESS

Figure 59 shows an overview of the 6-23 population in Warwickshire, the estimated number within each age bracket that have a probable mental disorder, the total number in contact with a mental health service in 2021/22, and the number of mental health admissions.

There is a notable difference between the total number in contact with a mental health service and the estimated number who have a probable mental disorder, with 22.5% of 6-10 year-olds, 47% of 11-16 year-olds, and 26.2% of 17-23 year-olds who have a probable mental disorder in contact with mental health services.

Figure 59: Warwickshire children and young people at a glance

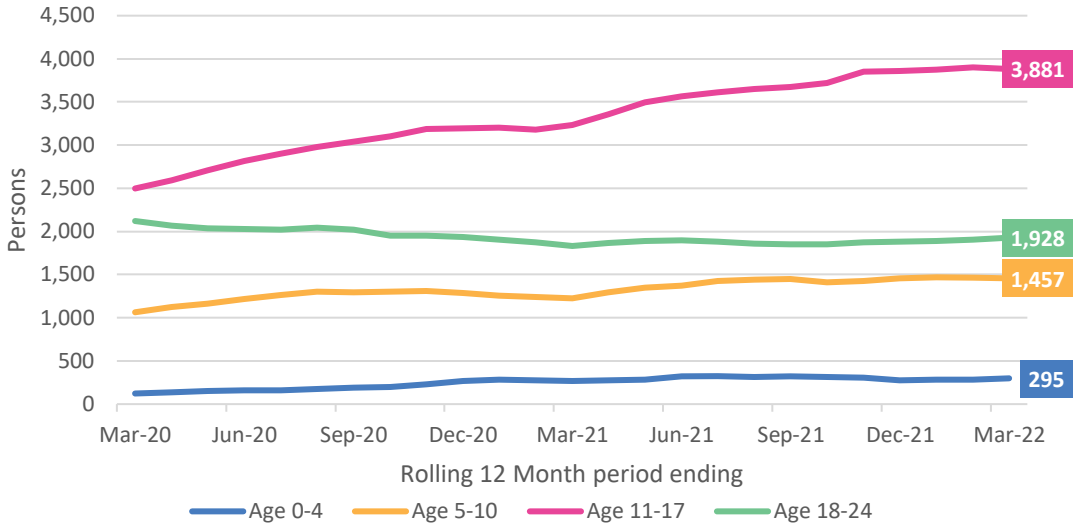


Source: ONS Population Estimates, NHS CYPMH Survey 2021 applied to age adjusted populations, Mental Health Services Dataset

Figure 60 shows the number of Warwickshire residents who have had at least one contact with a mental health service in the previous 12 months, meaning that, as an example, March 2021 covers the number of children and young people who had at least one contact with a mental health service between April 2020 – March 2021.

The graph shows that for the 0-4, 5-10, and 11-17 age categories the number of children and young people in contact with a mental health service has increased, with 11–17-year-olds making up the greatest share of service users. There is also a noticeable increase for the 11-17-year-olds and 5-10-year-olds between March 2021 and June 2021 which aligns with the start of the lockdowns and first year of the pandemic.

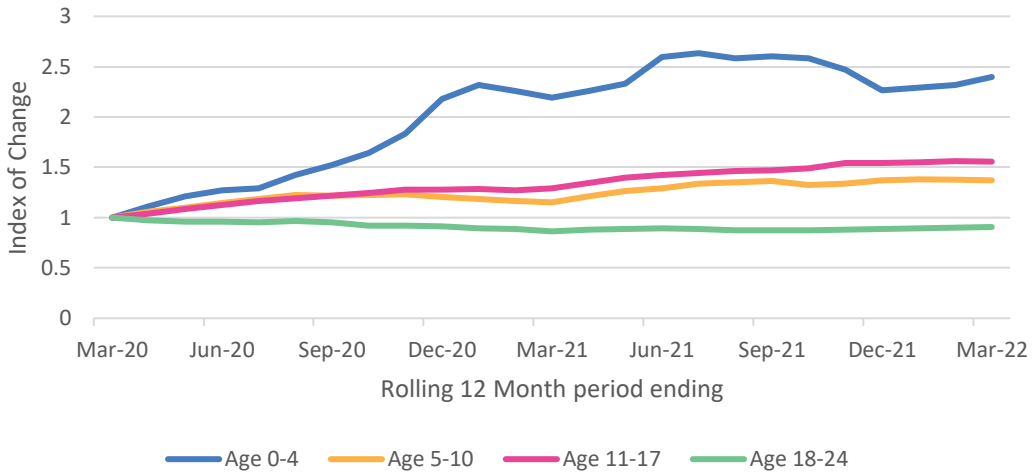
Figure 60: Warwickshire residents' access to mental health services



Source: Mental Health Services Data Set

Figure 61 shows the indexed change in access to mental health service for Children and Young People in Warwickshire over a rolling 12-month period. The greatest relative change has been in the 0-4 age band, which has over doubled since 12-month period ending March 2020. The 11-17 age band which makes up the greatest share of service users has also seen an increase of just over 50%.

Figure 61: Indexed change in access to mental health services (Warwickshire residents)

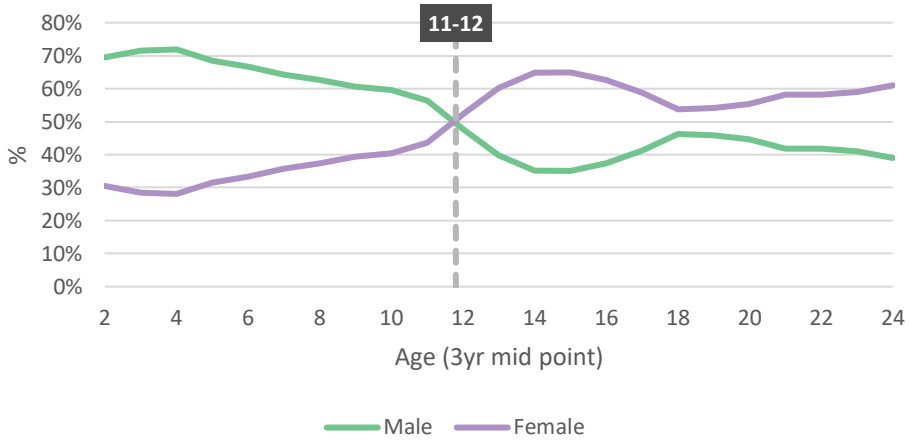


Source: Mental Health Services Data Set

Figure 62 shows the split between males and females accessing mental health services in Warwickshire. At a younger age those accessing services are predominately male, with around 70% of those accessing between the ages of 2-4 being male. At the ages of 11-12

there is a rise in the percentage of females, with age 14 seeing around 65% of those accessing service being female.

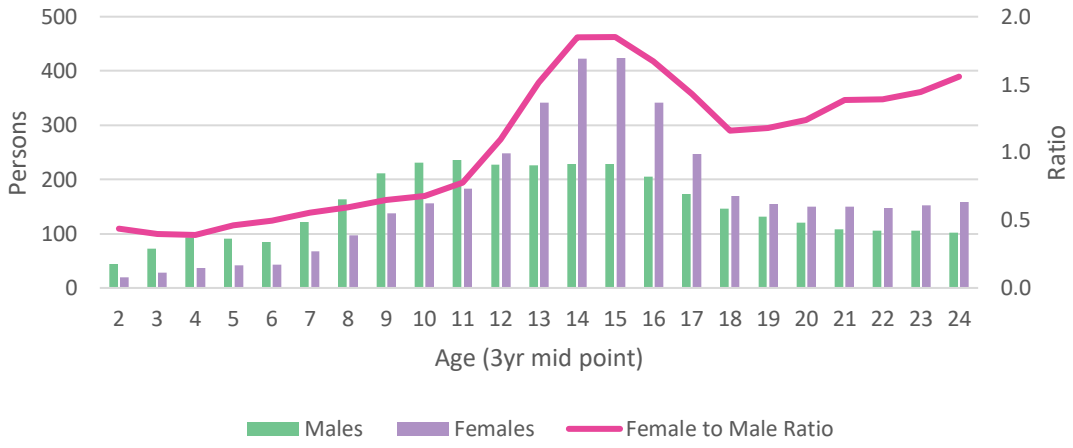
Figure 62: Access to mental health services 21/22 – Warwickshire residents aged 0-24



Source: Mental Health Services Data Set

This difference in access between males and females is further highlighted by Figure 63, which shows the numbers of males and females accessing mental health services in the 0-24 age range, as well as the female to male ratio accessing services.

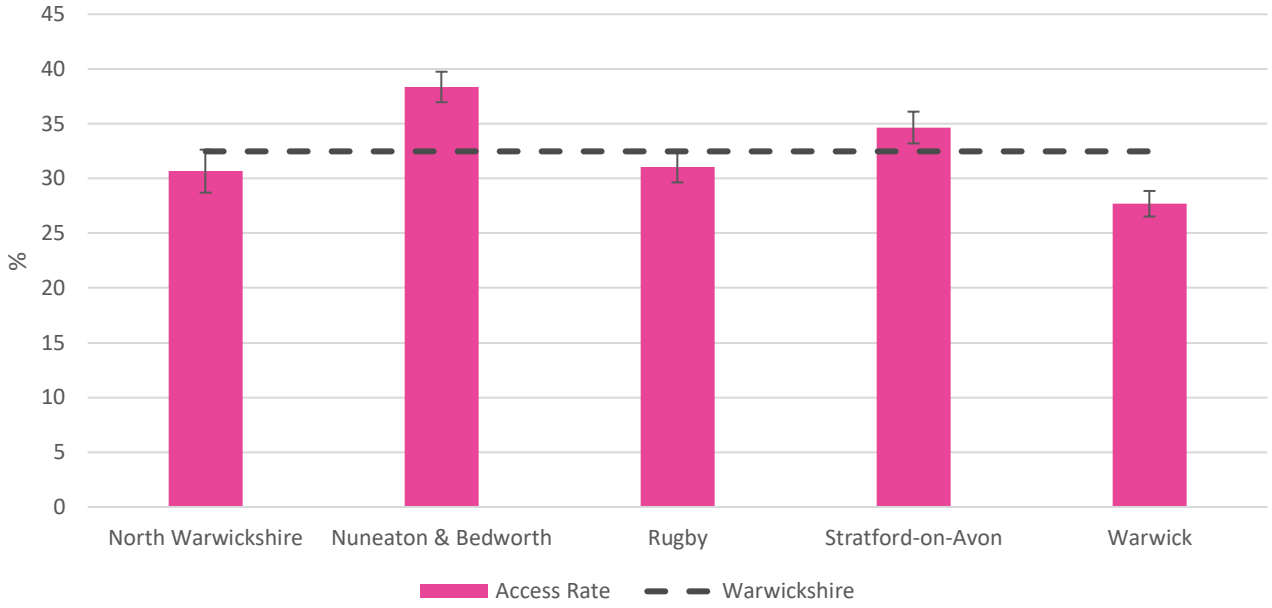
Figure 63: Access to mental health services 21/22 – Warwickshire residents aged 0-24



Source: Mental Health Services Data Set

Figure 64 shows the percentage of the estimated population aged 6-23 with a mental disorder accessing secondary mental health services in 2021/22. The highest access rate is in Nuneaton and Bedworth, with the lowest access rate being in Warwick.

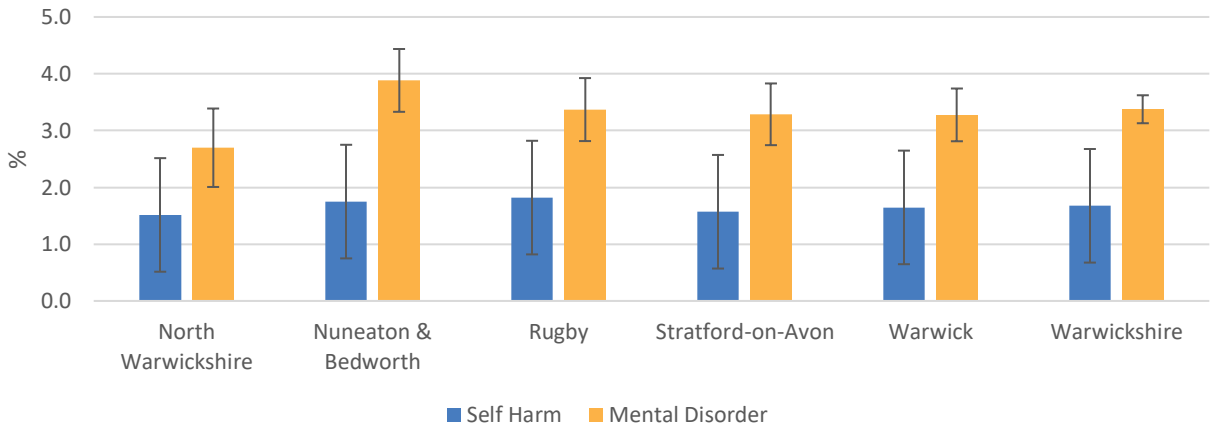
Figure 64: Percentage of estimated population aged 6-23 with mental disorder accessing secondary mental health services (2021/22).



Source: Mental Health Services Data Set and NHS Children and Young People survey 2021

Figure 65 shows the percentage of the estimated population aged 6-23 with a mental disorder being admitted to hospital in 2021/22. There is no statistical significance aross distrcit and boroughs. When looking at different age bands, Rugby has a lower rate than Warwickshire for those aged 6-10 and 11-16, but is higher than Warwickshire for 17-23. The North Warwickshire 6-10 year-olds and Warwick 17-23 year-olds are both lower than Warwickshire.

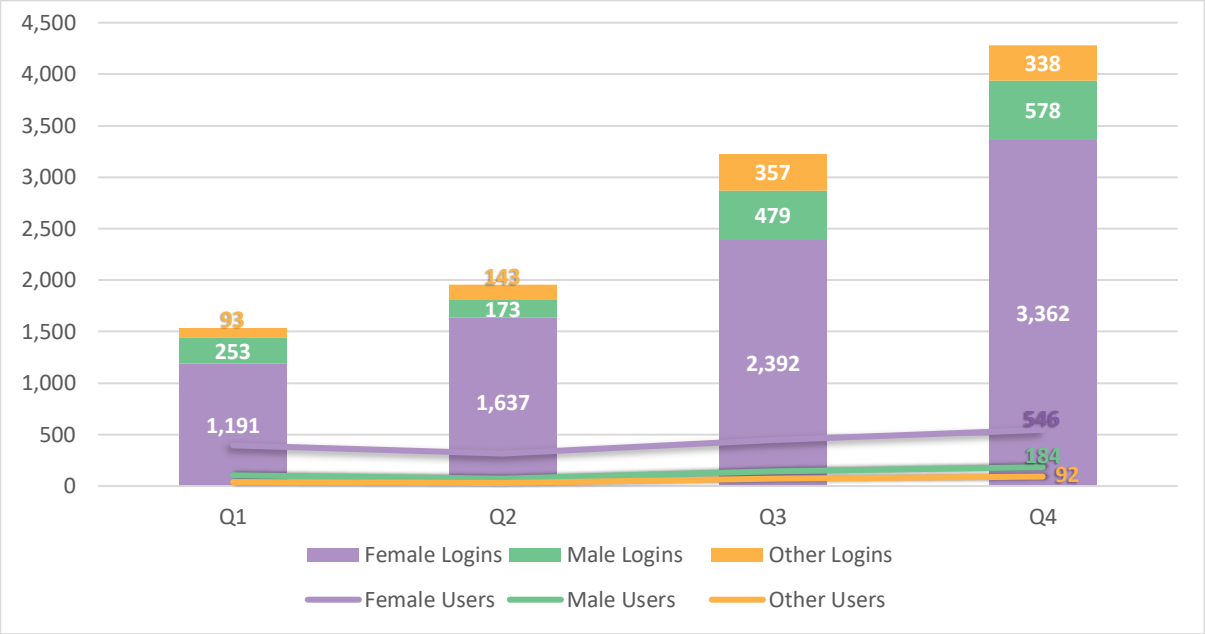
Figure 65: Percentage of estimated population aged 6-23 with Mental Disorder Admitted to Hospital (2021/22)



Source: Mental Health Services Data Set and NHS Children and Young People survey 2021

Kooth is an anonymous, free online mental health and emotional wellbeing support service for children and young people living in Coventry and Warwickshire. Figure 66 shows the number of users and logins by gender over the first year of the service in 2021/22. The figure shows an increase in usage over the first year, with the number of logins more than doubling between quarter 1 and quarter 4. There were more female logins and users than male.

Figure 66: Kooth Users and Logins by Gender over 2021/22



Source: Kooth

Figure 67 shows the percentage of children and young people in Warwickshire who were able to access Rise services within targets set locally for referral into treatment and emergency contacts, and nationally for eating disorders. These numbers reflect the increase in both demand and complexity of children and young people mental health needs. There was a significant increase in referrals for children and young people crisis care and eating disorders with the demand for these services greater than the pre COVID commissioned capacity. The impact of the COVID pandemic on our children and young people's emotional and mental health are a contributing factor to the presenting needs and patient flow.

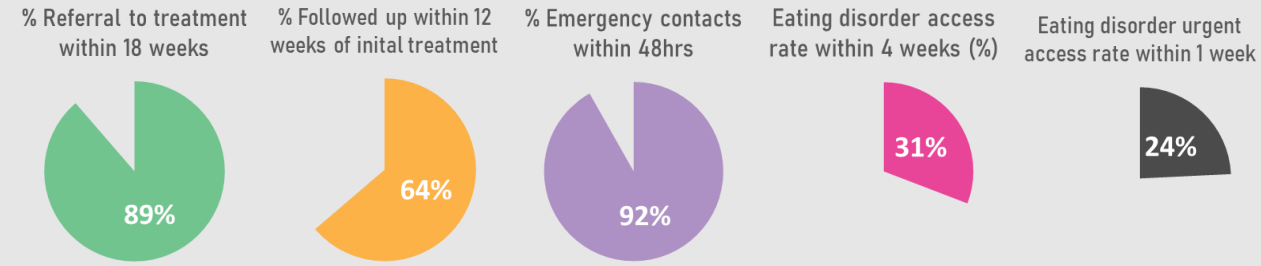
Additional investment from NHS England to meet the NHS Long Term Plan[254] ambitions was given priority commitment for children and young people crisis care and community eating disorders during 2021/22 and continuing into 2022/23. This increase has enabled expansion

[254] https://www.england.nhs.uk/mental-health/cyp/ (accessed March 2023)

of the services and increased responsiveness for children and young people referred for specialist community eating disorder mental health care and crisis care.

As the former Coventry and Warwickshire CCG in 2021/2022, eating disorder access for both 1 week and 4 weeks was in the bottom 5% nationally. More recent published data as Coventry and Warwickshire ICB has not shown any improvement, although there have been technical difficulties with the data collecting system.

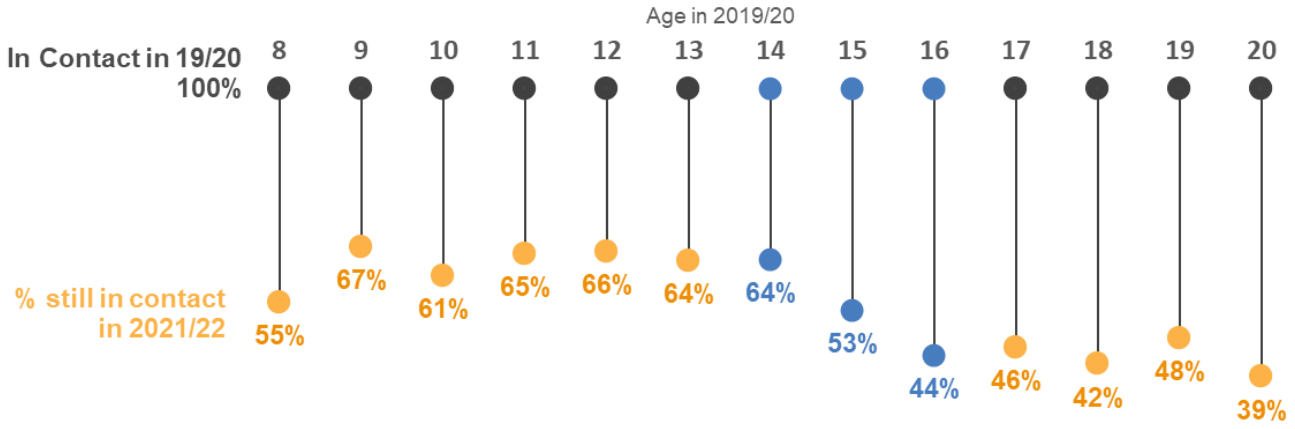
Figure 67: Rise Service Waiting Times, 2021/22:



Source: Coventry Warwickshire Partnership

Figure 68 shows that children are more likely to remain in contact with service than young adults, with the decrease occurring from age 15 to 18. 64% of individuals aged 14 in 2019/20, with at least one contact with mental health services in that year, also have a contact two years later in 2021/22 where they would be around 16 years old. This drops to 44% still in contact two years later for the 16 year old cohort, who would then be around 18 years old.

Figure 68: Of the young people in contact with secondary mental health services in 2019/20, what proportion are still in contact after two years?



Source: Mental Health Services Data Set

Further analysis of this 2019/20 cohort showed that the number of contacts with mental health services is related with the percentage still in contact two years later. 86% individuals aged 14

in 2019/20 with 20+ contacts were still in contact two years later, compared with the baseline 64% with at least one contact.

SERVICE MAPPING

Table 13 provides an overview of the core mental health services across Warwickshire, mapped to the Thrive framework, with service descriptions below. The numbers accessing (either 2021/22 financial year or 2022 calendar year) are given as an indication of the amount of children and young people accessing services each year.

Table 13:Children and Young People Core Mental Health Services Across Warwickshire Mapped to THRIVE categories

	Getting Advice	Getting Help	Getting More Help	Risk Support
kooth Digital Mental Health Service	In 21/22, there were **1,062** users accessing forums and **641** accessing articles. *	In 21/22, there were **231** users accessing counselling by chat and **954** by message. *		
RISE Coventry Warwickshire Partnership Trust**	**Dimensions:** In 2022, **3,593** users 0-24 accessed the online wellbeing tool	In 21/22: • Primary mental health: **435** • Specialist CAHMS: **2,596** • Mental Health in Schools Teams – Approximately **1,700** children supported with an intervention	In 21/22: • Neuro -developmental: **2,767** • Eating disorders: **171**	In 21/22: • Acute liaison team and community crisis: **202** • Hospital admitters receive 48 hour plan

Coventry and Warwickshire mind	Big Umbrella Wellbeing advisors Peer mentoring Specialist keyworker	Community autism support Children-looked-after service Tier 2 Emotional Wellbeing Support		Safe Havens
Connect for Health Your school nursing service	In 21/22 academic year: • Chat Health: **89** chats were initiated*** • **129** group sessions held in schools	In 21/22 academic year, there were **1,210** one-to-one interventions with primary and secondary school students		

* Annual figures generated by quarterly reports so these figures will be an overestimation of unique users. There will also be overlap between categories as users may access more than one type of support.
** Annual RISE figures are an average of active users over four quarters, split by team
***Users may have more than one chat

Connect for Health School Nursing Service - Compass, ages 5-19 - https://www.compass-uk.org/servicevs/c4h/

Compass provides the Connect for Health school nursing service that supports children, young people, and their families in Warwickshire. They offer support with topics such as healthy eating, dental health, friendships and relationships, bullying, anxieties about changing schools, parenting, behaviour, fussy eating, sleep, continence, referral onto additional services, and emotional wellbeing including stress and anxiety. Support includes one-to-one interventions, a chat line offering advice and support, group sessions held in classrooms and assemblies.

Kooth, ages 11-24 - https://www.kooth.com/

Kooth is an anonymous, free online mental health and emotional wellbeing support service for children and young people living in Coventry and Warwickshire. It offers one online session

with a qualified counsellor, peer-to-peer support through moderated online forums, and the opportunity to read and contribute articles.

CWPT (RISE)

Dimensions of Health and Wellbeing Support Online Tool, all ages - https://cwrise.com/dimensions-tool

Dimensions is a free online tool providing self-care information to support adults, children, and young people in Coventry and Warwickshire. The tool is available 24/7 and creates a report which provides information about self-care, local services and support.

Mental Health in Schools Teams - https://cwrise.com/mhst

The Mental Health in Schools Team is an NHS service that has been introduced as part of the national plans to expand mental health services for children, young people, and their families within the education setting. Working across Coventry and Warwickshire, they provide mental health interventions, advice, and liaison with specialist services to help children and young people get the right support. They work closely with schools to develop their 'whole school approach' to mental health and wellbeing.

Primary Mental Health Teams - https://cwrise.com/primary-mental-health

The Primary Mental Health service gives general advice, guidance, and consultation and group training for those who work with children, such as school-linked professionals or social care roles. They help children and young people who may be displaying signs of emotional distress and emerging mental health difficulties by working with those around the child, such as teachers, in order to put in place plans to manage issues and stop them becoming more serious.

Youth Justice Service, ages 10-17 - https://www.warwickshire.gov.uk/youthjustice

The Youth Justice Service works with young people who have offended or are likely to do so. The service plays and active role within crime reduction partnerships, drug action teams, area child protection committees, are criminal justice liaison committees and court user groups, and social and economic regeneration groups.

Specialist Mental Health Services, up to 18th birthday - https://cwrise.com/what-is-camhs

The Core Specialist Mental Health Services can help children and young people if they:

- feel sad or like they don't want to be here anymore

- have problems with their family, friends or at school
- hurt themselves or want to hurt themselves
- feel anxious and scared
- have problems with eating food
- have trouble talking or sleeping
- hear voices or see things
- feel angry or are struggling to control their behaviour or temper
- find it hard to concentrate or get on with friends
- have to check or repeat things, or worry about germs
- don't like themselves or have low self-confidence.

Eating Disorders - https://cwrise.com/eating-disorders-children

The service aims to work in collaboration with children, young people and their families or carers to offer specialist assessment and treatment provision in order to restore both physical and psychological wellbeing.

Neurodevelopmental Service - https://cwrise.com/neurodevelopment-service

The Neurodevelopmental Service is a specialist service consisting of highly skilled multidisciplinary team responsible for the assessment and diagnosis of neurodevelopmental disorders including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and dyspraxia (as a co-occurring disorder).

Crisis and Home Treatment Team, under 18s - https://cwrise.com/crisis-and-home-treatment-team

The Rise Crisis & Home Treatment team provide multi-disciplinary support to children and young people who present in mental health crisis. The service is available 24/7, with an advice only service outside the core hours of 8am – 8pm.

Coventry & Warwickshire Mind

Early Intervention and Prevention:

The Big Umbrella - https://cwmind.org.uk/big-umbrella/

The Big Umbrella is an early intervention project aimed at building young people's resilience and equipping them with the skills to manage and maintain good mental wellbeing.

Wellbeing Advisors, ages 15-24 - https://cwmind.org.uk/wellbeing-advisors/

The wellbeing advisors are for young people who are feeling down or worried. They can help them find the right help and then catch up with them further down the line to see how things are going.

Targeted Services:

Children's Community Autism Support (CASS), age 7-18 - https://cwmind.org.uk/cass-children-and-young-people/

CASS is for children and young people (up until their 19th birthday) who are on the neurodevelopmental waiting list for an autism diagnosis, or who have previously received a diagnosis but require support, and their families.

Children Looked-After Services - https://cwmind.org.uk/looked-after-childrens-services/

Children looked-after services are delivered to children who are looked-after, their parents/carers, and professionals. Their support offer includes creative play and activities, counselling, telephone/text/e-mail support, and emotional wellbeing support.

Peer Mentoring Service, ages 16-25 - https://cwmind.org.uk/peer-mentoring/

This service is an early intervention/prevention service providing peer mentor 1:1 and group support with the goal of enabling a smoother transition from children's mental health services into adult support or community services.

Specialist Keyworker Project, ages 14-25 - https://cwmind.org.uk/specialist-keyworker-team/

The aim of the team is to ensure that the voice of the young person is heard – providing strategic support by looking at the background and history of the young person, identify blockages and challenges in their support journey, so that reasonable adjustments are made and to avoid unnecessary hospital admissions.

Safe Havens, age 16+ - https://cwmind.org.uk/wp-content/uploads/2020/11/Safehaven_October-2020-update.pdf

Safe Havens is an out-of-hours mental health support service that operates between 6pm – 11pm. Wellbeing practitioners are available for booked face-to-face appointments, by phone, video link, text message or email.

PATHWAYS

Rise is a family of NHS-led services providing emotional wellbeing and mental health services for children and young people in Coventry and Warwickshire.

Rise aims to build resilience and empower children and young people (as well as the adults in their lives) to know where to go for help and advice.

Rise comprises of a number of different services both NHS and Voluntary, Community and Social Enterprise (VCSE), each led by mental health specialists with the aspiration to deliver the right support at the right time.

A journey with Rise is as unique as the person seeking support, so the support each person receives may be different.

The ways Rise may provide support are:

- Direct support: which may be a combination of group sessions for young people and their parents or carers and or individual therapeutic interventions.
- School-based resilience programmes: such as Boomerang, Big Umbrella and Mental Health in School Teams.
- Support the people who support you: working alongside social care, schools and other professionals.
- Community-based support for parents and carers through Rise Community Partnerships.
- 24-hour support – including crisis care and 24/7 helpline.

The Rise service ethos is ‘no door is the wrong door’’. Regardless of how a Child or Young Person enters into Rise their needs will be supported and navigated to the right place within Rise.

The Navigation Hub is often the initial point of contact for professionals to make referrals for a child or young person they are working with. The Navigation Hub is open weekdays staffed by both Mental Health clinicians and CYP skilled admin. However, outside these hours the 24/7 crisis helpline is the access point for urgent referrals and or advice and guidance for CYP or those supporting a CYP. Both the Navigation Hub and the Crisis line are supported by Specialist Mental Health and Coventry and Warwickshire (CW) Mind practitioners.

Mental Health clinicians review every referral coming into the Navigation Hub gathering relevant clinical information to decide what further action is needed whether this a routine, urgent or emergency referral.

The Navigation Hub currently only accept referrals from professionals who are involved with or working with the young person and/or family, e.g. GPs, Schools, Social Care, School Nurses, Health Visitors.

Following the national NHSE roll out of Mental Health Support Teams in schools' programme access to early help and CBT based interventions within schools have widened the opportunities for CYP to access Mental health care. Those schools that are part of the MHST programme will via their Mental Health lead direct referrals to the MHST clinicians who are based within their schools.

Journey through Rise

When a CYP is referred for Emotional Wellbeing or Specialist Mental Health care the Mental Health clinical staff at the Navigation Hub triage all the referrals. This triage process may include follow up calls to either the referrer and or the parent/carer of children and young people themselves to determine the right support at the right time. The decision from this triage will be both informed and informing, where a CYP is felt that their needs are not within Rise the Navigation Hub clinician will signpost and support advice and guidance for referrer and parent/carer. This signposting to a service outside of Rise may include community and voluntary organisations who provide emotional and mental health wellbeing support.

Where a CYP is felt would benefit from a mental health assessment or intervention they will be contacted to confirm and arrange a suitable time for the assessment appointment and or intervention.

Regardless of any plan of care all CYP and their families are able to access the 24/7 crisis advice and helpline.

After Initial Assessment

After the initial assessment a young person will receive a letter saying what is going to happen next. This letter will detail the plan of care and reflect the conversation held in the assessment meeting. There are a number of interventions that may be part of the CYP plan of

care. All interventions and support will be based on the individuals assessed need and the family, CYP will be supported by the Intervention Hub while waiting for their follow up care.

No two journeys though the rise service are the same – a journey is as individual as the young person therefore a young person could receive support through a number of services based on their assessed need:

- Signposting to other community mental health and emotional wellbeing services
- Crisis and Home Treatment Team (if urgent)
- Primary Mental Health Teams
- Mental Health in School Teams (MHST)
- Eating Disorder service
- Crisis care through the Rise CYP Crisis team which may also include acute hospital admission
- Targeted Emotional & Mental Health Support
- Children looked after services
- Specialist Mental Health Services
- Neurodevelopmental Diagnostic Service (conditions such as Autism Spectrum Disorder and Attention Deficit Disorder)

GETTING RISK SUPPORT

Getting Risk Support is defined by the Thrive Framework as “Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services”.

All groupings within the Thrive Framework are likely to have risk management aspects to some extent. However, children and young people in this category may have some or many of the difficulties associated with Getting Help or Getting More Help but, despite extensive input, they remain a risk to self or others.

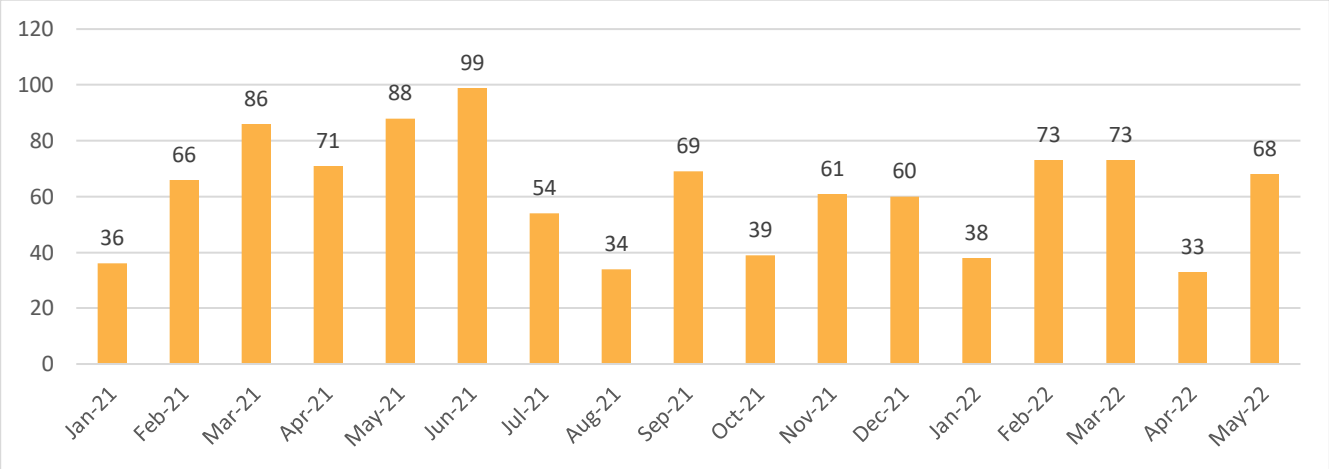
This section will consider the services available for children and young people who are at risk and may be in crisis, self-harm, hospitalisations, and suicide.

RISE CRISIS TELEPHONE LINE

The Rise crisis telephone helpline is run by the Rise Crisis & Home Treatment team. The service is available 24-hours a day, 7 days a week, with an advice-only service outside the core hours of 8am – 8pm.

Figure 69 shows the number of calls received between January 2021 and May 2022. In this period Mondays were the busiest day for the helpline. Months where educational pressures peak (such as in May and June during exams) and months with transition points (such as September when the new school year starts) show an increase in the number of calls received.

Figure 69: Number of calls received by the Rise Crisis Telephone Helpline between January 2021 and May 2022



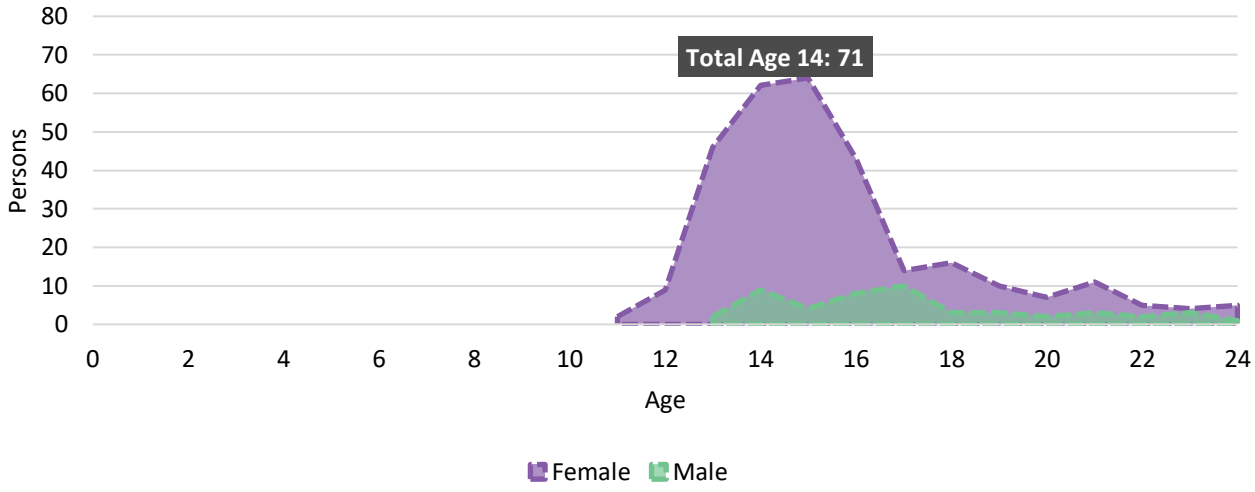
Source: Coventry and Warwickshire Partnership Trust

HOSPITALISATIONS

Self-harm is when a person hurts themselves as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences[255]. There are many different ways people can self-harm, including cutting or burning their skin, punching or hitting themselves, poisoning themselves with tablets or toxic chemicals, misusing alcohol or drugs, deliberately starving themselves or binge eating, and exercising too much[256]. These injuries may lead to a person needing urgent medical intention, including attending A&E or hospital.

Figure 70 shows the number of children and young people being admitted in acute settings having self harmed in 2021/22, with a peak at age 14 with 71 admissions. The admissions are female dominated, particularly between the ages of 13-16, with just over 60 of the 71 admissions at age 14 being for females.

Figure 70: Acute Admitters with Self-harm 2021/22



Source: Mental Health Services Data Set

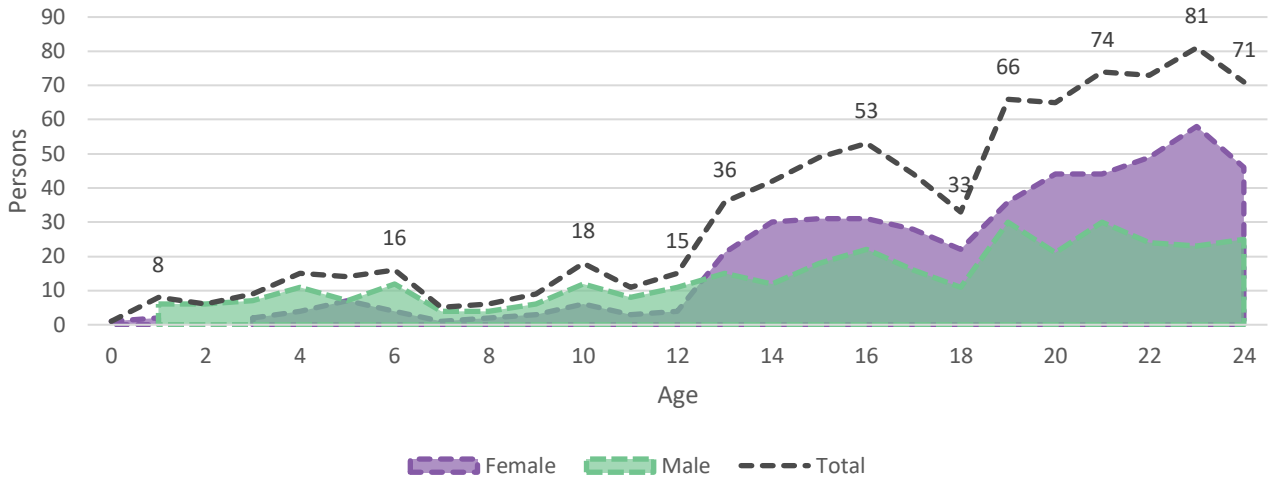
Figure 71 shows the number of acute admissions for children and young people with a mental disorder diagnosis in 2021/22. There is a steady increase for males, whilst females see a particularly increase between the ages of 12–14. As a totality, there is a significant increase

[255] https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/ (accessed March 2023)

[256] https://www2.hse.ie/conditions/self-harm/ (accessed March 2023)

from ages 12–16, followed by a slight reduction to age 18, with the highest number of admissions happening between the ages of 18-24.

Figure 71: Acute Admitters with Mental Disorder Diagnosis 2021/22



Source: Mental Health Services Data Set

Table 14 looks at the reasons for admission broken down by age for self-harm and mental disorder. Out of 352 admissions for self-harm, 303 of those were from intentional self-poisoning, with 209 (59% of all self-harm admissions) of those being intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics, and antirheumatics - examples of which include paracetamol, ibuprofen, aspirin, and steroids. Of these 209 admissions, a total of 186 (89%) are reported as 4-amniophenol derivatives which includes paracetamol: this equates to 52.8% of all self-harm admissions.

During March 2023 CWPT are collating the source of paracetamols for children and young people following a rise in children and young people presenting at A&E and on wards with paracetamol overdose. This includes details on where the paracetamol was obtained, for example whether it was bought from stores (there is no legal age limit), or from home.

Table 14: Warwickshire Residents Aged 0-24 with an Admission in 2021/22						
Reason for Admission	**Age 0-4**	**Age 5-10**	**Age 11-17**	**Age 18-24**	**Total Admitters**	**Total Admissions**
Self Harm					**352**	**456**
Intentional Self Poisoning	0	0	229	74	303	394
Intentional Self-Harm	0	0	48	1	49	62
Mental Disorder					**821**	**1055**
Disorder due to psychoactive substance use	0	0	42	182	224	278
Mood affective, neurotic, stress related and somatoform disorders	0	7	88	227	322	405
Personality and behaviour, schizophrenia, schizotypal and delusional disorders	2	4	34	12	52	70
Psychological development and behavioural/emotional disorders with onset usually by adolescence	35	54	78	37	204	278
Organic or other unspecified mental disorders	2	3	8	6	19	24
Total	**39**	**68**	**527**	**539**	**1,173**	**1,511**

Figure 72 shows the percentage of children and young people who had contact with a secondary mental health service before, before and after, after, or not at all around their first admission for self-harm and mental health. 41% of those admitted for self-harm had contact only after their admission. It is unknown if these 41% were receiving support elsewhere, however it does highlight a system wide approach to identifying those at risk to self-harm.

65% of those admitted with a mental health diagnosis where not known by a secondary mental health service before their first admission, with 57% not being in contact with a mental health service before or after their first admission. This raises questions about whether they

should have been encouraged to contact a mental health service after their admission, and if so, why they did not make that contact, or were they being supported elsewhere. It once again highlights the importance of a system wide approach to understanding and supporting mental health in children and young people.

Figure 72: At what point young people were in contact with a secondary mental health service around their first admission

Of the young people with their first admission in 2021/22; how many were in contact with secondary mental health services, and at what point?

	Self-Harm	Mental Health
Before admission only	1%	15%
Before and after admission	53%	20%
After admission only	41%	8%
Not in contact with service	5%	57%

Source: Mental Health Services Data Set

TIER 4 REFERRALS

CAMHS Tier 4 are specialised services that provide assessment and treatment for children and young people with emotional, behavioural, or mental health difficulties, and are commissioned by NHS England. Referral to a Tier 4 CAMHS General Adolescent Service must be from Rise or community adult mental health services and must follow the National Referral and Access Process (Form 1 and Form 2).

Tier 4 CAMHS services in England offer 4 options of support:

Medium Secure Services: accommodate young people with mental and neurodevelopmental disorders (including learning disability and autism) who present with the highest levels of risk of harm to others including those who have committed grave crimes.

Low Secure Services: accommodate young people with mental and neurodevelopmental disorders at lower but significant levels of physical, relational, and procedural security.

Psychiatric Intensive Care Units (PICU): manage short-term behavioural disturbance which cannot be contained within a Tier 4 CAMHS general adolescent service. Behaviours will include serious risk of either suicide, absconding with a significant threat to safety, aggression, or vulnerability due to agitation or sexual disinhibition.

General Adolescent Services: provide inpatient care without the need for enhanced physical or procedural security measures.

In October 2022, a review of CAMHS Tier 4 referrals took place across the East and West Midlands by NHS England Midlands. The review aimed to show the needs of young people in crisis and their families, to better understand what support is needed as part of the referral management process. The review took the last 10 referrals that were admitted to the General Adolescent Unit (GAU), Psychiatric Intensive Care Units (PICU), and Low Secure Units (LSU) (30 in total), as well as the last 5 referrals that were not admitted. The review found that in the West Midlands:

- **63%** of the cases were female.
- **37%** of the cases were 17 years old.
- **30%** of the cases were admitted following a suicide attempt or assessed as being very high risk of suicide.
- **40%** had a diagnosis of autism.
- **80%** were subject to a Mental Health Act section.

Table 15 shows the breakdown of case location by ICS region, with Coventry and Warwickshire ICS having the second highest percentage of cases.

Table 15: Cases admitted by ICS region

ICS Region	Percentage of total West Midlands cases
Birmingham and Solihull	27%
Coventry and Warwickshire	23%
Staffordshire and Stoke on Trent	20%
Black Country and West Birmingham	13%
Herefordshire and Worcestershire	10%
Shropshire, Telford, and Wrekin	7%

Source: NHS England

Several themes were identified around reasons for referral and background and social factors, which are shown in Table 16.

Table 16: Reasons for Referral	
Theme 1: Suicide	• Attempted suicide, or high risk of suicide, was the most common reason for referral. • In these cases the young person had either made an attempt to end their lives, or they had expressed a strong desire and plan. • Family members often reported that they did not feel they could keep their child safe, even taking extreme measures (sleeping in the same bed, not going to work). This could lead to parent/carer burnout.
Theme 2: Assessment and treatment	• Assessment and treatment were the next most common reasons for referral. • Further detail in the referrals suggested the young person required a safe and secure setting to conduct a thorough assessment and/or commence treatment.

	• Several cases mentioned a suspected first episode of psychosis which required assessment, diagnosis, and commencement of medication.
Theme 3: Safety	• 13% of all cases (East and West Midlands) were referred to ensure the safety of the young person, or those around them. This often related to self-harming behaviour or unpredictable violence and aggression. • The safety of staff on wards was also an issue in some cases, with staff members being injured during episodes of restraint. • The safety of other young people on these wards should also be considered, in light of observing self-harming and aggressive behaviour and the possible increase in this behaviour amongst other inpatients.
Background and Social Factors	
Theme 1: Family Support	• In 83% of all cases, the young person referred was living at home and in most cases family members were noted to be supportive and engaged in the care of the young person. • Family members also reported stress and difficulty managing challenging behaviours in most cases, and a fear of no longer being able to keep their child safe.
Theme 2: Learning disabilities and autism	• Autism was noted in 40% of West Midlands cases. • Learning disability was only noted in 5% of cases.
Theme 3: Safeguarding	• Safeguarding risks to the young person were noted in 48% of all cases. Bullying and exploitation were noted in a small number. • Safeguarding risks to others were noted in 17% of all cases, most often around violence/aggression towards family members.

Theme 4: Forensic History	NB: forensic history in this context means some contact with police or youth offending teams. • Forensic history rates in all cases were low (18%) and where there was a history of interaction with police, in all cases there had been no charges laid to date.
Theme 5: Social Isolation	• In 23% of all cases, it was noted that the young person had limited or no social support. • In most of the remaining cases, family (largely parents) were noted as the social support. • Several cases note that behaviour had deteriorated since COVID lockdown, and that disengagement from school (often linked to lockdown) had impacted negatively on behaviour and mood.

SUICIDE

Please be aware that this section contains discussion related to suicide. Please look after yourself and seek help if you need support: https://www.dearlife.org.uk/.

The death of a child by suicide is an unimaginable tragedy, with every life lost having a devastating effect on friends and family. Those who self-harm are particularly vulnerable and at greater risk of suicide, and 50% of people who die by suicide have a history of self-harm; in many cases with an episode shortly before their death[257]. The *'Local Suicide Prevention Planning'* resource published by Public Health England[258] supports local authority public health teams to develop a local suicide prevention strategy. These have a particular focus on reducing risk in men, preventing, and responding to self-harm including services for young

257 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939479/PHE_LA_Guidance_25_Nov.pdf (accessed September 2022)

258 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939479/PHE_LA_Guidance_25_Nov.pdf (accessed September 2022)

people in crisis, the mental health of children and young people, and bereavement support for people bereaved by suicide.

Coventry and Warwickshire Child Death Overview Panel (CDOP) have consolidated learning from cases reviewed at panel into 2 imagined case studies for this JSNA. These cases are based on circumstances seen by the panel and highlight the complexity of factors that can exist when a child or young person loses their life to suicide. The 2 case studies have been given the names Josie and Luke.

Josie

Josie was a 16-year-old girl from Warwickshire. She had spent her life growing up in a wealthy environment and family background, where she attended private school alongside her younger brother. At a young age, Josie had been involved in a traumatic accident whereby she had suffered from a significant brain injury. Although she had fully recovered, it had later left her suffering from several mental health issues, including severe anxiety and PTSD. This had resulted in an early CAMHS referral at 13 years old, where she had continued engagement with mental health services. This had led to absence from school and subsequent deviancy, with interventions from a school perspective being missed.

Josie had also been hiding her sexuality from her family. From the age of 14 she had been in a relationship with another girl, who was 5 years older than her, and unknown to Josie's friendship circle. This relationship had been coercive and financially abusive, with Josie falling victim to exploitation for her trust fund. Her partner had come from a very conflicted background, growing up in foster care and heavily involved in social care. She had a solid understanding of social housing and used this to take advantage of Josie and her wealth. Across the course of their 2-year relationship, Josie's behaviour at home had become increasingly erratic, where she would have missing episodes, where it was believed she would run away with her partner. More recently, these episodes became longer, and she eventually ended up moving in with her partner in an unstable living environment. Despite her parents trying to maintain continuous contact and having sent a number of referrals to social care, Josie had not returned any calls for 2 weeks.

Social care had had little contact with the police in the area, and her case was not classified as a high-risk missing case due to her remaining in the care with someone over the age of 18. Unfortunately, these missed opportunities and lack of communications between services had meant that there had been no contact with Josie for several days. She was found in a public place alongside her partner having lost her life to suicide.

Luke

Luke was 17 when he lost his life due to suicide in 2019. During this time Luke was staying in independent living accommodation within Warwickshire, following 3 years within a foster setting. On the evening Luke died he had been heard having an argument with his mother, whom he still had contact with, by one of the accommodation staff. He was seen crying in the lounge area later that same evening. Following this he retired to his room, where music was heard playing. The music continued until 11pm when staff went to check on him and ask for the music to be turned off, when sadly they found he had lost his life to suicide. A note was left on his bed, police were called.

Luke had a turbulent family history with his father and mother having an opioid addiction. There had been considerable domestic abuse that he and his brother had witnessed since an early age. In 2015, at the age of 13 Luke had been accused of sexually abusing his younger brother, this led to a foster care placement and supervised familial contact. Luke had flourished within foster care, maintained a job from the age of 16 and achieved good educational results. He left foster care 3 months prior to his death as the family had divorced and felt they could no longer place him. He had found settling into the independent accommodation quite hard after being placed within a family environment prior to this.

The day prior to his death he had been spending time with friends and attempted to sneak one into his room in the care setting he lived in. Luke and his friends had been observed with powder around their faces on the day prior to his death and Luke had been very sick. Luke's friend was asked to leave following the incident. 3 months prior to this Luke had entered the care accommodation with over £3000 of savings which was spent over the course of 8 weeks. There are accounts stating that it was being spent on himself, friends, and drugs. Luke would frequently give his bank card to new friends and allow them to spend money, at times this accounted for considerable sums he did not seem aware of. Luke had told these friends that he intended on dying by suicide, only one tried to raise this concern to a member of staff at the accommodation.

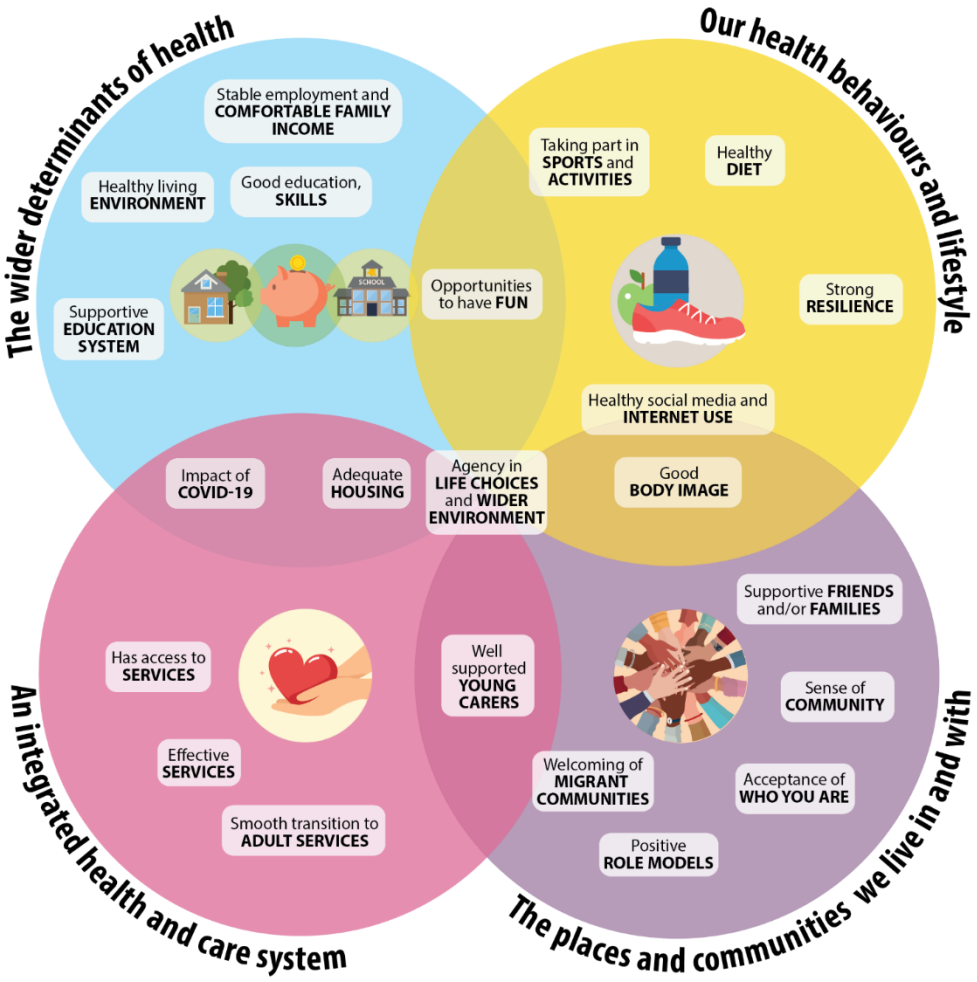
As highlighted in these case studies there are often a range of factors that lead to losing a child to suicide. Understanding and addressing these factors is crucial in helping to prevent future loss. These factors may not always flag a child or young person as being in crisis, and each individual will react to these factors differently. It is therefore important that there is a

combined effort between communities and services who work with children and young people to approach suicide awareness, and support those who may be struggling.

CONCLUSION

This report has highlighted factors responsible for poor mental health and wellbeing in infants children and young people, as well as its consequences. In order to improve mental health we also need to understand protective factors and what improves the mental health of this age group in Warwickshire. This is set out in Figure X and shown using the same Kings Fund model from Figure 73.

Figure 73: Vision for Children and Young People Population Health System



Source: Kings Fund and WCC

This vision for population health is considered in terms of the four interconnecting pillars:

- According to The Kings Fund there is now a wealth of evidence that the **wider determinants of health** are the most important driver of health. Family income,

adequate housing and a healthy living environment, as well as a supportive education system and access to a good education are key building blocks for a child and young person's wellbeing.

- **Our health behaviours and lifestyles** are the second most important driver of health. This JSNA highlights the important of diet, sports and activities, resilience, positive internet use and good body image. Importantly the significance of opportunities for children and young people to have fun and enjoy their lives leading to good mental health.
- There is now increasing recognition of the key role that **places and communities** play in our health. The local environment is an important influence on our children's and young people's health behaviours. There is strong evidence of the impact of social relationships and community networks, including on mental health. Having supportive friends and family, a sense of community, and access to positive role models all help guide and support a child and young person in their life. It is important Warwickshire continues to work to build communities that welcome migrant populations and provides good support to young carers.
- Recent years have seen a strong focus on developing an **integrated health and care system**. This reflects the need for children and young people and their families to have access to effective services in a timely manner. Preventative services which are tailored to individual need, including smooth transitions from child to adult services have been identified as recommendations in this document. There is a need to integrate health and care services around their needs rather than within organisational silos.

Finally, the pillars intersect around the vision of supporting children and young people in Warwickshire to have wider agency in life choices and their wider environment. The importance of co-creation is a key recommendation within this JSNA.

This JSNA hopes the recommendations and this vision provides one blueprint for a thriving population of children and young people in Warwickshire.

APPENDICES

APPENDIX 1: THE VOICE OF CHILDREN AND YOUNG PEOPLE IN WARWICKSHIRE

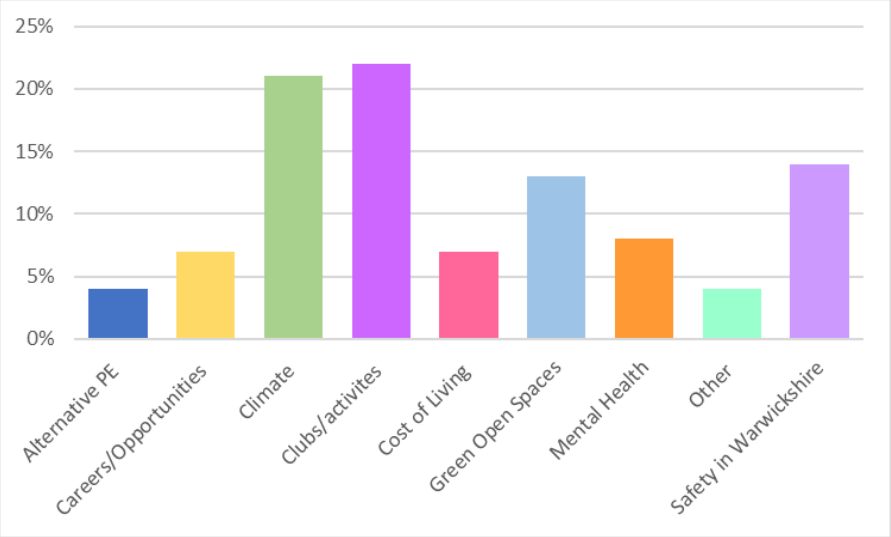
To ensure the voice of children and young people in Warwickshire is reflected within this JSNA a sub-group was set up to explore, map, and identify key themes from engagement work done across the council with the 0-25 population. This reflection will ensure that the JSNA sets to inform and direct with the wishes of children and young people at its centre.

Warwickshire Youth Council members represent the views and voice of children and young people living in Warwickshire. It is their job to ensure that children and young people's views are heard. The Youth Council have recently identified the following recommendations that all have an impact on mental health as explored in the Thriving chapter of this JSNA:

- **Climate Change** – The Youth Council's recommendations is that councils within Warwickshire work closely with the private sector to promote sustainable growth. Trying to encourage as many people as possible to work together for change.
- **Youth Homelessness** – The Youth Council's recommendation is more support with information about hidden homelessness such as people who sofa surf. Being able to access the support and knowing how to access it.
- **Jobs & Careers** – The Youth Council's recommendation is that more up to date and relevant information is made available to young people in a simple way, to help them explore and understand the variety of opportunities and offer skills and support to plan and prepare for a rapidly changing future job market. Realistic advice around all jobs not just those that are most talked about i.e., doctor, engineer, accountant. More focus on what young people enjoy/prioritise as individuals.
- **Mental Health & Wellbeing** – The Youth Council's recommendation is that there is better information, with better publicity and promotion, in one place that young people can visit to understand what support is available to them and how to access it. Trusting that young people know their mental health and if they need support. Ensuring young people don't feel patronised when asking for help.
- **Respectful Relationships** – The Youth Council's recommendation would be to offer more information on how young people can better manage peer pressure. How to identify an unhealthy relationship i.e., manipulative. Different types of contraception being more easily accessible for young people.

Child Friendly Warwickshire works with children and young people as well as businesses, community groups, and council services to help make Warwickshire as safe, stable, and full of opportunity for young people as possible. Child Friendly Warwickshire utilised the Dialogue platform to ask children and young people in Warwickshire "how can we help make Warwickshire more child friendly?". Figure 74 shows the main themes from that consultation.

Figure 74: Responses to "How can we make Warwickshire more Child Friendly?"



Source: Child Friendly Warwickshire

The main themes that came out of the consultation can be broken down further:

More clubs and activities (22%) • Youth groups clubs • Activities outside of school • Places to meet new people/friends	**Climate change awareness (21%)** • Help improve the environment • Reduce littering • Reduce pollution • Learn how to prevent climate change
Safety in Warwickshire (14%) • Visibility of Police • Bullying • Feel safer walking in the streets	**Green Open Spaces (13%)** • Parks: Cleaner, more equipment, one closer to home • More open spaces to play • Plant more trees
Mental Health (8%)	**Careers/Opportunities (7%)**

• Bullying • Peer to peer support • Learn where young people can get help/speak about mental health • Raise awareness of services	• Learn more about apprenticeship/work opportunities • Careers in Warwickshire • Work experience • Everyone to receive a great education
Cost of Living (7%) • Helping those with less • Keep houses warm in winter • Learn how a young person can save/be good with money	

The COVID-19 pandemic has had an unprecedented impact on children and young people, particularly their mental health. In its wake, Compassionate Communities have been running Story Circles with children and young people aged 11+ to understand their experiences of the pandemic and how this has changed or affected them. The following are key themes drawn out from this engagement:

- The impact of disruption to education
- Uncertainty, loss, and processing death
- Isolation
- COVID anxiety
- The value of family and connections
- Frustration and powerlessness
- A loss of confidence
- A loss of motivation
- The challenges and joys of getting back to meeting people face-to-face
- An increase in mental health challenges
- Uncertainty around their financial future

Compassionate Communities also used Story Circles to explore the power of community with those aged 18+. Community support and resilience can be a great protective factor to support

children and young people's mental health and will be explored further in the Thriving chapter of this JSNA. The following key themes came out of this engagement:

- The power of communities can help to break social stigmas.
- Communities can have a large emotional impact and can help raise awareness for issues.
- COVID has shown how insecure life can be, particularly financially, with communities helping to support a financial future when these times are harder.

The Care Leavers Forum offers an opportunity to meet with other young people leaving care and discuss issues important to them and make changes to council services. The forum identified that they needed to get more regular and consistent mental health support, as well as more help for those feeling isolated and alone.

The Children in Care Council offers an opportunity to meet with other young people in care and discuss issues important to them and make changes to council services. They recently identified several areas that needed improving, the following of which relate strongly to mental health:

- More support with self-harm
- More support from schools
- More support with LGBTQ+
- Help understanding transitions i.e. what happens when you go to college/university
- More time building support networks such as more family time, meeting carers before being placed in their home, and more opportunities to make friendships.

IMPACT, the Young Person's Forum for SEND, meets online on the 3rd Thursday of every month. It provides an opportunity for young people aged 13-25 years with SEND to have their say and influence support in Warwickshire. They have recently identified things that need improving:

We need SEND friendly settings:

- Where young people get the support that they need
- Jobs for young people with SEND
- Fun things to do for young people with SEND to be part of their community

We need to develop the local offer to be easy to use:

- Develop local offer based on young people's feedback
- Use Instagram to communicate to young people

We need better understanding about SEND:

- Understand what life is like for children and young people with SEND
- Meet individual needs to make things fair for young people
- Mental health is really important
- Parents and young people are happy to help with training

We need to listen to young people with SEND and involve them in what we do to have an IMPACT.

Highly Sprung Young People's group are a community-based physical theatre company who run sessions for young people from across Coventry and Warwickshire. During an engagement session with 40 young people and 10 parent/carers they were asked various questions around mental health, including "What improvements would you make to services?" The following themes came out from this question:

- More support at school – "Help at school since teachers sometimes don't understand", "Less stress from school", "Help at school", "Better understanding in teachers", "Equip teachers for mental health support", "Have more helpers at school", "Reach out and check in at school", "School needs to be fairer and accept that we have lives", "Incorporate mental health awareness into education system".
- The importance of listening to young people – "Listen to young people!!!", "Help and listen, not just tell us what you think is wrong with us", "Understand my language and listen to my interests", "In order to talk, there needs to be someone to listen", "Someone to talk to that's more casual, not a formal meeting and someone that doesn't just appear at crisis", "More options to talk that don't escalate into a full scale diagnosis, someone just saying it's okay and not label everything".
- Effort to destigmatise mental health – "More effort made to destigmatise mental health especially in the older population", "Help remove negative stigma about mental health", "Educate people to the level where they don't stigmatise MH so we can all have good lives", "More effort made to destigmatise mental health especially in the older population".
- Support for everyone, not just those with a medical diagnosis – "Make things easier for those on the spectrum even if they haven't got a diagnosis", "Support for those with no medical diagnosis", "Support for those without diagnosis but still struggle".
- Earlier intervention – "Give help earlier to people starting to feel bad before it gets to crisis point", "Regular mental health check-ups", "Prevent it at an earlier age".
- Access – "Having it available in a way that isn't going out of the way to get it", "Immediate help and no waiting", "Immediate help, no waiting lists, a place to talk with

no judgement and no immediate decisions", "Bring in more groups that can help you feel like you belong and you are safe", "Make access easier "walk in", support for day to day issues & ongoing contact in community".

- Stress – "Make things less stressful, slow stuff down, less pressure", "Make life less stressful", "Less stress from school".

They also asked "What kinds of support would you find helpful if in crisis? The following themes came out:

- Having someone to speak to who is consistent – "A person who stays the same and can talk", "Someone to talk to", "Quiet place, someone to talk to, someone who won't ask questions", "Someone I feel I'm not burdening, "Someone to talk to that won't judge me and won't be awkward, that I can just go to".
- More support at schools – "Having more people to help at school. Access to mental health tools", "School not constantly harassing me for work".
- Options for service support – "A place without being referred to CAMHS", "Similar to CAMHS but just for when we need to talk", "NHS having better therapy services for youth", "Easy, fast access to professional help, CBT and meds from day 1".
- Distractions/Activities to do – "Things to do, distraction", "Watching F1 with my dad, finding ways to deal with my problems healthily", "An opportunity to do something I enjoy, perform, make art", "Music".