



Children and Young People (CYP)

Summary of emotional health and
wellbeing need (EHWB)



Public Health

2023



Overview

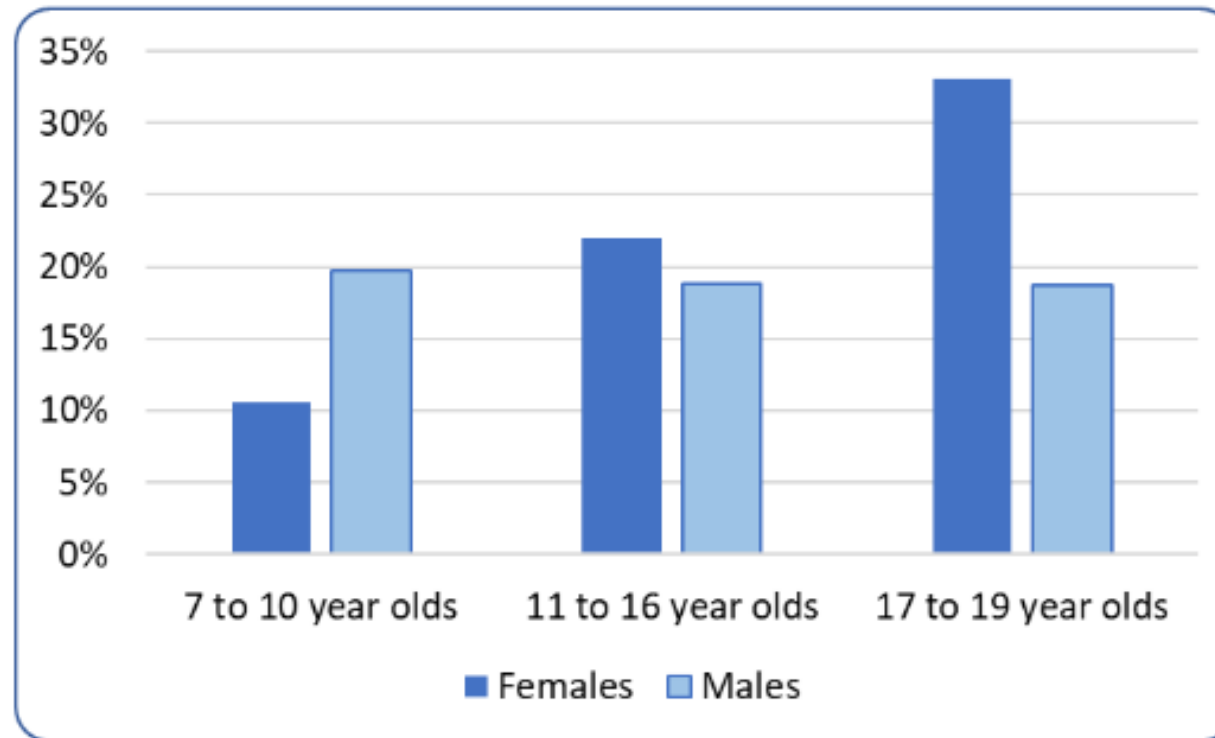
- Mental health problems often develop early in a child's life and half of all mental health disorders are established by the age of 14. Source: NHS Digital [Mental Health of Children and Young People in England](#). Early interventions and access to appropriate services enables children and young people experiencing difficulties to maximise their prospects for a happy, healthy life.
- Policies and strategies have focussed on expanding access to mental health support in education settings and NHS Children and Young People's Mental Health Services (CYPMHS) including 2015 [Future in Mind](#), 2016 [The Five Year Forward View for Mental Health](#), 2018 [Transforming Children and Young People's Mental Health Provision: a Green Paper](#) and the 2019 [NHS Long Term Plan](#). All have recognised the importance and goals for children and young people being able to access provision at the earliest opportunity to support better outcomes.
- The COVID-19 pandemic impacted on children and young people's mental health. In 2017, one in nine children aged five to 16 were identified as having a probable mental health problem. By July 2021, this number rose to one in six. Source: [Young Minds](#)
- Rates of children aged 7-16 years with a probable mental disorder rose from 12.1% in 2017 to 16.7% in 2020 and stayed stable after that at 17.8% in 2021 and 18.0% in 2022.

National data summary

- **Over half of all mental health disorders start before the age of 14 (RCPCH)**
- At least 1 in 6 children have a probable mental health condition. 17% 7-16yrs, 26% 17-24yrs. Rates remain stable from 2020-2022 for young children but have increased for young adults (NHS Digital, MHCYP Survey 2022)
- Boys aged 6-10 years are almost twice as likely to have a probable mental health disorder than girls. The pattern is reversed for young people aged 17-24 years. There is less significant differences by sex for 11-16 year olds (LGA, 2022)
- Nearly 3 in 4 children with a mental health condition also have a physical or developmental condition (LGA, 2022)
- Emotional disorders are on the rise – particularly anxiety and depression (no concrete stats)
- Self-harm is on the rise – particularly in younger children. 6 may have ever self-harmed in a class of 30 15yrs olds (Anna Freud, 2015).
- Risk factors include: poverty, financial crisis, parental separation, family dysfunction parents with mental health problems, LGBTQ+, Looked After Children, Youth Justice (LGA, 2022)
- There is limited specialist support for children under the age of 5 years (LGA, 2022)
- 4% of children accessed mental health services in 2020/21 (Children's Commissioner, 2022)

National prevalence of CYP with probable mental disorders (2022)

Figure 30: Percentage of children/young people with a probable mental disorder, England, 2022



Source: NHS Digital- [Mental Health of Children and Young People in England 2022](#), using the Strengths and Difficulties Questionnaire

Limitations of local data



With quantitative data (numbers) we can only evidence what we measure well and is accessible (e.g., hospital admissions, EHCP plans)



We do not consistently capture data on the emotional health and wellbeing of local children and young people (e.g., school survey data)

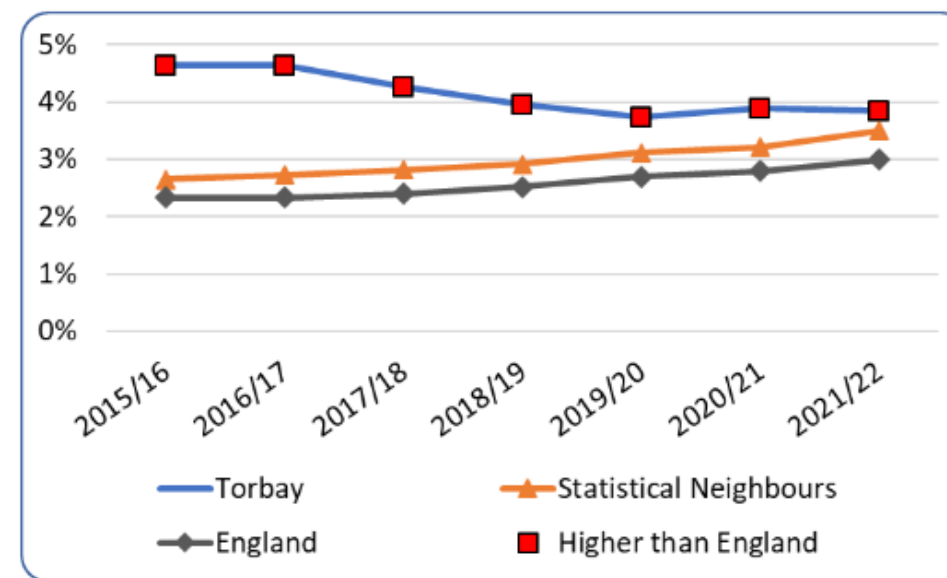


Engagement and personal experience data (qualitative) is rich but cannot accurately represent the experience of all children and young people

Local SEN who have a primary need of social, emotional and mental health

- Torbay is significantly higher than England for children who have a Special Educational Needs (SEN) with a primary need of social, emotional and mental since 2015/16. However, this has decreased and levelled off. Torbay is higher than England for both primary and secondary pupils with these needs.
- Torbay is significantly higher than England in the percentage of both boys and girls with social, emotional and mental health needs in 2020/21 and 2021/22 (the 2 years reported by Office for Health, Inequalities and Disparities - OHID). More than double the number of boys than girls are identified with these needs in Torbay as is the case nationally.

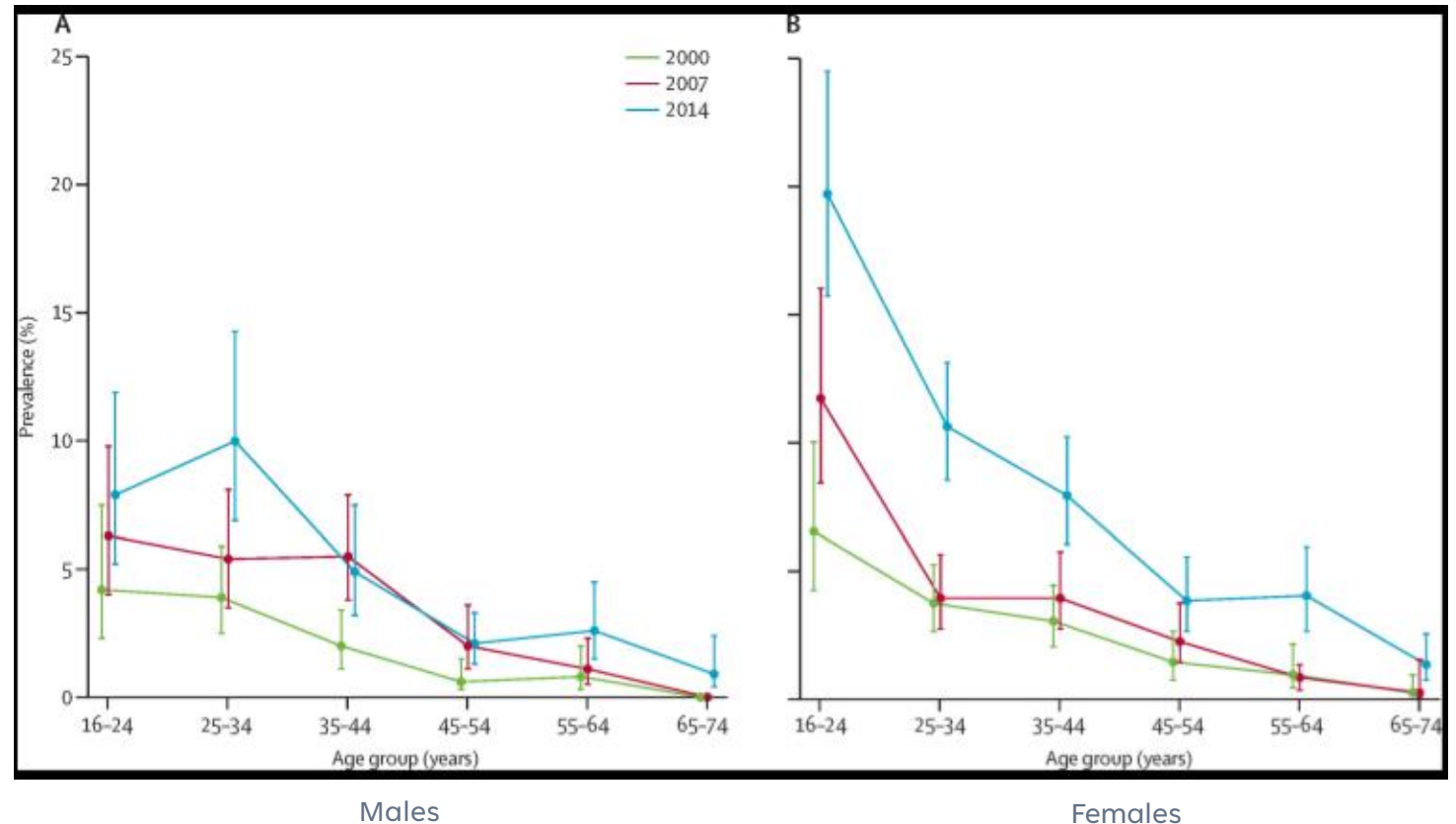
Figure 29: Percentage of school pupils with SEN of social, emotional and mental health needs



Source: OHID- [Public Health profiles](#)

National trends in self-harm (coping mechanism of EHWB need)

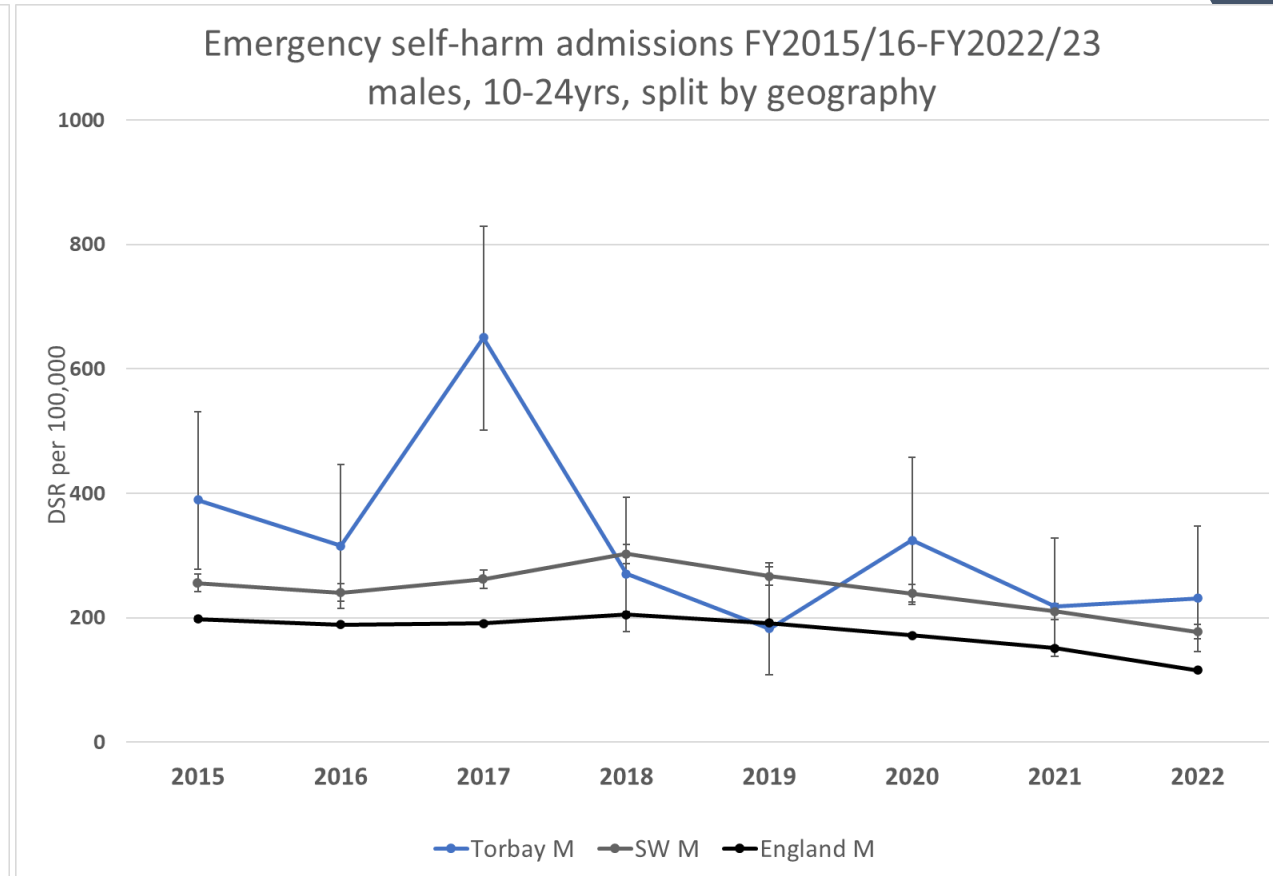
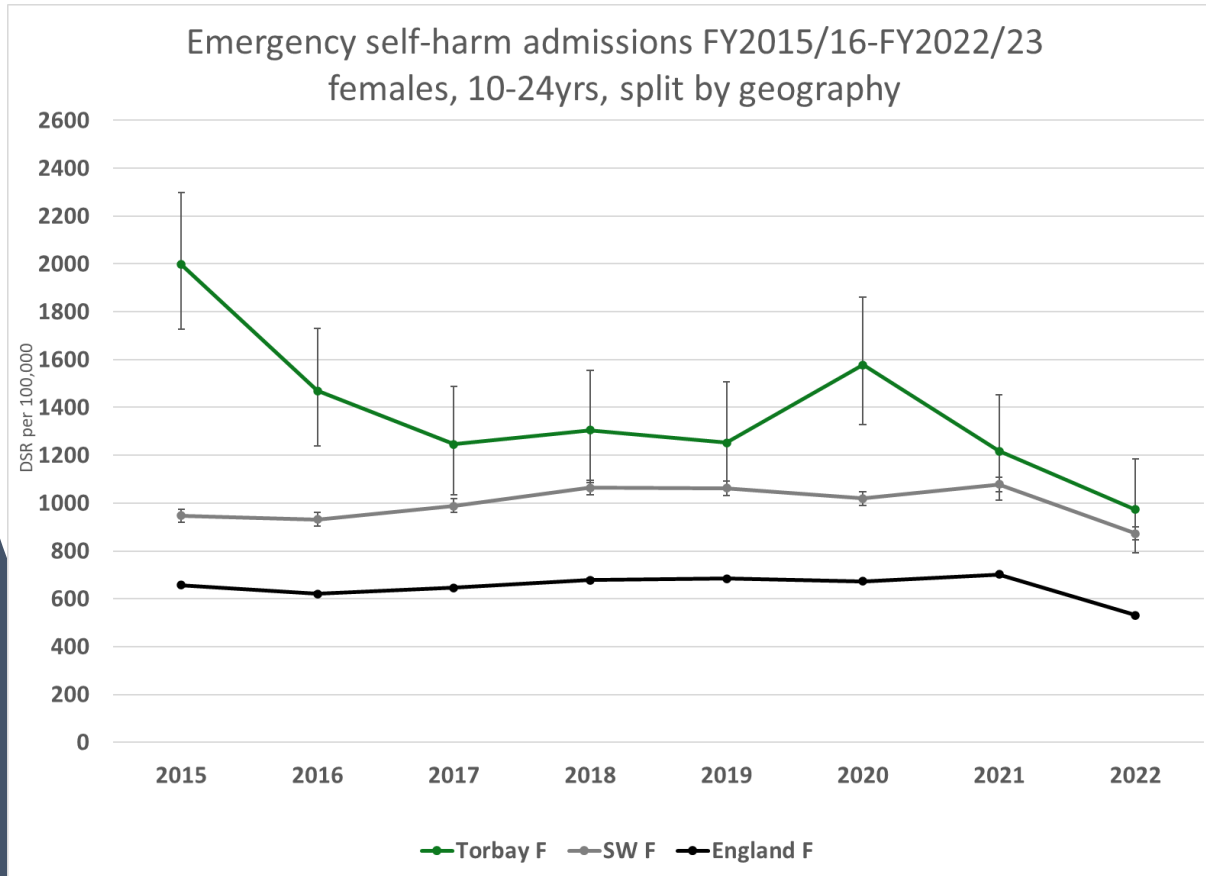
Evidence of a substantial increases in the incidence of self-harm among adolescent girls (aged 10-24yrs) presenting to primary care in the UK from 2020-22 compared with expected incidence (new cases) based on the previous decade. An increase in self-harm incidence overall was driven by girls aged 13-16yrs, with the number of first episodes being 38.4% higher than expected post pandemic.



Local emergency self-harm admissions

- Hospital admissions are our most robust population measure for estimating self-harm need, however they can only be used as a proxy for the prevalence of severe self-harm. Data collection within services or locations where children and young people are (e.g. schools) can be inconsistent, non-existent and/or inaccessible.
- Local estimates suggest that hospital admissions (see following slide) only represent around 5% of the children and young people who are self-harming in Torbay. In a small sample (n=21) of Year 8 young people from a local secondary school, almost 2 in 5 (38%) responded 'yes' to the question "Have you ever hurt yourself on purpose?" in April 2023.
- Hospital admissions for self-harm are more prevalent in younger people. For 10–24-year-olds Torbay has fluctuated over the years but has remained significantly higher than England. There are large differences between females and males, with rates consistently 3 to 4 times higher for females than males across England. In Torbay, the number of admissions for females is almost 4 times higher than males over a five-year period 2017/18 to 2021/22.
- Similar to other age groups, the majority of self-harm admissions are a result of intentional self-poisoning (excluding alcohol) and are generally higher in children and young people from White ethnicity and in those who live in more deprived communities.

Trend in local emergency self-harm admissions by biological sex



Local engagement with people who support CYP who self-harm (parents, carers, teachers, CVSE) – n=9

- Generally, supporters felt young people's wellbeing - and their parents', which is understood as highly determinative of young people's wellbeing - had declined in recent years, exacerbated by the pandemic.
- Those working in schools tended to offer in-house support rather than referring young people elsewhere - not because it was the most appropriate place but because they felt despondent about the appropriateness or availability of support elsewhere. Schools did not speak highly of CAMHS or GP support.
- One participant with expertise supporting young people with special educational needs and disabilities (SEND) noted high rates of self-harm among those they supported.

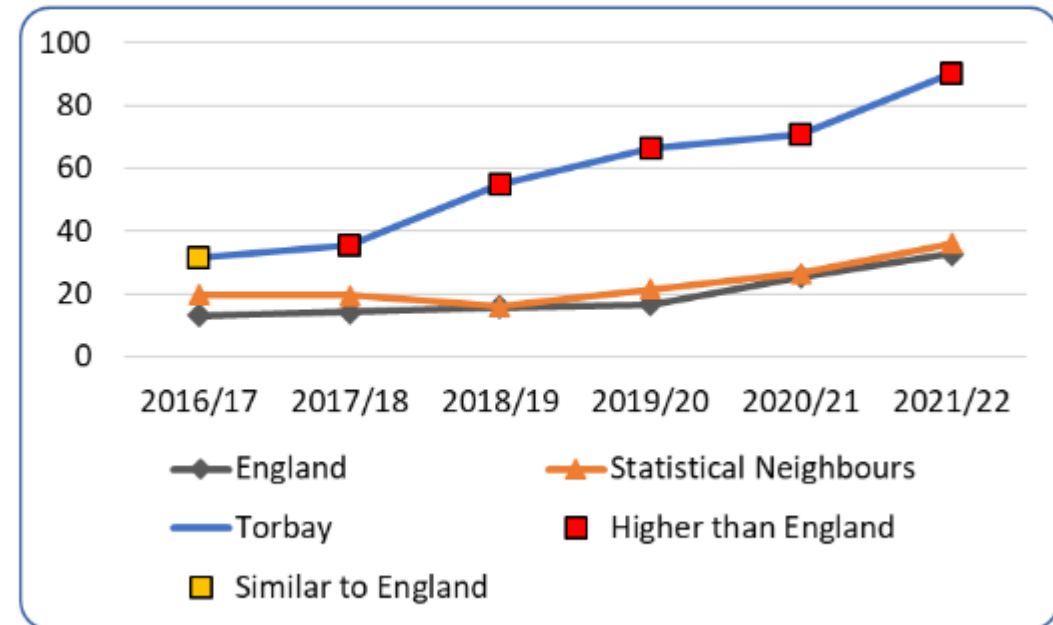
National trends in eating disorders

- In England, the [Mental Health of Children and Young People \(MHCYP\) Survey series](#) and the [Children and Young People with an Eating Disorder \(CYP ED\) Waiting Times data](#) provide clear evidence that referrals to specialist services for the assessment and treatment of eating disorders increased substantially following pandemic onset in 2020.
- The incidence of eating disorder during the pandemic was 42·4% higher than expected for girls aged 13–16 years, and 32·0% higher than expected for girls aged 17–19 years.
- General practices serving the most affluent areas recorded the largest increase in young women and girls with eating disorders, 52·4% higher than expected in deprivation quintile 5 (least deprived) vs 22·2% in deprivation quintile 1 (most deprived).

Local eating disorder admissions

- The number of hospital admissions with a primary diagnosis of anorexia, bulimia or other eating disorders amongst under 18s is small but only the most severe cases will be receiving hospital interventions. Torbay has had a consistently significantly higher rate of admissions than England from 2017/18 onwards and it is on an upward trend. In 2021/22 the Torbay rate was 90.3 per 100,000 (England- 32.8).
- The majority of admissions in England are in females. For the 6 years, 2016/17 to 2021/22 combined, 2 out of every 3 admissions of Torbay residents where the primary diagnosis related to an eating disorder were in females under the age of 18, equating to 82 admissions.

Figure 33: Rate of hospital admissions due to primary diagnosis of an eating disorder, aged under 18, per 100,000



Source: Hospital Episode Statistics, ONS [mid year population estimates](#)

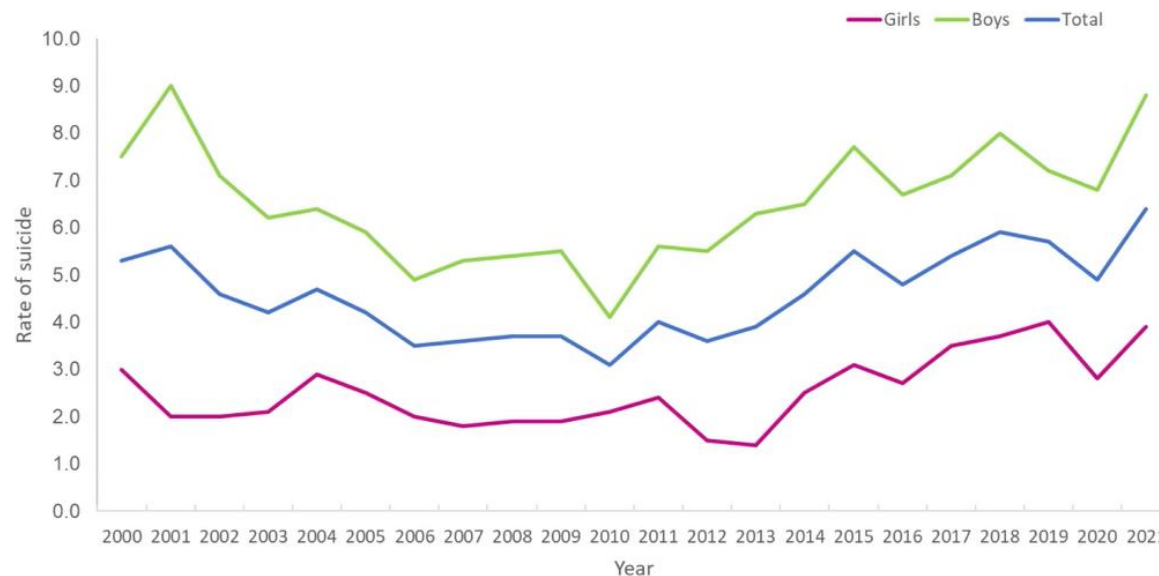
National trend in suicides

- The biggest concern nationally is the decade long increase in CYP suicide
- **Important to note: CYP are not at higher risk of suicide and numbers are not larger than in older age groups**
- CYP are included as a key priority group in the new cross-party national strategy (2023)

MANCHESTER 1824 The University of Manchester

Suicide rates in 15-19 year olds

HQIP Healthcare Quality Improvement Partnership



Highest total figure for 20 years

Highest figure for girls for 40 years

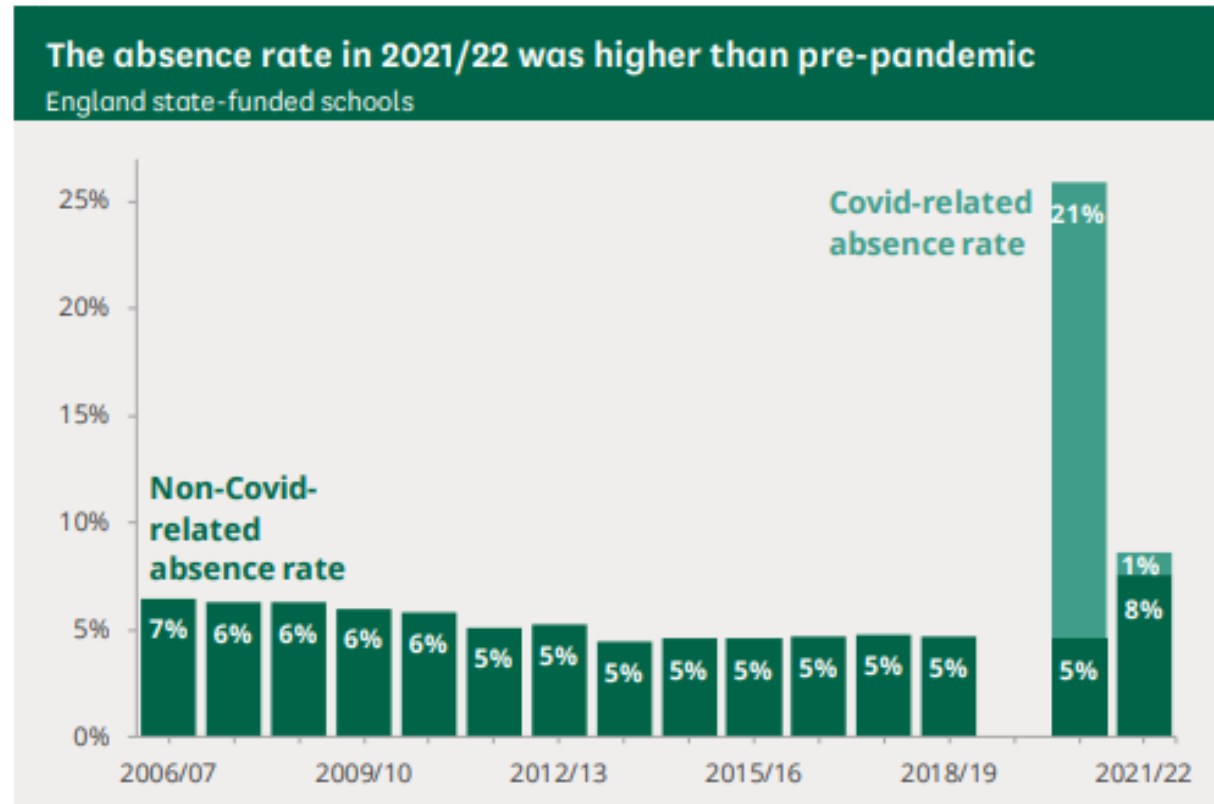
Source: ONS Suicides in England and Wales: 2021 registrations

Louis Appleby

Local suicides

- Torbay suicide rates (across all ages) are significantly higher than England
- Rates have been slowly but steadily decreasing since 2018-20 (fluctuations expected due to small numbers)
- Suicides in CYP make up around 10% of all suicides in Torbay (range 16-24yrs – most 19yrs or above)
- This represents around 2 deaths per year (data period 2015-22)

National trend in school absence

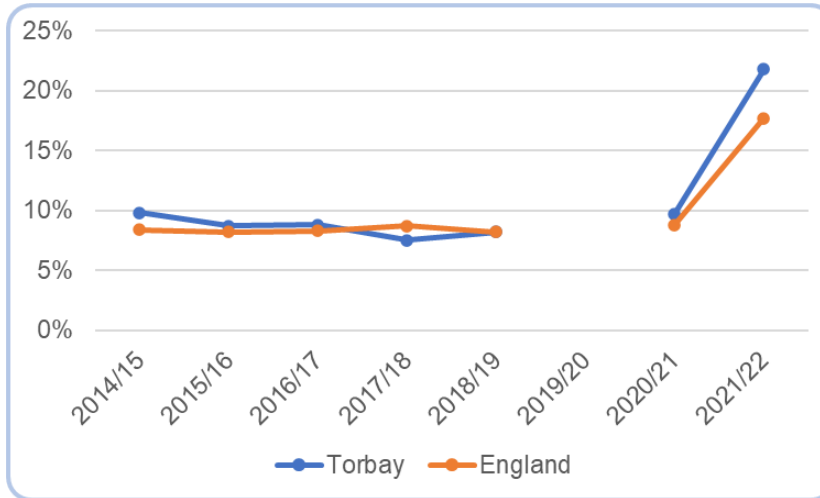


Note: Absence expressed as a proportion of possible school sessions missed (two sessions per school day, morning and afternoon). [Data for 2019/20 was not published.](#) See Box 1 for definition of the Covid-related absence rate.

Source: Department for Education, [Pupil absence in schools in England: 2021/22](#), 16 March 2023

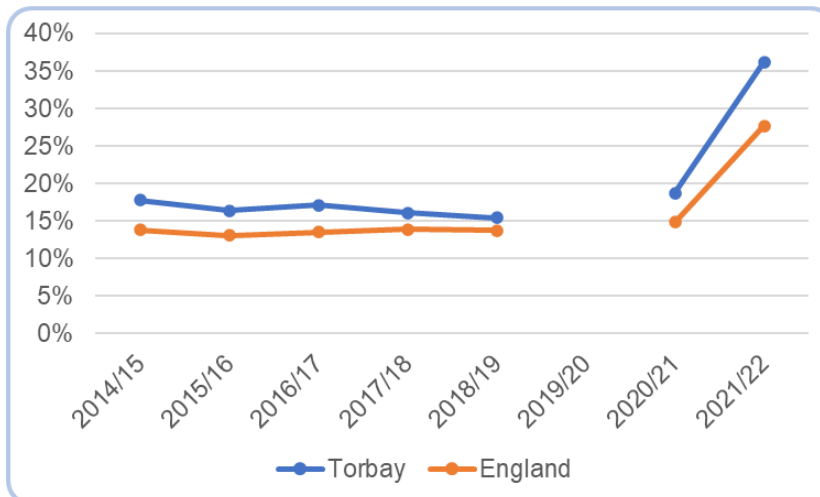
% of persistent absenteeism – primary and secondary (proxy for EHWB need)

Percentage of school enrolments classed as persistent absentees (defined as missing 10% or more of possible sessions).



Year	Torbay	England
2014/15	9.8%	8.4%
2015/16	8.7%	8.2%
2016/17	8.8%	8.3%
2017/18	7.5%	8.7%
2018/19	8.2%	8.2%
2019/20		
2020/21	9.7%	8.8%
2021/22	21.8%	17.7%

Primary



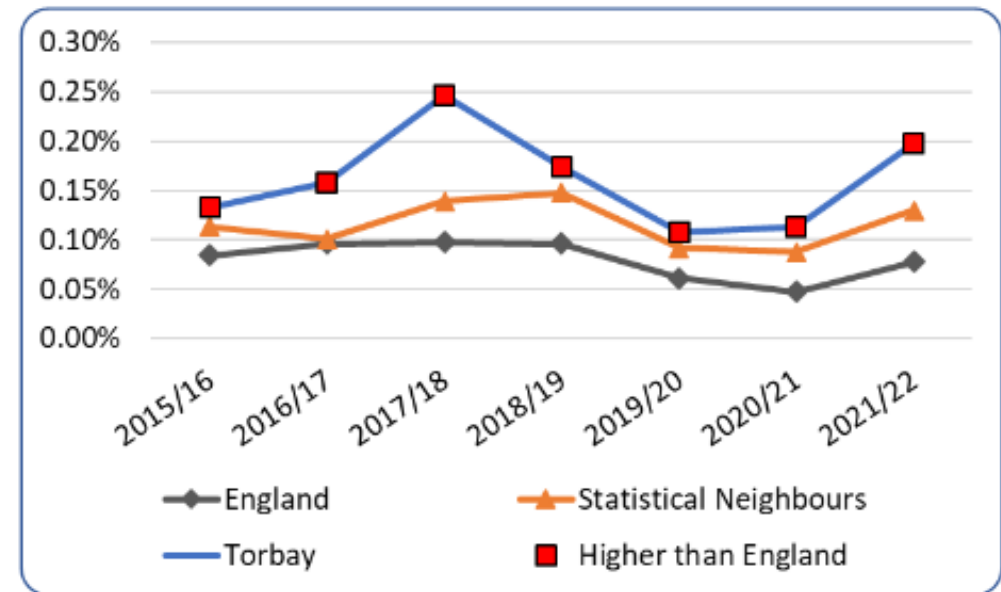
Year	Torbay	England
2014/15	17.8%	13.8%
2015/16	16.4%	13.1%
2016/17	17.1%	13.5%
2017/18	16.1%	13.9%
2018/19	15.4%	13.7%
2019/20		
2020/21	18.7%	14.8%
2021/22	36.2%	27.7%

Secondary

Permanent exclusion rate (proxy for EHWB need)

- Torbay's permanent exclusion rate from state funded schools has remained significantly higher than England for the seven years shown in figure 49. Torbay has a rate of 0.20% in 2021/22, equating to 40 pupils, compared to the 0.08% England rate.
- Torbay and England have far higher exclusion rates of boys than girls and of children eligible for free school meals compared to those not eligible. However, numbers are small which will have an effect on rates.
- The data only includes permanent exclusions upheld by the governing body or Independent Review Panel and not those which are ongoing. Please note that Covid-19 restrictions will have had an impact on the rates of permanent exclusions in 2019/20 and 2020/21.

Figure 49: Permanent exclusion rates- Percentage of pupils excluded



Source: Department for Education- [Permanent exclusions and suspensions in England](#)

Local service provision (CFHD)

Child & Family Health Devon (CFHD) are an alliance of local NHS providers for children's health services across Devon. Referral rates to services for Torbay children are still below rates seen in 2019/20 (pre-COVID). Average wait times from receipt of referral to first definitive treatment appointment have risen considerably from June 2019 to June 2022 across most services. Wait times for the Specialist Autism Spectrum Assessment Team have increased significantly from 19.9 weeks in June 2019 to 71.7 weeks in June 2022. Also, there have been significant increases in waiting times since 2019 for services including Speech & Language Therapy, Occupation Therapy, Physical Therapy, and Mental Health & Wellbeing. There have also been significant rises in referrals and average wait times since 2017/18 for Community paediatrics across Torbay and South Devon.

Local service provision (CFHD)

Figure 31: Average wait times in weeks from receipt of referral to first definitive appointment - CFHD Torbay

Service	June 2019	June 2020	June 2021	June 2022
Mental Health & Wellbeing	10.5	12.4	17.6	16.9
Speech and Language Therapy	8.2	13.5	14.7	20.3
Occupational Therapy	0.7	0.7	16.1	14.7
Physiotherapy	7.4	13.3	10.7	13.0
Special Autism Spectrum Assessment Team	19.9	47.3	58.1	71.7
Learning Disability	10.4	8.9	3.4	0.6

Source: [2023 Torbay SEND JSNA](#)

Other provision

Please see additional slide set for children and young people wellbeing provision (needs prior to CAMHS).

Additional links – national context

<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>

<https://www.local.gov.uk/publications/children-and-young-peoples-mental-health-independent-review-policy-success-and>

[Young people's mental health worsened during pandemic - PenARC \(nih.ac.uk\)](#)