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Children and Young People's Mental Health Needs Assessment

2025

October 2025

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Contents

Executive Summary

The 2025 Children and Young People's (CYP) Mental Health Needs Assessment for the City of London and the London Borough of Hackney aims to offer a current view of mental health and wellbeing needs, informing the next Emotional Health and Wellbeing Strategy and future service planning. It is particularly timely as services continue to adapt to the long-term impacts of the COVID-19 pandemic.

The needs assessment draws on a range of quantitative and qualitative data, including primary care records, school census information, and direct insights from young people and professional stakeholders. It highlights significant challenges and opportunities, identifying key areas for strategic focus to ensure equitable, accessible, and effective mental health support across the City and Hackney.

Overarching Findings

The findings reveal a growing and unequal burden of mental health needs among children and young people in City and Hackney. The COVID-19 pandemic has significantly exacerbated this trend, leading to a substantial increase in referrals to mental health services both nationally and locally. For instance, specialist CAMHS caseloads in City and Hackney saw a 70% increase between 2019/20 and 2022/23. This rising demand highlights the immense pressure on existing services and the urgent need for a cohesive, long-term response.

Nationally, data indicates a rise in probable mental health disorders, with the highest prevalence and largest increases observed among older adolescents, particularly those aged 17-19. This age group represents a critical transition point where needs often intensify. While there is no equivalent local survey data, it is expected that City and Hackney follow a similar pattern. Diagnosis rates of common mental disorders and depression consistently increase with age, and females are more likely to be diagnosed with these conditions. Conversely, males are more likely to have a severe mental disorder and are underrepresented in many services, suggesting a significant level of unmet need and a potential bias in how mental distress presents or is identified.

Moreover, the assessment found that City and Hackney often have higher prevalence rates of risk factors for poor mental health compared to London and England. These include higher rates of children in low-income households, those with a history of family breakdown, and those involved with social care or the youth justice system. The presence of these interacting factors underscores that addressing children's mental health is a matter of social justice, requiring a holistic approach that tackles both clinical and socioeconomic

determinants.

Local Findings

The assessment identifies specific demographic and geographic disparities in how mental health needs are identified and met within City and Hackney.

Within the education system, social, emotional, and mental health (SEMH) needs are most commonly identified in secondary school-aged children (14-18). Males and those from Black and Mixed ethnic backgrounds are overrepresented in this cohort. This may suggest that mental health issues are more often perceived as "behavioural" in boys, leading to a focus on educational needs rather than a direct mental health diagnosis. Conversely, Asian students are notably underrepresented in these cohorts.

Primary care data reveals that diagnosed rates of common mental disorders and depression are highest among white and mixed ethnic groups. This contrasts with services like the Children and Family Services (CFS) Clinical team, where Black and Mixed-ethnicity teenagers are substantially overrepresented. This divergence points to a complex interplay of access barriers, cultural perceptions of mental health, and systemic biases. For example, lower diagnosis rates in wards in North Hackney are believed to be linked to cultural stigma, language barriers, and a reluctance within the Charedi Jewish community to engage with statutory services.

There is also a clear pattern of over- and underrepresentation across different services. For instance, online services like Kooth and targeted services like Off Centre have a disproportionately high number of female users, while services like CAMHS Disability, which focuses on neurodevelopmental conditions, see a higher proportion of males. This highlights the importance of tailored, accessible, and culturally-informed services that meet the specific needs of different communities and demographic groups. Wait times for services also vary, with First Steps having the shortest waiting times for assessment, while Specialist CAMHS sees the longest waits for treatment.

Recommendations

Based on the evidence from the needs assessment, five key themes emerged for improving the mental health and wellbeing of children and young people in City and Hackney.

These include:

1. Reducing inequalities and making services more community-led and culturally informed.
2. Improving communication and information-sharing for young people, parents, and professionals.
3. Developing more flexible and needs-based approaches beyond rigid medical

models.

4. Strengthening the role of schools, particularly during key transition periods.
5. Further work to improve data quality, sharing, and understanding barriers to engagement.

Together, these themes point to the importance of tackling inequalities, working more closely with communities, adopting flexible approaches to support, engaging schools as key partners, and improving system-wide use of data and insight. The following recommendations section explores each of these areas in greater detail.

Recommendations

Recommendation ideas were generated using several methods:

- A stakeholder workshop was held in which the project findings were presented, discussed and then recommendation ideas generated.
- A session was held with the HealthSpot Youth Steering Group to share findings on mental health needs and gain young people's views on early support for mental health and wellbeing.
- A review of the HNA findings was carried out by experts working in Children and Young People's mental health.
- A series of focus groups were held with service stakeholders to ask about the following themes:
    - *Early help and prevention*
    - *Support at the point of referral and whilst on waiting list*
    - *Getting information to YP and families*
    - *Enablers and barriers to services being accessible, effective and equitable*

The above resulted in a long list of recommendations which was then refined and grouped into the following five themes

1. Reducing inequalities and improving joint working with our communities
2. Communication, knowledge and information
3. Developing more flexible, needs-based approaches
4. Recommendations for schools
5. Further investigation, research, or work needed

Following further refinement to remove duplication, a final set of 22 recommendations are below.

Reducing inequalities and improving joint working with our communities

1. **Remove barriers to accessing emotional wellbeing and mental health services,** ensuring that they are community led and culturally informed and with the aim of reducing the effects of racism on the underserved communities in Hackney**.**

2. **Strengthen partnerships with the voluntary and community sector (VCS)** including through shared training, supervision, clear pathways for joint working (e.g. MDTs), and commissioning models that sustain community-based organisations.

3. **Improve equitable access to support through advocacy, interpretation services, and peer-led ambassador models** including parent champions and SEND advocates, with a focus on young people from global majority heritages and using under/over represented data from services.

4. **Diversify and develop a representative mental health workforce** - increase representation across statutory services and invest in the VCS workforce that already reflects the communities it serves.

5. **Develop a programme of work with a specific focus on neurodiversity inclusion and access across all services.**

Communication, knowledge and information

6. **Create a council-led Communications Strategy targeted to children and young people which includes Wellbeing and Mental Health** - this should include digital and social media as well as print for those individuals and communities who do not access digital media.

7. **Develop a specific Parent/Carer set of communications** with a focus on making clear the parenting offer available to all and maximise utilisation of it. Link up, align and build upon efforts with other relevant initiatives such as Family Hubs. Scope out how to develop peer support networks with parents/carers.

8. **Develop and provide an enhanced consultative approach -** this should include offering and/or publicising training, supervision and consultation to those supporting Children and Young People and families in the community (e.g. WAMHS model) including youth workers, VCS, primary care, faith settings, etc.

9. **Develop a resource clarifying offers available** for professionals, Children and Young People and families including access routes.

Developing more flexible, needs-based approaches

10. **Services provide more flexible, accessible, personalised and community-informed service models and support.** Services should meet the diverse needs of families and communities by offering flexibility in how and where support is delivered including extended hours, proactive community and outreach-based provision, intergenerational support offers to address stigma, and co-location with youth or education services to reduce stigma and improve equitable uptake.

11. **Move beyond a solely medical model of mental health**. Ensure services are inclusive of non-diagnostic, strengths-based approaches that resonate with children, young people and families who may find clinical models alienating or reductionist. Capitalise on community assets to develop the offer and design support pathways that address multiple interconnected needs of young people avoiding fragmentation across different teams or services.

12. **Expand peer support for young people.** Increase opportunities for peer-to-peer support and equip young people with the tools to identify and respond to mental health needs in themselves and others. Expand peer support and develop mental health

literacy for young people as well as parents and carers, including intergenerational support. Increase opportunities for peer-to-peer support and equip young people with the tools to identify and respond to mental health needs in themselves and others. Scope out how to develop peer support networks with parents/carers.

13. **Develop interventions to increase mental health literacy** and keeping well information for Children and Young People and families, including focus on reducing stigma around mental health in some communities/older generations. Increase young people's agency in making informed decisions around their care e.g. through accessing Health Spot.

14. **Strengthen postvention support after suicide or serious incidents**. Improve timely, compassionate support for families, peers, and school or community networks affected by suicide or other critical events, with clarity about roles and responsibilities.

15. **Prioritise prevention and early intervention.** Use local data to identify key risk points and triggers, and target support at the earliest opportunity – particularly for those at increased risk of poor outcomes.

Recommendations for schools

16. **Ensuring that Children and Young People's wellbeing is a priority for Hackney education** and across our multi agency partnership, to ensure that Children and Young People receive timely and appropriate support. To ensure that all schools are clear on the support offer needed within their school, and all are encouraged to take up that offer, whether maintained or independent.

17. **Schools prioritise improving their communication of their mental health support offer** in partnership with WAMHS (e.g. universal offer, MHST, time to talk, evidence of wellbeing principles put into practice so pupils and parents feel the difference, are informed and know how to get support or help.

18. **Improve communication between the local authority and families during transition from primary to secondary school**: improving understanding of what families can expect from schools and what support they and others can give to children. Ensure that there is very clear (to pupils and parents) transition support in place. In the future, we would like to apply this to other transitions e.g. early years to primary school and for those aged 16+.

Further investigation, research, or work needed

19. **Improve data sharing and use of insights across the system.** Develop more robust and secure mechanisms for sharing data across services to support joined-up care and ensure that insights from data are used meaningfully to drive service improvement.

20. **Support services to improve the quality of data collection, including outcome**

measurement and evaluation, and strengthen analytical capacity. Address gaps and inconsistencies in data collection across services (e.g. neurodiversity and race/ethnicity). Promote more standardised approaches to measuring outcomes across services. Build capacity within services to analyse their own data, benchmark against relevant local and national datasets, and identify disparities or trends that can inform decision-making and service re-design.

21. **Improve coordination and communication between professionals.** Establish or enhance existing multi-disciplinary spaces (MDTs) where professionals jointly plan and coordinate care for children and families with a focus on reducing the burden on families to navigate multiple services.

22. **Explore barriers to engagement and missed appointments.** Undertake targeted work to understand the reasons behind non-attendance across our services and explore incentives or approaches that promote meaningful engagement, especially among underserved groups.

Limitations

The following limitations should be noted when considering the findings of this report, in addition to those explored within relevant sections.

Inconsistencies in service level data collection and reporting

Services differ in the information they collect from users, categorise responses to individual information items in different ways and report information in different formats when sharing data. In this report we have used 'data cleaning' processes, for example combining service-user groups to make ethnic group categories comparable across services, however this may mask some trends which may exist at higher levels of granularity. In addition the way that services collect data from users themselves may vary systematically between different services. For example, demographic characteristics may be recorded differently if they are self-reported by children compared to if they are reported by parents or staff, which may give a different picture in overall service user profiles.

We were able to source data from providers to answer most of our proposed research questions. Where data were not available, it should be noted that services may, in some cases, collect the relevant information, but may not currently have the reporting processes in place to share this data in an analysable format.

To compare the demographic characteristics of service users with the general City and Hackney population, we used the school census population from Autumn 2023, the GP registered population and the most recent national census (2021) figures as denominator/ comparison populations where appropriate, but the accuracy of these datasets will also vary based on their own data collection processes.

Generalisability of findings

Some data which we would have liked to explore were not available from services. For example, while data on the ethnicity of service users were available and analysed for the report, other population groups such the Charedi Jewish population, could not be identified in the data made available for this report. As we do not know if the Charedi Jewish population is represented in the samples captured in statutory services data, we cannot generalise the findings from this data to this population.

A substantial proportion of children who are resident in the City of London are registered with GPs outside of the local area, for example in Tower Hamlets or Islington. Therefore a significant proportion of these children and young people may also access CAMHS services commissioned by other local authorities and/or ICBs. Therefore, the findings may not be generalisable to all children and young people living in the City of London.

Disaggregation of data for the City of London

The City of London is unique in that it has a particularly low population size (approx 10,500) compared to London Boroughs whose population sizes range between 150,000 and 400,000 people. The City is also unique in that a comparatively low proportion of its population are aged 0-18 years (approximately 6% compared to 22% for the whole of London). There are approximately 640 children and young people aged 0-18 living in the City of London.

Given the above, it is often not possible to disaggregate and present data for children and young people living in the City of London as there were often too few records to carry out accurate and reliable analyses and/or there was a risk of deductive disclosure from presenting the disaggregated results. Where possible, City of London data were disaggregated, for example when exploring certain risk factors for mental health issues.

Consistent trend data were not available

We have used the most recent data available to us in the 'needs' section of the report and explored trend data in needs where these were available. In the meeting mental health needs section, we attempted to collect findings from an extended time period, where possible, to produce a reliable snapshot of service use; in most cases this refers to 1 or 2 years of service data. Kooth data spans 5 years, but is not disaggregated by year to enable trend analysis. However, the period of time covered varies by service due to variation in the data made available from providers. Therefore, in some cases, only a snapshot picture is presented. A lack of trend data does not allow temporal variation to be analysed/visualised and any external events, such as the stage of recovery of services from the disruption caused by the Covid-19 pandemic, to be accounted for.

Potential biases from qualitative findings

In addition to quantitative data findings, we sought insights from both young people and professional stakeholders. Qualitative data is subject to certain forms of bias including selection bias, volunteer bias and researcher bias. These biases are relevant to the two workshops held. For the young people's workshop, participants were part of the Hackney

Youth Steering Group which are a group of young people who regularly contribute to health systems insight work. The workshop had only 10 attendees, with no young people from the City of London present, and so will not be representative of the demographic structure of City and Hackney. Additionally, given the young people were specifically selected / volunteered, they are likely to be more motivated to take part and be informed about health topics, including mental health, and more engaged in learning about them and more proactive on issues of mental health. For the professional stakeholder workshop, attendees were invited based on their contributions to the wider health needs assessment project and therefore may have a greater degree of interest in this topic than all relevant local stakeholders. Approximately 40 stakeholders including VCSE and statutory partners were invited to this workshop. Finally researcher bias, in which the researchers own values, opinions and decisions affect the results, is likely to be relevant. These include the questions posed to the participants, the format of the workshops carried out and the analysis and summary of the results.

Further participant and researcher biases may also influence results, for example there may be recall bias in participants' memories of previous events and our interpretation of participants feedback may also be influenced by the findings which were used to stimulate these discussions.

Abbreviations and Acronyms

ACEs - Adverse Childhood Experiences
ACH - African, Caribbean and Mixed Heritage
ADHD - Attention Deficit Hyperactivity Disorder
ASD - Autism Spectrum Disorder
BME - Black and Minority Ethnic
CAMHS - Children and Adolescent Mental Health Services
CEDS - Community Eating Disorders Service
CFS - Children and Families Services
CMDs - Common Mental Disorders
CMI - Common Mental Illness
CORE - Clinical Outcomes in Routine Evaluation
CVS - Council for Voluntary Service
CWIS - CAMHS Workers in Schools
CYP - Children and Young People
EBSNA - Emotionally Based School Non-Attendance
EHCPs - Education, Health and Care Plan
ELFT - East London Foundation Trust
EW - Emotional Wellbeing
FY2023-24 - Financial Year 2023-2024
GAD - General Anxiety Disorder
GBOs - Goal-Based Outcomes
HCVS - Hackney Community and Voluntary Service
HHFT - Homerton Healthcare Foundation Trust
IAPT - Improving Access to Psychological Therapies
ICB - Integrated Care Board
ICP - Integrated Primary Care
IMD - Index of Multiple Deprivation
JSNA - Joint Strategic Needs Assessment
KPI - Key Performance Indicator
MDT - Multidisciplinary Team
MH - Mental Health
MHST - Mental Health Support Team
NDTMS - National Statistics on Drug and Alcohol Misuse Treatment
NEET - Not in Education, Employment or Training

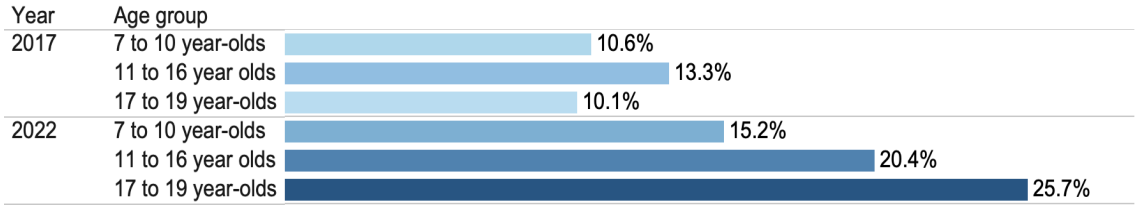
NEL - North East London
NHS - National Health Service
NICE - National Institute for Health and Care Excellence
OCD - Obsessive-Compulsive Disorder
ODD - Oppositional Defiant Disorder
OHID - Office of Health Improvements and Disparities
ONS - Office of National Statistics
PSHE - Personal, Social, Health and Economic Education
PTSD - Post-Traumatic Stress Disorder
SDQ - Strengths and Difficulties Questionnaire
SEMH - Social, Emotional, and Mental Health
SEN - Special Educational Needs
SEND - Special Educational Needs and Disabilities
SMDs - Serious Mental Disorders
SPA - Single Point of Access
SUDS - Subjective Units of Distress Scale
VCS - Voluntary and Community Sector
VCSE - Voluntary, Community and Social Enterprise Sector
WAMHS - Wellbeing and Mental Health in Schools Service
WEBWMS - Warwick Edinburgh Mental Well-being Scale
WSA - Whole School Approach
YP - Young People

1. Introduction

1.1 Why is children and young people's mental health an important issue?

The World Health Organisation acknowledges that childhood and adolescence are critical periods for developing cognitive and emotional skills for later life (2). Good mental wellbeing and mental health support confidence and resilience. Without them, everyday challenges may feel harder to cope with and it may become more difficult for children and young people to manage their feelings and behaviour (3). For these reasons mental health can have wide-ranging and long-term impacts on many other aspects of life including physical health, relationships, educational attainment and employment (4). These impacts may also compound upon each other.

Figure 1: Change in percentage of children and young people with probable mental disorder by age group, pre and post pandemic, in England



Source: State of the nation report, 2022 (6)

Evidence from QualityWatch, a joint programme by the Nuffield Trust and the Health Foundation, shows that the COVID-19 pandemic has disproportionately affected the mental health of children and young people compared to adults. Between April and September 2021, there was an 81% relative increase in referrals to mental health services for children and young people compared to the same period in 2019. In contrast, adult referrals increased by 11% (5).

In City & Hackney, a post-COVID-19 rise in caseload was reported for all NHS CAMHS Alliance services, including a 70% increase in caseload for specialist CAMHS between Q4 of 2019/20 and Q4 of 2022/23 (7).

It is important to note that mental health problems are not equally spread across the population, some children and young people are more at risk of poor mental health, either due to individual attributes or due to social circumstances and living environments (8).

In addition, there are several population groups that are particularly vulnerable to reduced mental wellbeing. For instance, those known to social care, those with special educational needs and disabilities, and those associated with the youth justice system face additional challenges (9). Adverse childhood experiences (ACEs), such as abuse, neglect, domestic violence, substance use in the household, and parental separation, also play a significant role. These experiences are unevenly distributed due to factors like poverty, unemployment, and social isolation (10).

This demonstrates the myriad of interacting influences and inequalities, which may affect children's mental health and how they seek and respond to support. Ultimately, addressing children and young people's mental health becomes a matter of social justice.

In order to tackle escalating needs; promote health equity, support preventative efforts and, ultimately, improve mental health and wellbeing; it is essential to first understand the scale of the problem, how it is distributed and to what extent mental health needs are currently being met.

1.2 Purpose

This report seeks to present an up to date overview of current mental health and wellbeing needs of children and young people living in the City of London and the London borough of Hackney as well as a review of how and to what extent services, and the wider Integrated Care System, are able to meet these needs.

Why now?

- Services are now emerging from a period of unprecedented disruption due to COVID-19 and will need to adapt and respond to the longer term impacts of the pandemic.
- This needs assessment will inform the development of the next Emotional Health and Wellbeing Strategy for City & Hackney; the current strategy concludes in 2026.
- The timing for this needs assessment coincides with a mental health needs assessment for adults, which can support us to take a lifecourse approach to inform our understanding.

1.3 Scope

The scope of this project was decided in collaboration with stakeholders including the City & Hackney CAMHS Alliance; the Emotional Health and Wellbeing Partnership Board and the Children Young People, Maternity and Families Health and Wellbeing Strategic Partnership.

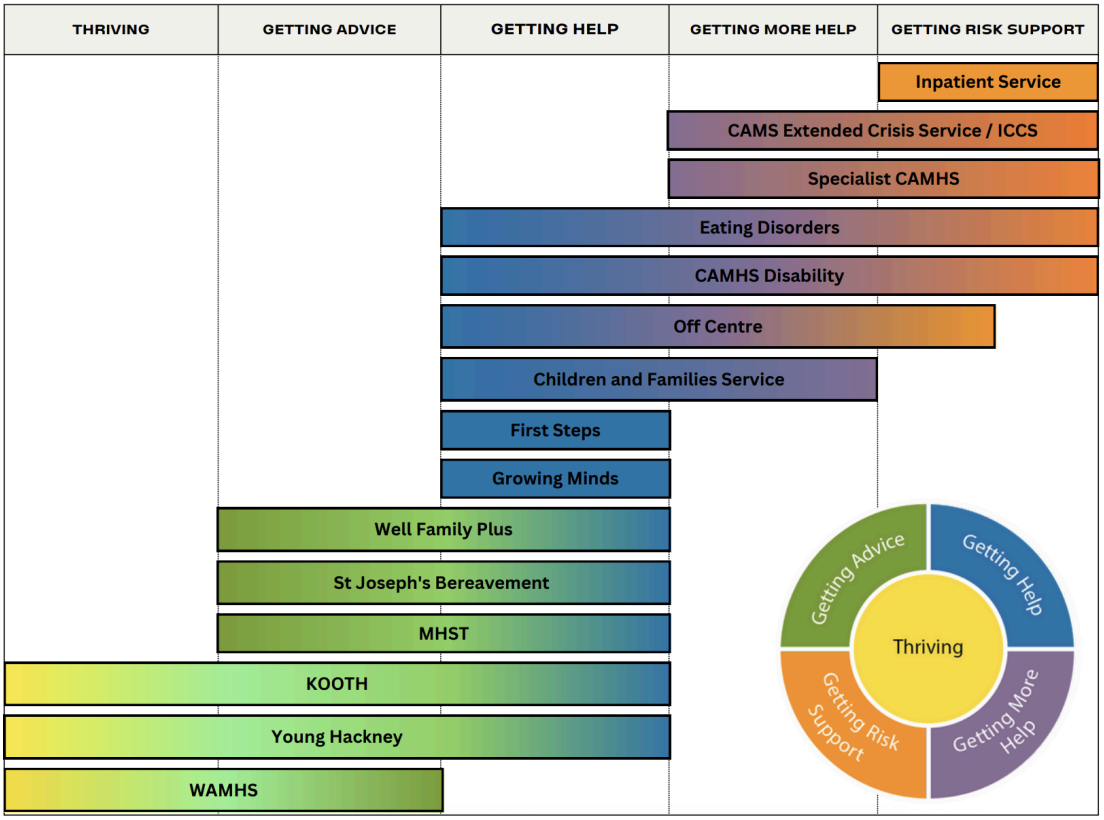
It was decided that this needs assessment would explore the mental health needs of school-aged children (aged 5-18) and also include those aged up to 25 for which we have an additional statutory duty. It will explore inequalities in needs and service use with characteristics including age, gender, ethnicity, deprivation and membership of vulnerable groups where possible. This needs assessment explores the needs and services across the full Thrive Framework.

1.4 System Set-up - Mental Health Service Delivery

The City & Hackney CAMHS Alliance constitutes a collective of NHS, local authority and voluntary sector organisations, which are commissioned by and provide mental health and wellbeing services to children and young people across City & Hackney. The Alliance works across needs using the i-Thrive Framework for system change, which is described as a 'needs-led' approach, defined from a service user perspective rather than being based on diagnosis or severity. In this way it is designed to be inclusive of all levels of need. The needs within this framework are divided into five groups:

- Thriving - 'Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies'
- Getting Advice - 'Those who need advice and signposting'
- Getting Help - 'Those who need focused goals based input'
- Getting More Help - 'Those who need more extensive and specialised goals-based help'
- Getting Risk Support - ' Those who have not benefited from or are unable to use help, but are of such a risk that they are still in contact with services' (11)

Figure 2: City & Hackney CAMHS Alliance services across tiers of the Thrive Framework



Source: Children and Young People Scrutiny Commission Report. City & Hackney CAMHS Alliance, 2023 (7)

1.5 The Voluntary, Community and Social Enterprise sector

It is important to note that the organisations within the CAMHS Alliance are by no means the only organisations working to support mental health and wellbeing within City & Hackney. There are also rich contributions from wider voluntary, community and social enterprise organisations in City & Hackney who also offer holistic and complementary support in addition to that provided by statutory services. We intend to explore how these services complement and work with statutory services in the wider system, as a vital source of support.

The following organisations have provided specific insights and data to support this needs assessment:

- Hackney CVS
- 16+ Network
- Noa girls
- Sunbeams

- Children Ahead
- Prospects
- C&H carers service
- MaiTai CIC
- Immediate theatre
- Society Links
- Sky WAY

1.6 The Structure of this report

This report is divided into four main sections.

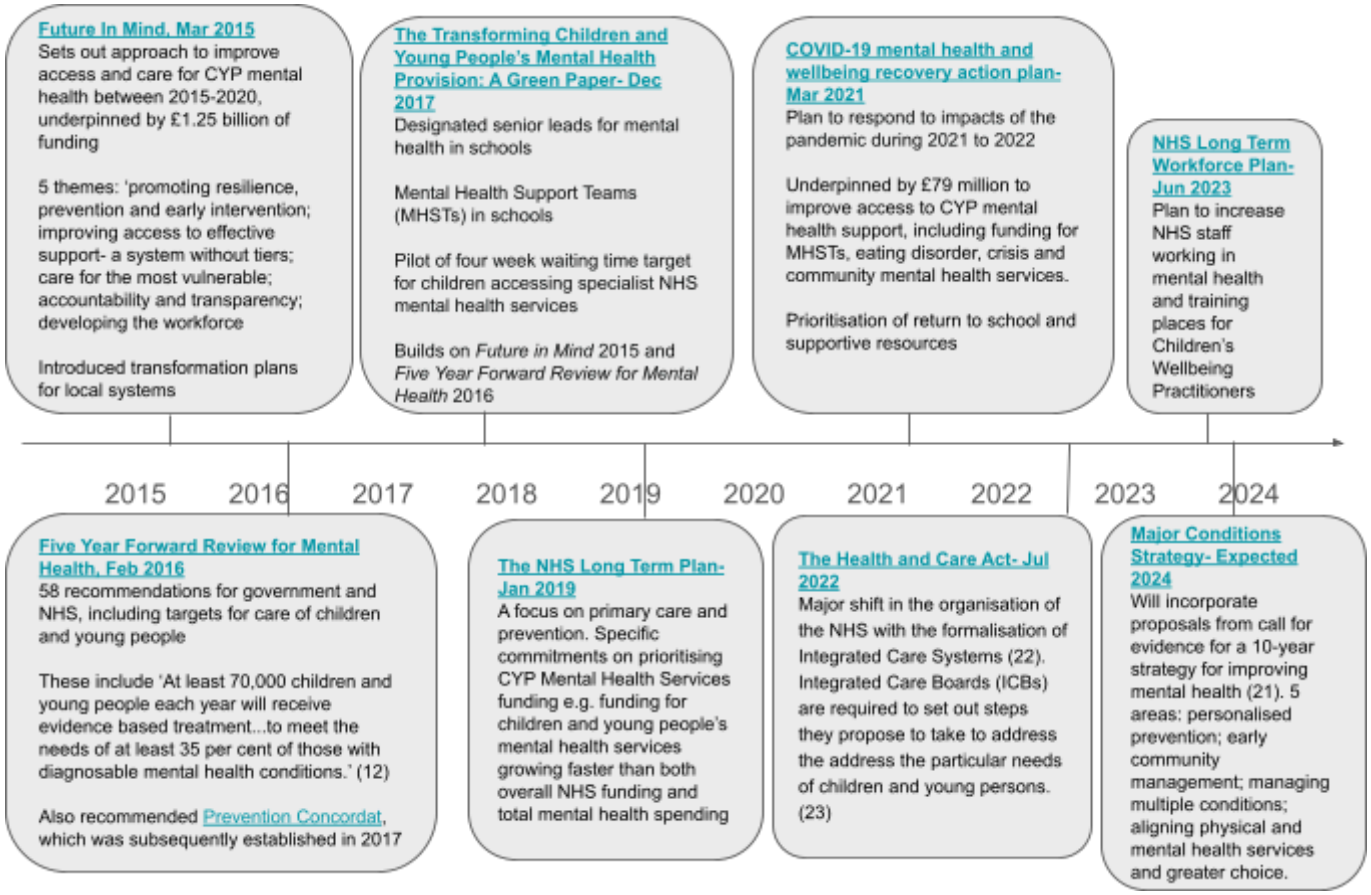
1. Section one outlines the policy context and evidence on children and young people's mental health.
2. Section 2 is a review of mental health needs, covering risk factors, mental wellbeing and what is known about the rates of mental disorders nationally.
3. Section 3 looks at identifying needs in terms of rates of diagnosis, as well as identified needs within education and children and family services.
4. Section 4 explores how services within the system are meeting needs by exploring the types of support offered; the demographic profiles of service users and how they currently use services.

Section summaries are included throughout the report in maroon text concluding with a final summary of findings. Insights from a stakeholder workshop to support interpretation and recommendations are also included throughout in coloured boxes.

2. Policy context and best practice

2.1 National Policy

Figure 3: Timeline of key national policy events



Sources: (12), (13), (14), (15) (16), (17), (18), (19), (20), (21), (22), (23,24)

2.2 Local Policy

City & Hackney Place-Based Partnership Integrated Delivery Plan, 2022-2024 (25)

- The place-based partnership brings together many actors within the health and social care system; this includes the ICB, local government, City and Hackney Integrated Primary Care (IPC), Healthwatch, Hackney CVS and local NHS Trusts.

- 'Giving every child the best start in life' and 'improving mental health and preventing mental ill health' are two of three population health priority outcome areas.
- Children and young people's emotional health is a 'big ticket item', with the driving outcomes being reduction in crisis mental health presentations to Emergency Departments for Children and Young People and improvements in mental health and wellbeing outcomes for specific communities
- There are also specific outcomes for serious mental illness; common mental health problems and a CAMHS whole system integrated approach.

City & Hackney's integrated Children and Young People's Emotional Health and Wellbeing Strategy, 2021-2026 (26)

- This is an integrated strategy bringing together the collective ambitions of all partners across health, social care and education
- Specific deliverables for the objectives set in the 5-18 age group included:
  - 'Through both training and partnership working upskill system partners and practitioners to proactively support young people and families to develop and maintain good emotional wellbeing and resilience
  - Increasing awareness of trauma-informed practice and the impact of inter-parental conflict
  - Promoting whole-school approaches to emotional health and wellbeing that are co-produced by schools and health practitioners
  - Ensuring support for vulnerable groups, such as those in the youth justice system or with SEND
  - Furthering support available at transition points, such as between schools and life stages
  - Incorporating the voices of children, young people and their families throughout the system to deliver flexible services that meet the need of those that use them, including those with a disability of other vulnerability
  - Increasing knowledge of adolescent brain development and how it impacts of wellbeing and relationships''

City & Hackney CAMHS Transformation Plan (Phase 4) (26)

- Vision for City & Hackney: 'by 2024/25 we will have in place a system that meets the mental health needs of every child in City & Hackney. There will be no thresholds and no wrong doors. The system will exist beyond traditional health care settings extending into schools and the wider community. It will be seamless and child and family centred, continually adapting through local service user empowerment and engagement. It will be optimised to catch mental health issues as early as possible preventing long term mental illness developing or escalating. Every intervention delivered will be subject to robust quality assurance through the Children and Young

People IAPT [Improving Access to Psychological Therapies] framework. In achieving this, our local system will be highly cost effective, making best use of every penny spent.' (26)

[City & Hackney Health Needs Assessment For The Population Aged 0-25, 2022] (27)

- This holistic health needs assessment for Children and Young People included a dedicated chapter on Emotional Health and Wellbeing which made nine recommendations.

Other related work:

- Hackney Joint Health and Wellbeing Strategy 2022-2026
- City of London Children and Young People's Plan
- Hackney STAR *[Systemic, Trauma-informed, Anti-racist]* Approach, 2024
- **Improving Outcomes for Black Children and Young People Mental Health and Wellbeing Workstream**

2.3 Evidence-based practice

Public health guidance

[Improving the mental health of babies, children and young people: a framework of modifiable factors, 2024] (28)

This guidance highlights modifiable factors which influence the mental health of children and young people within a conceptual framework consisting of 4 domains: 'individual level, interpersonal relationship level, local community level and wider environment and society level'. It then goes on to illustrate opportunities for prevention and promotion within each of these domains across the portion of the lifecourse from babies to children through to young adulthood. Examples at each level are given below:

- Individual - 'psychological interventions to help prevent depression and anxiety, and promotion of resilience and effective self-care'
- Interpersonal relationship - 'promotion of positive parent or caregiver to child relationships'
- Local community - 'promotion of use of community assets to encourage meaningful activities that promote wellbeing and build resilience'
- Wider environment - 'violence reduction strategies, programmes and interventions'

[Mental health and wellbeing: JSNA toolkit- Children and Young People, 2019] (9)

This toolkit was developed as part of a national/ local collaboration to support local areas to develop joint strategic needs assessments. The toolkit details prompts for lines of

questioning when conducting needs assessments on this topic, risk and protective factors; data sources and evidence.

Promoting children and young people's mental health and wellbeing, 2015 (29)
This guidance is relevant to those responsible for promoting mental wellbeing in schools and colleges and outlines 8 key principles of a whole school approach along with practical examples and resources. The 8 principles centre around leadership, environment, curriculum, student voice, staff development, identifying need, working with parents and carers and targeting support.

Measuring the mental wellbeing of children and young people, 2015 (30)
This guidance is targeted for those working within public health to support Joint Strategic Needs Assessment (JSNA) processes and commissioning; it details how using national and local intelligence can support effective change to promote mental wellbeing. The document outlines instruments for measuring mental wellbeing within populations. This includes multidimensional scales, such as the Warwick Edinburgh Mental Well-being Scale (WEBWMS), Short WEMWBS and the Good Child Index, as well as single question measures captured by the Office of National Statistics (ONS).

National Institute for Health and Care Excellence (NICE) guidance

Social, emotional and mental wellbeing in primary and secondary education (31)
This guideline makes several recommendations largely centred around adopting a whole school approach (WSA) to this topic. It discusses how a WSA can be supported by having an outward facing mindset in working with the community and external agencies; supporting staff with continuing professional development for implementation; involving families and pupils in design and having the appropriate structures such as a lead individual. It describes how ICSs, local authorities and public health departments can support schools by staying alert to concerns, being aware of what external services exist, taking risk factors into consideration when assessing population needs and identifying opportunities for joint practice. The guideline also discusses how best to integrate social, emotional and mental wellbeing education into curricula in an evidence based and universal way, as well as providing information for identifying those at risk of poor social, emotional and mental wellbeing and how targeted support may be offered. The final area of guidance centres around support around school related transitions.
For a full list of clinical guidelines for specific mental health related issues, please refer to the NICE web page for mental health guidelines.

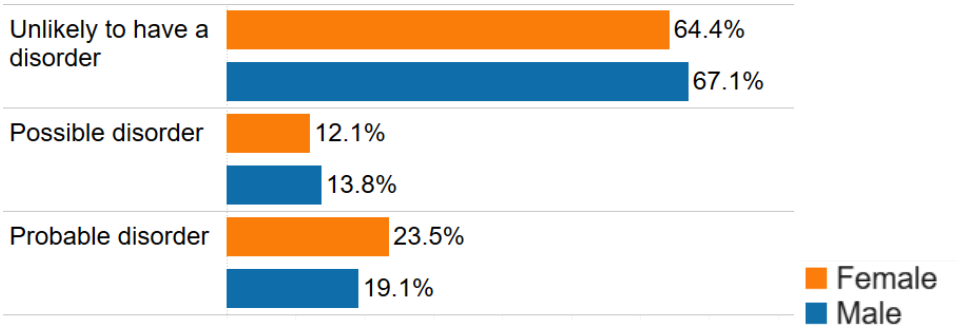
2.4 Mental Health: Prevalence of possible mental health conditions nationally

SECTION SUMMARY

Nationally, there has been an increase in possible and probable mental disorders, with the highest rates and largest increases observed among 17-19 year olds. Males are more likely to fall into the category of having a possible mental health disorder, but females are more likely to have a probable mental disorder and are overall less likely to be free from a mental disorder. There is no equivalent local survey data available which explores the overall burden of mental distress within the population of children and young people, therefore we are not able to explore if these general trends vary locally.

The Strengths and Difficulties Questionnaire (SDQ) is widely used by child and adolescent mental health clinics for initial assessments. This questionnaire, which gathers responses from both Children and Young People and their parents, helps clinicians identify potential mental health issues that impact daily life. These issues include emotional difficulties, behavioural problems, relationship challenges, hyperactivity, or concentration issues. More information about the SDQ is available on the Youthinmind website.

Figure 4: Percentage of the population aged 8 to 23 years old by mental health status and sex, England, 2023

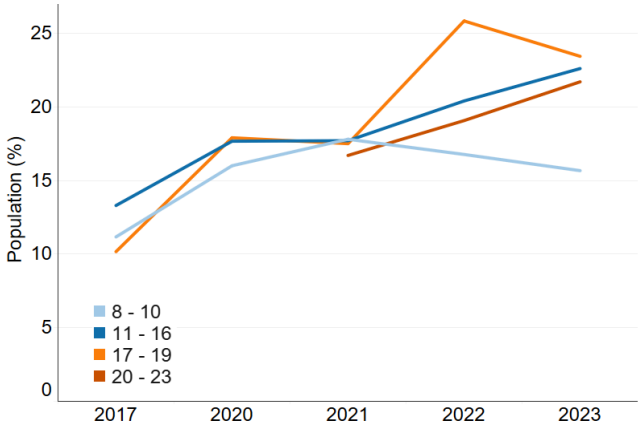


Source: NHS England, 2023 (39)

In 2023, 66.2% of English residents aged 8 to 23 were considered unlikely to have a mental health disorder, while 13.2% were thought to possibly have one, and 20.4% were thought to probably have one. Applying these percentages to the City & Hackney population, we would expect approximately 33,620 residents in this age group to have no mental health disorder, 6,700 to possibly have a mental health disorder, and 10,400 to probably have a mental health disorder (39,49).

Populations aged 17 and 19 years old, a key transition age, recorded the highest rate of both possible and probable mental health disorders in 2023, at 15.3% and 23.3%, respectively. (40)

Figure 5: Percentage of the population with a probable mental health disorder by age group over time, England



Source: NHS England, 2023 (39)

The proportion of the population thought to have possible and probable mental health disorders has increased nationally over time. In 2017, 11.5% of all residents aged 8 to 19 were considered to have a probable mental health disorder, compared to 20.6% in 2023—a 79.1% increase. 17 to 19-year-olds recorded the greatest increase during this period (39).

Figure 6: Percentage of children aged 6-23 by mental health status and ethnicity, 2021

	White British	White Other	Black / Black British	Asian / Asian British	Mixed / Other
Unlikely to have a disorder (%)	69.1	69.5	81.8	80.5	64.7
Possible disorder (%)	12.0	13.1	9.8	11.1	12.8
Probably disorder (%)	18.9	17.3	8.3	8.4	22.5

Source: NHS Digital (50)

3. Mental Health Needs

3.1 Risk Factors

SECTION SUMMARY

Generally, City & Hackney record higher prevalence rates than London and England for risk associated with poorer mental health. Statistically significant higher rates are observed for children in low-income households compared to the comparator areas. Additionally, Hackney shows significantly higher rates of children entering the youth justice system and households with children experiencing or at risk of homelessness compared to England, though this difference is not statistically significant compared to London.

The risk and protective factors explored below are those described in the Office of Health Improvements and Disparities (OHIDs) Mental Health JSNA Toolkit (9); this is not an exhaustive list but gives a broad idea of the prevalence of factors which may increase risk. Trend data is explored where available.

Being in social care

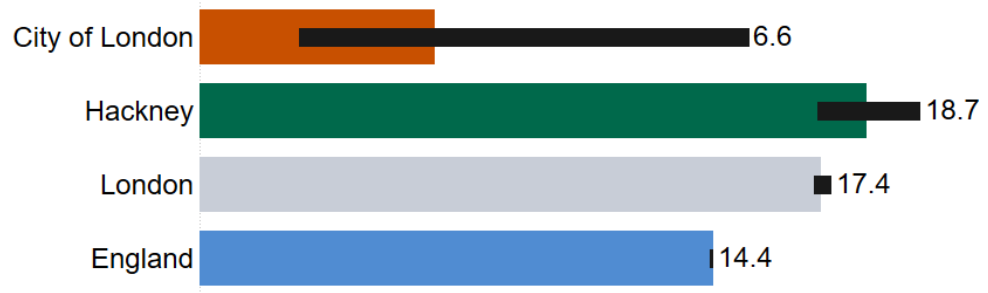
Figure 7: Number of looked after children by area, crude rate per 10,000 population, 2022/23

Source: Office for Health improvement & Disparities, Public Health Profiles (1) Notes: Looked after children are defined as those who have accommodation provided by a local authority for over 24 hours or are subject to a care or placement order, where they are put into the care of the local authority or put up for adoption respectively(32).

There has been no significant change in the number of looked after children per 10,000 children in City & Hackney in the past 5 years for which data is available (2018/2019 to 2022/2023) (1).

Homelessness

Figure 8: Number of households with dependent children owed a duty under the Homelessness Reduction Act by area, crude rate per 1,000 households, 2021/22



Source: Office for Health improvement & Disparities, Public Health Profiles (1)

Parental factors

Factors affecting children's mental health include parental break-up, family disharmony, parental substance misuse, and parental mental health issues:

- In the UK in 2022, approximately 21% of dependent children were in lone-parent families nationwide (34).
- In London in 2022, lone-parent families with dependent children accounted for about 20.2% of all families with dependent children (35).
- National Statistics on Drug and Alcohol Misuse Treatment (NDTMS) data shows that around 0% of children under 18 years old in the City of London living with drug users entered treatment in 2021/22, compared to 0.29% in Hackney and 0.44% in England (36–38). However, this likely underestimates the actual prevalence of parental substance misuse due to treatment-seeking behaviour and regional variations.

Bullying

In April 2023, 16.3% of the English population aged between 11 and 16 years old reported having been bullied in person and 5.2% reported being bullied online in the 12 months prior to survey (39). Applying these figures to City & Hackney's 11 to 16-year-old population, we can expect 2,994 residents to have been subject to in-person bullying in the 12 months leading up to April 2023, and 955 to have been bullied online.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are childhood events that increase the likelihood of poor health outcomes, including mental health issues in later life.

- ACEs include traumatic events directly experienced by the child, such as abuse. National survey data for England and Wales (year ending March 2019) indicated that 2.2% experienced emotional abuse, 1.8% experienced physical abuse, and 3.4% experienced sexual abuse before age 16 (40).
- ACEs can also include household exposures like parental separation, domestic violence, parental mental illness, and parental substance misuse. Parental incarceration affects approximately 200,000 children annually in England and Wales (41).

While we have less data on these latter risk factors, stakeholders reflected that parental substance use, as well as alcohol and substance use by children and young people and domestic abuse were familiar risk factors encountered in their interactions with children and young people within services.

3.2 Protective Factors

A deficit of protective factors may also leave children and young people more at risk of mental health and wellbeing issues. National data from the Office for National Statistics (ONS) Child Wellbeing Measures, which consolidates data from various surveys, identifies areas where protective factors are lacking (42):

- **High self-esteem:** 12.2% of children rated their happiness with their appearance as low.
- **Good education:** 15.1% rated their happiness with their school as low.
- **Someone from the family being in work:** 9.5% of children aged 0-15 years old were living in workless households.
- **Development of good oral language skills:** only 67.2% of children aged 5 years old achieved a good level of development by the end of the Early Years Foundation Stage, which sets standards for the learning, development and care of children from birth to 5 years old.
- **Positive relationships with parents:** 6.2% rated their happiness with their relationships with family as low.
- **Social/community inclusion:** 8.3% rated their happiness with friends as low. 10.3% of children in year groups 7-11 were often or always lonely.
- **Sport and physical activity:** only 47% of children in year groups 1-11, took part in physical activity for an average of 60 minutes or more per day.

3.3 Mental wellbeing

Mental wellbeing relates to children's overall ability to lead a fulfilling life, it may be influenced by specific mental health conditions, but mental wellbeing is not just determined by the presence or absence of these conditions (43). According to UK-wide survey data from May to June 2023, 4.8% of all children had low overall satisfaction with their lives; 4.6% rated how worthwhile they feel the things they do in life as low; 9.9% had low happiness with how much choice they had in life and 8.8% had low happiness about their future (42).

The Understanding Society Survey includes measurement of the Short Warwick Edinburgh Mental Well-being Scale, which asks participants to rate the frequency of thoughts and feelings related to their wellbeing over the past 2 week period. In the most recent national data, the mean score for the 16 to 34 year old age category was lower compared to previous waves for this age group and lower than scores for the 35 to 54 and 55 to 99 age groups in the same wave (44).

City & Hackney specific findings on wellbeing

Before the COVID-19 pandemic, in 2019, a youth-led Hackney Young Futures Commission was set up to explore the experiences of young people in Hackney. Concerns raised by young people included issues with housing (such as availability, affordability, overcrowding, and homelessness in their communities), fears about crime in the area, and mental health challenges linked specifically to stressors like exams, bullying, pollution, drug abuse, and loneliness. Young people also highlighted the importance of having youth-friendly spaces and activities, as well as their desire to be involved in the regeneration of the borough (45).

Following the pandemic, a 2023 review conducted by Young Hackney involved engagement on issues impacting young people. Themes highlighted included increasing mental health challenges, financial insecurity, housing, employment, education, relationships, and global issues such as crime, strikes, lockdowns, and climate change (46). Furthermore, in the lead-up to the City of London Children and Young People's Plan 2022-2025, engagement activities revealed that children, young people, and families prioritised safe and secure accommodation, protection against crime and violence, and their aspirations for higher education. They also voiced the need for increased psychological support, respite for carers, and face-to-face contact with social workers where applicable (47).

Engagement work with young people with SEND on the topic of preparing for adulthood found that young people did not know where to go for advice on their mental health after the age of 18 and relied on family members or staff in services they will not be eligible for soon (48).

Stakeholders in our interpretation workshop reflected that further challenges faced by children and young people relating to their mental wellbeing included misinformation; the fact that parents and family members may not always feel comfortable talking about mental health due to intergenerational or cultural differences and that young people need a trusted voice to confide in, which may not always be available. They also highlighted the impact of loneliness, the climate crisis, media activity and fear for the future on the mental wellbeing of children and young people.
Racism as an influencing factor to mental wellbeing was a key point in discussion. This reflects the findings from a recent literature review and evidence synthesis by the Department of Health and Social Care on modifiable factors influencing children and young people's mental health, which discusses potential consequences of racism on mental health, including affecting cognitive functioning, self-esteem and performance, as well as affecting access to services. This was also specifically raised as a concern within the youth justice cohort, where partners had concerns about systemic racism. Lack of control was also discussed as being a key driver on mental health issues in the conversations stakeholders had had with young people, reflecting the national findings on children and young people's mental wellbeing described above with almost 10% of children being dissatisfied with their level of choice in life.

In terms of mitigating the influence of risk factors and preventing mental health issues, stakeholders felt there was a need for more education of communities as well as schools, with an approach inclusive of parents, carers and community leaders. It was commented that prevention efforts need to be considered and innovative, with different methods of engagement, tailored to the audience. Further, professionals coming into contact with children and young people need to be aware of the services which are available and both staff and children need to feel confident in having conversations about mental health. Collaborative referrals were raised as an area for exploration. Stakeholders felt interactions should take place in safe spaces with trusted adults within communities. On this topic it was also commented that often mental health issues are taken care of within communities and the question was posed of how the system could support these efforts and empower communities to continue this work. This is in addition to increasing trust in and access to mainstream services for those in underserved or deprived communities.

4. Identifying needs

4.1 Rates of diagnosed mental health conditions

SECTION SUMMARY

There are limited data available from primary care on diagnosed mental health conditions.

- **The rate of diagnosis of common mental disorders (CMDs) in children and young people increases with age. Females are more likely to be diagnosed than males, as are those in mixed and white ethnic groups. It is likely that different modes of expression of mental distress may influence how mental health disorders are identified.**
- **Depression follows a similar pattern to CMDs.**
- **Eating disorders show less correlation with age but peak around age 18. Females are more likely to be diagnosed with eating disorders than males, and the highest rates of diagnosis are observed within the white ethnic group.**
- **The higher rates of diagnosis in the above conditions among females may be consistent with national survey data explored earlier, where females showed a higher prevalence of probable mental disorders.**
- **Serious mental disorders (SMDs) have the highest diagnosis rates in the 20-24 age group. In contrast to the other conditions explored, a higher diagnosis rate is seen among males. The black ethnic group records the highest diagnosis rate of these conditions.**
- **Lower rates of diagnosed CMDs and depression are seen in the north of the Hackney, which may be due to less access to services from the Charedi Jewish community**

This section explores the rates of diagnosed mental health disorders in primary care data to identify the types of conditions being reported and to compare rates between localities. It should be noted that diagnosed mental health conditions will underestimate need, as individuals may not access services to get a diagnosis. This is reflected in the much lower rates of diagnosed mental health conditions compared to the rates of probable mental health disorders expected from national surveys (discussed in the previous section).

In this section, we also explore the differences in rates of diagnoses across sociodemographic characteristics. It is important to be aware that there are many possible explanations for these differences, including differences in primary care access and CAMHS service access, differing presentations of symptoms which, in turn, lead to different diagnoses, as well as real differences in need.

While primary care data is one source of information to look at the children and young people with a mental health diagnosis as a proportion of the total registered children and young people in the population, there are caveats to the accuracy of this, which were fed back by stakeholders. For example we were informed CAMHS do not always provide a formal diagnosis in children and young people unless there is a high degree of certainty and a diagnosis is deemed to be useful. Even when a diagnosis is provided, this is not always recorded on the electronic reporting software, which feeds into primary care data.

On the other hand it is a concern if GPs are not aware and up to date of mental health concerns in the patient population, as primary care records are an important source of information, for example if individuals move between areas, this is an essential medical record which travels with them. It is also a source of information for other medical professionals working with children and young people not in a mental health capacity, for example if they have physical health issues, where it may still be important for professionals to be aware of mental health status.

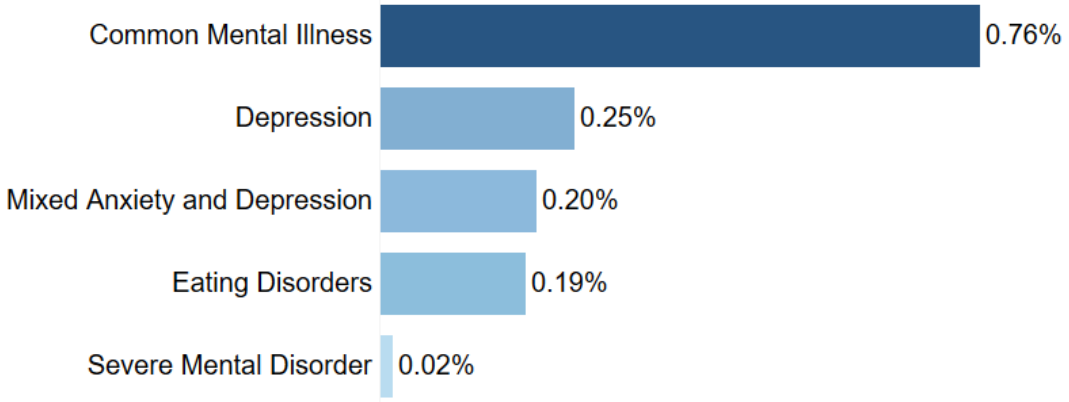
In April 2020, 27 residents from the City and 427 residents from Hackney, aged between 5 and 18 years old and registered with a GP practice in inner-North East London[1], had a mental health condition[2] recorded on their patient record. This equates to 1.3% of the population aged between 5 and 18 years old in the City and 0.9% in Hackney.

A 'Common Mental Illness' (CMI) record was listed on 0.8% of patients' primary care records. Additionally, 0.3% of residents were noted to have depression, and 0.2% had mixed anxiety and depression. It's important to note that these records are not mutually exclusive and all patients with depression or mixed anxiety and depression recorded on their primary care record were also included in the CMI category. However, this category also encompasses conditions such as panic disorders, obsessive-compulsive disorder (OCD), and

[1]City & Hackney, Newham, Tower Hamlets and Waltham Forest
[2]Please note that a person was considered to have a mental health condition if they had a record of any of the following conditions in their primary care record: Bipolar, Common Mental Illness, Depression, Mixed anxiety and depression, Eating disorders, schizophrenia, and Severe Mental Disorder. It is acknowledged that this does not encompass the full range of mental health conditions in the population; however, these were the only conditions available from primary care records in 2020, as presented by the Clinical Effectiveness Group's East London Database.

post-traumatic stress disorder (PTSD). Therefore, it is not possible to remove patients with depression or mixed anxiety and depression from the total CMI category, as they may also have another CMI condition.

Figure 13: Rates of diagnosed mental health condition, by condition type, as a percent of the total population, City & Hackney residents aged between 5 and 18 years old, April 2020



Source: Clinical Effectiveness Group, East London Database, 2020 (51)
Notes: Some residents may appear in more than one condition. For example, all patients with Depression and Mixed Anxiety Depression also held a Common Mental Illness record, which also encompasses conditions such as panic disorders, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). Data on bipolar disorder and schizophrenia has been removed due to low counts; however, patients with these conditions are included in the severe mental disorder group. This data relates to City & Hackney residents registered with a GP Practice in City & Hackney, Newham, Tower Hamlets or Waltham Forest, April 2020.

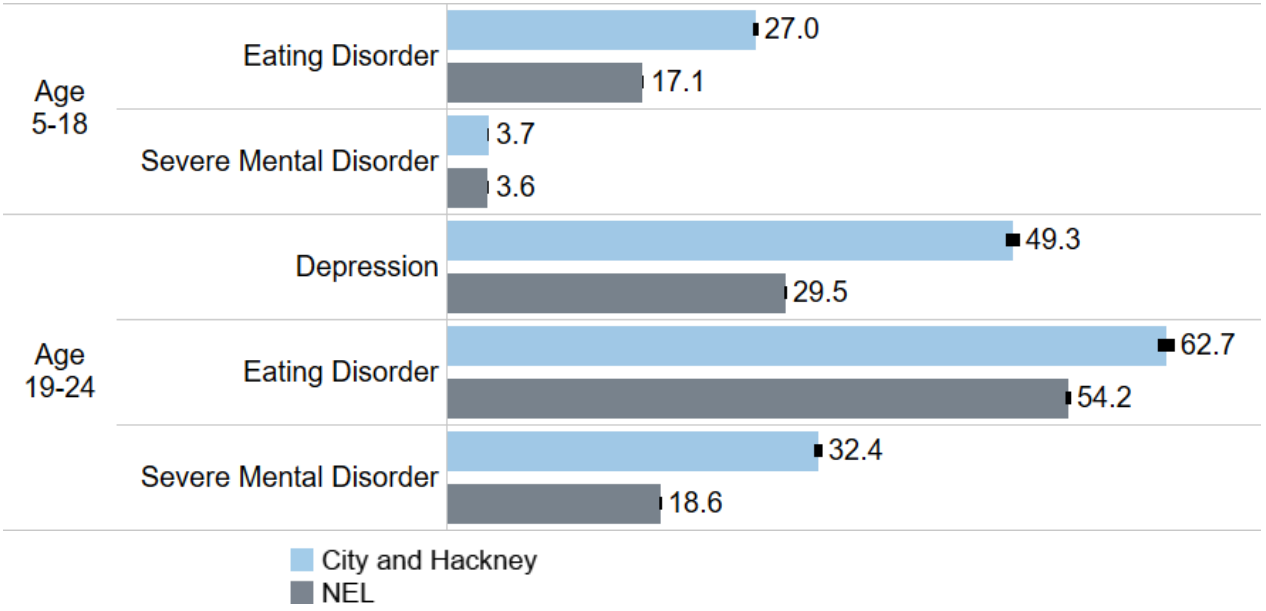
Post-pandemic data is unfortunately more limited. Data for 2023 is available for residents aged between 5 and 24 years old with eating disorders and severe mental disorders (SMDs), as well as for residents aged between 18 and 24 years old with depression. Comparative data for North East London (NEL) is also available for this year.

Between 2020 and 2023, the rate increased for all three conditions except among 19 to 24-year-olds for eating disorders. The greatest percentage point increase was recorded for depression among 19 to 24-year-olds, which rose from a rate of 3.3% to 7.8%. Severe mental disorders also saw a very large increase, however this is based on small numbers.

Comparing age-standardised data for City & Hackney in 2023 with data for NEL as a whole, we see that City & Hackney recorded a statistically significantly higher rate for all listed conditions except for SMDs among 5 to 18-year-olds. SMDs among 5 to 18-year-olds in City & Hackney were the only condition with low counts; all other rates are based on a population numerator of at least 110 people.

Stakeholders felt the high levels of diagnosis locally in City & Hackney was a real finding, likely due to the combination of high levels of risk factors and strong identification assets.

Figure 14: Age-standardised rates of diagnosed mental disorders by age group, condition type and area of residence, per 10,000 population, 2023



Source: CEG, East London Database, 2023 (52)
Notes: Data relates to residents registered with a GP Practice anywhere in North East London, April 2023. Data on depression not available for 5 to 18 year olds.

Local aggregate data on Attention Deficit Hyperactivity Disorder (ADHD) also shows that in March 2024, 1.3% of City & Hackney's resident population aged between 14 and 17 years old had an ADHD record on their primary care data. (53)

Common mental illnesses (2020)

A Common Mental Illness (CMI) refers to a group of mental health disorders that are frequently encountered in primary care settings. These conditions typically include depression, anxiety disorders, and mixed anxiety and depression, as well as other disorders such as panic disorder, OCD, and PTSD. Patients with CMIs often experience symptoms that can significantly impact their daily functioning, yet these conditions are generally treatable with appropriate medical and psychological interventions.

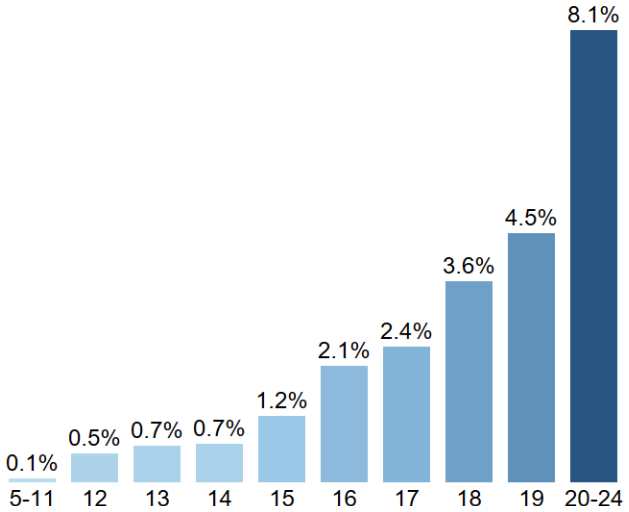
The proportion of the population with a diagnosed CMI on their primary care record increased consistently with every year of age in 2020.

The trend of increased occurrence with age remained consistent across genders, with females consistently having higher diagnosis rates than males across all age groups from 5 to 24 years old. Overall, 1.1% of females and 0.5% of males aged 5 to 18 had a CMI (Common Mental Illness) record, while 9.8% of females and 5.1% of males aged 19 to 24 had a record.

The trend of increased occurrence with age also remained consistent across ethnic groups. Some groups experienced slightly larger increases in CMI diagnosis rates between ages 19 and 20 to 24 compared to others, notably black, mixed, and white non-British ethnic groups. However, no ethnic group showed any extreme differences.

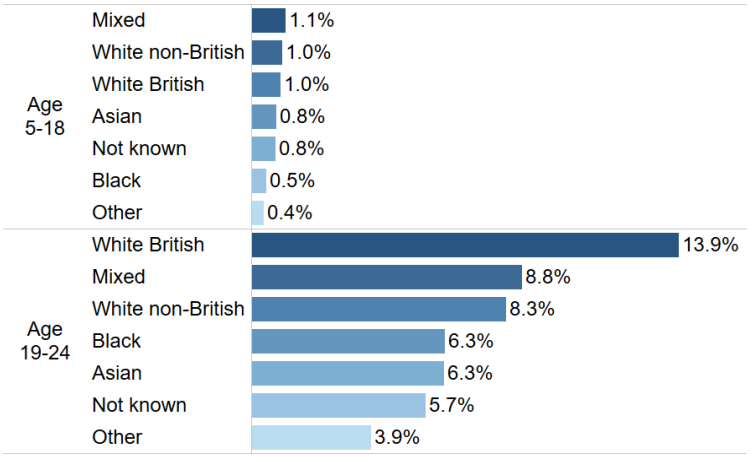
Stakeholders commented that different modes of expression contribute to differences in identification and diagnosis, for example, they raised that boys' presentations are often seen as behavioural issues rather than mental health issues. They noted that masking may also vary between genders. Further, it was discussed that women and girls may be more likely to be referred or refer themselves for mental health concerns due to increased awareness and associations of issues and presentations with patriarchal attacks on women. Stakeholders commented anecdotally that non-white children often presented later than white children and it was also commented that the delay in diagnosis in children of certain ethnicities may lead to the different pattern of distress in adults.

Figure 15: Rate of diagnosed common mental illness by age, percent of the population (%), City & Hackney residents, April 2020



Source: CEG, East London Database, 2020 (51)
Notes: Residents aged between 5 and 11 grouped due to small counts. City & Hackney residents registered with a GP Practice in City & Hackney, Newham, Tower Hamlets or Waltham Forest, April 2020.

Figure 16: Rate of diagnosed common mental illness by age group and broad ethnic group, percent of the population (%), City & Hackney residents, April 2020



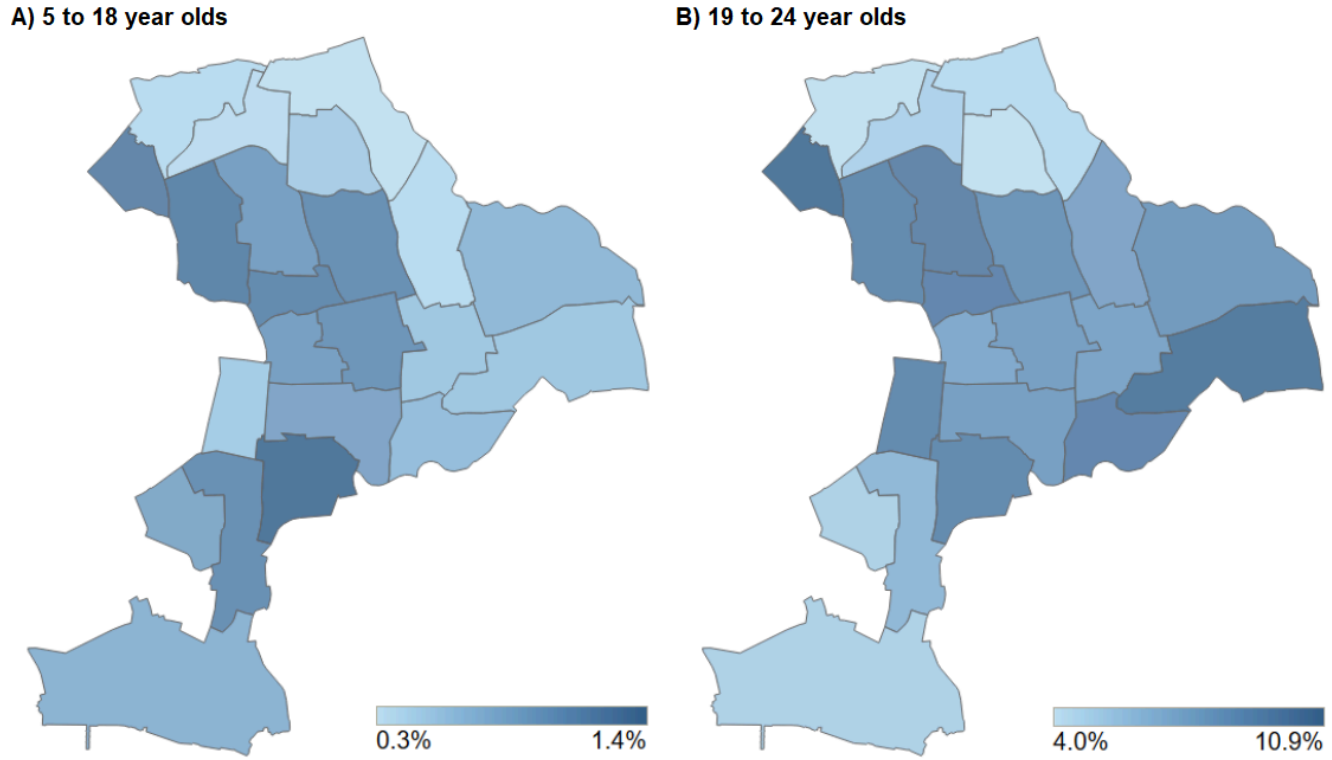
Source: CEG, East London Database, 2020 (51)
Notes: City & Hackney residents registered with a GP Practice in City & Hackney, Newham, Tower Hamlets or Waltham Forest, April 2020

Looking at variations by ward, we see that wards in west and south Hackney generally have the highest proportions of the population with a diagnosed CMI, while wards in north Hackney record the lowest proportions. Among 5 to 18-year-olds, the highest percentage was recorded in Haggerston, at 1.4%. Among 19 to 24-year-olds, the highest percentage was recorded in Brownswood, with high concentrations also seen in the east.

Stakeholders discussed that the lower rates of diagnosis in the North of the borough are likely to reflect lower rates of access to services in the Charedi community, this is due to several factors including stigma around mental health issues, language barriers and apprehension within the community about engaging with statutory services. Another factor is that some members of this community may be reluctant to get a diagnosis as this may affect the standing of a family due to stigma. In community services when this is the case- professionals sometimes write 'suspected diagnosis x' to avoid the label of a confirmed diagnosis. Confidentiality is another concern, so even though diagnoses are technically confidential in NHS services, service users may not even want NHS staff aside from those directly interacting with them to have access to information about a client's circumstances. We were informed this issue becomes more of a concern the more orthodox a family is. Stakeholders from Charedi services fed back that in some circumstances acceptability of diagnosis is different for different individuals, for example it was commented that it is more acceptable for boys to have diagnosis in this community than girls as it can put it down to being rebellious or acting out. However, on the other hand, it was also fed back that poor mental health among males can be seen, by some, as 'weakness'. Similar themes were also fed back by

stakeholders regarding the Afro-Caribbean community; that there is reticence to getting diagnoses and also a lack of recognition of early signs.

Figure 17: Rate of diagnosed common mental illness by ward, percent of the population (%), City & Hackney residents, April 2020: A) 5 to 18 year olds, B) 19 to 24 year olds



Source: CEG, East London Database, 2020 (51)
Notes: City & Hackney residents registered with a GP Practice in City & Hackney, Newham, Tower Hamlets or Waltham Forest, April 2020.

Finally, plotting the rate of CMI among Children and Young People against the Index of Multiple Deprivation[3] (IMD) shows no trend, indicating no relationship between CMI and deprivation levels. This is possibly due to low counts in the higher IMD deciles (indicating lower deprivation). However, even when plotting data for all ages, and therefore increasing the population base, no relationship is seen.

[3] Index of Multiple Deprivation (IMD): a measure used in the UK to assess and rank the level of deprivation in different areas. The IMD combines several indicators or factors, such as income, employment, education, health, crime, and living environment, to create a single score that reflects the overall level of deprivation in a specific geographical area. Areas with higher IMD scores are considered more deprived, while areas with lower scores are considered less deprived.

Stakeholders reflected that the lack of correlation with deprivation was unlikely and may be due to data considerations, rather than a real finding - this was raised as a point for further investigation.

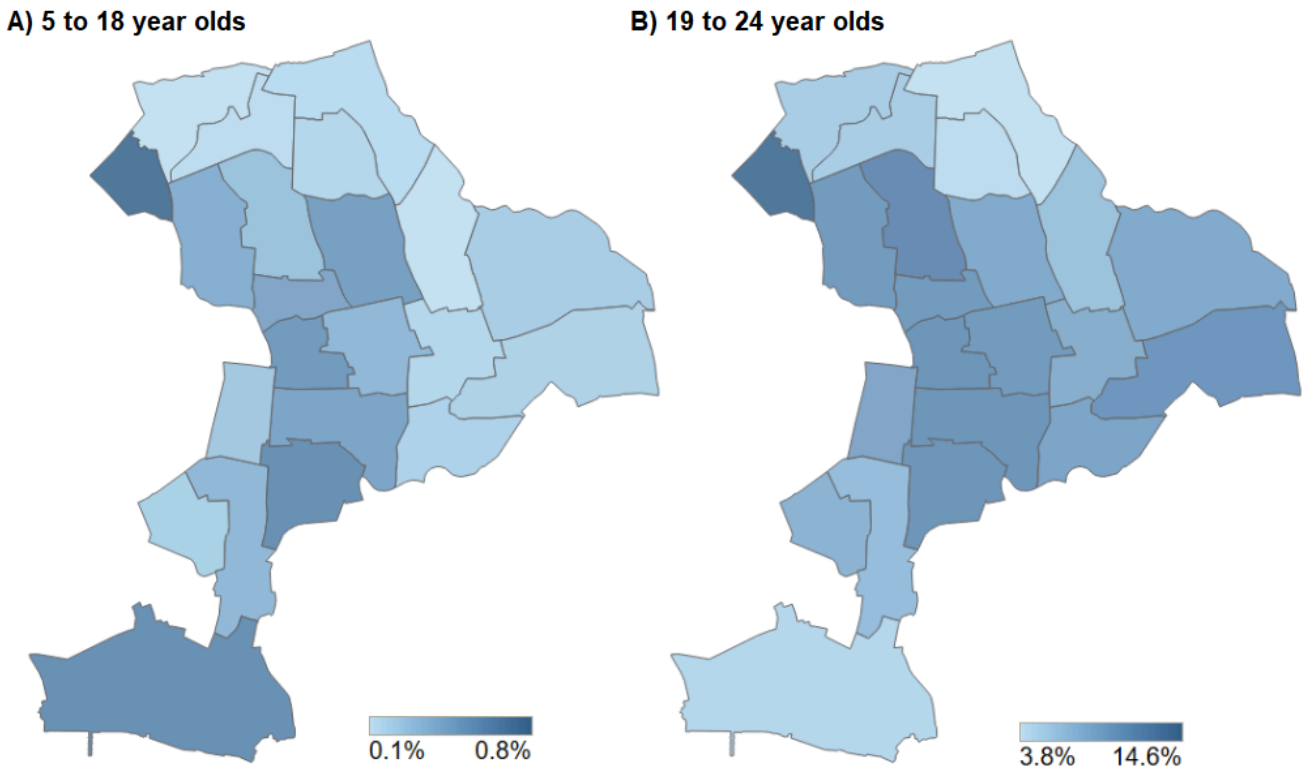
Depression

Granular data on diagnosed depression is available for 5 to 18 year olds in 2020, and for 19 to 24 year olds in 2023. The data presented below represents the latest available information for these age groups.

A similar trend to CMI is seen across all population breakdowns:

- The proportion of the population with diagnosed depression consistently increases with age in both datasets.
- Females have a considerably higher diagnosis rate than males. In 2020, 0.4% of female residents aged 5 to 18 had a depression record on their primary care data, compared to 0.1% of males. In 2023, 11.3% of female residents aged 19 to 24 had a depression record, compared to 5.2% of males.
- Mixed ethnic groups recorded the highest diagnosis rates for depression among both 5 to 18-year-olds and 19 to 24-year-olds, followed by white residents.
- Low diagnosis rates are recorded in the north of Hackney. There is also a higher rate of depression among 19 to 24-year-olds in the east of the borough compared to 5 to 18-year-olds.
- No pattern is observed by deprivation level. However, analysis is limited due to low counts in the least deprived deciles.

Figure 18: Rate of diagnosed depression by ward, percent of the population (%), City & Hackney residents: A) 5 to 18 year olds (2020), B) 19 to 24 year olds (2023)

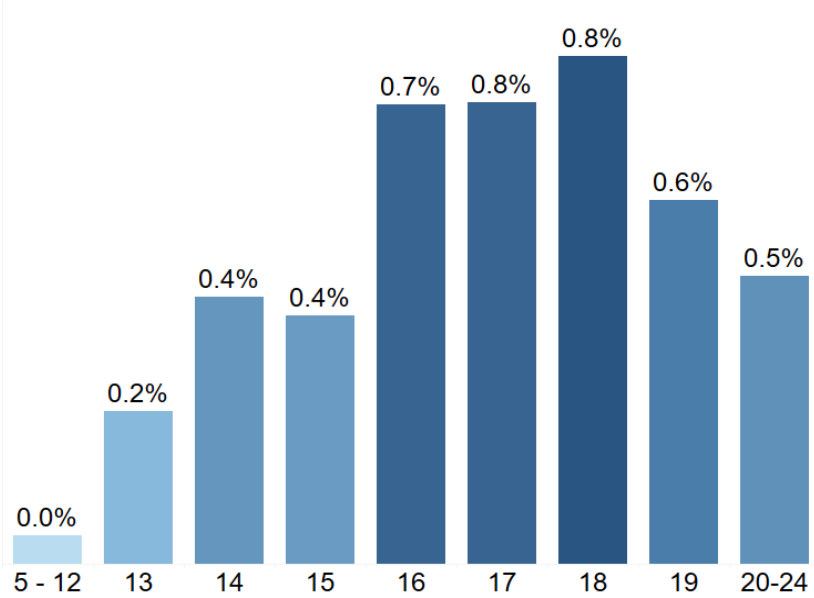


Source: CEG, East London Database, 2020 and 2023 (51), (52)

Eating disorders (2023)

Eating disorders show a less clear correlation with age compared to CMI and depression. In 2023, the rate of eating disorders generally increased with age, peaking at 0.8% at age 18, and then decreased to 0.5% by the 20 to 24 age group.

Figure 19: Rate of diagnosed eating disorders by age, percent of the population (%), City & Hackney residents, April 2023

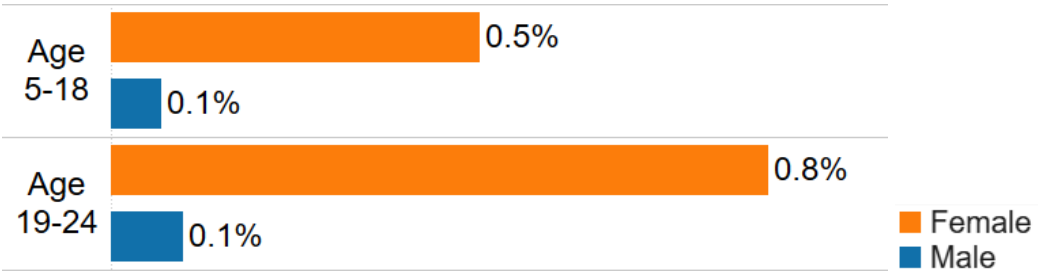


Source: CEG, East London Database, 2023 (52)
Notes: Data relates to residents registered with a GP Practice anywhere in North East London, April 2023. Ages 5 to 12 years old grouped due to low counts.

There is a strong female/male divide for eating disorders: in 2023, 86% of eating disorder records among 5 to 18-year-olds and 91% among 19 to 24-year-olds were recorded among females. Due to the low number of records among males, the distribution of eating disorder records cannot be broken down by sex and single year of age.

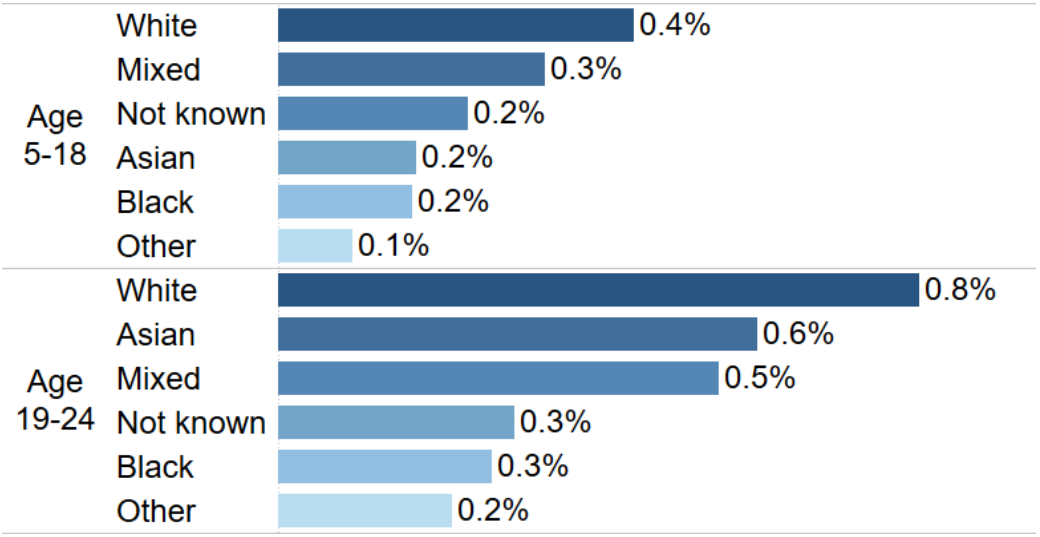
The female/male divide is consistent across all ethnic groups. This is most pronounced among white residents, where 0.8% of 5 to 18-year-old females have an eating disorder on their primary care record compared to 0.1% of males. White residents also record the highest rate overall.

Figure 20: Rate of diagnosed eating disorders by age group and sex, percent of the population (%), City & Hackney residents, April 2023



Source: CEG, East London Database, 2023 (52)
Notes: Data relates to residents registered with a GP Practice anywhere in North East London, April 2023. Data on residents with no stated sex or a sex of 'other' have been excluded due to low counts.

Figure 21. Rate of diagnosed eating disorders by age group and ethnicity, percent of the population (%), City & Hackney residents, April 2023.



Source: CEG, East London Database, 2023 (52)
Notes: Data relates to residents registered with a GP Practice anywhere in North East London, April 2023.

Presenting data on eating disorders by ward is not possible due to low counts. However, we observe that eating disorder records generally follow the patterns seen in CMI and depression, with low diagnosis rates in the north of the borough. Similarly to CMI among 5 to 18-year-olds, the highest rate is recorded in Haggerston, in south Hackney, where 0.7% of residents aged 5 to 24 have an eating disorder. This is driven by females aged 20 to 24, who record an eating disorder rate of 2.1%.

For a more detailed analysis of local trends and inequalities in eating disorders, refer to the dedicated **'Eating Disorders in City and Hackney: Understanding local patterns and inequalities'** report (October 2025, (85)).

Severe Mental Disorder

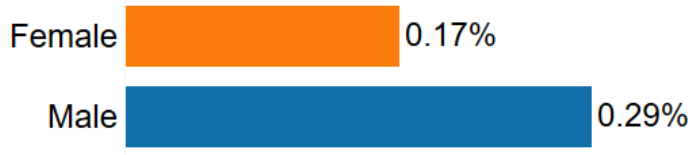
Due to the generally low prevalence of SMD, in-depth analysis by sociodemographic is limited. However, in summary:

- In 2023, the age group among Children and Young People with the highest rate of diagnosed SMD was 20 to 24 years old, with a diagnosis rate of 0.7%. This compares to less than 0.4% for all other ages and is consistent across sexes.
- Unlike other conditions explored so far, males have a greater rate of diagnosed SMD than females: 0.3% of male residents aged 5 to 24 had an SMD recorded on their patient record in 2023, compared to 0.2% of females.
- Also, unlike other conditions explored so far, residents from black ethnic backgrounds recorded the highest rate of diagnosed SMDs in 2023, with diagnosis rates 54% higher

than residents from mixed ethnic backgrounds and 59% higher than residents from white ethnic backgrounds.

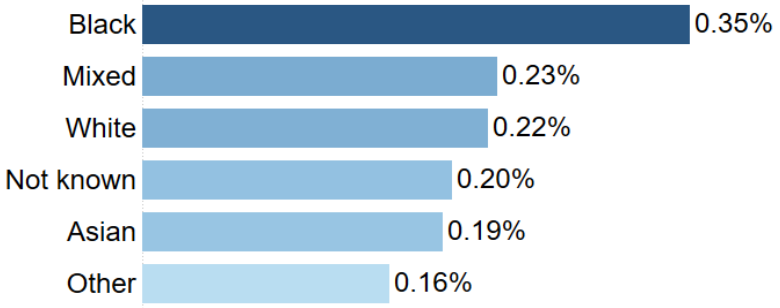
- Analysis by both ward and deprivation level is not possible due to low counts.

Figure 22: Rate of diagnosed severe mental disorders by sex, percent of the population (%), City & Hackney residents aged 5 to 24 years old, April 2023



Source: CEG, East London Database, 2023 (52)
Notes: Data relates to residents registered with a GP Practice anywhere in North East London, April 2023. Data on residents with no stated sex or a sex of 'other' have been excluded due to low counts. Age groups 5 to 18 and 19 to 24 combined due to low counts.

Figure 23: Rate of diagnosed severe mental disorders by ethnicity, percent of the population (%), City & Hackney residents aged 5 to 24 years old, April 2023



Source: CEG, East London Database, 2023 (52)
Notes: Data relates to residents registered with a GP Practice anywhere in North East London, April 2023. Age groups 5 to 18 and 19 to 24 combined due to low counts.

On the topic of identification overall, some stakeholders commented that there was too much focus in the system on diagnosis and a medical model, which may act as a barrier to some populations who want treatment and support, but without the labelling of a diagnosis. Others felt a diagnosis may also narrow support to a therapy directly targeted for a specific diagnosis, without taking into consideration contextual factors which might be contributing. Stakeholders felt a more holistic approach was needed for identification from multiple sources.

4.2 Mental wellbeing and health needs identified in education

SECTION SUMMARY

Within education, children around secondary school age appear to be most likely to have a record for SEN support or EHCPs primarily for social, emotional and mental health needs. Males are also more likely to have these forms of support than females, and children from Black and Mixed ethnic groups appear more likely to have support compared to other ethnic groups. A larger number of children eligible for pupil premium than those who are not eligible have SEN support, but this pattern reverses for EHCPs. A key limitation is that this data only explores the primary need category of the SEN support or EHCP, it would be interesting to explore if children and young people who have SEMH needs secondary to other issues have different characteristics. Key discussion points from stakeholders centred around the changing needs of children progressing from primary to secondary education and the importance of balancing academic success with mental wellbeing.

Social, emotional, and mental health (SEMH) is a category of special educational need within education. For a broader understanding of special educational needs in City & Hackney, please refer to the recent City & Hackney SEND needs assessment. In this section, we specifically address the SEMH category.

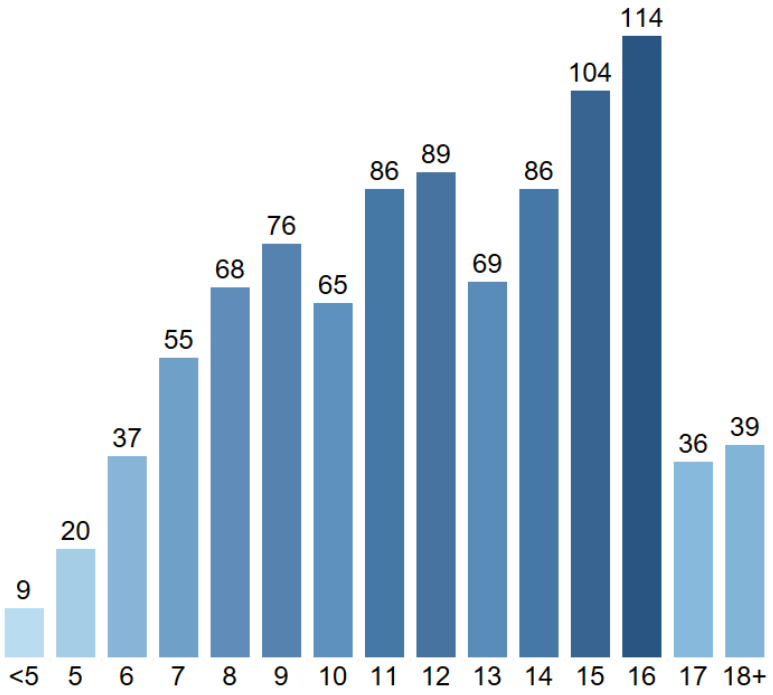
Schools provide Special Education Need (SEN) support, often with input from specialist staff, to help children with special educational needs achieve their learning goals and participate in activities. Schools have legal obligations to provide this support and receive funding for these services; each school also appoints a designated SEN coordinator. When needs are identified, teaching staff assess them with input from families and, where possible, the child, to plan and deliver support, while monitoring progress (54).

As of the Autumn 2023 school census, of children attending Hackney schools who were identified as requiring SEN support with SEMH as their primary need (55,56):

- The age groups with the greatest number of Children and Young People in the SEMH SEN cohort were aged 15 and 16. When considering the overall school population, children aged 11-12 and 14-16 were overrepresented, while those under 9 and over 16 were underrepresented.

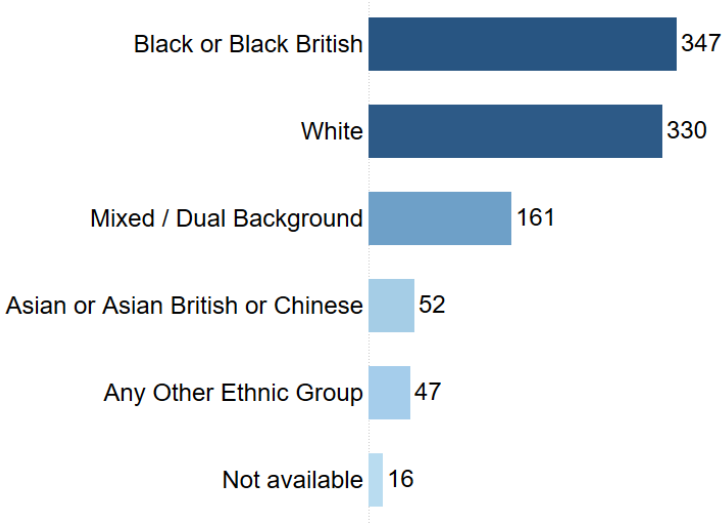
- Males constituted 62.4% of the SEMH SEN group, exceeding their 49.0% representation in the overall school population, indicating their overrepresentation compared to females.
- Residents from black and white backgrounds made up the majority of the SEMH SEN population. Black and mixed ethnic groups were overrepresented in the SEMH SEN cohort, whereas Asian ethnic groups were notably underrepresented.
- 52.9% of these children were eligible for pupil premium support.
- It should be noted, that due to the data available this refers only to children with SEN support with SEMH as their primary need, i.e. that mental health is the main reason they need additional support with education, a key limitation is that this is excluding children who may have a different primary need with additional SEMH needs.

Figure 24: Number with SEN support with SEMH as primary need by age



Source: London Borough of Hackney, Education Services, 2023 (55)

Figure 25: Number with SEN support with SEMH as primary need by ethnicity



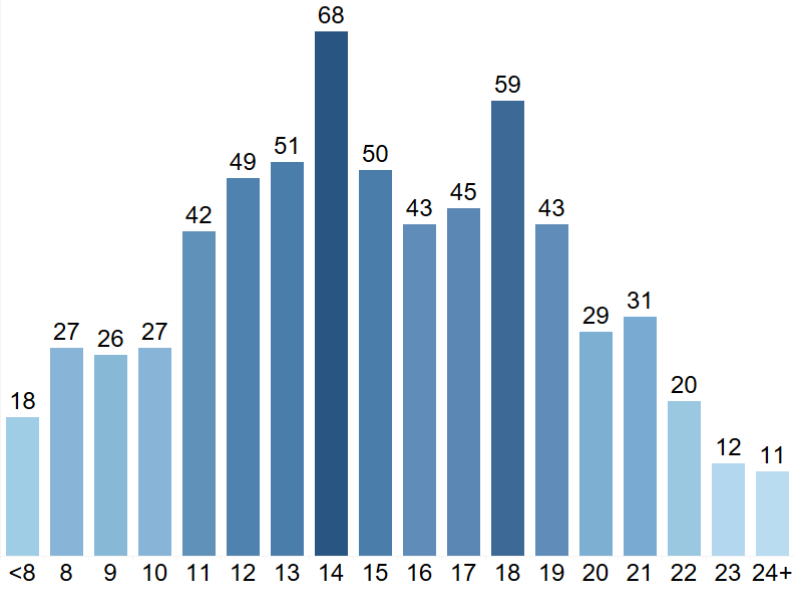
Source: London Borough of Hackney, Education Services, 2023 (55)

An Education, Health and Care Plan (EHCP) is a legal document which describes a Children and Young People's SENs, the support they need, and the outcomes they would like to achieve. Therefore, the presence of an EHCP serves as an indicator for children and young people who need a higher level of support (57).

Of children who had an EHCP with SEMH as the primary need, managed by Hackney, as of October 2023 (55,58):

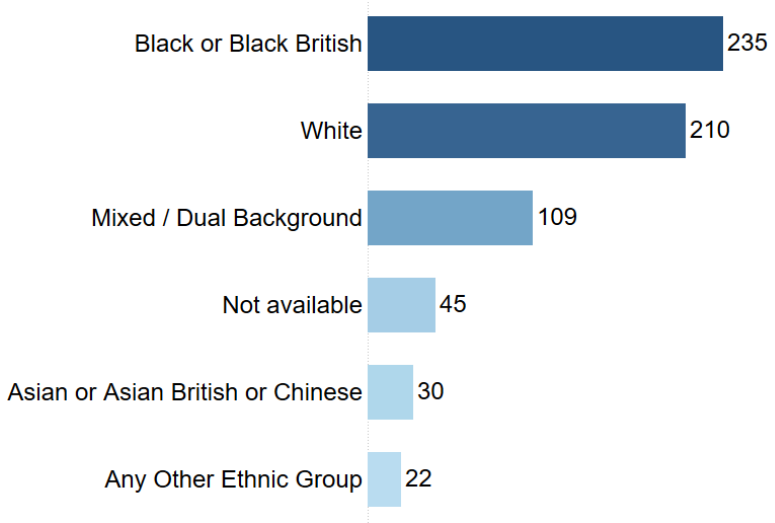
- The age group with the greatest number of Children and Young People with EHCPs was 14 and 18 year olds. When compared to the total ONS census population for Hackney for the relevant age groups, secondary school age groups were overrepresented.
- Males accounted for 74.3% of the EHCP population, higher than their 48.8% representation in the census population, indicating they were overrepresented compared to females.
- Similar to SEN, most EHCP holders were from black and white backgrounds. For those for whom ethnicity was known, compared to the census population, black and mixed ethnic groups were overrepresented in the EHCP cohort, while white, Asian, and 'other' ethnic groups were less represented.
- 38.1% of these children were eligible for pupil premium.
- Most cases were resident in Hackney.

Figure 26: Number with SEMH EHCP by age



Source: London Borough of Hackney, Education Services, 2023 (55)

Figure 27: Number with SEMH EHCP by ethnicity



Source: London Borough of Hackney, Education Services, 2023 (55)

In 2023, SEMH needs accounted for 13% of recorded needs in the one City of London state primary school, making it the second highest category of need after communication and interaction, which accounted for 60% (27). Due to small numbers, demographic analysis was not feasible.

Stakeholders discussed that SEMH needs flagged through SEN support and EHCP may not fully represent the levels of need requiring support within education, for example some partners commented that sometimes schools do not see social emotional and mental health needs as a special educational need, but instead these issues may be perceived and dealt with as behavioural issues or through a separate mental health route; some schools may also be reluctant to to flag students under these statutory labels.

Further themes which emerged from the discussion with stakeholders regarding mental health and wellbeing in educational settings included the changing nature of the relationship between children and staff from primary to secondary education. Some partners commented that the environment within primary schools is more nurturing and due to the nature of the relationships between teachers and pupils it is easier for children to be identified by adults as having issues when they are younger. However, it is worth noting that this point is not reflected in the above findings, where adolescents seem to be overrepresented in the cohort identified for support. Stakeholders commented that relatability is a key factor for adolescents in creating a trusted relationship and therefore engaging with this age group requires creative and innovative outreach. The transition from primary to secondary school was discussed as an important and impactful stage for ensuring mental health and wellbeing.

Another point raised by partners was around the nuances of working with academy schools, which in Hackney make up the majority of secondary schools and which operate as businesses, there was discussion around the incentives for schools to identify and support children with mental health issues and the need for strong relationship building between services and schools to allow positive outcomes. Stakeholders also discussed the influence of the school environment on mental health and that pressure from schools for academic achievement can affect children and young people and how much control they feel they have. Stakeholders felt teachers need to be empowered to support positive mental health and emphasised the importance of having conversations about mental health and ensuring this happens early on, as well as at the point of a crisis. Conversations about mental health and behavioural issues, as well as the support available need to be considered and well

timed. Later on this document we review in more detail some of the school-based mental health services available in City and Hackney.

4.3 Mental health needs identified in vulnerable populations

SECTION SUMMARY

Among the population known to CFS in Hackney, those with an alcohol misuse record, a substance misuse record, parents with a mental health issue, and those who were looked-after children were notably more likely than the general CFS population to have a recorded mental health issue. Non-cisgender individuals were also much more likely to have a mental health issue recorded.

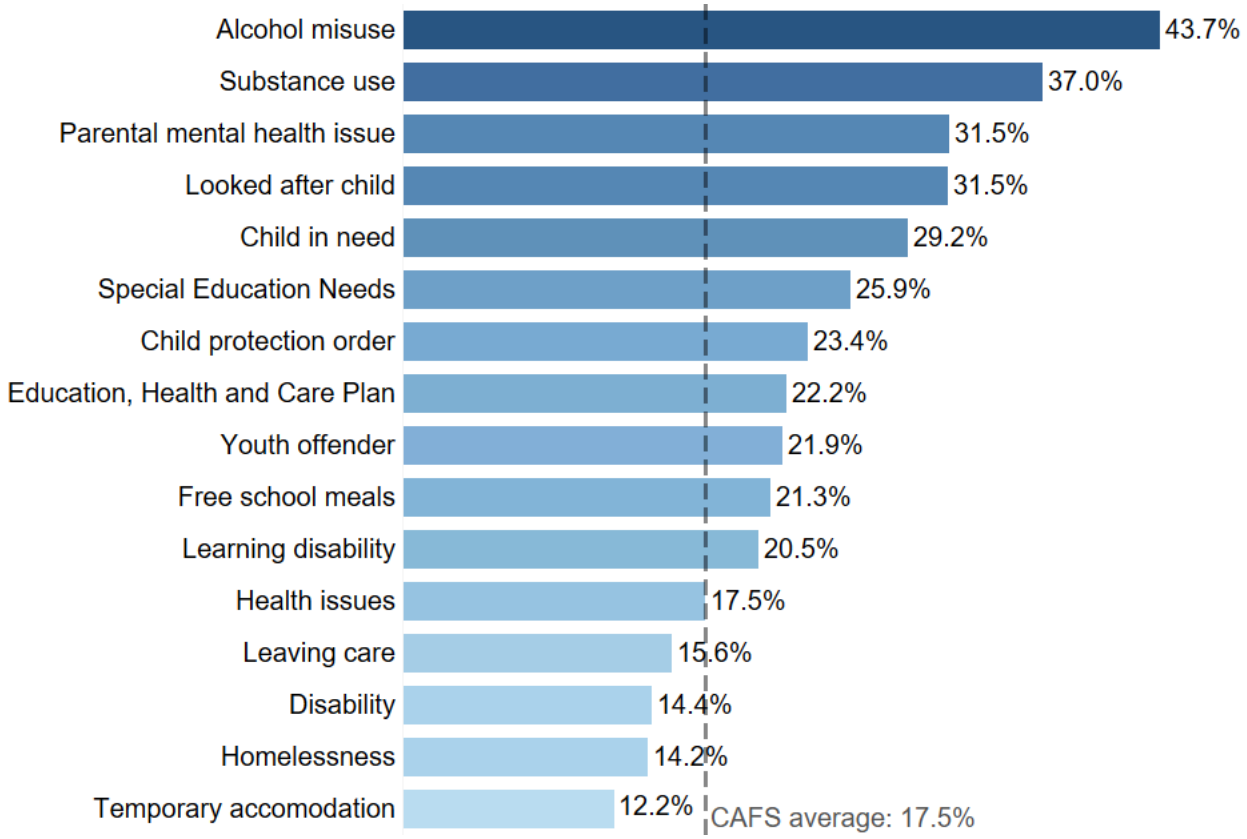
London Borough of Hackney's Children and Families Services (CFS) is a broad group of support and advice services including Children's Social Care and Early Help for children and young people, as well as their families and carers. Data which has been provided by CFS for the purpose of this needs assessment allows us to see which vulnerable groups have a higher rate of mental health records[4] on their CFS record.

This data shows that between January 2022 and December 2023, an average of 17.5% of Children and Young People under CFS, aged 0 to 25 years, were recorded as having potential mental health issues. However, this varied significantly across sub-groups within CFS. Sub-groups with notably high levels of mental health issues included those with an alcohol misuse record, a substance misuse record, parents with a mental health issue, and those who were looked-after children.

Furthermore, although not shown in the graph below due to non-binary (yes/no) categorisations, there is a noticeable variation in the percentage of the population with a mental health record based on gender identity. Gender-fluid, intersex, non-binary, and trans residents had to be grouped due to low counts. However, within this grouping, we can see that the percentage of this population that had a mental health record was considerably higher than the percentage among cisgender males and females, at 42.9% compared to 20.9% among females and 14.5% among males.

[4] A mental health record can be allocated if the Children and Young People has confirmed mental health issues, or if mental health concerns are reported at first contact or referral, during Children & Families Assessment, Children In Need review, Looked After Children review, or at Early Help Assessment. Additionally, the record may be allocated if the child was assigned to Clinical Services during the specified time period.

Figure 28. Percentage of the Children and Family Services client population with a mental health record by population sub-group, Hackney residents aged between 0 and 25 years old, 2022 to 2023



Source: London Borough of Hackney, Children and Family Service, 2024 (59) Notes: Hackney residents allocated to a Children & Families team between 01/01/2022 and 31/12/2023, who were aged 0-25 at the time of the start of the allocation, or have no date of birth recorded. 'Temporary Accommodation' includes all residents currently or previously in temporary accommodation. 'Youth offender' refers to any resident known to the Youth Offending Team, a team that works with young people that get into trouble with the law, are arrested, or taken to court, and helps them stay away from crime. 'Drug/alcohol issue' and 'Refugees/asylum seeker' groups excluded due to low counts.

5. Youth Steering Group Insights

A session was held with the HealthSpot Youth Steering Group to share findings on mental health needs and gain young people's views on early support for mental health and wellbeing. Although the HealthSpot Youth Steering Group is open to young people form the city of London, we do not believe any children from the City were present for this session. The structure of the session consisted of a short presentation, polling and discussions on a few central questions.

Firstly we discussed young people's opinions of the findings relating to need within City & Hackney. Young people instinctively understood the challenges relating to measuring mental health needs and the importance of studying both access and diagnoses as dimensions when considering how young people are seeking help. This was illustrated by young people suggesting the young men in particular were less likely to access healthcare and that this meant they were less likely to get a diagnosis and support. They also felt that those from minority ethnic or immigrant backgrounds may also feel less comfortable seeking help and that this may be due to their families in some cases having less awareness or understanding on mental health issues, or behaving more dismissively. As a result they suggested that part of a solution to alleviate these barriers would be a focus on educating and informing older generations about mental health issues and their causes and tackling the stigma which exists. Whilst young people pointed out that these issues can often be reproduced between generations, others felt that better understanding and a more compassionate viewpoint from younger generations is helping to break down these generational cycles. They felt that this increased understanding stems from a combination of increased societal awareness and discussion, including lessons in schools, as well as social and traditional media coverage. Largely they felt increased awareness was positive, however they were also cognisant of misinformation being a risk of social media especially.

How confident do you feel about identifying mental health issues in yourself and your peers?

There was a range of responses to this discussion point, some young people felt whilst they could not 'self-diagnose' a condition, they would recognise signs in themselves and when there is a need to seek help. On the other hand, others were less confident and felt they probably would not realise they needed support until it was too late and their mental health had deteriorated. One young person raised that some of the symptoms of poor mental health are normalised through social media e.g. 'bed-rotting' (which could be a sign of depression). Young people appeared to feel more confident recognising worrying signs

amongst their peers and stated they would feel confident discussing this with friends, however they would only break trust to alert an adult if they felt the situation was very serious.

Do you feel you have received as much information as you would have liked about mental health in your lessons and in PSHE?

Two key themes emerged from this part of the discussion. Firstly young people felt that coverage of mental health in schools was not consistent. They were aware that some schools have PSHE incorporated into every form time and this was taken seriously, whereas at other schools the offer felt 'thrown in' and not considered, e.g. at some schools PSHE was timetabled in the middle of exams and one young person remembered being given a list of numbers to call if they felt down. PSHE lessons sometimes felt poorly tailored to the issues children were facing. Others suggested that there were instances of good practices in PSHE, for example citing plays as an engaging way to learn about topics, however they commented this approach was never taken for mental health as a topic.

The second key theme to emerge was a feeling of dissonance. Young people sometimes felt mental health was being talked about constantly, however nothing that was spoken about in teaching was put into practice. For example they mentioned being told to come and speak to teachers at any time or in mental health drop ins, but when they sought help were told to go back to lessons. Others referred to policies around bullying, where even if concerns were raised, there were no discernable consequences. This led to the approach in schools feeling tokenistic. Young people discussed that they would value a more proactive approach from schools, however others also commented that teaching staff may not be best placed due to perceived biases and concerns around anonymity and felt an external counsellor or therapeutic professional would be needed in schools to offer support.

How confident do you feel about knowing how to get help if you need it?

Leading on from discussions around the mental health education in school, we discussed how confident young people felt seeking help if needed.Young people generally felt they knew how to access some form of professional support if needed, however had a preconception that this would only consist of either talking therapies or medication, which was in some cases off-putting. Others were aware of existing pressures in primary and secondary care, which would put them off accessing services and had concerns about the service they might receive from the NHS. One young person who had previous interactions with CAMHS services felt that the referral process took a huge amount of time and when they did start an intervention this consisted only of someone listening and writing down what was discussed without providing practical solutions. A key theme was that young

people felt they lacked information about what alternative choices are available for support and how they would work in practice, in order to allow them agency in finding support suited to their needs.

6. Meeting mental health needs

SECTION SUMMARY
City & Hackney hosts a diverse array of mental health services dedicated to children and young people, delivered through key partners including schools, VCSE organisations, children and family services within local government and the NHS. Services are structures / tiered according to the iThrive Framework below. All services are funded by NHS North East London Integrated Care Board and are therefore available to children living in both Hackney and the CIty of London. The only exception is Young Hackney, which is funded by Hackney Council and therefore only available to Hackney resident children and young people.

Services offer a range of support and intervention designed to address a variety of levels of need, across different age groups; this includes support offered online and in person.

Refer to the City & Hackney CAMHS Alliance services across tiers of the Thrive Framework for a breakdown of services by tier.

When looking at the user profiles of the various services, these differ demographically i.e. by age, sex, gender and ethnicity. These differences are summarised in Figure 30. Note, we currently lack data in most cases to look at demographic differences by socioeconomic status and certain other characteristics of interest, such as LGBTQ+ status.

Figure 30: Table summarising the representativeness of services by key demographic characteristics (where data were available)

Service name	DEMOGRAPHIC CHARACTERISTICS							
	Gender		Ethnicity					Age
	Female	Male	White	Black	Mixed	Asian	Other	
WAMHS	neutral	neutral	over	under	under	under	over	KS3 and KS3 over
Young Hackney	under	over	under	over	over	under	under	6 to 18+
Kooth	over	under						13 to 18 over
MHSTs	neutral	neutral	under	under	neutral	under	over	7 to 15 over
CFS Clinical	over	neutral	under	over	over	neutral	under	15 to 19 over
Off Centre	over	under						18-20 over & 22-15 under
Crisis Team	over	?	under	neutral	neutral	under	over	14 over
First Steps	over	neutral	neutral	under	neutral	under	neutral	16+ under
CAMHS Disability	under	over	under	over	neutral	over	neutral	
Specialist CAMHS	neutral	neutral	under	under	neutral	under	over	
Eating Disorders	over	?	under	under		neutral	over	

Key	
Overrepresented	
Representative	
Underrepresented	
Data not available	

Differences by age

Low level support in schools (Young Hackney universal provision and WAMHS consultations) appears to be accessed more by primary school children than secondary school children. Specific MHST discussions are most commonly used by children starting secondary school (Key Stage 3). Teenagers aged 13-16 are overrepresented in the population using Kooth online services. Off Centre, which specifically caters to 16-25s, sees more young people in the transition age (18-20), (followed by a peak at age 25) than would be expected. Conversely in the cohort seen by First Steps, an NHS service, primary school and early secondary school children (aged 5-14) are overrepresented and older children underrepresented. This is unexpected as the rates of diagnosed common mental disorders increase with age in City & Hackney. This pattern is also seen in the CFS clinical services, which may cater to more vulnerable groups, where those aged 15-19 are overrepresented.

Differences by sex

Except for WAMHS discussions and within the First Steps service, where there is only a small difference in usage between males and females, females are overrepresented in all other services (apart from CAMHS Disability where males are overrepresented) where we have data on sex breakdown and a comparable census population. This overrepresentation is particularly notable in Kooth and Off Centre, where females make up about 4/5ths of service users in both cases. Despite females having higher rates of diagnosed common mental disorders at all age groups compared to males in City & Hackney, it is believed that males are still under-accessing services like Kooth and Off Centre relative to their level of need.

Differences by ethnicity

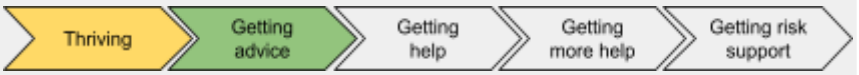
In the 5-18 age range, white Children and Young People have the highest rates of diagnosed common mental disorders followed by black, Asian and then other ethnic groups. For services where we have ethnicity breakdowns and a comparable census population, the Asian group is underrepresented compared to the census population in all cases. In the First Steps population, white children are overrepresented, while black and Asian children are underrepresented. For CFS services overall, Mixed Children and Young People are the most represented whereas, in the CFS clinical service, which primarily serves children with additional vulnerability factors, black children are overrepresented compared to the census population.

Overall findings suggest a need for targeted outreach, culturally sensitive approaches, and improved accessibility to ensure equitable mental health support across City & Hackney.

Based on the data available and insights from VCSE organisations, and if the rates of diagnosis in City and Hackney are reflective of the level of need, these findings suggest that more support could be required for older children and young people (particularly those in their later years of secondary school transitioning to adulthood) in schools and NHS services to 'getting help'. While there are targeted services for secondary school-aged children within the CAMHS Alliance, there may be a certain degree of unmet need among males in services catering for mid-tier needs. Ethnicity data also shows different patterns across various services, which should be considered by individual services when addressing access issues.

Where outcome data is available, services appear to be having a positive impact on users' mental health and wellbeing, however this data is most often not available, incomplete or non-paired (i.e. no comparable measurement at start and end of intervention to measure effect).

Wellbeing And Mental Health in Schools (WAMHS)



The Wellbeing and Mental Health in Schools service (WAMHS) is a school-facing project aimed at fostering positive environments that support the mental health and wellbeing of children and young people. It serves a bridging function by enhancing links between education and broader mental health services (63). The service operates through three main components: implementing whole-school approaches to promote mental health and wellbeing, supported by Wellbeing Framework Partners who conduct audits and plan initiatives; integrating CAMHS workers in schools (CWIS) to strengthen connections with CAMHS; and fostering collaborative partnerships across health, social care, and education (64).

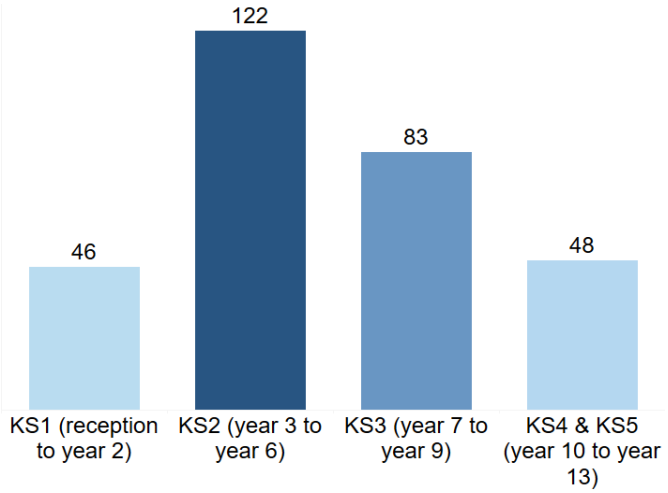
WAMHS is available in all 83 state maintained schools in City & Hackney, 83% have a CWIS, 11% have only a Wellbeing Framework Partner (no CWIS) and 6% have taken up only the universal offer**.** WAMHS collaborates with other services within the system including Tree of Life in Schools Programme, Re-engagement Unit, Young Hackney and other professional services in the Team Around the School (SEND).

Outside of state-maintained schools, WAMHS also supports six Charedi independent schools as part of a pilot project, in addition to four state-maintained Charedi schools, which are part of the mainstream/state funded schools' offer (64).

Service user profile

Whilst WAMHS is school facing (as opposed to pupil-facing) and much of the service consists of taking a wider view beyond individual needs, discussions concerning named children are documented as 'referrals'. The characteristics of the children and young people recorded are presented in Figures 31 to 33.

Figure 31: WAMHS referrals by age group, 2022/23



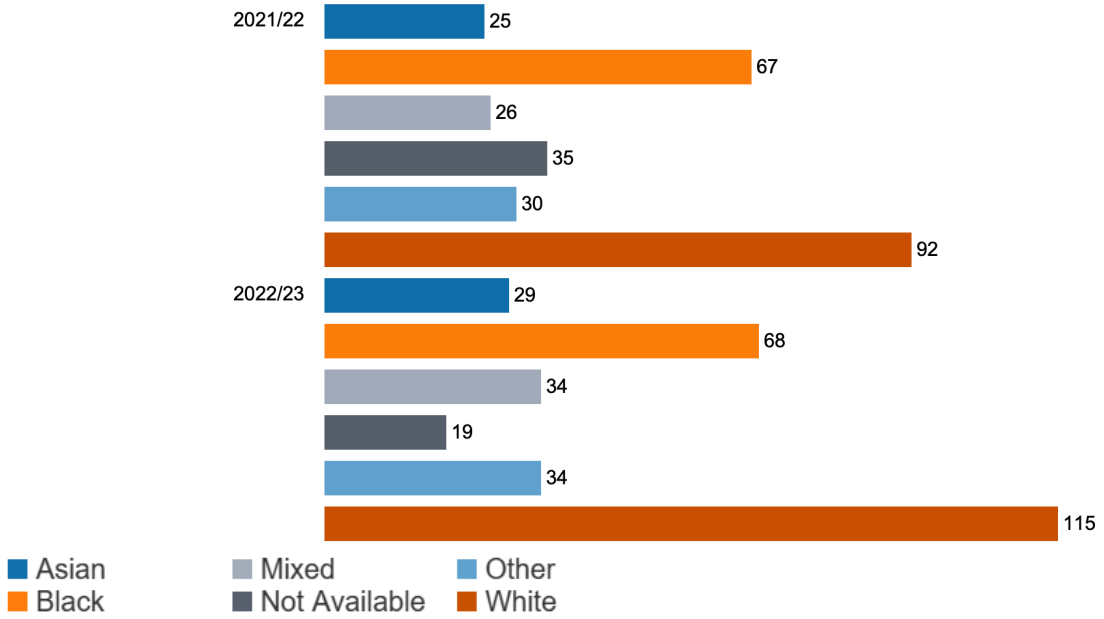
Source: WAMHS, 2023 (64), London Borough of Hackney, Children and Families Service SEND NA reporting, 2024 (56)

Age groups changed between 2021/22 and 2022/23, preventing comparison over time, however the overall pattern remained broadly similar between the two time points. In comparison to the school census population, the key stage 2 in particular and key stage 3 groups are overrepresented in discussions, while key stage 1 and key stage 4 and 5 groups are underrepresented. This contrasts with the national pattern of possible/probable mental disorders, which peak in the 17-19 year-old group.

Figure 32: WAMHS referrals by gender 2021/22 and 2022/23

Source: WAMHS, 2023 (64), London Borough of Hackney, Children and Families Service SEND NA reporting, 2024 (56)

Figure 33: WAMHS referrals by ethnicity 2021/22 and 2022/23



Source: WAMHS, 2023 (64), London Borough of Hackney, Children and Families Service SEND NA reporting, 2024 (56)

Compared to the school census population, the white and 'other' ethnic groups are overrepresented in discussions, as are those for whom ethnicity is not recorded. Asian, black and mixed groups are underrepresented in discussions.

Young Hackney Universal Provision

Young Hackney is a council-run youth service aimed at young people aged 6-19, and up to the age of 25 where there is additional statutory responsibility. The service includes both universal provision and targeted support to children and young people (targeted support will be covered in the 'Early help service' section later in the report). Universal provision covers various areas of support for children and young people, helping them develop skills and resilience for adult life, including active citizenship, work-related learning and sport. Staff operate across a range of settings such as youth clubs, community halls, and schools (60).

Young Hackney (through the Health and Wellbeing Team) also supports the provision of personal, social, and health education in schools, based on demand, which includes education on mental wellbeing. One notable session is the Five to Thrive Initiative, a national programme promoting mental wellbeing through encouraging five key behaviours: connecting, being active, learning, giving, and taking notice (61). From April 2023 to March 2024, Young Hackney delivered 282 Five to Thrive sessions in primary schools and 2 sessions in secondary schools. Across the last 6 years, the majority of these sessions have been run in primary schools. The one exception was in 2021/22 where 2 sessions were run in primary schools and 29 in secondary schools (62).

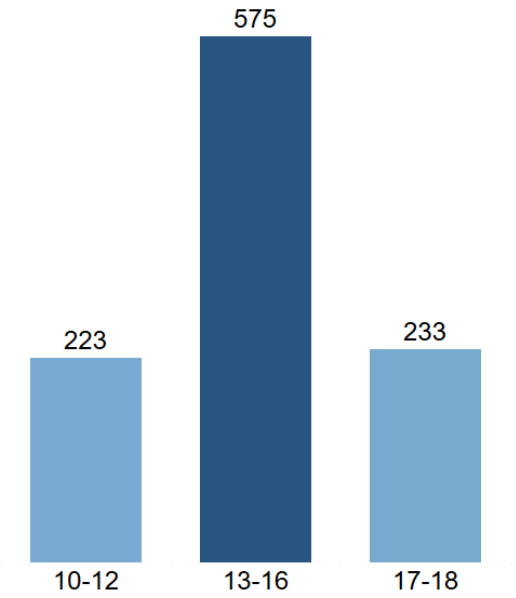
Kooth

Kooth is a commissioned, online platform that offers free and anonymous resources to children and young people aged 11-19 and is available 365 days a year (65). The service does not require referral and there is no threshold for access to the service. Children and young people can register online for the service; logged in users can access a number of activities and tools, for example children and young people can contribute to discussion boards on topics; read and create written content for peers; keep a journal of their thoughts and feelings and utilise a chat function with counsellors (66).

Service user profile

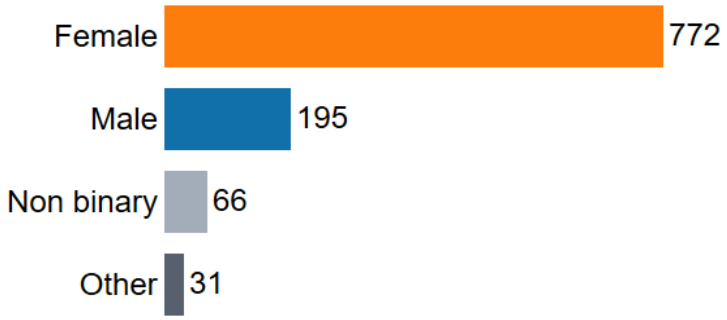
When considering this profile it should be noted that Kooth is an anonymous service and therefore data is only collected where users voluntarily submit this information, all users provided age and gender information, but 10% of service users did not provide ethnicity information.

Figure 34: Kooth service users by age 2020-2023



Source: Kooth service data 2020-2023 (67)

Figure 35: Kooth service users by gender 2020-2023



Source: Kooth service data 2020-2023 (67)

Figure 36: Kooth users by ethnicity 2020-2023

Source: Kooth service data 2020-2023 (67)

Compared to the most recent population census (2021) for ages 10-24 in City & Hackney, the 13-16 and 17-18 years age groups were overrepresented in discussions (they form 54.0% and 21.9% of the Kooth population respectively, vs 24.7% and 11.6% of the census population).

Females are dramatically overrepresented in the Kooth population (79.8%) when compared to the census population sex groupings as a proxy (it is not possible to compare directly with gender identity due to groupings provided in census data); females form 51.2% of the census population for these age groups. Kooth ethnicity groupings do not align with those in the census for direct comparison, however if we take the white ethnic group as a proxy for the non ethnic minority group in Kooth, then this group is slightly underrepresented in the Kooth population.

Overall, 51% of those who registered proceeded to use the service:

- This was seen to increase with age: 51% of both 10-12-year-olds and 13-16-year-olds engaged with the service, in comparison to 52% of 17-18-year-olds and
- Cisgender groups recorded the lowest levels of registered individuals who went on to use: 49.1% of males and 49.7% of females who registered used the service, in comparison to 58.9% of non-binary individuals and 100% of residents in the 'other' category.
- Registrants from ethnic minorities showed higher usage rates at 54.5%, compared to 43.2% among non-ethnic minorities.

Interaction with the Service

- Despite being a smaller proportion of total users, 10-12-year-olds generated the highest number of content items (forums, articles, and comments) and completed the most mini-activities. The 13-16-year-old age group, comprising the largest user base, represented the largest numbers of users of the chatting, messaging, content viewing, and journal creation functions.
- Females represent the highest number of users in all service functions. Non-binary users created more comments and articles, and completed more mini-activities than males, despite forming a smaller proportion of service users. The 'other' gender category ranked second in article creation after females.
- Ethnic minorities represented the largest number of users of the messaging, chatting, content views, and journal creation functions. Despite their smaller representation among users, non-ethnic minorities produced the highest number of comments, articles, forums, and completed the most mini-activities.

Outcomes

Upon registration with the service, users are asked to complete a Clinical Outcomes in Routine Evaluation (CORE) questionnaire. This instrument assesses how individuals have felt over the past week (68) and serves as a gauge of their level of need. During the study period, 64% of users in City & Hackney scored within the 'severe' range (25-40) on the CORE

questionnaire, indicating significant levels of need. Practitioners signpost service users to sources of external support when this is appropriate, based on additional needs.

Service users have the option to establish 'Goal-Based Outcomes' (GBOs). If a user advances their progress towards a goal by 3 points or more, the GBO is deemed achieved. In City & Hackney from 2018 to 2023, a total of 277 goals were set. Among those with recorded outcomes, 66% of users successfully achieved their Goal-Based Outcomes.

Mental Health Support Teams in schools (MHSTs)

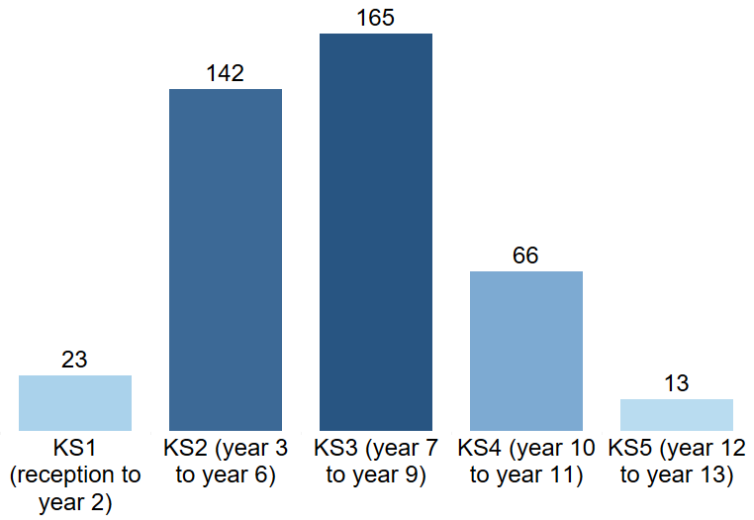
Mental Health Support Teams (MHST) is a national initiative jointly funded by the Department for Education and NHS England, which in City and Hackney has been embedded as part of the WAMHS service, involving Education Mental Health Practitioners (EHMPs) placed in schools. They support direct provision of whole-school and targeted prevention of mental health issues through workshops for staff, parents, and students, as well as signposting to mental health resources. MHST operates in 67% of state-maintained schools. The service also collaborates with other entities such as Tree of Life (see Growing Minds Section below) and Young Hackney (see Young Hackney Universal Provision section above) (64).

Out of the young people who attended MHST workshops and groups, 96 provided feedback, with 75% rating the workshops as very or extremely useful. Following the workshops, there was a 34% increase in the number of young people who felt very or extremely confident about the session's topic.

Service user profile

Referrals in the MHST service are for children and young people who are referred to receive specific individual or group interventions.

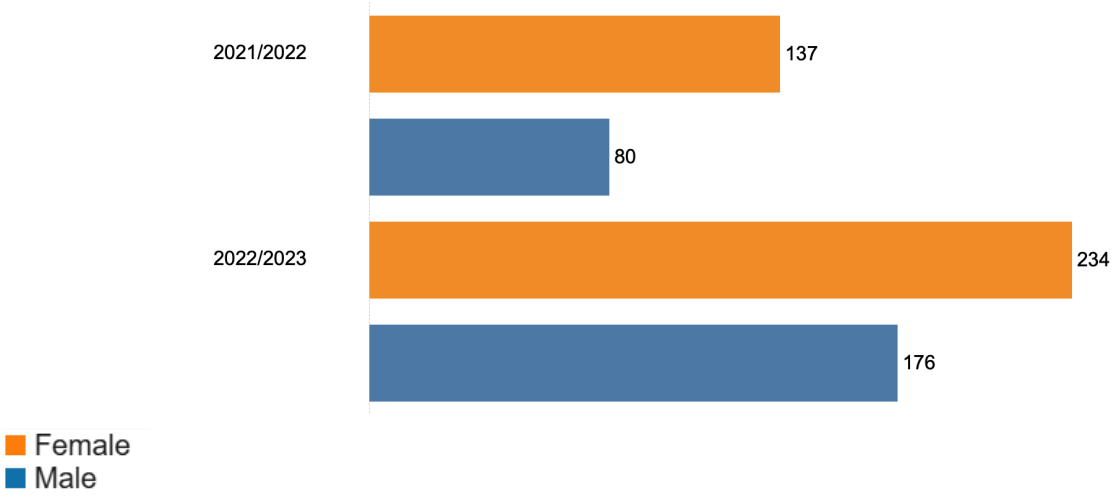
Figure 37: MHST referrals by age group 2022/23



Source: WAMHS, 2023 (64), London Borough of Hackney, Children and Families Service SEND NA reporting 2024 (56)

The categorisation of age groups changed between 2021/22 and 2022/23 making it difficult to compare directly between years, therefore only the latter year is presented though broadly the pattern is similar. Compared to the school census population, again key stages 2 and to a further extent key stage 3 are overrepresented in discussions and key stages 1, 4 and 5 are under-represented.

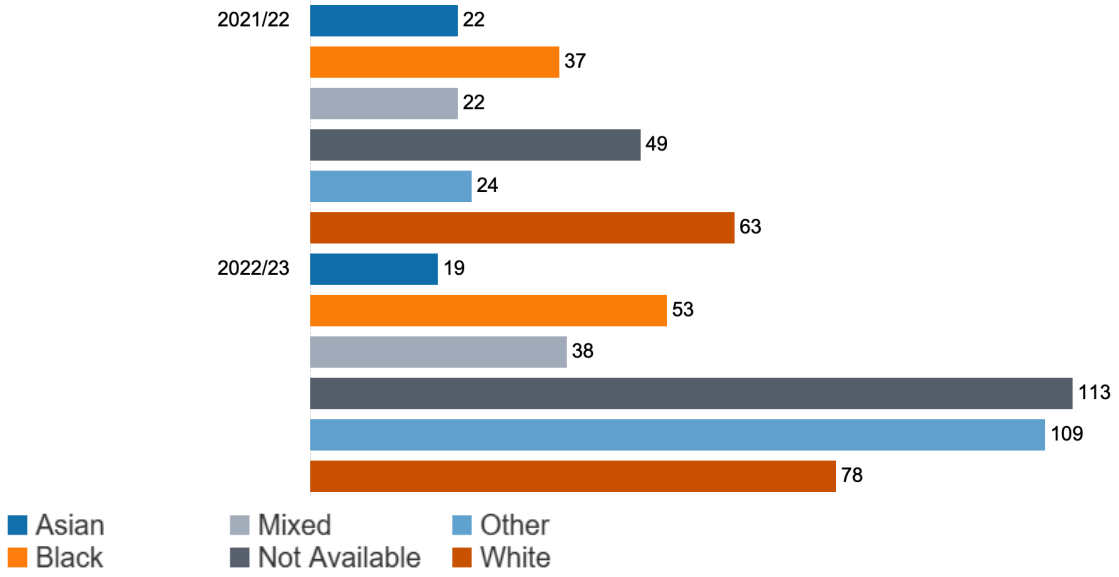
Figure 38: MHST referrals by gender 2021/22 and 2022/23



Source: WAMHS, 2023 (64), London Borough of Hackney, Children and Families Service SEND NA reporting 2024 (56)

Compared to the school census population, females are overrepresented in MHST referrals (57.1% vs 51.0% in the school census population).

Figure 39: MHST referrals by ethnicity 2021/22 and 2022/23

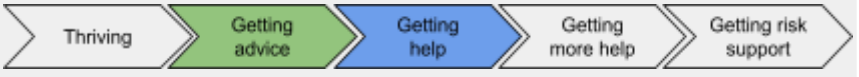


Source: WAMHS, 2023 (64), London Borough of Hackney, Children and Families Service SEND NA reporting 2024 (56)

Compared to the school census population, the 'other' ethnic group and pupils for whom ethnicity is not recorded are overrepresented, while Asian, black, mixed and white ethnic groups are under-represented in discussions. For the latter 4 groups their relative rank is the same in the school census and MHST referrals populations, except for Asian students, who are a higher proportion of the school census population than mixed students, but form a smaller proportion of MHST referrals.

An MHST Onward Trajectory Audit followed up on 222 children and young people who had more than two contacts recorded on the MHST case management system in the period from March 2021 to March 2022. Records of further contact with secondary services from Homerton and ELFT were searched and it was found **34.7% had further input from services.** Further exploration would be required to determine if this reflects successful prevention but in any case it seems to indicate successful identification of needs and signposting to the appropriate level of support based on the i-thrive approach. It would also be interesting to note whether these service users were signposted or referred onto further help by the MHST service.

St Joseph's Bereavement



St Joseph's Hospice offers a support service catering to children, young people (up to age 18), and families affected by bereavement. Individuals can either self-refer or be referred by professionals. Upon referral, the service conducts an initial consultation to understand the individual's circumstances, offering advice and guiding them to appropriate resources. The

support options encompass counselling, group sessions, family consultations, art therapy, and access to therapeutic toolkits (69).

From Q4 2022/2023 to the beginning of Q4 2023/2024, a total of 262 counselling sessions were conducted. All referrals to the service underwent assessment within 3 weeks, with the first counselling session scheduled within 5 weeks post-assessment. Nearly half of the cases (48.4%) sought counselling more than 6 months after the loss occurred. In 11.3% of cases, this period was between 3 to 6 months, while in 19.4% it ranged from 1 to 3 months, and in 21.0% of cases, counselling commenced within less than a month following the loss. In terms of further support a subset of children were referred on to or received further support from CFS, CAMHS, their school and adult services (70).

Growing Minds

The Growing Minds project supports children and young people of African, Caribbean and Mixed Heritage, aged 11-25. This programme was developed as a three pronged programme with three different sub-services: counselling and art therapy delivered by Off-Centre; non-violent resistance parenting groups delivered by African Community School and Father 2 Father and Tree of Life delivered by peer leaders from Hackney CVS and MHST staff (71). The service also signposts individuals to other relevant services.

Counselling and Art Therapy

For the Counselling and Art Therapy provision, in the six months from July to December 2023, Growing Minds accepted 40 children and young people for their counselling services, offering a total of 110 counselling sessions. Referrals came from various sources, including GPs, adult mental health services, IAPT, CAMHS, social care, as well as self and family referrals.

Presenting issues are listed below:

- Anxiety and panic attacks
- Trauma from physical/sexual/emotional abuse/neglect
- Family breakdown both historic and current complex family relationships
- Stress and sleep disturbance
- Suicidal ideation
- Self-harm in various forms
- Low self-esteem
- Isolation
- Challenges with accommodation and / or living situation / loss of employment

- Challenges around being in healthy relationships and risk of exploitation or abusive behaviours
- Exam stress, Neurodiversity, ADHD diagnosis
- Questioning sexuality
- Lacking motivation, NEET
- Race, culture and Identity

Of the young people assessed at the beginning of treatment in Q3, 66.7% presented with moderate severity scores, while 33.3% had mild scores. These service users were assessed with the following clinical questionnaire tools for mental health: CORE (Clinical Outcomes in Routine Evaluation), PHQ-9 (Patient Health Questionnaire-9) and GAD (General Anxiety Disorder-7) scores. In the previous quarter, these percentages were evenly split with 50% showing moderate scores and 50% mild. All assessments were completed within 18 weeks, with delays beyond 6 weeks attributed to challenges in engaging referrers in case discussions and staff capacity issues.

Outcomes

All service users completing treatment from July to December 2023 showed improvement on the agreed service patient reported outcome measure (CORE-10) (72).

Non-violent Resistance Parenting Group

NVR (Non Violent Resistance) is an approach to helping parents and carers to develop strategies for managing children or young people's destructive or violent behaviours whilst focusing on re-building the relationship with them. It is based on principles used by figures like Gandhi, Rosa Parkes or Martin Luther King in political spaces to bring about change without engaging in violence.

The aim of the services is to provide culturally sensitive parenting sessions to parents of Children and Young People from the African and Caribbean communities. The offer is delivered in group format with facilitators from African/Caribbean backgrounds and a Parent Champion. The intervention is delivered in 2h sessions across 12 weeks and include 1:1 parent support during and after the intervention.

The outcomes, which include the Subjective Units of Distress Scale (SUDS), Goal Based Measures and Experience of Service feedback have consistently shown positive impact for those who receive the intervention, including reduction of levels of distress felt by parents, increased feelings of control over situations and increased perception of support around parents. 95.5% of parents participating have shown positive increase towards achieving their

set goals and feedback on facilitation and experience of service delivery has been consistently positive.

Tree of Life in Schools

The CAMHS Alliance in City & Hackney launched a pilot in 2021 to deliver Tree of Life in secondary schools targeted to groups of young people (11-18 years old) from African, Caribbean and mixed heritage (ACH) backgrounds. The intervention was delivered by Peer Leaders (aged 18-25) also from ACH backgrounds who had previously attended the Tree of Life "train the trainer" course as part of the model. Sessions were delivered in schools, in groups of 8-18 students within school hours and with the support of the school and their mental health link professionals.

The project, developed as an innovative partnership, has focused on bringing together therapeutic services with grass roots black-led VCSE's and schools to deliver collaborative, effective, culturally attuned services. Using the structure of our CAMHS Alliance, the project has created a successful partnership between:

- VCSE's providing ACH peer leader training and supervision
- Secondary schools hosting sessions and referring students
- Mental Health Support Teams in schools co-facilitating, providing in-school mental health expertise and links to NHS referral pathways
- Joint VCSE and NHS project coordination and oversight.

The programme, which has now run for the last 3 academic years, has established a successful model of delivery and partnership working and has established itself as a valuable service within the school's system.

In its first year of delivery the pilot was evaluated by an external company (FiveWays) who produced a report with feedback from focused groups, interviews and questionnaires. The report highlighted the positive impact of the intervention and made recommendations on improvements that were subsequently embedded in the second year of the programme.

Looking at the outcome measures and feedback collected across the last three years we can see that young people participating consistently report high levels of positive feedback: (Year 1 and Year 2 responses combined, n=246)

1. In the sessions, I felt safe to share my thoughts and feelings:
    - 83% Agree
    - 17% Disagree

2. It really helped that the trainers were young people from an African and Caribbean backgrounds:
    - 92% Agree
    - 8% Disagree
3. I felt the trainers did a great job:
    - 98% Agree
    - 2% Disagree
4. I would recommend Tree of Life to my friends:
    - 92% Agree
    - 8% Disagree

Combining Years 1, 2 and 3 (n=311) the response to the question "*Overall, how satisfied are you with the whole Tree of life sessions*?" showed that 86% of those young people that responded to the survey would rate their satisfaction as a 4 out of 5 of a 5 out of 5.

When asked, "*What did you like most about the Tree of Life sessions?*" young people in schools gave many different answers, below are some of them:

- ☐ *The fact that everyone feels like together and free in these sessions. We are able to tell each other our origins* – Boy, 11
- ☐ *That everyone was really supportive and knew just how to deal with problems like mine – Boy, 11*
- ☐ *I liked that the creators and the ones who carried out the sessions made the environment comfortable and enjoyable, it also made me feel like I am with people I'm supposed to be with. – Girl, 14*
- ☐ *It helped me truly see the importance to my life and what I am good at – Girl, 14*
- ☐ *I can come here feeling comfortable and feel like I'm supposed to be here – Girl, 13*
- ☐ *The fact that everyone feels like together and free in these sessions .We are able to tell each other our origins – Boy, 11*
- ☐ *That people are free to talk about themselves – Girl, 11*
- ☐ *How the workers were young people so it made me feel a lot more comfortable and overall warm – Girl, 15*
- ☐ *How I was able to comfortably share things about my life with other people – Girl, 15*

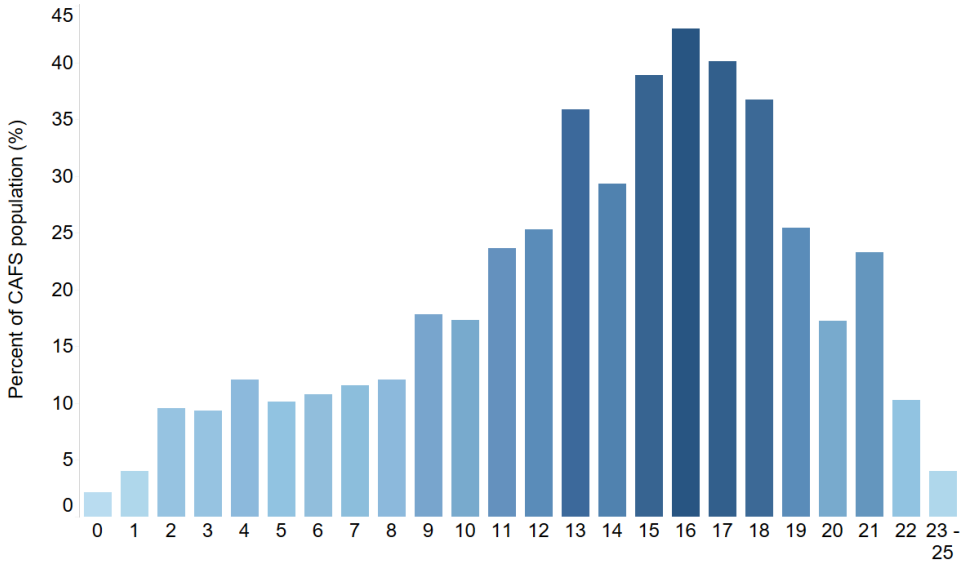
The project is currently looking to secure funding to continue delivery for its fifth year in 2025/26

Hackney

Hackney's Children and Families services are a broad group of services, which provide advice and support for children and young people, as well as their families, and carers. In this section we will first look at how mental health needs are picked up across CFS as a whole. We will then explore the two CFS services, which sit within the CAMHS Alliance umbrella, the Young Hackney component of the 'Early help' service and the CFS Clinical Service, this latter service specifically supports mental health needs. The Youth Justice service also has a clinical component, which is briefly discussed.

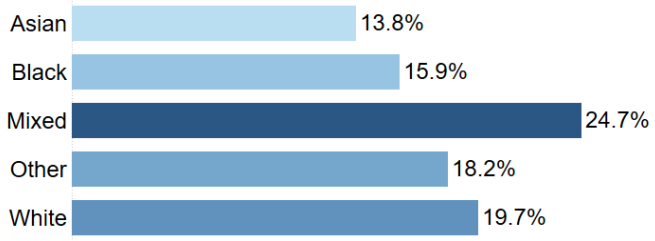
CFS services overall

Figure 40. Percent of the CFS population with a mental health concern recorded on their CFS record by age, 2022-2023



Sources: (London Borough of Hackney, Children and Family Service, 2024 (59,80)

Figure 41. Percent of the CFS population with a mental health concern recorded on their CFS record by ethnicity, 2022-2023

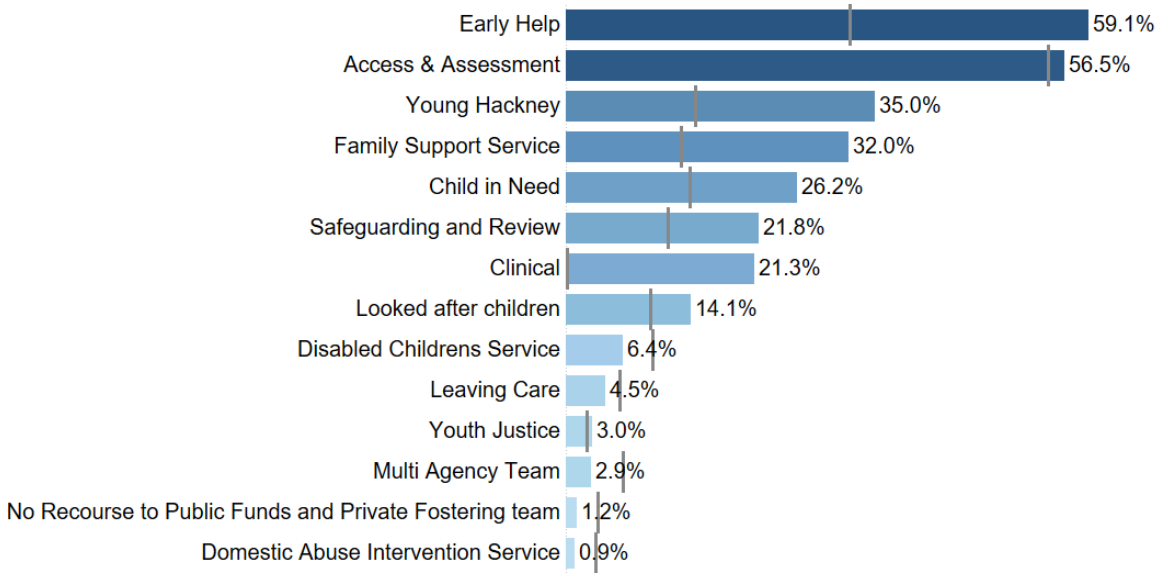


Sources: (London Borough of Hackney, Children and Family Service, 2024 (59,80)

The proportion of the population with a mental health concern recorded on their CFS record as a percentage of the CFS population increases with age until 17 and then decreases.

Females have a higher percentage of mental health records on their CFS records than males: 20.9% of females with a CFS record and 14.5% of males with a CFS record have a mental health record.

Figure 42. Percentage of CFS allocations with a mental health record that have had interactions with each service type versus the non-mental health population reference line, Hackney residents aged 0 to 25 years old, 2022 to 2023



Source: (London Borough of Hackney, Children and Family Service, 2024 (59,80)
Note: 'Context Intervention Unit', 'Fostering and Permanency', 'Placement', and 'Multi Agency Safeguarding Hub' services excluded due to low counts.

Residents with a mental health record in CFS were more likely to interact with the following services than residents without a mental health record:

- Early Help,
- Access and Assessment,
- Young Hackney,
- Family Support Services,
- Children in Need,
- Safeguarding and Review,
- Clinical Services,
- Looked After Children,
- and the Youth Justice Service.

Young Hackney Early Help

The Early Help service as a whole consists of Young Hackney, Family Support Units and the Multi-Agency Team (mostly for early years). Below we have explored the Young Hackney component of Early Help in detail, as Young Hackney falls under the CAMHS Alliance umbrella, to illustrate the type of work being carried out to support mental health. It should however be noted that this service is not purely a mental health service and therefore not all service users may be receiving support for mental health issues, for this reason we have not explored the demographic breakdown of users for this specific service.

Interventions for children and young people in the service are made up of a series of items of work by practitioners, for example referrals, assessments and plans are each single items of work and are termed 'worksteps' on the recording system, a sequence of worksteps coming after one another is termed a 'workflow'. Service users referred to the service may have 'risk factors' recorded on their worksteps. These risk factors are divided into factors relating to the child and those relating to the parent or carer.

Figure 43: The 10 most common factors relating to the child recorded at assessment stage for service users in the 12 months from April 2023- April 2024

Assessment factors	Total worksteps
Emotional Wellbeing	231
Behaviour Issues	113
Mental health concerns about the child	99
Learning disability concerns about the child	85
Risk of family breakdown	61
Poor attendance at education/nursery	55
Bullying/ cyber bullying	48
Vulnerability to exclusion from school/ education	48
Excluded from school/ education	39
Self-harm by the child	39

Source: London Borough of Hackney Children and Family Services. Young Hackney Early Help Data April 2022- April 2024 (81)
Notes: NB. multiple factors can be recorded in an individual workstep for a service user

Some children and young people, such as those transitioning from statutory services, may proceed directly to the planning stage without undergoing the assessment workstep. At the

plan stage, the top 10 most commonly identified child risk factors for all users remain consistent, albeit with some variations in their frequency order.

Figure 44: The 10 most common factors relating to the parent/carer of the child recorded at assessment stage for service users in the 12 months from April 2023-April 2024

Assessment factors	Total worksteps
Parenting Capacity	92
Mental health concerns	46
English as a Second Language	44
Housing / Overcrowded / poor accommodation	43
Physical disability or illness	34
Parental unemployment	31
Domestic abuse	27
In receipt of out of work benefits, or claiming universal credit	23
Other	17
Debt / Financial Poverty	16

Source: Hackney Y. Young Hackney Five to Thrive Session Data 2018-2024. 2024

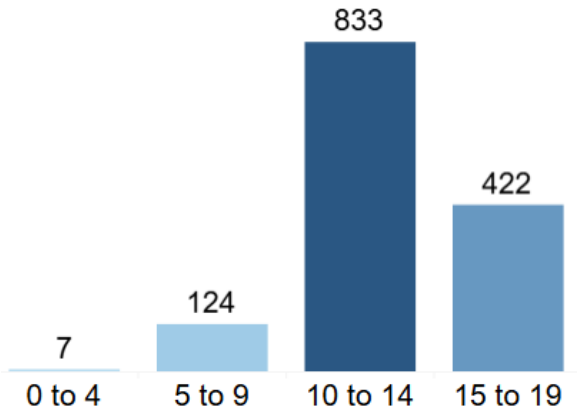
In terms of risk factors identified for all users at the plan stage, the top 10 most common parent/ carer factors are mostly the same with some variations in order of frequency. The only exception is that debt/ financial poverty does not feature, and alcohol misuse by the parent/ carer does feature in the top 10 factors at the plan stage. This reflects themes discussed in the risk factors and wellbeing needs sections of this report.

Family needs, as defined under the Supporting Families Programme Framework, can also be identified within worksteps. Across both assessment and plan stages, improved mental and physical health is the most commonly identified need (194 records in assessment and 212 in plan from April 2023 to April 2024).

Young Hackney Early Help service users

There were 1,386 children and young people who received an assessment with Young Hackney Early Help in 2023-24.

Figure 45: Young Hackney Early Help service users by age, 2023-2024



Source: Hackney Y. Young Hackney Five to Thrive Session Data 2018-2024. 2024

Compared to Hackney's 2021 Census population, children and young people aged 10 to 14 are overrepresented among users of the Young Hackney Early Help service, while younger age groups (0–4 and 5–9 years old) are underrepresented.

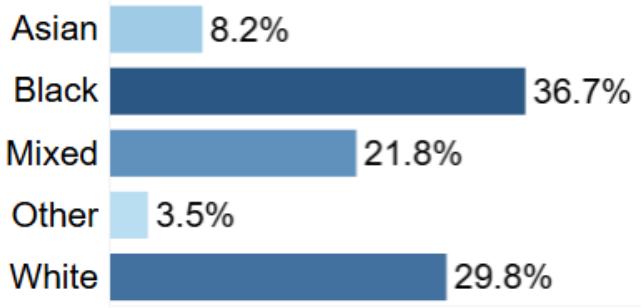
Note: Service is only available to children and young people aged 19 and below

Figure 46: Young Hackney Early Help service users by sex, 2023-2024

Source: Young Hackney Five to Thrive Session Data 2018-2024. 2024
Note: Intersex children and young people have been excluded due to small counts

The proportion of female and male service users aligns with the Hackney population for the 0-19 age group.

Figure 47: Young Hackney Early Help service users by ethnic group, 2023-2024



Source: Young Hackney Five to Thrive Session Data 2018-2024. 2024

Black and mixed ethnic groups are disproportionately represented in Young Hackney Early Help, whereas White and Other ethnic groups are notably underrepresented.

Outcomes

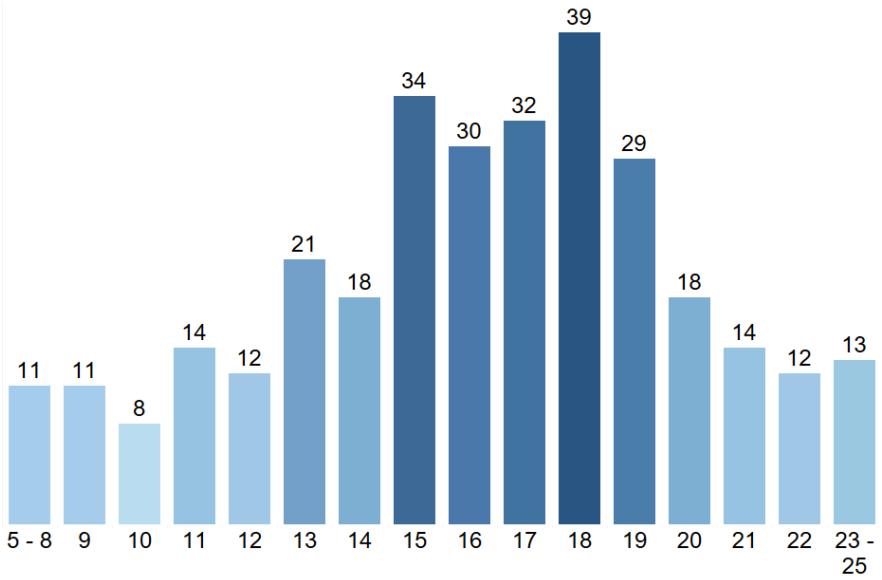
Of completed early help workflows from April 2023 to April 2024, 63.9% resulted in a decrease in risk for the child or young person, 31.3% did not lead to a change in risk and 4.8% had an increase in risk. 'Improved mental and physical health' is the second most common closure outcome (of family needs identified under the Supporting Families Programme Framework) with 211 records. 'Getting a good education' was the most common closure outcome.

Clinical service

Data provided by the Clinical service relates to service users allocated to the Clinical Service between January 2022 and December 2023, who were aged 25 years old or under at the time of allocation. Between January 2022 and December 2023, 320 unique residents were allocated to the service.

Service users

Figure 48: CFS clinical service users by age, 2022-2023



Source: London Borough of Hackney, Children and Family Service, Clinical Workstep Data, 2024 (82)
Note: Only service users aged between 5 and 25 years old have been included

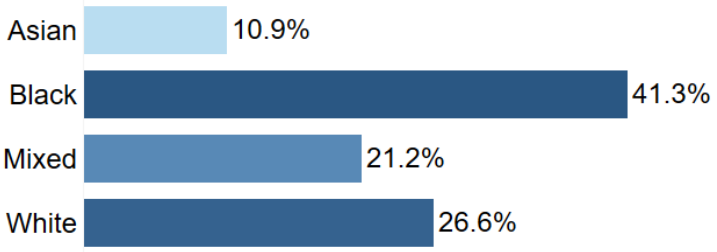
Compared to the 2021 census population for Hackney for this age range, children and young people aged 15 to 19 years old are dramatically overrepresented in the CFS clinical service user population.

Figure 49: CFS clinical service users by gender identity, 2022-2023

Source: London Borough of Hackney, Children and Family Service, Clinical Workstep Data, 2024 (82)
Note: Only service users aged between 5 and 25 years old have been included. Other gender identities and unknown gender groups have been excluded from total for non-disclosure reasons due to very low counts

Females are overrepresented compared to males (forming 58.3% of the CFS clinical population vs 50.9% of the census population), which aligns with the pattern in diagnosed common mental disorders.

Figure 50: CFS clinical service users by ethnicity, 2022-2023



Source: London Borough of Hackney, Children and Family Service, Clinical Workstep Data, 2024 (82)
Note: Only service users aged between 5 and 25 years old have been included. Other ethnicities and ethnicity not available groups have been excluded from total for non-disclosure reasons due to very low counts
Source: London Borough of Hackney, Children and Family Service, Clinical Workstep Data, 2024 (82)

Black and mixed ethnic groups are dramatically overrepresented, while white and other ethnic groups are significantly underrepresented. The Asian ethnic group is also underrepresented, but to a lesser extent.

Waiting times

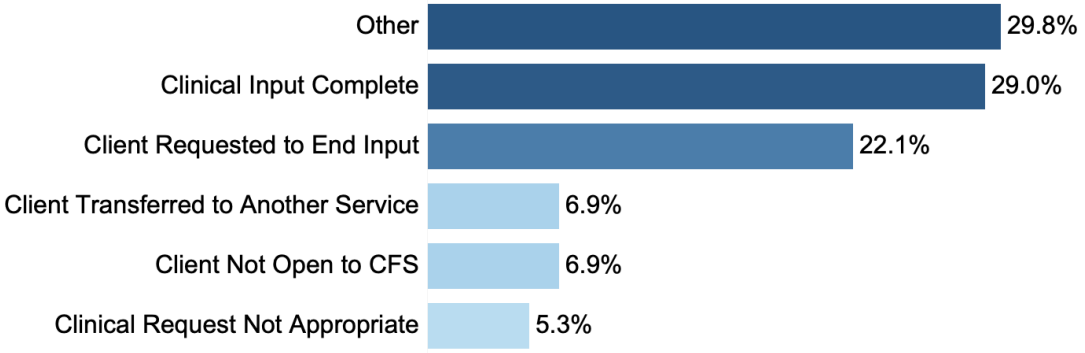
For the Hackney Clinical Service, data for waiting times was only available from March 2023 onwards due to changes in work processes and data collection. These are cases in which referrals were made after March 2023 and a therapist was assigned to work with a client by December 2023. Data pertaining to only 40 young people were available for analysis. For these children, the average waiting time was 114 days. Although there was not a high enough count for analysis of this data to be meaningful, there were no obvious differences observed when waiting time was analysed by socio-demographic characteristics.

Reason for closure

Of the 320 residents allocated to the Clinical Service between January 2022 and December 2023, just over one third had their case closed by the clinical team by December 2023. For

30% of residents, other reasons were cited, which were grouped due to low counts. These included moving out of the borough and referral to specialist CAMHS, as well as non-specific reasons (18.3% of the total closures).

Figure 51. Percentage of cases closed by reason for closure, Hackney residents aged 0 to 25 allocated to the Clinical Service, 2022 to 2023



Source: London Borough of Hackney, Children and Family Service, Clinical Workstep Data, 2024 (82)

The distribution of reasons for closure were relatively consistent across socio demographics:

- All ages followed this pattern with the exception of 15 to 19 year olds, who were more likely to have requested an end to input than have had their clinical input completed.
- Males and females both followed the distribution of reasons presented in figure 50.
- All ethnic groups followed the pattern with the exception of white residents, who, like 15 to 19 year olds, were more likely to have requested an end to input than have had their clinical input completed.

Youth Justice Service

The Hackney Youth Justice team works with children and young people aged 10-17 years old who are referred from the police or the courts. This is a multi-agency team, which includes clinical staff.

Between April and October 2023, out of 38 referrals to the Youth Justice team, 36.8% had previous contact with CAMHS. Excluded from this group are children in care or custody, who are managed separately by the Looked After Children team or Young Person Detention Centre team respectively.

Data from CAMHS to support Youth Justice KPI reporting shows for children and young people known to CAMHS, whose contact with the Youth Justice Service ceased between Q1 to Q3 2023/24 (i.e. their order/sentence was completed, or their order terminated and they were resentenced to new interventions following reoffending or old offences being dealt with), 24.3% were receiving treatment for mental health or emotional wellbeing prior to screening by the Youth Justice service. While good quality demographic data is collected

by the team, the numbers captured in these datasets are too small at this stage for meaningful analysis to identify patterns.

Figure 52 Data relating to period Q1 2023 - Q3 2024 (Note, this is different to the data period above)

	2023 Q1	202 3Q2	202 3Q3	202 3Q4	202 4Q1	2024 Q2	2024 Q3
Kpi4 Children attending MH or EW treatment prior to the start of the order	<5	<5	19	6	14	<5	9
Kpi4 Proportion Children attending MH or EW treatment prior start of their order (%)	10	3	50	25	42	16	39
Kpi4 Total Children with a MH or EW need	9	<5	34	13	18	<5	10
Kpi4 Proportion Children with MH or EW need (%)	31	<5	89	54	55	16	43
Kpi4 Total children with an order ending	29	33	38	24	33	19	23

City of London

The City of London is unique in that it has a particularly low population size (approx 10,500) compared to London Boroughs whose population sizes range between 150,000 and 400,000 people. The City is also unique in that a comparatively low proportion of its population are aged 0-18 years (approximately 6% compared to 22% for the whole of London). There are approximately 640 children and young people aged 0-18 living in the City of London.

We are only able to present limited information from children and young people living in the City of London accessing mental health services. This is due to the City having a uniquely small number of children and young people, resulting in very low numbers accessing services. Such low counts cannot be presented due to risks of deductive disclosure.

A further complexity lies in the fact that a substantial proportion of children who are resident in the City of London are registered with GPs outside of the local area, for example in Tower Hamlets or Islington. Therefore a substantial proportion of these children and young people may access CAMHS services commissioned by other local authorities and/or ICBs.

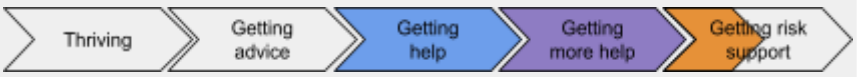
However, looking at particular vulnerable groups, as of April 2024 within the 'virtual schools' cohort (consisting of children in need, looked after children and care leavers) there were a total of 75 children and young people. We have anecdotal evidence that a significant proportion of these children are unaccompanied asylum seekers, which will influence mental health needs present in this population. An added complexity is that some looked

after children do not live in the City either because they are placed in residential schools outside London or they are placed in accommodation elsewhere.

Anecdotal evidence was also provided from the City of London Early Help Service:

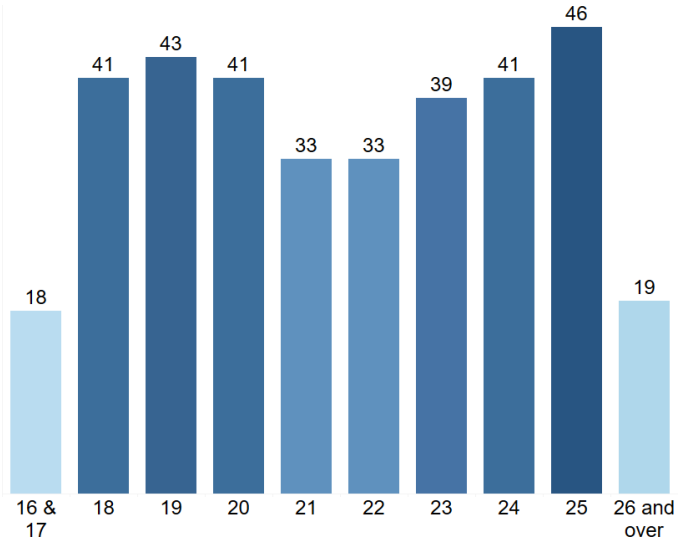
- *The majority of referrals into the Early Help Service come from the health visitor. Therefore, if there are mental health issues or concerns they usually relate to one or both parents and so systemic family therapy through the City is offered. This is an online service and spaces are quite limited.*
- *White middle-class families tend to have higher levels of engagement with systemic family therapy. These families may also already have therapeutic support in place for their child privately.*
- *Parents/carers (rather than children) from more deprived backgrounds tend to be harder to engage when it comes to therapeutic interventions.*
- *Anecdotally, the service has found that boys in transition years (year 6-7) tend to display high levels of depression and anxiety. The service usually to gain access to support for this cohort via CAMHS referrals from schools. It has also been noted that this cohort may have undiagnosed learning difficulties or potential ASD or ADHD.*
- *It is often the case that behavioural issues, reported by schools, that result in referrals into the service, usually have an element of an undiagnosed learning difficulty or disability rather than a mental health issue. This is often the case among children from Black and global majority backgrounds.*
- *The City of London Early Help Service works with many more boys than girls.*

Off Centre



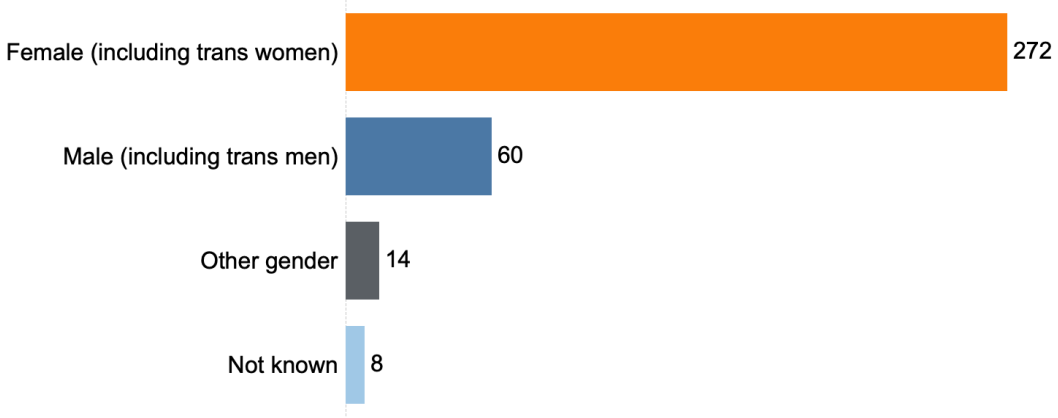
Off-Centre is a CAMHS Alliance service supporting children and young people aged 16-25. The service offers counselling, art therapy, advice and advocacy. Individuals can self refer or be referred by a professional (78).

Figure 53: Off Centre users 2023 by age



Source: Off Centre, 2023 (79)

Figure 54: Off Centre users 2023 by gender. NB other gender includes the values: gender fluid, non-binary, indeterminate and other



Source: Off Centre, 2023 (79)
Note: Off Centre users were not analysed by ethnicity because the provided data categories do not align with ONS ethnic groupings

Compared to the census 2021 population for ages 16-25 in City & Hackney, young people aged 18-22 are overrepresented among Off Centre service users, this is especially notable for those aged 18-20. Those aged over 22 are underrepresented. The grouping of the diagnosed common mental disorder data does not allow us to distinguish rate patterns for the 20-24 age bracket. Females are dramatically overrepresented in the Off Centre population when compared to the census, using sex groupings as a proxy (it is not possible to compare directly with gender identity due to the groupings provided in census data). Excluding the other gender and not known categories, females form 81.9% of the Off centre population, but only 52.5% of the census population for these age groups.

Waiting times

In 2023, the average waiting time from referral to assessment was 57 days, and from referral to treatment was 154 days. There was no clear pattern observed between waiting times and age. Wait times were similar between males (including trans males) and females (including trans females) for assessment. However, females experienced a slightly longer wait for treatment, averaging 159 days compared to 144 days for males. Due to the small number of individuals in the gender fluid, non-binary, and other categories, meaningful comparisons could not be made for these groups.

Outcomes

- The average change in Core10 score was a drop of 5.9 from first to last recorded Core10 score. A drop in score represents an improvement on this scale; the score can range from 0-40, with a spectrum where 0-5 is interpreted as healthy and 25-40 as severe psychological distress. There are too few recorded values from each age group for each outcome score to be able to reliably look at trends between groups. Females had a slightly larger drop of 5.7 than males with 3.7.
- The average change in PHQ9 was a drop of 4.6, there was a larger drop for males with 5.6 than females with 4.4. A drop in score represents an improvement on this scale; the score can range from 0-27, with a spectrum where a score of 0-4 is interpreted as no depression and a score of 20-27 is interpreted as severe depression.
- The average change in GAD7 was a drop of 3.8, the drop was similar for males and females. A drop in score represents an improvement on this scale; the score can range from 0-21, with a spectrum where a score of 0-4 is interpreted as no anxiety and a score of 15-21 is interpreted as severe anxiety.

Of users who exited treatment in 2023, the most common reason for exiting treatment recorded was 'treatment completed' (32.5%) followed by 'patient did not attend' (22.0%) and 'patient requested discharge'(5.9%), 26.3% had no reason recorded and a further 1.4% had reason 'not known'. For non-attendances, cases are closed after non-attendance at assessment without informing the service or two non-attendances at therapy without informing the service. The average number of days from referral to end of care was 354 days.

It is relevant to note for context that Off Centre's main therapeutic offer (counselling and art therapy) can be taken up to 24 sessions per client (6 months) which plays into some of the long waiting times to access treatment and the length users remain open to the service.

VCSE services external to the CAMHS Alliance

Children Ahead

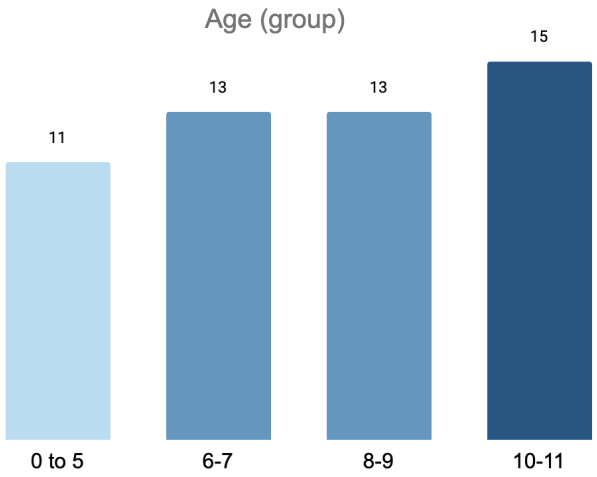
Children Ahead was established in 2012 to improve the provision of special educational needs in Charedi boys' schools within the Stamford Hill Charedi Jewish community. Over time, its scope expanded to include support for girls as well (73). The service supports schools provision via training offers, as well as directly assessing and supporting children and young people aged 5 to 16 years old who have mild to moderate learning, developmental and emotional difficulties (74).

Evidence shared by Interlink Orthodox Jewish Voluntary Action during the first wave of the COVID-19 pandemic discussed the main gaps and barriers to services for this community. These included low awareness and confidence in NHS services, pervasive stigma around seeking mental health support, delayed presentation for assistance, parental preference for private practitioners offering unvalidated services, and varying capacities among independent Charedi schools to identify needs and refer children. Factors exacerbated by the pandemic that particularly affected this community included large family sizes, overcrowding, poverty, and digital exclusion (75).

Service user profile

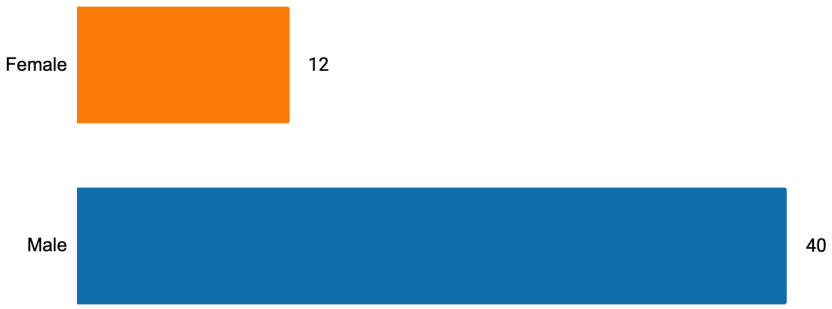
The service has several levels including school-based or school-linked, parent-referred and group-based provision. The following data relates to the parent-referred cohort.

Figure 55: 2023-2024 intake of children- who were identified as having a potential mental health need by age group



Source: Children Ahead Parent-Referred Intake Data, April 2023- February 2024. Children Ahead; 2024. (76)

Figure 56: 2023-2024 intake of children- who were identified as having a potential mental health need by gender



Source: Children Ahead Parent-Referred Intake Data, April 2023- February 2024. Children Ahead; 2024. (76)

The size and demographic population of the Charedi Jewish population is difficult to define from census data, therefore we do not have denominator data to compare the service user split in this case, the increasing number of cases with age, seems to follow the pattern for common mental disorder, and seems consistent with above services where a greater proportion of students have contact with services during KS2 and KS3. There is also a considerably higher number of males in this service, which may reflect that the service originally only served boys schools.

Figure 57: Count of difficulties recorded in intake (a single child may have multiple difficulties), categories have been combined where numbers are too low to disclose

Difficulty Type	Number of Children
Developmental issues	9
Emotional regulation, anxiety and self esteem	11
Behaviour and social interaction	10
Learning needs/ school related	14
Multi-level/ general needs and needs relating to child's circumstances	13

Source: Children Ahead, 2024 (76)

Children within the 2023/24 intake were asked if they were likely to access CAMHS or other statutory support; of those who answered 12.3% said yes, 22.8% said maybe, 49.1% said they were unlikely to and 15.8% said they would never. Of those who said they were unlikely to or never would access CAMHS or statutory services, the most common reason was worrying about being misunderstood, followed by cultural barriers and language barriers.

Children Ahead are also working in collaboration with Homerton University Hospital NHS Foundation Trust on a two year pilot CAMHS Volunteer Sector Partnership called Charedi CAMHS (also known as First Steps Together). This initiative aims to address mental health needs and improve access to mainstream services for Charedi children and young people. The delivery model follows the First Steps framework, featuring outreach directly within the community and involving clinicians who are part of the community (77).

Call for evidence respondents

As part of this needs assessment, we reached out to the wider Voluntary, Community and Social Enterprise (VCSE) Sector in City & Hackney through communication channels including Hackney CVS and the 16+ Network. Our aim was to gather insights and evidence about the support being offered in the community for children and young people's mental wellbeing and health. We also wanted to understand the needs children were expressing to these services, how these needs were being met, and where additional support was required. Many of the VCSE organisations that responded to this call for evidence also support Hackney's Charedi Jewish population.

Noa Girls

This service supports teenage girls from the Charedi Jewish community in Hackney and Haringey, assisting 72 girls annually from these areas. It provides comprehensive practical and therapeutic support for mental health and wellbeing. According to the 2023 end-of-year report, the issues encountered include depression (57%), anxiety (72%), suicide attempts (30%), self-harm (45%), suicidal ideation (49%), and disordered eating (50%), among other complex challenges. The service highlights that 'stigmatisation of mental health and abuse' is prevalent within this community.

Due to their culturally sensitive approach and emphasis on confidentiality, the service reaches girls who typically fear external services. The support consists of three primary offers: keyworking, therapy, and mentoring, as well as specialised support for eating disorders and violence against women and girls. Service users also have access to programmes in areas such as education, employment, and housing. The service reports strong engagement, with 96% of users continuing for longer than three months when longer intervention is required.

Service user progress is measured at six-month intervals. A dataset audited in 2023 records significant successes: 64% of users experienced reduced anxiety, 66% reduced depression, 76% reduced self-harm, and 56% returned to mainstream education. Additionally, 96% of users felt listened to by the service.

Sunbeams

Sunbeams supports vulnerable girls/young women aged 8-16 years old from Stamford Hill's Charedi Jewish community. It provides culturally sensitive early support for mental health issues, offering the following core services:

- 1:1 mentoring (via matching with a volunteer aged 18-25)
- Group mentoring
- Key worker services
- Parent engagement to support parents of users
- School support and training (co-deliver WAMHS in 6 Charedi Jewish schools)
- Charedi Mental Health Network

The service receives over 300 referrals annually and supports 195 to 200 girls, with 80 to 90 referrals turned down each year due to lack of capacity. On average, 24 girls are on the waitlist, and the wait time from referral to placement is 6 to 8 weeks. The most common primary reason for referral is mental and emotional wellbeing issues, followed by family crises, social and communication issues, and academic problems. Within the primary category, needs include low mood, anxiety, depression, social phobias, Autism, low

self-esteem, academic failure, bullying and other social issues, disruptive or aggressive behaviour, and stressful home environments such as parental ill-health, incarceration, or family breakdown and dysfunction.

The service identifies a number of issues, specifically prevalent within their community of service users, which result in issues being unaddressed at an early stage:

- Lack of information on mental health issues and help available, due to low internet access and lack of Charedi printed mental health literature
- Very poor emotional literacy and fluency, resulting in misinformation and difficulty talking about feelings
- Widespread stigma
- Language and cultural barriers (e.g. need for single gender segregated activities) forms a barrier to access of mainstream services, such as Young Hackney
- Low trust in CAMHS
- Difficulty for families navigating referral systems

Data on outcomes is collected from users, parents, and school staff. According to data from 2022-2023, following 12 months of 1:1 and/or group mentoring, 100% of users reported improved happiness, 96% reported improved confidence, 95% had better relationships, and 89% showed improved performance in school.

Bikur Cholim

This service provides family support, advice and information, support with referrals and liaison with mainstream services for parents and families from the Charedi Jewish community. Support is provided to parents and families rather than directly working with children and young people, however overall approximately 50 children and young people aged between 7 – 18 years per year are supported through this work. Presentations include depression, anxiety, Eating Disorders, ODD, social anxiety and trauma, as well as ADHD and Autism.

VCSE service insights survey respondents

Seven organisations completed the survey on their experiences in supporting children and young people's mental wellbeing and mental health in the community. Of these, in terms of mental health support, five provided general support for maintaining mental health and wellbeing, five offered advice and signposting, and six offered targeted support for specific issues. Additionally, some services worked indirectly to support wellbeing by providing training, opportunities, and child safety support.

It should be noted that surveys were completed by representatives of these organisations, and therefore responses may reflect individual scopes of work rather than the full breadth of the organisations' activities. For further information, please refer to the websites linked in the introduction.

Figure 58: Table showing age groups supported by VCSE organisations

Organisations	Age groups supported		
	Primary	Secondary	Transition (18-25)
Prospects Careers		✔	✔
Hackney Quest	✔	✔	✔
City & Hackney Carers Centre			✔
MaiTai CIC	✔	✔	✔
Immediate Theatre	✔	✔	✔
SocietyLinks Tower Hamlets	✔	✔	
Skyway charity	✔	✔	✔

Support offered by organisations

The specific services offered varied widely. On one end of the spectrum were activities that indirectly support mental health, such as 'working with schools and other agencies to identify educational and training options', 'social activities', and providing 'a safe place to open up'. More focused support for wellbeing included 'support for issues such as self-esteem, social isolation, education and employment', 'workshops and activities about wellbeing', and a 'primary to secondary transitions group every year in partnership with CAMHS'. Finally, some services offered more targeted support, including counselling, mentoring, providing advocacy, and referring to appropriate additional organisations.

Services referred on to

We asked respondents how they would manage or refer children or young people whom they are not able to support with mental health needs. 3 responses mentioned referring to the CAMHS umbrella of services and further responses mentioned named services within

the CAMHS grouping e.g., Off Centre (3), Young Hackney (1), First Steps (1) and 'NHS' (1). One response mentioned working with the BME Access Team, although this is an adult only team. Some respondents would also refer to VCSE partners including MIND (1) and the Hackney Quest counselling service (1). 2 organisations (Hackney Quest and City & Hackney Carers Service) had in-house services they would refer to internally. Other responses included family GPs and contact with parents or schools.

Gaps in provision

The following free-text responses were given to a question asking representatives where they believed there were gaps in provision:

'Definite gap in therapists from representative backgrounds. Long waiting lists. Lack of clarity about what the process is and what the different services are for clients and professionals. Lack of support for parents worried about their child. Lack of offer in the community that would respond to building trust and make services feel accessible. The post suicide/ crisis support seems very lacking and does not seem to connect with the community organisations working with the young people ongoing.'

'Advocates to assist families in need'

'An increasing number of school-age YP suffer from anxiety, school-avoidance and miss their education. They have a high risk of being NEET in post-16/year 12.'

'The only targeted support for 18 to 25's seems to be Off Centre.'

'CHYPS used to be a really good service but at one point that service came to a halt (probably due to funding) and then I started to notice gaps. Also, ever since we didn't get our Meet the Parents funding it is harder to keep in contact with certain young people. CHYPS also used to have a great steering group that CHYPS was on as well as Homerton hospital and other professionals. We used to share data and supervision together of how things work. For example how when girls were stabbed on their upper thigh that the hospital noticed and we noticed a trend and figured out together how that was an initiation in getting into girl gangs.'

What would help fill the gaps

The following free-text responses were given to a question asking representatives where they believed would help to fill the gaps identified above:

'I feel that one of the things would be to fund projects and youth provisions on estates. Organisations aren't able to hire community halls because they're over priced. Community Halls Team can also be a barrier at times with their attitude-not always helpful.'

'Thresholds for specialist NHS services seem to be very high and waiting lists long. In addition, I get complaints from young people that interventions don't last very long and are frequently not enough to address ingrained mental health issues. So, maybe some kind of community / third sector specialist services around long term mental health conditions? Also, many mental health conditions are caused by living conditions that can't easily be resolved, only managed - perpetuating a depressive sense of inevitability. More youth based services - particularly for transition age who are longer eligible for statutory support.'

'An outreach service to those YP on a school roll but not attending, and NEET YP in post-16.'

'Collaborating with us supportive organisations to reach deprived … communities'

'Support from therapists to VCSE organisations that are often holding a lot of complex mental health needs without support, there have been some good examples of this. More collaborative working and awareness of the work happening in the community. Better pathways into support. I believe there are so many young people ages 18-25 who have SEN but were not diagnosed, for a variety of complex reasons including covid, funding and exclusion, especially post covid, that the terminology around 18-25 work needs to change.'

NHS CAMHS

City and Hackney is committed to whole-system seamless, working throughout our local service offer in order to meet the wellbeing needs of every child, young person and family. This is why the multi-agency CAMHS Alliance was created in April 2015.

The CAMHS Alliance facilitates better partnership working between different organisations and services, and ensures we deliver integrated pathways that can effectively reach more children, young people, families, schools and the wider community.

The Alliance is formed by different services and partners that work across City and Hackney and deal with a range of issues, levels of need and with specific groups of the population.

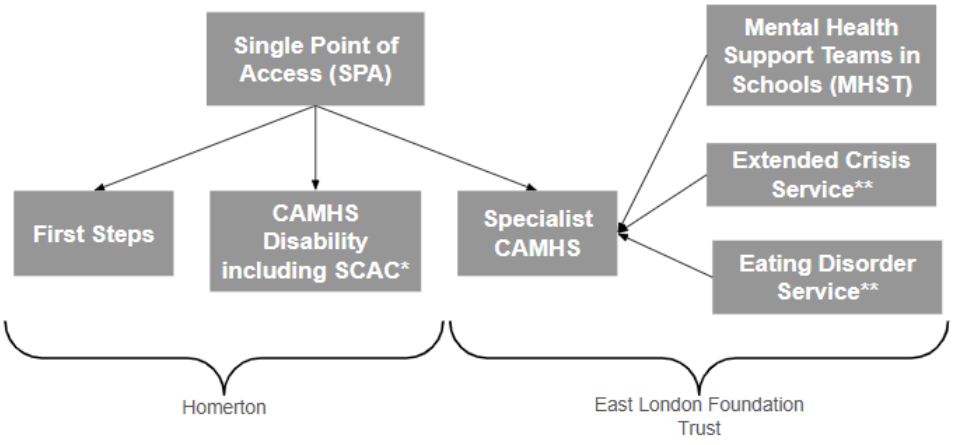
Two different NHS Trusts, Homerton Healthcare Foundation Trust (HHFT) and East London Foundation Trust (ELFT), provide Children and Adolescent Mental Health Services (CAMHS) in City and Hackney, across a number of teams and pathways.

These services include:

- **First Steps (Homerton)**: First steps is a Community Psychology and Early Intervention service for children, young people and their families who have mild to moderate mental health problems.
- **CAMHS Disability (Homerton)**: CAMHS service for children with disabilities and emotional/behavioural and mental health concerns. They work with children and young people with permanent Intellectual Disabilities, neurodevelopment and/or ASD. A Social Communication Assessment Clinic for Autism and ADHD diagnosis is also embedded within the service.
- **Specialist CAMHS (ELFT)**: Specialist CAMHS offers assessment and treatment for children, young people (0 to 18 years) and their families who have moderate to severe emotional, behavioural and/or mental health difficulties.
- **Mental Health Support Teams in Schools (ELFT)**: The MHST supports whole-school approaches to mental health by providing workshops and 1:1 support around mental health related issues for children, young people and parents/carers, to help to reduce stigma and increase mental health awareness.
- **Extended Crisis Service (ELFT)**:The East London CAMHS Crisis Service is a service for children and young people in mental health crisis and their families, providing 24/7 cover to Royal London, Homerton University and Newham University Hospital.
- **Children and Adolescents Eating Disorder Service (ELFT)**: the East London Community Eating Disorders Service (CEDS) is a multidisciplinary team providing specialist care and evidence based treatment for young people under 18 with eating disorders.

In November 2022, a single point of access (SPA) service was introduced; this is a single triaging service for NHS CAMHS services, including services from Homerton University Hospital NHS Foundation Trust and East London NHS Foundation Trust. Referrals from the SPA are then allocated to one of the main 3 CAMHS services. Other services (right hand side of the diagram) managed by ELFT keep separate points of access as they are part of a three borough patch with Tower Hamlets and Newham, (Eating Disorders and Extended Crisis/ICCS) or accept only direct referrals from schools (MHST) (Figure 58).

Figure 59: Referral routes to CAMHS services in City and Hackney, provided by Homerton and East London Foundation Trust



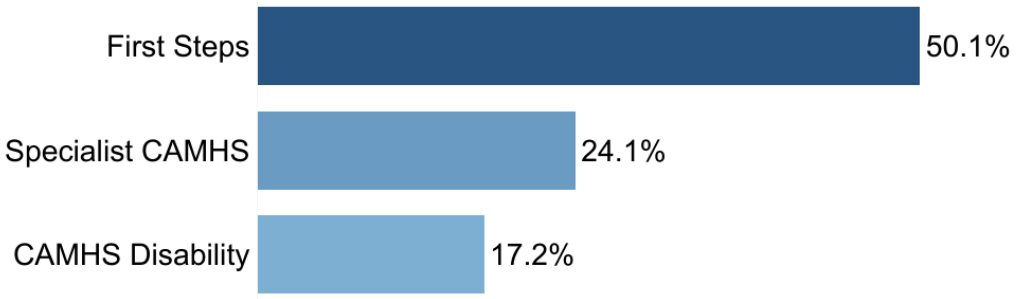
* Social Communication Assessment Clinic
** Services are for residents of City and Hackney, Tower Hamlets and Newham

Referrals via Single Point of Access (SPA)

This section explores new referrals for the financial year 2023/24 via SPA, with a focus on First Steps and CAMHS Disability as the two Homerton providers of CAMHS services. Specialist CAMHS is analysed later in the report including referral routes other than SPA.

In the financial year 2023/24, of the 1,846 referrals via SPA, 1,686 referrals were allocated to one of the three services in City and Hackney. Around half of referrals accepted through SPA went to First Steps (50.1%) (Figure 59).

Figure 60. Total number of referrals to CAMHS via SPA, City & Hackney residents aged 18 years and under at first referral (FY2023-24)



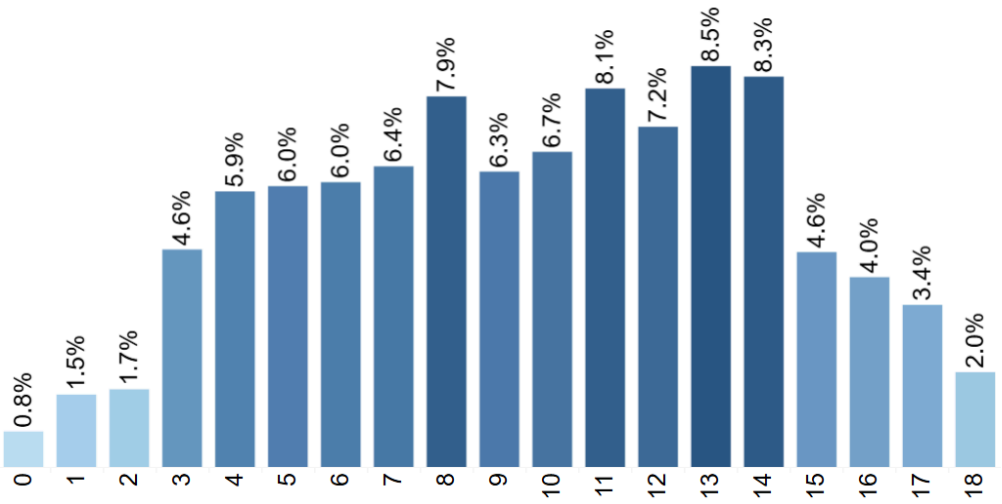
Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

SPA referral profiles

In 2023-24, 1,686 referrals were made through SPA for Children and Young People aged 18 and under, representing 2.9% of the estimated 59,058 population. This prevalence of mental health need is higher than the recorded rates for Common Mental Illness (CMI) in 5-18 year olds (1.1% for females and 0.5% for males).

Around one third of referrals (32.2%) were for Children and Young People between the ages of 11 and 14 years, with those aged 8 years old (7.9%) also having a high proportion of referrals. These age groups are over-represented when compared to the Census population. There were lower referral counts for Children and Young People between the ages of 0-2 years and 15-18 years. The needs of the 0-2 age group are identified and families supported through a range of different services, including Health Visiting, Family Hubs, Perinatal Mental Health and Parent Infant Relationship services.

Figure 61: SPA referrals by age (FY2023-24)



Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

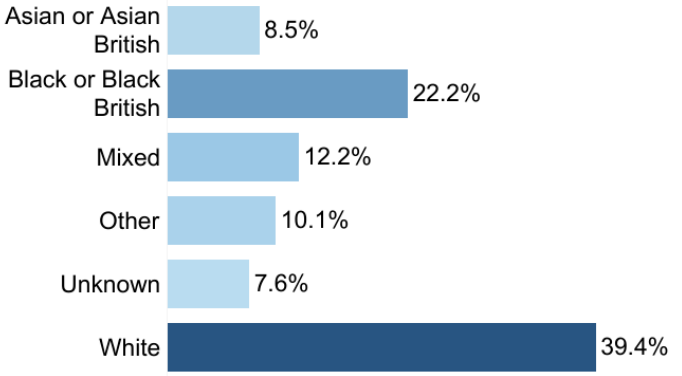
Overall, the proportion of referrals for boys and girls are similar, with the number of referrals for males (54.1%) being slightly higher than those for females (45.9%).

The greatest number of referrals were from the Hackney Marshes neighbourhood (14.3%), followed by Shoreditch Park and City (12.6%). Fewest referrals came from the Springfield Park neighbourhood (7.9%).

Figure 62: SPA referrals by sex (FY2023-24)

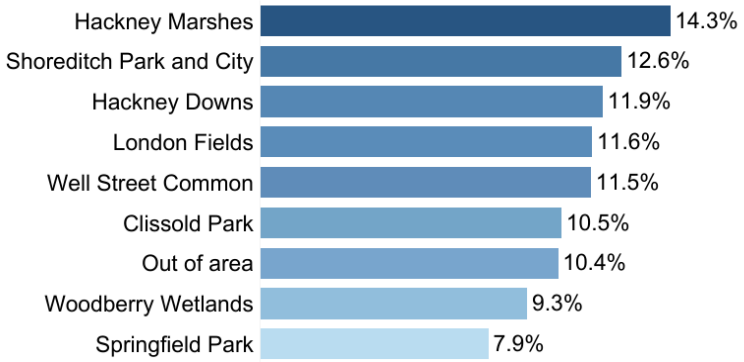
Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Figure 63: SPA referrals by ethnicity (FY2023-24)



Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Figure 64: SPA referrals by neighbourhood of residence (FY2023-24)



Note: Referrals out of area may be accessing GPs or going to school in City and Hackney, or address records may not be updated to reflect new residence.
Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Children and Young People identifying as White represented the largest group (39.4%) of referrals, followed by Black or Black British Children and Young People (22.2%). Figure 64 compares the ethnicity of referrals to CAMHS through the SPA with the overall ethnic

composition of the Children and Young People population in City and Hackney. Excluding individuals with unknown ethnicity, the ethnic distribution of the SPA referrals closely matches that of the general population.

Figure 65: the proportion of children in SPA referrals compared to the City and Hackney population (aged 0 to 18 years)

Ethnic group	SPA referrals (%)	Population (%)
Asian or Asian British	9.2	10.6
Black or Black British	24	25.3
Mixed	13.2	10.9
Other	10.9	10.3
White	42.7	42.9

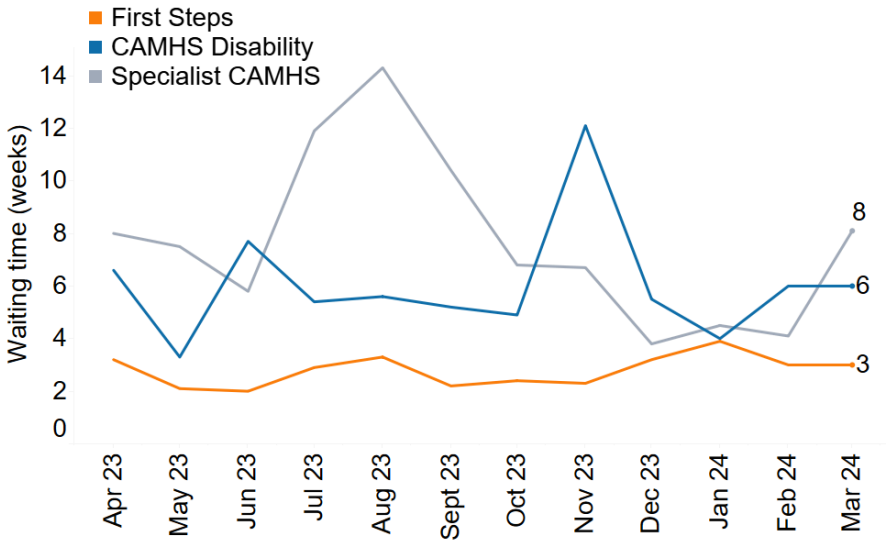
Source: Homerton, SPA, 2024. ONS, Census 2021 estimates, 2024.
Note: 7.6% of records had an unknown ethnicity which may impact comparisons.

SPA waiting times

Waiting times for referral to assessment varied across teams. Specialist CAMHS via SPA had the longest waiting times peaking at 14 weeks in August 2023. First Steps had the shortest waiting times, with Children and Young People waiting on average 3 weeks at the end of the financial year 2023/24 (Figure 65).

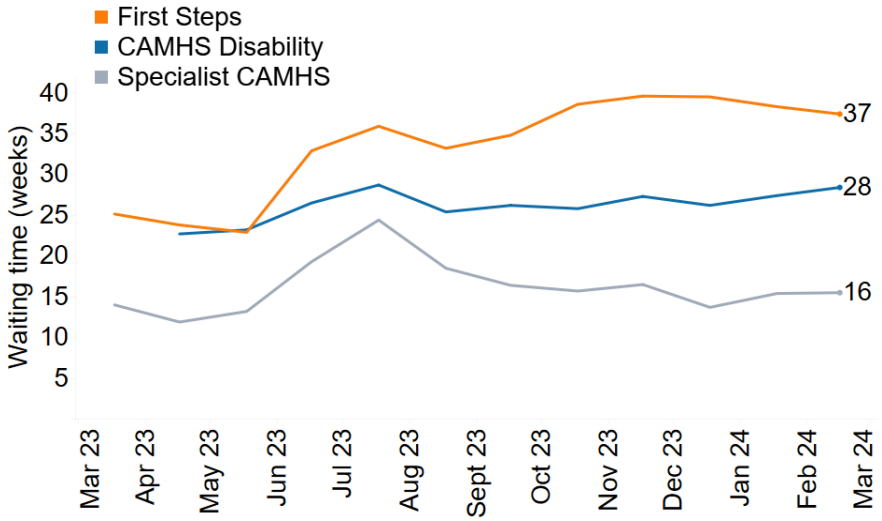
For referral to treatment, the longest waits were for Children and Young People accessing First Steps, while Specialist CAMHS had the shortest waiting times. Waiting times for treatment peaked in June 2023 for all teams and remained high for CAMHS Disability and First Steps. Specialist CAMHS saw a reduction in waiting times by August 2023, returning to levels seen at the start of the financial year (16 weeks) (Figure 66).

Figure 66: Waiting times for referrals to assessment by team, Single Point of Access (FY2023-24)



Source: Homerton, SPA, 2024.

Figure 67: Waiting times for referrals to treatment by team, Single Point of Access (FY2023-24)



Source: Homerton, SPA, 2024.

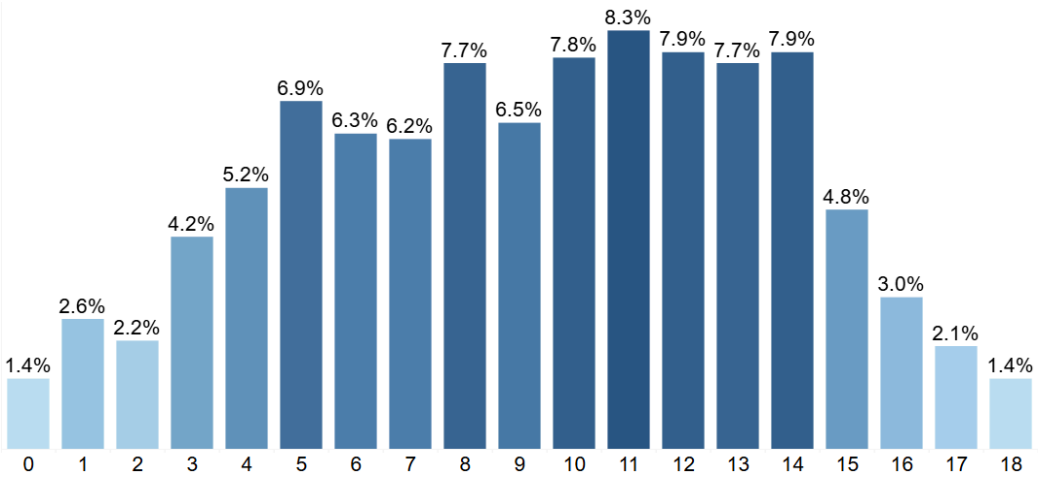
Referral profiles by service

First Steps

There were 924 referrals to First Steps for City and Hackney residents aged 18 and under. The highest percentage of First Steps service users referred via SPA are aged 11 (8.3%), with

high numbers of referrals seen for children aged 5 to 14 years. Referrals are notably lower in younger children between 0 to 4 years old (10.4%) and 15 to 18 years old (11.3%) respectively (Figure 67). When comparing the First Steps cohort to the Census population for City & Hackney (aged 0 to 18), children aged under 1 to 3 years and those aged 16 and over are underrepresented. For the younger age groups this is expected as they could be supported through other services for example Family Hubs. but that does not explain the under representation for the older group.

Figure 68: First Steps service users, referred via SPA, by age (FY2023-24)



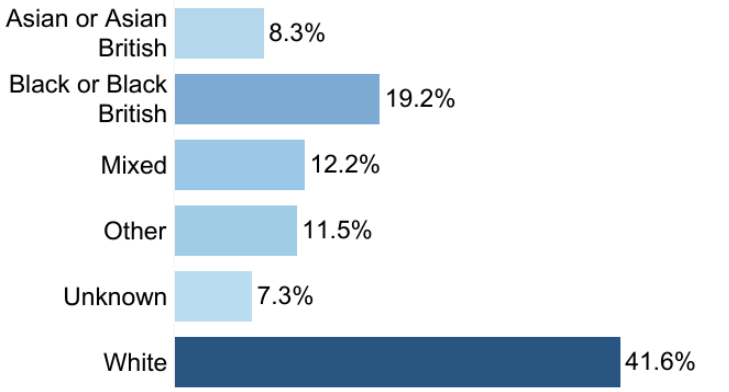
Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Over half of referrals via SPA into First Steps were female (53.6%), which is above the 49.3% in the Census population for this age range.

Figure 69: First Steps service users, referred via SPA, by sex (FY2023-24)

Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Figure 70: First Steps service users, referred via SPA, by ethnicity (FY2023-24)



Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Children and Young People identifying as White represented the largest group (41.6%) of referrals, followed by Black or Black British Children and Young People (19.2%). Excluding those with unknown ethnicity, the proportion of White Children and Young People in the First Steps cohort (44.8%) is similar to the general population (42.9%). Although children identifying as Black make up the second largest proportion of referrals (19.2%), they are underrepresented in the First Steps cohort compared to the general population (25.3%).

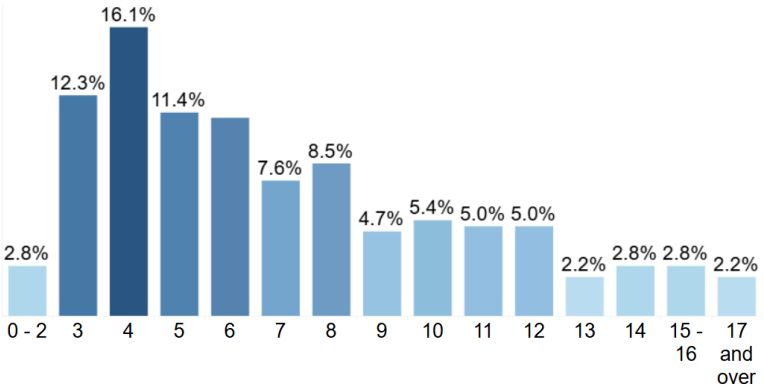
CAMHS Disability

Of the 317 referrals into CAMHS Disability over two thirds (69.7%) were among children aged 8 years old and under, and in particular for those aged 4 years (16.1%). This age group and in particular those aged 3 to 4 years are over-represented when compared with the Census population. In contrast to First Steps and Specialist CAMHS, Children aged 13 and over had fewer referrals. It might be worth noting that due to the nature of this service, young people might remain open for a longer period of time, and therefore the age at referral might not match the age of the open caseload within the service.

In contrast to First Steps, there was a higher proportion of referrals for males (70%) than females (30%).

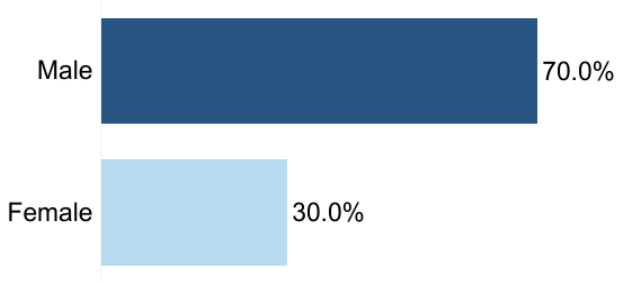
Although Children and Young People from the White ethnic group make up almost a third of referrals (30%) into CAMHS Disability via SPA, this group is underrepresented when compared to the Census population. Children and Young People from Black or Black British also accounted for 30%, but were over-represented.

Figure 71: CAMHS Disability service users, referred via SPA, by age (FY2023-24)



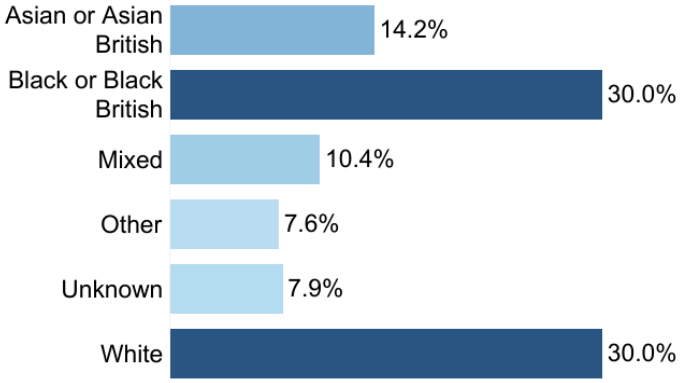
Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Figure 72: CAMHS Disability service users, referred via SPA, by sex (FY2023-24)



Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Figure 73: CAMHS Disability service users, referred via SPA, by ethnicity (FY2023-24)



Source: Homerton, SPA, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

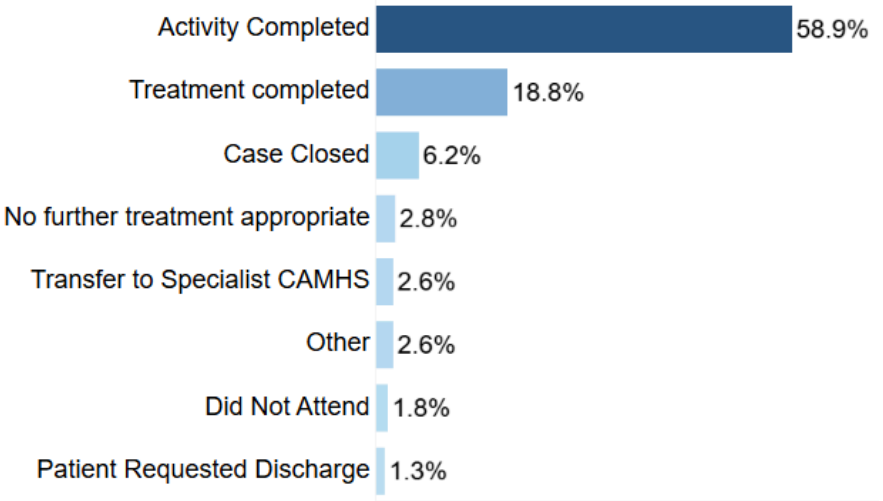
Discharge reason

For the financial year 2023 to 2024, the most common discharge reasons for First Steps and CAMHS Disability were activity completed (58.9% and 41.3%), followed by treatment completed (18.8% and 32.6%).

CAMHS Disability had slightly more did not attend (5.7%) compared to First Steps (1.8%). Whereas a higher proportion of Children and Young People were transferred to Specialist CAMHS from First Steps (2.6%) compared to CAMHS Disability (<1%) (Figures 73 and 74).

First Steps

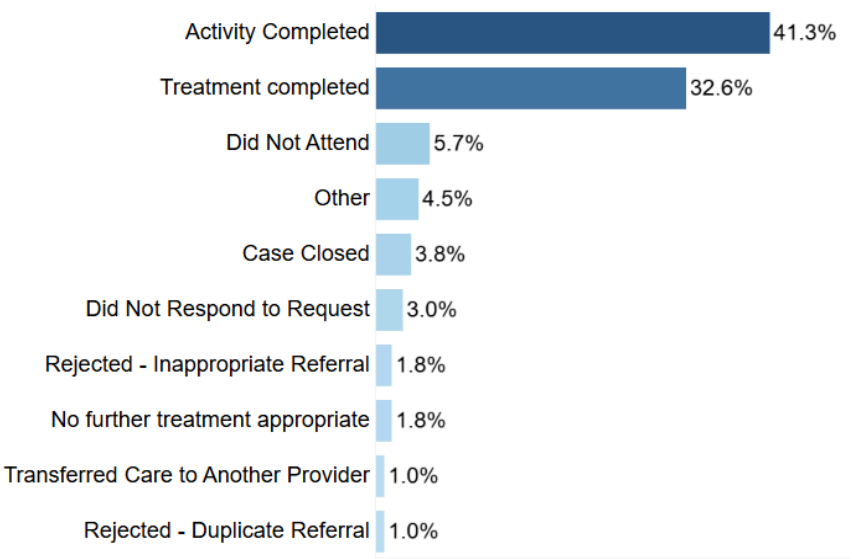
Figure 74: Percentage of discharges by reason, First Steps (FY2023-24)



Source: Homerton, Community CAMHS, 2024.
Note: due to small counts around half of the discharge reasons were excluded from analysis.

CAMHS Disability

Figure 75: Percentage of discharges by reason, CAMHS Disability (FY2023-24)



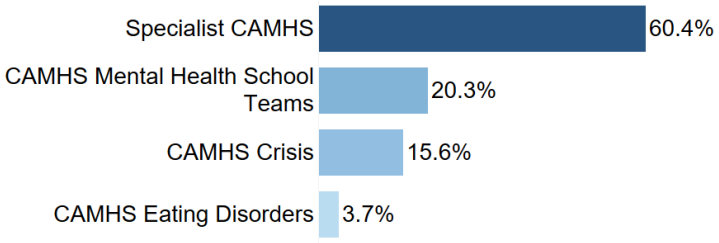
Source: Homerton, Community CAMHS, 2024.
Note: due to small counts around half of the discharge reasons were excluded from analysis.

New referrals to Specialist CAMHS

This section explores new referrals for the financial year 2023/24 to CAMHS services provided by ELFT. There are four main referral routes which include SPA, Mental Health Support Teams, Extended Crisis and Eating Disorders Service team.

In the financial year 2023/24 there were 1,608 referrals for City and Hackney residents, with 1,599 for Hackney residents and 9 for City of London residents. The majority of these referrals were for Specialist CAMHS (Figure 75).

Figure 76: Referrals to CAMHS services provided by ELFT, City & Hackney residents aged 18 years and under at first referral (FY2023-24)



Source: ELFT, 2024.
Note: Only service users between 0-18 are shown, as the service states this age range of eligibility. CAMHS Eating Disorders is based in Tower Hamlets. For this analysis only City of London and Hackney residents are included. CAMHS Eating Disorders includes Intensive HTT services.

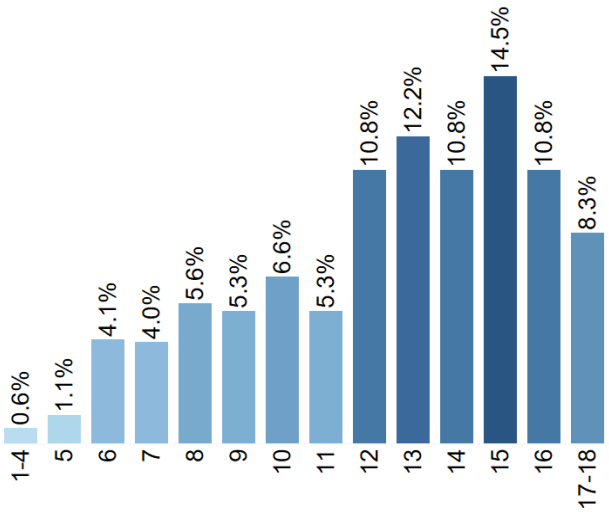
Referral profiles by service

Specialist CAMHS

A total of 971 referrals were for Specialist CAMHS. Almost half (48.3%) of referrals were for Children and Young People aged 12-15. This group is slightly over-represented when compared to the Census population. The age group 1-5 years were underrepresented, forming 1.8% of referrals. There is roughly an equal number of girls to boys in Specialist CAMHS (50.3% compared to 49.7%).

Almost half of the Children and Young People referred were from Other ethnic groups (45.5%), which is an overrepresentation compared to the Census population (10.3%). While Children and Young People identifying as White (22.8%) and Black or Black British (16.9%) made up the second and third largest ethnic groups among referrals, both were underrepresented compared to their Census proportions (42.9% and 25.3%, respectively).

Figure 77: Specialist CAMHS users, by age (FY2023-24)

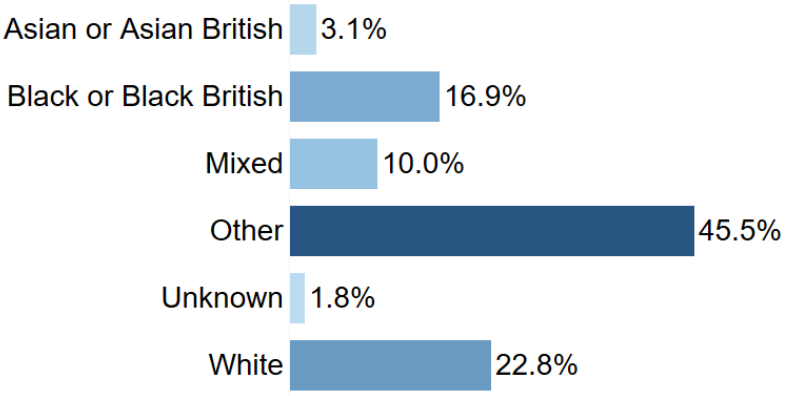


Source: ELFT, 2024

Figure 78: Specialist CAMHS users, by sex (FY2023-24)

Source: ELFT, 2024

Figure 79: Specialist CAMHS users, by ethnic group (FY2023-24)



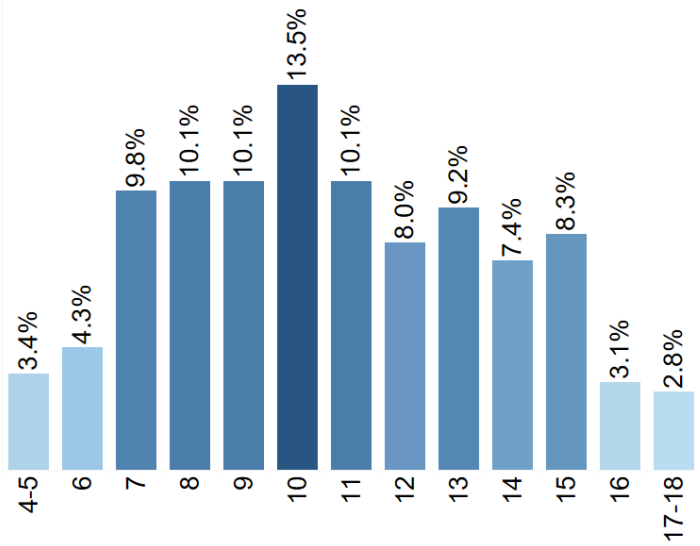
Source: ELFT, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

CAMHS Mental Health Support Teams

There were 326 referrals to CAMHS Mental Health Support Teams. Of these, 13.5% were for children aged 10 years, representing the largest age group. Children and Young People aged between 7 and 15 were overrepresented compared to the Census population. There were slightly more referrals for girls compared to boys.

The majority of referrals were for Children and Young People from the Other ethnic group (27.3%) followed by White ethnic group (25.2%). The Other ethnic groups were over-represented compared to the Census population, while those from Asian, Black, and White ethnic groups were under-represented. Caution is advised when interpreting the ethnicity data of Children and Young People in this cohort, as 14.4% of records had an unknown ethnicity.

Figure 80: CAMHS Mental Health Support Teams users, by age (FY2023-24)

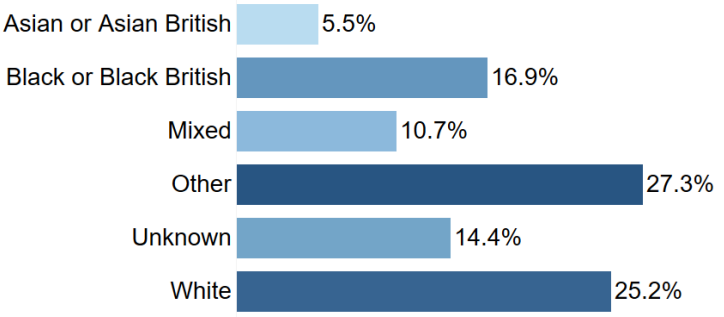


Source: ELFT, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Figure 81: CAMHS Mental Health Support Teams users, by sex (FY2023-24)

Source: ELFT, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Figure 82: CAMHS Mental Health Support Teams users, by ethnic group (FY2023-24)



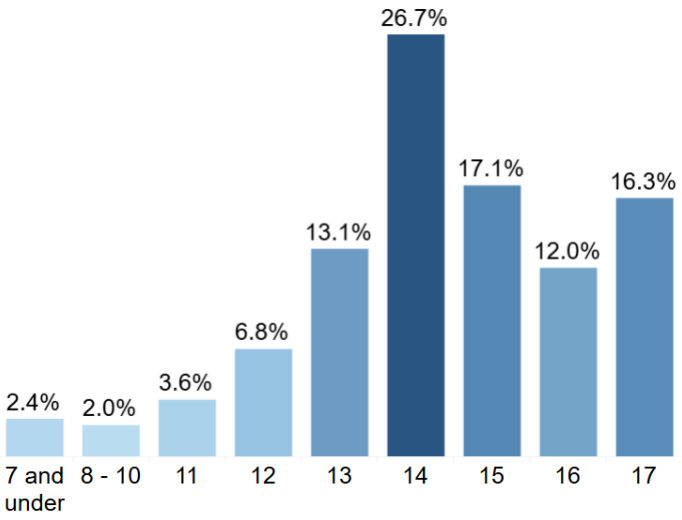
Source: ELFT, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

CAMHS Crisis

Of the 251 referrals to CAMHS Crisis, the majority were for young people aged 14 (26.7%). This age group is over-represented compared to the Census population. Children aged 12 and under had fewer referrals. Girls made up 72.1% of referrals and were over-represented compared to the Census population.

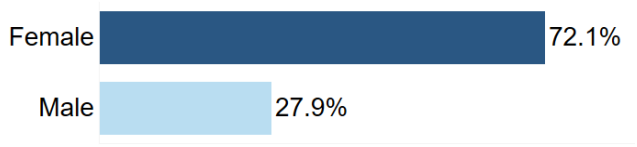
Similar to CAMHS Mental Health Support Teams, referrals to CAMHS Crisis were highest from Other ethnic groups, representing 33.5% of referrals. Children and Young People from White (16.3%) and Asian or Asian British (4.4%) groups were underrepresented compared to the Census population.

Figure 83: CAMHS Crisis users, by age (FY2023-24)



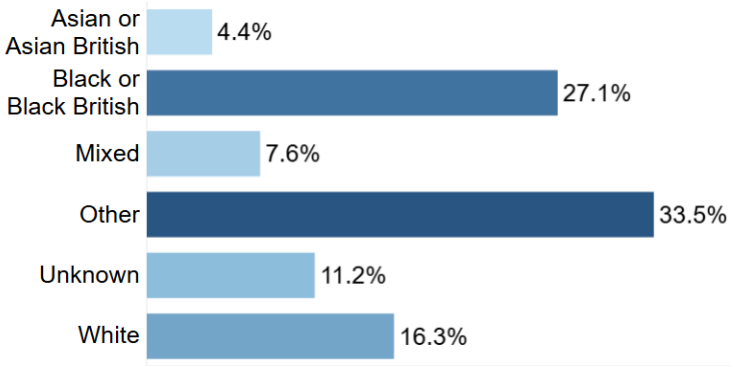
Source: ELFT, 2024

Figure 84: CAMHS Crisis users, by sex (FY2023-24)



Source: ELFT, 2024

Figure 85: CAMHS Crisis users, by ethnic group (FY2023-24)



Source: ELFT, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

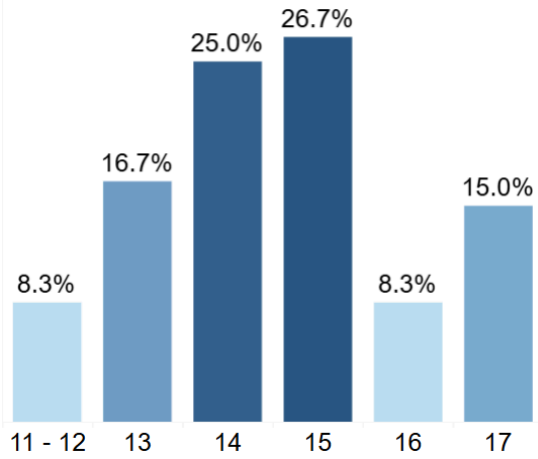
CAMHS Eating Disorders Services

For the financial year 2023/24, there were 60 referrals to CAMHS Eating Disorder Services. The number of referrals increased steadily with age from 11 to 12 up to 15 years. Children and Young People aged 14 to 15 accounted for the highest proportion of referrals, making

up over half (51.7%). Fewer referrals were seen for those aged 16 to 17. Girls represented the majority of referrals, accounting for 83.3%.

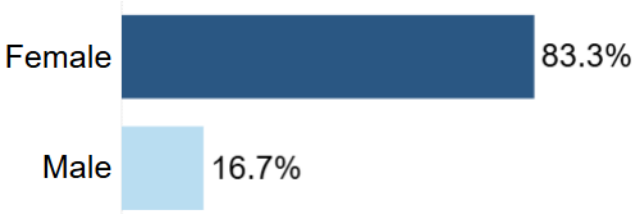
Children and Young People from Other and White ethnic groups each accounted for 28% of referrals, making them the largest ethnic groups represented in referrals to CAMHS Eating Disorders. However, those from Other ethnic groups were over-represented, while those from White ethnic groups were underrepresented compared to the Census population. Children and Young People from Black or Black British backgrounds were also underrepresented, accounting for 15% of referrals and 25.3% of the Census population. Caution is advised when interpreting the ethnicity data of Children and Young People in this cohort, as 13% of records had an unknown ethnicity.

Figure 86: CAMHS Eating Disorders Service users, by age (FY2023-24)



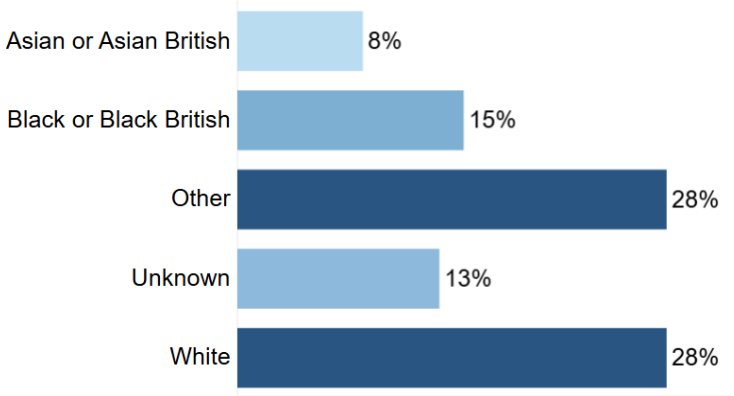
Source: ELFT, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Figure 87: CAMHS Eating Disorders Service users, by sex (FY2023-24)



Source: ELFT, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility

Figure 88: CAMHS Eating Disorders Service users, by ethnicity (FY2023-24)



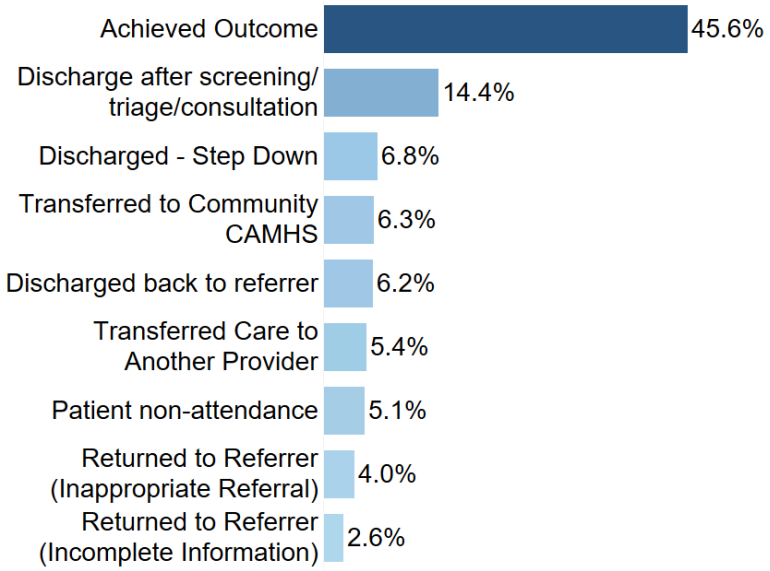
Source: ELFT, 2024. Note: Only service users between 0-18 are shown, as the service states this age range of eligibility
Note: Records where ethnicity is 'Mixed' have been excluded due to small counts and percent has been rounded to 0 decimal places to not disclose the number of referrals.

Discharge reason

For Specialist CAMHS, CAMHS Crisis, CAMHS MHST and CAMHS Eating disorders, the most common reason for exiting treatment was that the outcome was achieved (45.6%), followed by discharge after screening, triage or consultation (14.4%) (Figure 88).

Specialist CAMHS

Figure 89: Percentage of discharges by reason, CAMHS services provided by ELFT (FY2023-24)



Source: ELFT, 2024.
Note: due to small counts almost half of the discharge reasons were excluded from analysis. Due to small counts discharged to GP, patient moved out of area, inappropriate referral and transferred to adult services were excluded.

Themes which emerged in stakeholder discussions around current services provision and improving equity centred around the topics of access and flexibility. Stakeholders raised that they sometimes felt services expect children to fit their service rather than the service fit the child. It was felt that sometimes opening hours and clinical locations may limit access and felt that more flexible timings and school and community locations may enable more children and young people to access services in ways which suited them. Some VCSE partners reported that there is some rigidity in mainstream service provision, which may miss opportunities to work together with VCSE partners in complementary and creative ways to support children and young people who may be harder to engage. Stakeholders emphasised the importance of culturally sensitive services, in which young people feel represented and feel are 'for me'. It was commented that some therapeutic service offers felt quite western centred or designed for a more individualistic approach, which may feel less appropriate for community centred cultures.

In terms of non-engagement with services following referral, potential contributing factors suggested were the limited opening hours and locations as discussed above, as well as long waiting times. This was also raised as an area for further exploration in terms of both the factors contributing to disengagement and what can be learned from services which have high engagement rates. It was reported that distrust from communities may indicate that more outreach into communities is required. Another point that was raised was the limited duration of CAMHS support, which may lead to service users worrying about running out of support and feeling disempowered. Stakeholders raised that an area of interest for further exploration was the differences in characteristics of children and young people who self-refer vs those who are referred by professionals into services.

Stakeholders noted the significant challenges in measuring the impact of mental health interventions, due to the complexity of experience and subjectiveness of measures. The potential for re-traumatisation and especially a lack of capacity and analytical support to facilitate outcome surveys and conduct the necessary analysis was noted. Standardisation and improved consistency of measurement was discussed as key areas for improvement.

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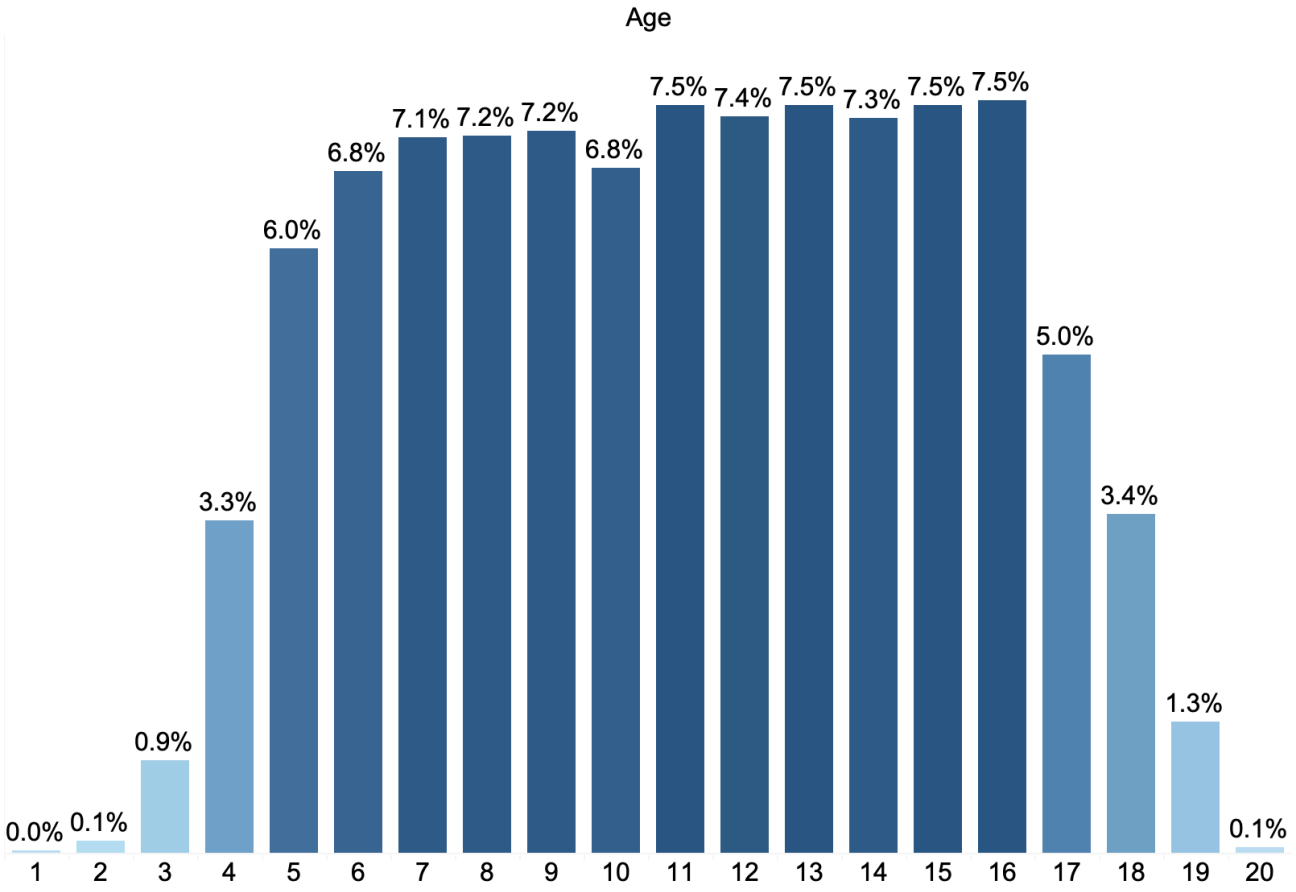
Appendix A: [School Census population]

A.1. School Census - proportion of the total Hackney student population by age group, students in Hackney schools, October 2023

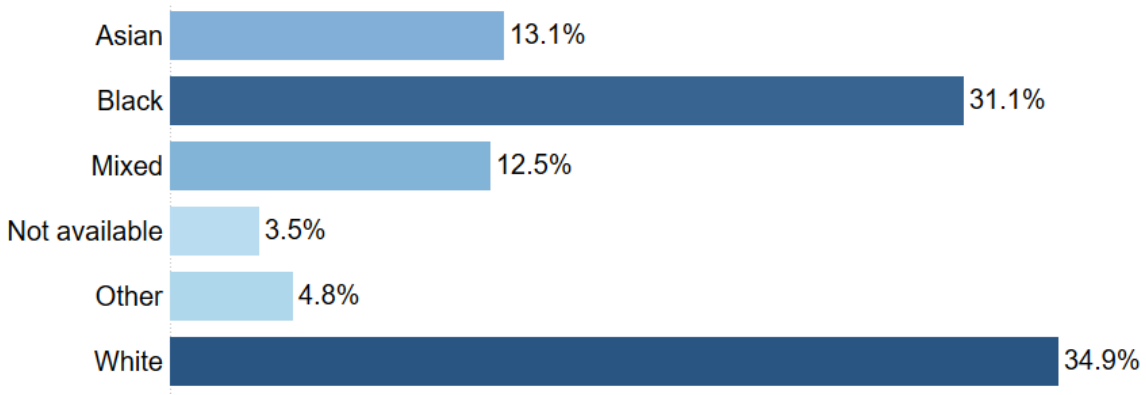


Source: Children and Families Service SEND NA reporting 2024 (56)
Note: Not including independent schools.

A.2. School Census - proportion of the total Hackney student population by sex group, students in Hackney schools, October 2023

Source: Children and Families Service SEND NA reporting 2024 (56)
Note: Not including independent schools.

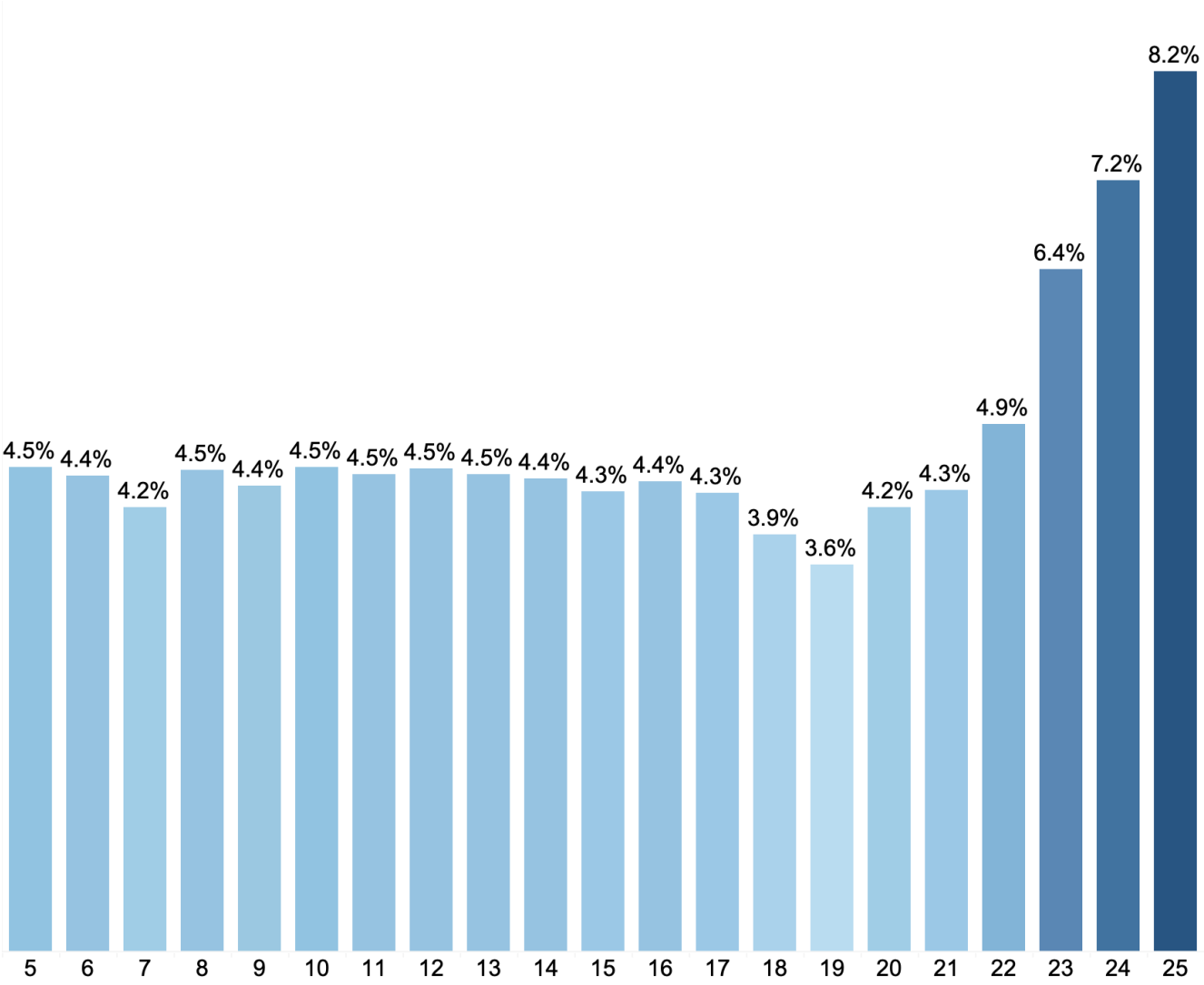
A.3. School Census - proportion of the total Hackney student population by ethnicity, students in Hackney schools, October 2023.



Source: Children and Families Service SEND NA reporting 2024 (56)
Note: Not including independent schools.

Appendix B: [ONS Census population for Hackney]

B.1. ONS Census - proportion of the total Children and Young People population by age group, residents of Hackney aged between 5 and 25 years old, 2021.

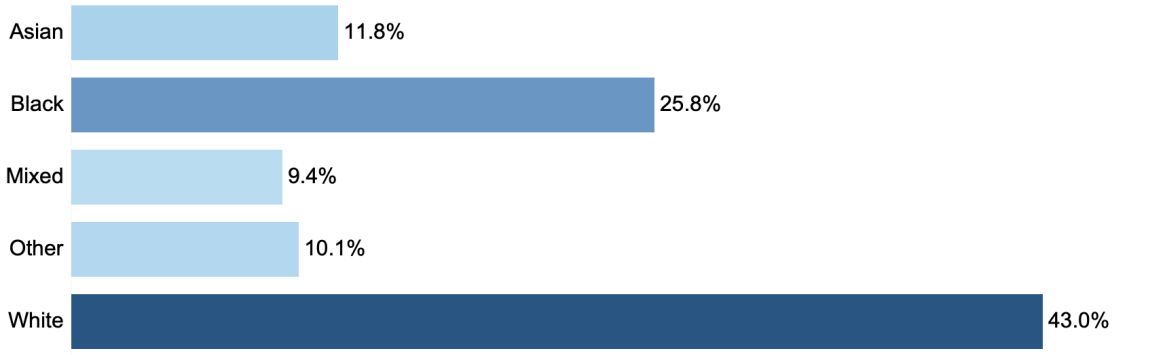


Source: ONS Census 2021 (80)

B.2. ONS Census - proportion of the total Children and Young People population by sex, residents of Hackney aged between 5 and 25 years old, 2021.

Source: ONS Census 2021 (80)

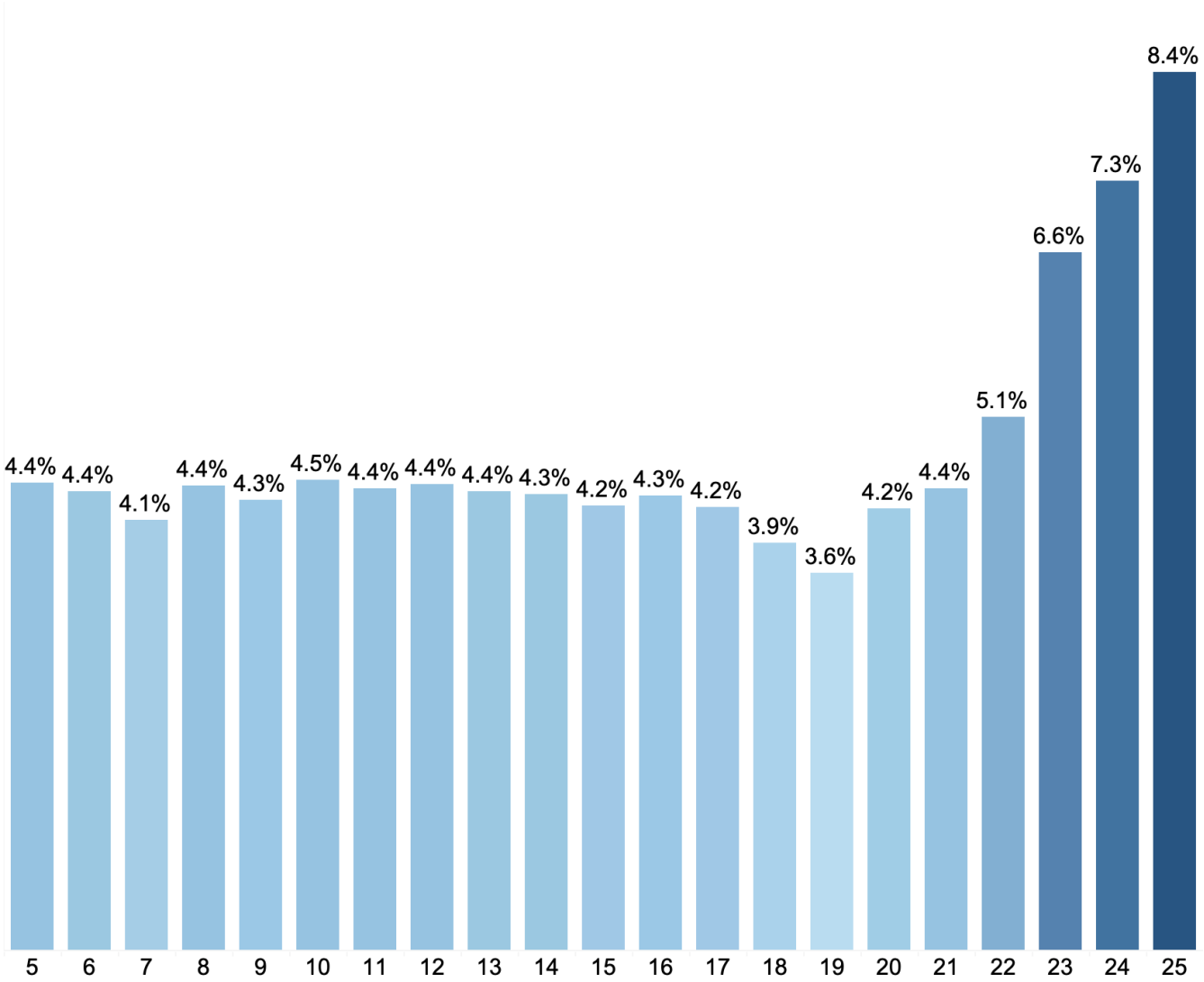
Children and Young People



Source: ONS Census 2021 (80)

Appendix C: [ONS Census population for City of London & Hackney]

Children and Young People

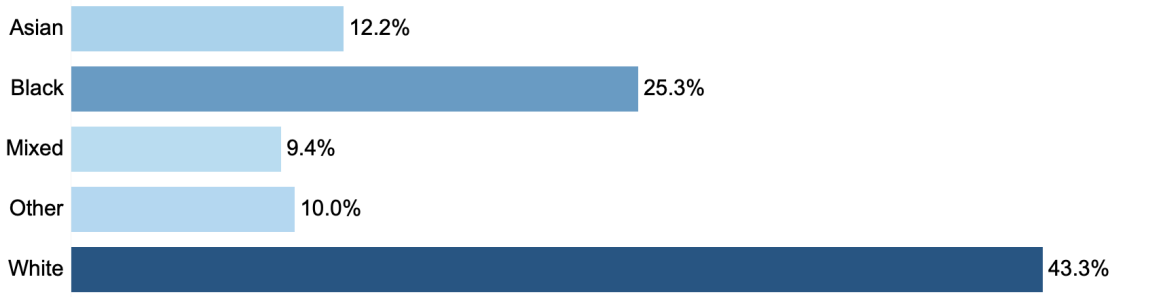


ONS Census 2021 (80)

Children and Young People

ONS Census 2021 (80)

Children and Young People



ONS Census 2021 (80)