

Children and Young People's Mental Health and Emotional Well-Being Dynamic Activity Overview

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Aims

The aim of this document is to provide NHS Kent and Medway Children’s Commissioning Team with data and intelligence to support the procurement of children and young people’s

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mental health services. It will provide an overview of demography and prevalence and explore current service use and potential future service use. Cohorts of children and young people who may be more vulnerable to mental ill health will also be considered. This document sits alongside documents such as the 2017 Kent Public Health Observatory needs assessment¹ and the Kent and Medway Local Transformation Plan².

This document will be a dynamic report and may change over time as additional data sources become available, additional analytics capacity becomes available and as we learn more about what will be most beneficial to the CYP of Kent and Medway, and their families and / or carers. The data presented in this report will be, at times, flawed, uncertain, proximate and sparse (FUPS); however, as Wolpert and Rutter³ argue, FUPS data can be very useful as a starting point for conversation and decision making, and form a great foundation on which to build.

This report will be primarily utilised by the ICB's children's commissioning team; however, will also be externally facing to ensure transparency in our decision making.

¹ [Emotional-and-mental-Health-Needs-Assessment-for-Children-.pdf \(kpho.org.uk\)](#) [accessed 31st January 2024]

² [Children, young people and young adults' emotional wellbeing and mental health :: Kent & Medway ICS \(kmhealthandcare.uk\)](#) [accessed 31st January 2024]

³ Wolpert, M., Rutter, H. Using flawed, uncertain, proximate and sparse (FUPS) data in the context of complexity: learning from the case of child mental health. *BMC Med* 16, 82 (2018). <https://doi.org/10.1186/s12916-018-1079-6>

Methodology

Some criteria were agreed at the beginning of producing this document that will underpin the whole report.

Age groups

The following age groups will be used, where possible (dependent on data sources):

- Under 5s (0 to 4 years of age inclusive)
- Primary school (5 to 10 years of age inclusive)
- Secondary school (11 to 17 years of age inclusive)

Some data will be presented for 18-24 year old as some mental health and emotional wellbeing services span the 0-24 population.

Geographies

Where possible, data will be presented in the following geographic Health Care Partnership (HCP) areas:

- East Kent
- West Kent
- North Kent
- Medway and Swale

Due to commissioning arrangements for children's services, data will also be presented by the following geographical regions:

- Kent and Medway
- Kent
- Medway

Demographics

There were 428,229 children and young people aged under the age of 18 registered to Kent and Medway GP practices as of December 2023.

However, given the geographical size of Kent and Medway, healthcare services are generally managed locally by Health Care Partnerships (HCPs). Each HCP covers distinctly different populations sizes, socio-economic factors and ethnicity.

Area	Dec 2023 Registered Population
Kent & Medway	428229
Kent	353707
Medway	74522
DGS HCP	67883
East Kent HCP	144530
Medway & Swale HCP	99800
West Kent HCP	116016

Source: Dec-23 GP Registration

Population forecasts (using a Local Authority forecasting tool that reflects expected birth rates, migration, and housing developments) shows that the population is set to rise over the next 10 years by approximately 4% to 445,368. However, this growth is not uniform across Kent and Medway. The table below shows variations in that expected growth across Health Care Partnership areas, with Medway showing a slightly increased growth rate of 7.7% and East Kent at 2.8%.

Population Forecasts for Children & Young People aged 0-17 years and registered to Kent & Medway GP Practices

Area	Dec 2023 Registered Population	Forecast Population 2026	Forecast Population 2028	Forecast Population 2030	Forecast Population 2033	Forecast 10yr change %
Kent & Medway	428229	437377	440761	442128	445368	4.0%
Kent	353707	360650	362932	363527	365114	3.2%
Medway	74522	76727	77829	78601	80254	7.7%
DGS HCP	67883	69908	70741	70622	70622	4.0%
East Kent HCP	144530	147499	148039	148174	148578	2.8%
Medway & Swale HCP	99800	102128	103098	103679	105134	5.3%
West Kent HCP	116016	118114	118752	119026	120485	3.9%

Source: Dec-23 GP Registration - KCC Forecast Toolkit

There are further nuances to the figures presented for the 0-17 population, with percentage increases and decreases within specific age groups. Forecast show that much of the rise in

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the under 18 population is in the number of under 4s, with a predicted rise of 10.5% across Kent and Medway. Again, there is a local variation in predicted growth ranging from just 4% in Dartford, Gravesham and Swanley to 14% in Medway. The detail of this rises can be seen in the table below.

Population Forecasts for Children & Young People aged 0-4 years and registered to Kent & Medway GP Practices

Area	Dec 2023 Registered Population	Forecast Population 2026	Forecast Population 2028	Forecast Population 2030	Forecast Population 2033	Forecast 10yr change %
Kent & Medway	101815	104336	106475	108901	112510	10.5%
Kent	83693	85699	87324	89234	91814	9.7%
Medway	18122	18637	19152	19666	20696	14.2%
DGS HCP	17212	17212	17440	17554	17896	4.0%
East Kent HCP	33126	34538	35180	35822	36721	10.9%
Medway & Swale HCP	24325	24786	25339	25984	27089	11.4%
West Kent HCP	27152	27857	28386	28915	29797	9.7%

Source: Dec-23 GP Registration - KCC Forecast Toolkit

The age group with the lowest projected rise in size is the 5 to 10 year old (primary school age) cohort with forecast ranging from a fall of -1.5% in Dartford, Gravesham and Swanley to just 2.6% increase in Medway. Across Kent and Medway the population change over the 10 year period is just 0.05%.

Population Forecasts for Children & Young People aged 5-10 years and registered to Kent & Medway GP Practices

Area	Dec 2023 Registered Population	Forecast Population 2026	Forecast Population 2028	Forecast Population 2030	Forecast Population 2033	Forecast 10yr change %
Kent & Medway	145,490	120,594	142,483	142,804	145,562	0.0%
Kent	119,625	118,041	116,951	117,050	119,031	-0.5%
Medway	25,865	2,553	25,532	25,754	26,531	2.6%
DGS HCP	23,352	23,471	23,233	22,995	22,995	-1.5%
East Kent HCP	48,057	47,125	46,726	47,258	48,190	0.3%
Medway & Swale HCP	34,710	34,612	34,022	34,120	34,907	0.6%
West Kent HCP	39,371	38,822	38,547	38,547	39,463	0.2%

Source: Dec-23 GP Registration - KCC Forecast Toolkit

Prevalence of probable mental health disorders (see next section) shows that the age group with the highest prevalence are those aged 11 and 17 years. Within this age group the 10 year forecast across Kent and Medway is 3.3% (0.2% in east Kent to 7.9% in Medway). It is also notable that this is the only age cohort that set to rise over the next five years but then fall slightly over the subsequent five years.

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Population Forecasts for Children & Young People aged 11-17 years and registered to Kent & Medway GP Practices

Area	Dec 2023 Registered Population	Forecast Population 2026	Forecast Population 2028	Forecast Population 2030	Forecast Population 2033	Forecast 10yr change %
Kent & Medway	180,924	189,134	191,875	190,239	186,979	3.3%
Kent	150,389	156,884	158,710	157,188	154,042	2.4%
Medway	30,535	32,250	33,165	33,051	32,937	7.9%
DGS HCP	27,319	29,148	29,880	30,002	29,636	8.5%
East Kent HCP	63,347	66,010	66,290	65,169	63,487	0.2%
Medway & Swale HCP	40,765	42,744	43,733	43,436	43,041	5.6%
West Kent HCP	49,493	51,439	51,903	51,625	50,605	2.2%

Source: Dec-23 GP Registration - KCC Forecast Toolkit

It should be noted that as the ICB are proposing a ten-year contract; reliability of projected data decreases over time. Therefore, flexibility will be built into the contracts to allow for this, and demand will be monitored over time and compared with any projections made. It is anticipated that there will be a few reviews over the lifetime on the contract, rather than producing unreliable projections now and trying to make a provider(s) deliver to them.

The population that is projected to grow the most over the next 10 years is for those aged 18 to 24 years with a forecast rise of 24.7% (18% in West Kent to 30.7% in Medway).

Population Forecasts for Children & Young People aged 18-24 years and registered to Kent & Medway GP Practices

Area	Dec 2023 Registered Population	Forecast Population 2026	Forecast Population 2028	Forecast Population 2030	Forecast Population 2033	Forecast 10yr change %
Kent & Medway	148631	161,594	172,322	182,205	185,306	24.7%
Kent	123768	134,223	142,988	150,908	152,809	23.5%
Medway	24863	27,371	29,334	31,297	32,496	30.7%
DGS HCP	20687	22,320	24,089	25,450	26,403	27.6%
East Kent HCP	60808	68,346	72,618	76,136	75,256	23.8%
Medway & Swale HCP	32912	35,753	38,299	40,748	42,120	28.0%
West Kent HCP	34224	35,034	36,857	38,780	40,401	18.0%

Source: Dec-23 GP Registration - KCC Forecast Toolkit

Socio-economic levels vary from locations that are in the 10% most deprived nationally (parts of Swale, Thanet, Medway, Folkestone and Hythe) to those in the 10% least deprived (Sevenoaks, Tunbridge Wells, Tonbridge). The association between deprivation and poor mental health is well documented⁴. It should also be noted that there is relative deprivation within all local authorities, which can also have a significant impact on wellbeing⁵.

⁴ NHS England, 2022, CYPMH survey, <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey/part-5-social-and-economic-context> [accessed 12th February 2024]

⁵ Chen, X, 2015, Relative deprivation and individual well-being, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5638129/#:~:text=Relative%20deprivation%20has%20been%20shown,righ%20such%20as%20health%20status.> [accessed 12th February 2024]

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Ethnicity in Kent and Medway also shows variation with higher percentages of Black and Minority Ethnic populations in Dartford (34%) and Gravesham (30%) than is seen in Dover (8%).

Ethnic breakdown for 0-17 yr olds across Kent & Medway - Census 2021

	Asian, Asian British	Black, Black British	Mixed	Other	White
Ashford	6%	4%	5%	1%	84%
Canterbury	6%	5%	6%	2%	81%
Dartford	11%	14%	6%	2%	66%
Dover	3%	1%	3%	1%	92%
Folkestone and Hythe	5%	1%	4%	1%	89%
Gravesham	12%	9%	6%	3%	70%
Maidstone	5%	3%	5%	1%	86%
Medway	6%	8%	6%	2%	78%
Sevenoaks	3%	2%	6%	1%	88%
Swale	1%	3%	4%	1%	91%
Thanet	3%	1%	5%	2%	89%
Tonbridge and Malling	3%	1%	5%	1%	90%
Tunbridge Wells	5%	1%	6%	1%	87%
Kent & Medway	5%	4%	5%	1%	83%

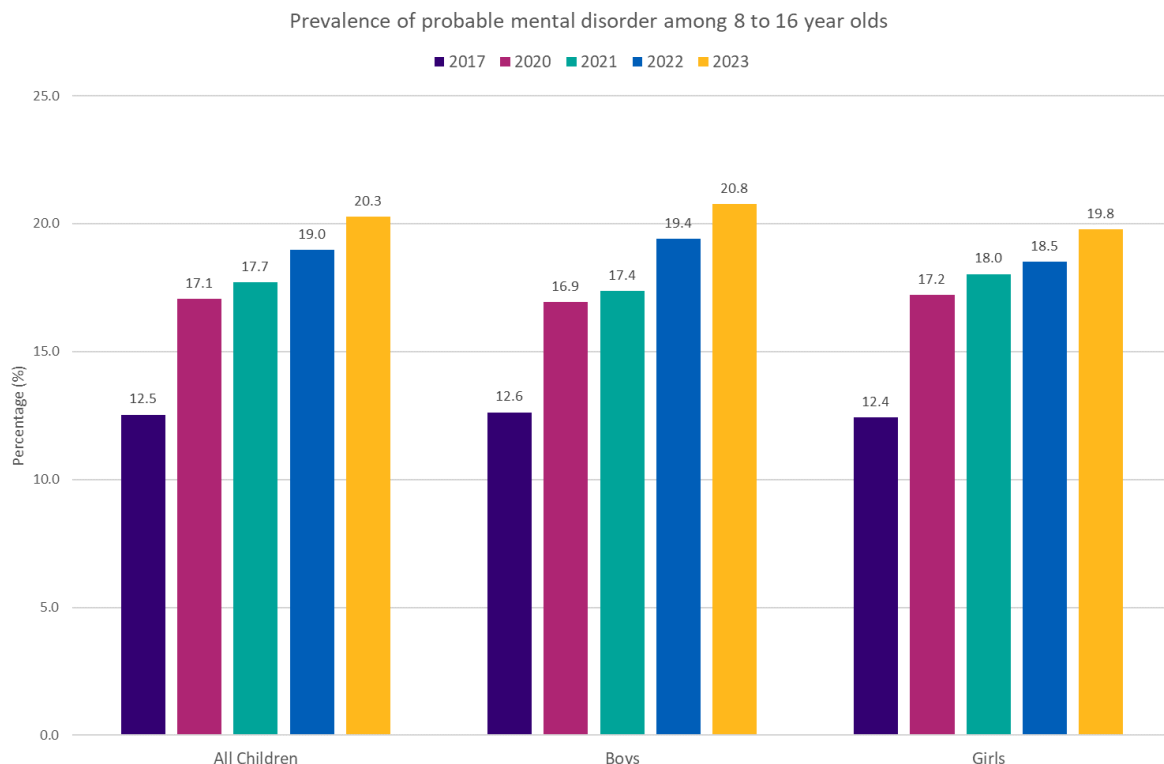
Prevalence

NHS England⁶ have conducted a series of surveys investigating the mental health of CYP nationally. The first survey was conducted in 2017 and there have been four subsequent follow-up surveys, or waves: in 2020 (wave 1), 2021 (wave 2), 2022 (wave 3) and 2023 (wave 4).

This report will focus on some of the key findings from the 2023 follow up, as well as making some comparisons to 2017, where possible, to look at changes over time. The 2017 survey included CYP as young as age 2; however, these CYP have now grown up and so the 2023 wave 4 follow-up includes 2,370 CYP aged between 8 and 25 years who took part in the MHCYP 2017.

The survey focusses on mental health as well as household circumstances and experiences of education and services and of life in families and communities. Further analyses of the prevalence surveys can be found in the appendix one.

CYP completed the Strengths and Difficulties Questionnaire (SDQ)⁷, a validated tool that can be used to assess different aspects of mental health, including problems with emotions, behaviour and hyperactivity. Based on this, responses were then categorised into 'probably', 'possibly' or 'unlikely' to have a mental health condition. The likelihood of those who 'probably' or 'possibly' have a mental health condition accessing services is unknown, so we have assumed that those with a 'probable' mental health condition will be those who need to access services.



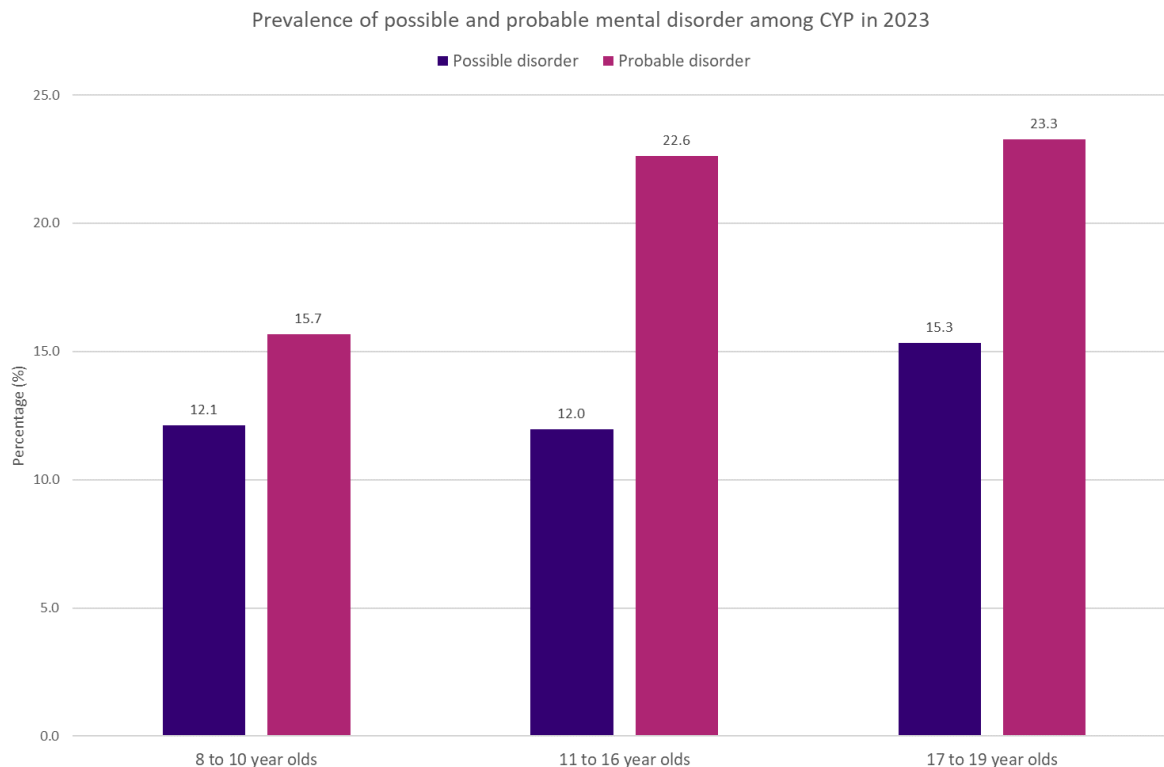
In 2023, one in five (20.3%) children aged 8 to 16 years old had a probable mental health disorder, an increase from 12.5% in 2017. There was a considerable increase to 17.1% in

⁶ NHS England, 2023, <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up> [accessed 3rd January 2024]

⁷ Strengths and Difficulties Questionnaire, <https://vimeo.com/888036265>, [accessed 3rd January 2024, from 06:25 minutes]

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2020 but since then rates of probable mental disorder have remained relatively stable in all age groups between 2022 and 2023. The Health Foundation published informative data regarding the impact of covid-19 on CYP’s mental health and the subsequent increase in demand for services⁸.



The percentage of CYP with a possible mental disorder remains consistent for 8 to 10 year olds and 11 to 16 year olds (approximately 12%) but increased to 15.3% among 17 to 19 year olds. The prevalence of probable mental disorder increased with age from 15.7% among 8 to 10 year olds to 22.6% among 11 to 16 year olds. It then remained fairly stable (23.3%) among 17 to 19 year olds.

Applying these national prevalence statistics to the Kent and Medway populations suggests that 100,463 CYP aged 5 to 17 years old may have a mental disorder. Of these, 59,362 CYP have a probable mental disorder and 41,101 have a possible mental disorder. The table below shows the age and gender breakdown of the estimated number of CYP with probable or possible mental disorders, based on 2023 registered populations.

⁸ The Health Foundation, Covid-19 and the road ahead, 2022, <https://www.health.org.uk/news-and-comment/charts-and-infographics/children-and-young-people-s-mental-health> [accessed 8th January 2024]

	Estimated prevalence	Probable mental disorder			Possible mental disorder			Any mental disorder		
		Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
Kent and Medway	5-7 year olds	4,219	2,447	6,698	6,195	3,431	9,677	10,414	5,877	16,375
	8-10 year olds	6,693	4,887	11,580	6,295	2,654	8,951	12,987	7,541	20,531
	11-16 year olds	17,908	17,363	35,273	9,118	9,521	18,643	27,026	26,884	53,916
	17 year olds	1,994	3,799	5,812	1,900	1,929	3,830	3,893	5,728	9,641
	5-17 year olds	30,813	28,495	59,362	23,508	17,535	41,101	54,321	46,030	100,463
Dartford and Gravesham	5-7 year olds	687	391	1,081	1,009	549	1,562	1,695	940	2,643
	8-10 year olds	1,051	794	1,849	988	431	1,429	2,039	1,225	3,278
	11-16 year olds	2,719	2,648	5,368	1,385	1,452	2,837	4,104	4,101	8,205
	17 year olds	279	560	835	266	285	550	545	845	1,385
	5-17 year olds	4,736	4,394	9,132	3,647	2,716	6,378	8,383	7,110	15,510
West Kent HCP	5-7 year olds	1,131	670	1,815	1,661	940	2,622	2,792	1,610	4,437
	8-10 year olds	1,819	1,313	3,130	1,711	713	2,419	3,530	2,026	5,549
	11-16 year olds	4,904	4,747	9,651	2,497	2,603	5,101	7,401	7,350	14,752
	17 year olds	546	1,035	1,588	520	525	1,046	1,066	1,560	2,634
	5-17 year olds	8,400	7,765	16,183	6,389	4,781	11,189	14,789	12,546	27,372
East Kent HCP	5-7 year olds	1,390	800	2,199	2,041	1,122	3,177	3,430	1,923	5,376
	8-10 year olds	2,229	1,620	3,848	2,096	880	2,974	4,325	2,499	6,822
	11-16 year olds	6,251	6,026	12,278	3,183	3,304	6,489	9,434	9,330	18,767
	17 year olds	734	1,357	2,109	700	689	1,390	1,434	2,046	3,499
	5-17 year olds	10,604	9,803	20,433	8,020	5,995	14,030	18,623	15,798	34,464
Medway and Swale HCP	5-7 year olds	1,011	585	1,603	1,485	820	2,316	2,496	1,405	3,919
	8-10 year olds	1,594	1,160	2,754	1,499	630	2,129	3,093	1,790	4,882
	11-16 year olds	4,034	3,942	7,976	2,054	2,162	4,216	6,088	6,104	12,192
	17 year olds	434	847	1,280	414	430	844	848	1,277	2,124
	5-17 year olds	7,073	6,534	13,613	5,452	4,042	9,504	12,525	10,576	23,117
Kent	5-7 year olds	3,469	2,009	5,505	5,095	2,818	7,954	8,564	4,827	13,458
	8-10 year olds	5,507	4,018	9,525	5,179	2,182	7,362	10,686	6,200	16,887
	11-16 year olds	14,893	14,401	29,297	7,583	7,897	15,484	22,476	22,298	44,781
	17 year olds	1,673	3,158	4,855	1,594	1,603	3,199	3,267	4,761	8,054

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	5-17 year olds	25,542	23,587	49,181	19,452	14,501	33,999	44,994	38,088	83,180
Medway	5-7 year olds	749	437	1,193	1,100	613	1,724	1,850	1,050	2,917
	8-10 year olds	1,186	869	2,055	1,115	472	1,588	2,301	1,340	3,643
	11-16 year olds	3,015	2,962	5,976	1,535	1,624	3,159	4,550	4,586	9,135
	17 year olds	321	641	957	306	325	631	626	966	1,588
	5-17 year olds	5,271	4,908	10,181	4,056	3,034	7,101	9,327	7,942	17,282

Notes	5-7 year olds	Based on 2020 5 to 10 year olds prevalence
	8-10 year olds (2023)	Based on 2023 prevalence
	11-16 year olds (2023)	Based on 2023 prevalence
	17 year olds (2023 17-19 year olds)	Based on 2023 17 to 19 year olds prevalence
	5-17 year olds	

Projected forwards, it is estimated that by 2028, 61,500 CYP aged 5-17 will have a probable mental disorder and an additional 42,143 CYP a possible mental disorder. This is based on the 2023 prevalence remaining constant (as it has remained relatively steady between 2022 and 2023); however, it is likely that the prevalence may still increase.

Pre-school prevalence

The 2017 CYP MH survey included analyses regarding CYP aged 2 to 4, presented as experimental data⁹. It was reported that 5.5% of CYP aged 2-4 years of age had a mental disorder, shown in the table below.

Specific mental disorder	Prevalence (%)
Oppositional defiant disorder	1.9
Pervasive development disorder / Autism spectrum disorder	1.4
Feeding disorder	0.8
Sleeping disorder	1.3
Elimination (toileting) disorder	0.2

These conditions would fall outside of the service being commissioned, so 2- to 4-year-olds will not be a focus of analyses within this report.

⁹ NHS England, 2017, <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017> [accessed 8th January 2024]

Current Demand

This section of this report outlines the current demand on our commissioned services. It starts by discussing the national target for the number of CYP accessing our services then provides an overview of the Mental Health Services Dataset, which is the source of the data for the current demand section.

Following this, the activity within different mental health services is outlined; focussing on inpatient, specialist mental health services, non-specialist mental health services, and non-NHS commissioned services.

Activity related to Mental Health Support Teams (MHSTs), Crisis and Neurodiverse services is detailed with the supporting appendix two.

NHS England's Access Target

The Five Year Forward View for Mental Health (FYFVMH) gave Clinical Commissioning Groups (CCGs) targets for the number of CYP accessing mental health services from 2016/17. The NHS Long Term Plan built upon the FYFVMH commitment to increase access so that by 2023/34, an additional 345,000 children and young people nationally have access to support from an NHS funded service or school- or college-based Mental Health Support Team (MHST).

This support may involve immediate advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment that may take longer. The new access metric was defined as children and young people receiving one contact with services. In 2023/24, our Kent and Medway target was to enable 33,598 children and young people aged under 18 to access support (one contact or more) from services. This target is being kept consistent for 2024/25.

Mental health services dataset

To measure performance against the access target, and other metrics, providers are required to submit to the mental health services dataset (MHSDS)¹⁰. The MHSDS is held by NHS England, and is a patient level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable person-based information regarding children, young people and adults who are in contact with services for mental health and wellbeing, Learning Disability, autism or other neurodevelopmental conditions needs. All activity relating to patients of any age who receive care for a suspected or diagnosed mental health and wellbeing need, Learning Disability, autism or other neurodevelopmental conditions is within scope of the MHSDS.

It is mandatory for any relevant service in receipt of NHS funding (wholly or partially) to submit data to the MHSDS, and optional for services not in receipt of NHS funding. Where services are not in receipt of NHS funding, it may be a contractual requirement to submit data to the MHSDS. As a minimum, providers must submit the relevant data to contribute towards NHS England's monitoring metrics, which vary according to services delivered.

Locally, we can access pseudonymised data from the MHSDS and use MHSDS data to look at current service use. An alternative would be to use local provider reported data (e.g. performance reporting); however, all providers should submit data to the MHSDS in the

¹⁰ [Mental Health Services Data Set \(MHSDS\) - NHS Digital](#) [accessed 31st January 2024]

same format and it should have greater coverage. There are shortfalls of the MHSDS data; for example, some providers do not code geography within their submission; however, as with all FUPS data, it is a good starting point.

The current provider landscape is articulated in the Kent and Medway Local Transformation Plan¹¹.

Inpatient services

Tier 4 inpatient mental health services are commissioned by NHS England via provider collaboratives¹². There is a provision of 9 long stay and 3 short stay beds children and young people's inpatient beds within the Kent and Medway Adolescent Hospital. There are Kent and Medway CYP who are placed out of area.

Over the 12 months period up to August 2023 there were 20 new admissions to KMAH and 30 new admissions to inpatient beds outside of Kent.

Specialist mental health services

Activity

An overview of specialist activity is presented in appendix two, the following is a summary of the key findings from that analysis.

There were 15,897 referrals into specialist services in the 12-month period April 2022 to March 2023. These exclude referrals to Mental Health Support Teams, Eating Disorders, Crisis and Neuro Development related (referrals for assessment, etc). In total there were 17,851 open referrals (as some were received prior to April 2022). These referrals generated a total of 104,064 contacts (a contact is defined as an interaction with the service, be that face to face, in a group or via video call, or messaging service) for children and young people aged under 18.

The 11- to 17-year-old age group accounted for 80% of referrals and 91% of all contacts. The gender split for referrals for under 11s was slightly higher for males (59%) but changed to a higher percentage for females in the 11- to 17-year-old cohort (61%).

A similar pattern was seen in the contacts data with males having more contacts in the under 11s age cohort (61%) and females in the 11- to 17-year-old cohort (64%).

The referral rate (per 1,000 CYP) was highest in the East Kent HCP and Medway and Swale HCP areas. Contacts rates were also highest in East Kent HCP area.

The primary reasons for referral into a specialist service across Kent and Medway were highest for depression, self-harm behaviours and anxiety. These three conditions also saw the most contacts within specialist services, with self-harm being the highest.

Together, depression and/or anxiety account for 48% of referrals and 40% of contacts.

Waiting Lists for specialist service

Further analysis shows that approximately 13% of CYP referred for depression and/or anxiety also have a referral for a further specialist condition within the same year.

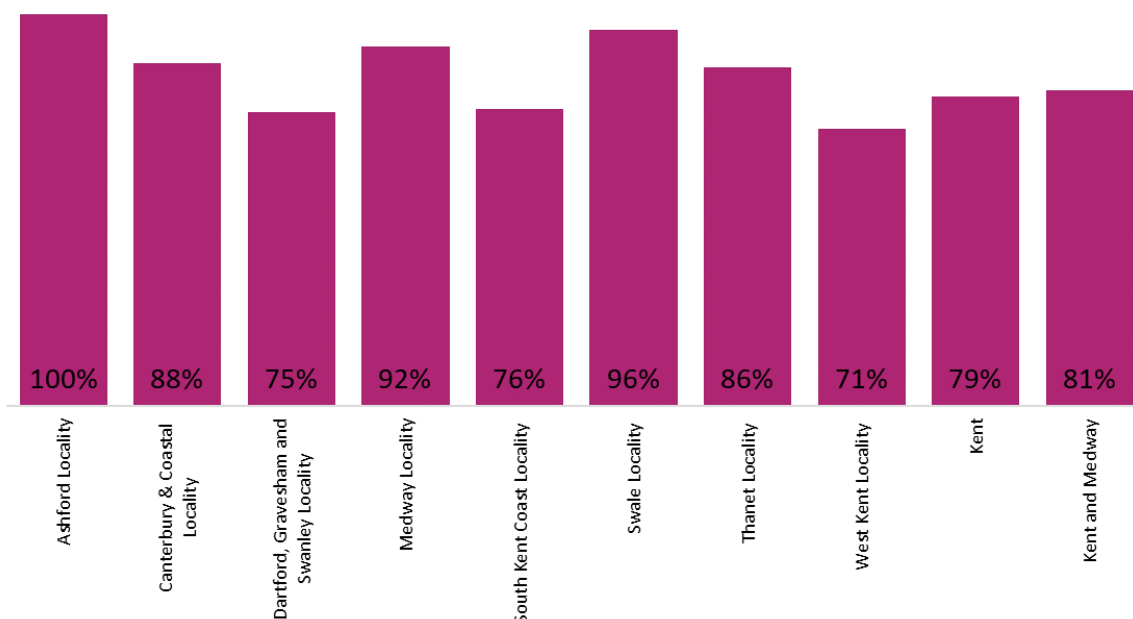
¹¹ [Summary of Kent and Medway children, young people and young adults emotional wellbeing and mental health Local Transformation Plan 2021 \(kmhealthandcare.uk\)](#) [accessed 31st January 2024]

¹² [NHS England » NHS-Led Provider Collaboratives: specialised mental health, learning disability and autism services](#) [accessed 31st January 2024]

Kent and Medway

As of December 2023, specialist teams are generally meeting demand, with 81% of CYP waiting under 18 weeks for referral to treatment. This varies across Kent and Medway, with high percentages of CYP waiting under 18 weeks in Ashford (100%) and Swale (96%). Dartford, Gravesham and Swanley (75%) and West Kent (71%) have higher percentages of CYP waiting over 18 weeks.

Locality teams: Percentage of CYP waiting under 18 weeks for referral to treatment, Dec-23



The table below shows the number of CYP waiting in total, and the number of CYP waiting over 18 weeks from referral to treatment, as at December 2023.

Locality team area	Total CYP waiting	CYP waiting over 18 weeks
Ashford	64	0
Canterbury & Coastal	161	20
Dartford, Gravesham and Swanley	161	40
Medway	132	11
South Kent Coast	132	32
Swale	49	2
Thanet	110	15
West Kent	382	112
Kent	1059	221
Kent and Medway	1191	232

Non-specialist mental health services

Activity

An overview of non-specialist activity is presented in appendix two, the following is summary of the key findings from that analysis.

Kent and Medway

There was a total of 12,667 referrals to non-specialist services in the period April 2022 to March 2023. These referrals generated 33,972 contacts with those services.

11- to 17-year-olds accounted for a 89% of all non-specialist referrals. Females were 2.8 times more likely to have a referral than males.

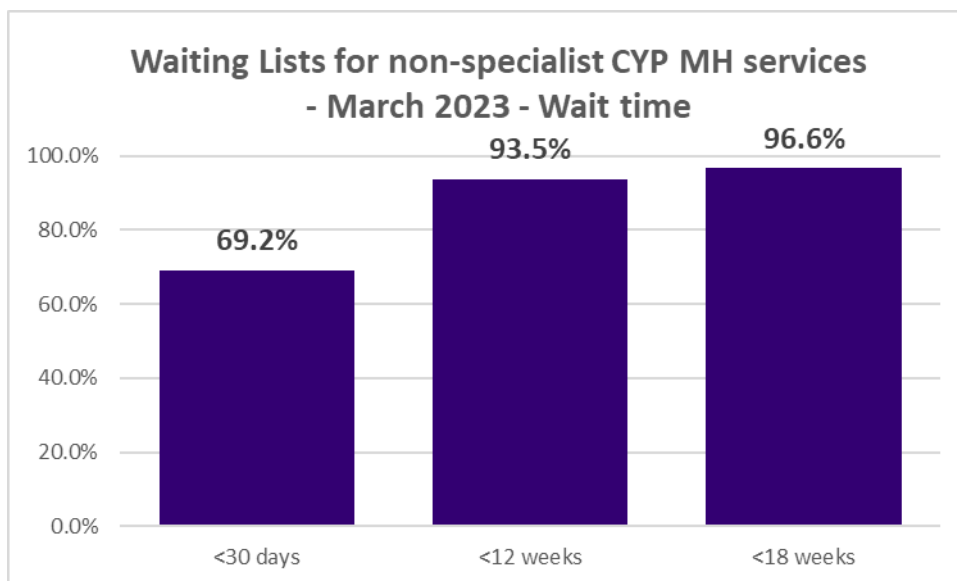
Analyses of geographical area was not possible to due to the poor recording of GP practice code or resident postcode (which are used to link the activity with an area). Only 28% of referrals could be allocated to HCP areas.

There were also poor completion rates for primary reason for referral. There are some tables presented in appendix two in relation to referral reason but they should be treated with caution due to the data quality.

The majority (72%) of the non-specialist service activity is allocated to KOOTH (an online emotional well-being support service).

Waiting list for non-specialist services

Waiting lists for non-specialist services are managed within each of the provider organisations. For the online emotional well-being support service (KOOTH), there is no waiting list and this accounts for 72% of the activity. Of the remaining referrals, 97% are seen within 18 weeks.



For an overview of Mental Health Support Team, Crisis and Neurodiverse referrals in terms of age/gender and geography please refer to appendix two.

Non-NHS commissioned services

CYP also access mental health support through other sources; for example, non NHS funded charitable sector services, KCC funded services, education funded services or privately. It is not possible to access data to understand the demand on these services, or the quantify the number of CYP accessing support via these services.

However, data is available in some cases – for example KCC’s emotional wellbeing service delivered by KCHFT received 6,500 referrals. KCHFT have reported that referrals have been increasing in recent months and have seen a 34% increase in referrals over the last six months of 2023.

Kent and Medway

Activity delivered through Mental Health Support Teams (MHST)¹³ is currently delivered by NELFT and provide in schools. By wave 12 in 2026, 60% of Kent and Medway pupils will have access to an MHST. An overview of this activity can be found in appendix two.

¹³ NELFT Mental Health Support Teams, <https://www.nelft.nhs.uk/kent-and-medway-mental-health-support-teams/> [accessed 3rd January 2024]

Future model: Specialist service and Therapeutic Alliance balance

The proposed model for the mental health services across Kent and Medway includes a specialist service and a therapeutic alliance service. Information regarding the proposals is available via the NHS Kent and Medway children's commissioning team.

We have used existing data from our provider's submissions to the Mental Health Services Dataset (MHSDS) for 2022/23 to estimate the amount of activity in both the specialist and Therapeutic Alliance services. More detailed information on the methodology for this is included in the appendix three, but broadly referrals with a primary referral reason of anxiety, depression and relationship difficulties are moved from specialist services to sit within a Therapeutic Alliance.

The table below shows the current split between CYP being referred to specialist and other NHS commissioned (therapeutic alliance) services, based approximately on 2022/23 primary reasons for referral.

Area	Specialist Services Referrals	Other NHS Commissioned Services Referrals	Total referrals	Percentage referrals to Specialist	Percentage referrals to Other
Kent & Medway	15,897	12,677	28,574	55.6%	44.4%
Kent	13,083	10,372	23,455	55.1%	44.9%
Medway	2,574	1,600	4,174	61.7%	38.3%
East Kent HCP	6,494	5,095	11,589	56.0%	44.0%
Dartford, Gravesham & Swanley HCP	1,900	1,573	3,473	54.7%	45.3%
Medway & Swale HCP	3,730	2,592	6,322	59.0%	41.0%
West Kent HCP	3,533	3,058	6,591	53.6%	46.4%
Unknown Area	240	224	464	51.7%	48.3%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse referrals

Source: MHSDS

For the purposes of this table, all NELFT activity has been included in the specialist column; however, this may not be the case in practice. KMPT data and MCH data (not including their ND activity) also contribute towards the specialist service figures. Activity that is coded as anxiety, depression or relationship difficulties but is currently seen in NELFT is coded as specialist currently as they are a specialist service provider.

We have then modelled this analysis via a range of options, looking at different splits in demand between specialist and a proposed therapeutic alliance. The following percentages, if anxiety, depression and relationship difficulties were removed from the specialist services and moved into the therapeutic alliance: 100%, 80%, 50% and 30%.

Scenario one: Referrals breakdown assuming 100% of anxiety, depression and relationship difficulties are removed from Specialist services and instead referred into the therapeutic alliance.

Kent and Medway

Area	Specialist Services Referrals	Other NHS Commissioned Services Referrals	Total referrals	Percentage referrals to Specialist	Percentage referrals to Other
Kent & Medway	6,908	21,666	28,574	24.2%	75.8%
Kent	5,536	17,919	23,455	23.1%	76.9%
Medway	1,218	2,956	4,174	29.2%	70.8%
East Kent HCP	2,795	8,794	11,589	24.1%	75.9%
Dartford, Gravesham & Swanley HCP	763	2,710	3,473	22.0%	78.0%
Medway & Swale HCP	1,754	4,568	6,322	27.7%	72.3%
West Kent HCP	1,442	5,149	6,591	21.9%	78.1%
Unknown Area	154	310	464	33.2%	66.8%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse referrals

Source: MHSDS

Scenario two: Referrals breakdown assuming 80% of anxiety, depression and relationship difficulties are removed from Specialist services and instead referred into the therapeutic alliance.

Area	Specialist Services Referrals	Other NHS Commissioned Services Referrals	Total referrals	Percentage referrals to Specialist	Percentage referrals to Other
Kent & Medway	8,706	19,868	28,574	30.5%	69.5%
Kent	7,045	16,410	23,455	29.5%	70.5%
Medway	1,489	2,685	4,174	35.7%	64.3%
East Kent HCP	3,535	8,054	11,589	30.5%	69.5%
Dartford, Gravesham & Swanley HCP	990	2,483	3,473	28.5%	71.5%
Medway & Swale HCP	2,149	4,173	6,322	34.0%	66.0%
West Kent HCP	1,860	4,731	6,591	28.2%	71.8%
Unknown Area	171	293	464	36.9%	63.1%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse referrals

Source: MHSDS

Scenario three: Referrals breakdown assuming 50% of anxiety, depression and relationship difficulties are removed from Specialist services and instead referred into the therapeutic alliance.

Area	Specialist Services Referrals	Other NHS Commissioned Services Referrals	Total referrals	Percentage referrals to Specialist	Percentage referrals to Other
Kent & Medway	11,403	17,172	28,574	39.9%	60.1%
Kent	9,310	14,145	23,455	39.1%	60.9%
Medway	1,896	2,278	4,174	45.4%	54.6%
East Kent HCP	4,645	6,944	11,589	40.1%	59.9%
Dartford, Gravesham & Swanley HCP	1,332	2,142	3,473	38.3%	61.7%
Medway & Swale HCP	2,742	3,580	6,322	43.4%	56.6%
West Kent HCP	2,488	4,103	6,591	37.7%	62.3%
Unknown Area	197	267	464	42.5%	57.5%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse referrals

Source: MHSDS

Scenario four: Referrals breakdown assuming 30% of anxiety, depression and relationship difficulties are removed from Specialist services and instead referred into the therapeutic alliance.

Kent and Medway

Area	Specialist Services Referrals	Other NHS Commissioned Services Referrals	Total referrals	Percentage referrals to Specialist	Percentage referrals to Other
Kent & Medway	13,200	15,374	28,574	46.2%	53.8%
Kent	10,819	12,636	23,455	46.1%	53.9%
Medway	2,167	2,007	4,174	51.9%	48.1%
East Kent HCP	5,384	6,205	11,589	46.5%	53.5%
Dartford, Gravesham & Swanley HCP	1,559	1,915	3,473	44.9%	55.1%
Medway & Swale HCP	3,137	3,185	6,322	49.6%	50.4%
West Kent HCP	2,906	3,685	6,591	44.1%	55.9%
Unknown Area	214	250	464	46.2%	53.8%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse referrals

Source: MHSDS

An alternative way to look at demand could be to consider the number of contacts with MH services. The table below shows the number of contacts in 2022/23 with Kent and Medway NHS commissioned mental health services.

Area	Specialist Services Contacts	Other NHS Commissioned Services Contacts	Total Contacts	Percentage Contacts to Specialist	Percentage Contacts to Other
Kent & Medway	104,064	33,972	138,036	75.4%	24.6%
Kent	86,626	23,330	109,956	78.8%	21.2%
Medway	15,484	2,306	17,790	87.0%	13.0%
East Kent HCP	44,392	10,427	54,819	81.0%	19.0%
Dartford, Gravesham & Swanley HCP	11,642	2,733	14,375	81.0%	19.0%
Medway & Swale HCP	23,451	6,744	30,195	77.7%	22.3%
West Kent HCP	22,625	5,732	28,357	79.8%	20.2%
Unknown Area	1,954	8,184	10,138	19.3%	80.7%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse Contacts

Source: MHSDS

These data have been aligned to specialist or other NHS commissioned services in the same way as the referrals data. We have also then modelled this via a range of options, looking at different splits in demand between specialist and therapeutic alliance. The following percentages if anxiety, depression, and relationship difficulties were removed from the specialist services and into the therapeutic alliance: 100%, 80% and 50%.

Scenario one: Contacts breakdown assuming 100% of anxiety, depression and relationship difficulties activity is removed from Specialist services into the therapeutic alliance.

Area	Specialist Services Contacts	Other NHS Commissioned Services Contacts	Total Contacts	Percentage Contacts to Specialist	Percentage Contacts to Other
Kent & Medway	68,753	69,283	138,036	24.2%	75.8%
Kent	56,569	53,387	109,956	23.1%	76.9%
Medway	10,617	7,173	17,790	29.2%	70.8%
East Kent HCP	30,499	24,320	54,819	24.1%	75.9%
Dartford, Gravesham & Swanley HCP	7,278	7,097	14,375	22.0%	78.0%
Medway & Swale HCP	16,341	13,854	30,195	27.7%	72.3%
West Kent HCP	13,068	15,289	28,357	21.9%	78.1%
Unknown Area	1,547	8,591	10,138	33.2%	66.8%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse Contacts

Source: MHSDS

Scenario two: Contacts breakdown assuming 80% of anxiety, depression and relationship difficulties activity is removed from Specialist services into the therapeutic alliance.

Kent and Medway

Area	Specialist Services Contacts	Other NHS Commissioned Services Contacts	Total Contacts	Percentage Contacts to Specialist	Percentage Contacts to Other
Kent & Medway	75,815	62,221	138,036	30.5%	69.5%
Kent	62,580	47,375	109,956	29.5%	70.5%
Medway	11,590	6,199	17,790	35.7%	64.3%
East Kent HCP	33,278	21,541	54,819	30.5%	69.5%
Dartford, Gravesham & Swanley HCP	8,151	6,224	14,375	28.5%	71.5%
Medway & Swale HCP	17,763	12,432	30,195	34.0%	66.0%
West Kent HCP	14,979	13,378	28,357	28.2%	71.8%
Unknown Area	1,628	8,510	10,138	36.9%	63.1%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse Contacts

Source: MHSDS

Scenario three: Contacts breakdown assuming 50% of anxiety, depression and relationship difficulties activity is removed from Specialist services into the therapeutic alliance.

Area	Specialist Services Contacts	Other NHS Commissioned Services Contacts	Total Contacts	Percentage Contacts to Specialist	Percentage Contacts to Other
Kent & Medway	86,409	51,628	138,036	39.9%	60.1%
Kent	71,598	38,358	109,956	39.1%	60.9%
Medway	13,051	4,739	17,790	45.4%	54.6%
East Kent HCP	37,446	17,373	54,819	40.1%	59.9%
Dartford, Gravesham & Swanley HCP	9,460	4,915	14,375	38.3%	61.7%
Medway & Swale HCP	19,896	10,299	30,195	43.4%	56.6%
West Kent HCP	17,847	10,511	28,357	37.7%	62.3%
Unknown Area	1,751	8,388	10,138	42.5%	57.5%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse Contacts

Source: MHSDS

Scenario four: Contacts breakdown assuming 30% of anxiety, depression and relationship difficulties activity is removed from Specialist services into the therapeutic alliance.

Area	Specialist Services Contacts	Other NHS Commissioned Services Contacts	Total Contacts	Percentage Contacts to Specialist	Percentage Contacts to Other
Kent & Medway	93,471	44,565	138,036	67.7%	32.3%
Kent	77,609	32,347	109,956	70.6%	29.4%
Medway	14,024	3,766	17,790	78.8%	21.2%
East Kent HCP	40,224	14,594	54,819	73.4%	26.6%
Dartford, Gravesham & Swanley HCP	10,333	4,042	14,375	71.9%	28.1%
Medway & Swale HCP	21,318	8,877	30,195	70.6%	29.4%
West Kent HCP	19,758	8,599	28,357	69.7%	30.3%
Unknown Area	1,832	8,306	10,138	18.1%	81.9%

Excludes: MHSTs, Eating Disorders, Crisis and Neurodiverse Contacts

Source: MHSDS

Vulnerable groups

There are several cohorts of CYP who may have both higher risk of mental illness as well as additional challenges regarding access to services. The following section of this document explores some of these cohorts.

Adverse Childhood Experiences

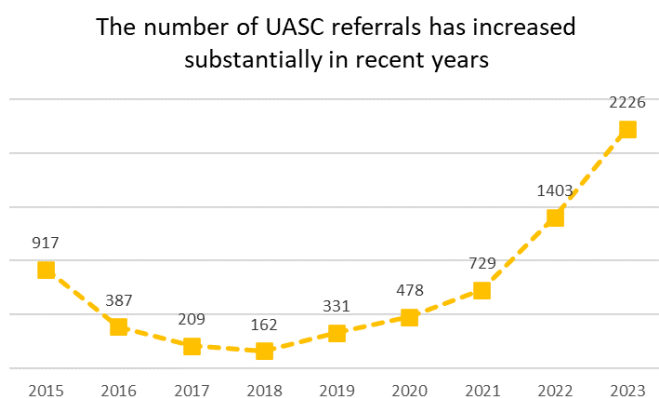
Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood¹⁴. Whilst 61% of adults had experienced at least one ACE and 16% had experienced four or more types of ACEs, CYP known to social services are more likely to have experienced ACEs than the general population.

Unaccompanied Asylum-Seeking Children

Unaccompanied Asylum-Seeking Children in our care have been exposed to trauma in multiple ways; the reasons for leaving their country of origin, during their journey and the trauma of being within the UK. Underpinning these traumas is also the abrupt and traumatic separation, loss and grief for their significant attachment figures.

A Health Needs Assessment¹⁵ conducted in 2016 referenced research that 48% of UASC met diagnostic criteria for a mental illness, the most common diagnoses being Post-Traumatic Stress Disorder (PTSD), major depressive disorder, general anxiety disorder and agoraphobia.

Delayed presentations of mental illness are also recognised and may affect up to 1 in 5 unaccompanied children. This may be because young people are reluctant to discuss their symptoms due to shame or guilt, or due to cultural differences in interpretation of symptoms of mental illness. Survivors of torture may prioritise focusing on their basic needs, such as stable accommodation, before being willing to discuss their experiences. Therefore, reassessment and ongoing surveillance for signs of mental illness is required.



Kent tends to have higher numbers of UASC than other areas due to its geographical location; however, CYP can be placed outside of the Local Authority. In December 2023, there were 1,604 UASC aged 25 and under in Kent, consistent with the number in the previous year (1,602 in December 2022)¹⁶. In 2022, Medway had 20 UASC placed into the Unitary Authority¹⁷. If 48% of UASC meet the diagnostic criteria for a mental illness,

then this would equate to approximately 800 UASC across Kent and Medway. Further area specific breakdown within Kent and Medway is not available.

¹⁴ Centers for Disease Control and Prevention, [accessed 24th January]

¹⁵ https://www.kpho.org.uk/data/assets/pdf_file/0011/58088/Unaccompanied-children-HNA.pdf [accessed 19th January 2024]

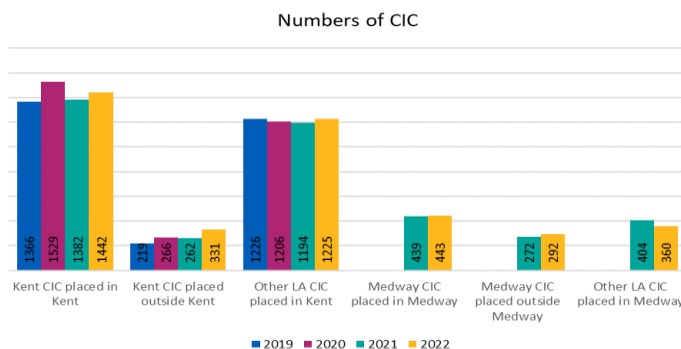
¹⁶ KCC MIU

¹⁷ Medway Council

Children in care

Due to their experiences both before and during care, children in care (CIC) are at much greater risk of poor mental health than their peers. Research suggests that around 45% of

children in care have a diagnosable mental health disorder, and up to 70%-80% have recognisable mental health concerns¹⁸.



Sources: KCC & Medway council

The numbers in the CIC chart cannot be summed to form a Kent and Medway CIC total figure as some children may be double counted across Kent and Medway. However, research suggests

approximately 2,000 CIC in Kent and Medway may have a diagnosable mental health disorder.

Further information on demographical breakdown of CIC is available in the [annual reports](#) for the Looked After Children's team.

Request for support proceeding to Children's Social Work Services¹⁹

4.9% of Kent pupils had a request for support proceeding to children's social work services. Applied to the Kent and Medway school aged population, approximately 13,500 may have a request for support proceeding to children's social work services. This could be approximately 2,500 in Medway and 11,000 in Kent.

Child protection act

0.6% of Kent pupils were under the child protection act. Applied to the Kent and Medway school aged population, approximately 1,700 may be under the child protection act. This could be approximately 300 in Medway and 1,400 in Kent.

Children in Need

1.6% of Kent pupils were classified as children in need. Applied to the Kent and Medway school aged population, approximately 4,400 may be classified as children in need. This could be approximately 800 in Medway and 3,600 in Kent.

Adoption

Most CYP who are adopted from care have suffered adverse childhood experiences²⁰. They are at higher risk of poor mental health than the general population. Among adoptees, research showed that mental health had not improved four years after adoption. Problems increased with the number of adverse childhood experiences CYP had before adoption. Adopted children are more likely to have symptoms of post-traumatic stress than the general population.

¹⁸ <https://www.nice.org.uk/guidance/ng205/evidence/f-interventions-to-promote-physical-mental-and-emotional-health-and-wellbeing-of-looked-after-children-young-people-and-care-leavers-pdf-333471052728> [accessed 19th January]

¹⁹ Kent Children's Integrated dataset [accessed 22nd January 2024]

²⁰ <https://evidence.nihr.ac.uk/collection/adverse-childhood-experiences-what-support-do-young-people-need/> [accessed 22nd January 2024]

Care leavers

A care leaver is a young person aged 16-25 who has spent time in care. This might be foster care or residential care²¹. KCC and Medway Council have provided separate data.

Barnado's²² conducted research in 2017 which showed that 46% care leavers had mental health needs and one in four young people had faced a mental health crisis since leaving care. 65% of care leavers identified as having mental health needs were not currently receiving any statutory service, but just over half (54%) of those identified as having mental health needs were receiving some informal support with their mental health. 9% of those identified as having mental health needs were on the waiting list to receive support from statutory services.

Local Authority/District	Count (October 2022)	Possible MH needs
Kent Local Authority Area	1373	632
Ashford	126	58
Canterbury	314	144
Dartford	72	33
Dover	77	35
Folkestone and Hythe	100	46
Gravesham	163	75
Maidstone	171	79
Sevenoaks	21	10
Swale	115	53
Thanet	155	71
Tonbridge and Malling	37	17
Tunbridge Wells	22	10
Medway	136	63
Other Local Authority (excluding Medway)	456	210
No current address recorded	105	48

As at October 2022 in Medway, there were 149 care leavers aged under 21 and 32 aged 21 and above who were receiving support via an allocated PA. A further 205 care leavers did not have an allocated PA. In Medway this would equate to approximately 83 care leavers with a PA who have mental health needs and 94 without an allocated PA who have mental health needs.

Young carers

One in three young carers (38%) reported having a mental health problem²³. The 2021 census²⁴ collected data regarding the number of unpaid carers, shown in the table below alongside the potential number with mental health problems.

District	Number of unpaid carers	Percentage of unpaid carers in population	Potential number with a mental health problem
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²¹ Barnado's, [Young people leaving care | Barnardo's \(barnardos.org.uk\)](https://www.barnardos.org.uk) [accessed 13th February 2024]

²² Barnado's, 2017, Neglected Minds, [neglected-minds.pdf \(barnardos.org.uk\)](https://www.barnardos.org.uk) [accessed 13th February 2024]

²³ <https://carers.org/downloads/resources-pdfs/young-adult-carers-at-school.pdf> [accessed 21st January 2024]

²⁴ Office for National Statistics

Kent and Medway

	Age 5 to 17	Age 18 to 24	Age 5 to 17	Age 18 to 24	Age 5 to 17	Age 18 to 24
Ashford	980	980	2.3%	5.4%	372	372
Canterbury	940	1615	2.2%	3.5%	357	614
Dartford	580	760	1.4%	5.0%	220	289
Dover	840	1060	2.4%	7.1%	319	403
Folkestone and Hythe	810	865	2.6%	6.1%	308	329
Gravesham	570	845	1.6%	5.4%	217	321
Maidstone	990	1180	1.8%	5.0%	376	448
Medway	1260	2340	1.4%	5.3%	479	889
Sevenoaks	590	630	1.5%	4.5%	224	239
Swale	1155	1280	2.4%	5.9%	439	486
Thanet	780	1180	1.9%	6.4%	296	448
Tonbridge and Malling	885	860	2.0%	5.2%	336	327
Tunbridge Wells	670	650	1.7%	4.8%	255	247
Kent and Medway	11050	14245	1.9%	5.2%	4199	5413

Neurodiversity

The national prevalence suggests that 1.76% (7,537 children) of the Kent and Medway population are autistic, though recent research suggests this could be as high as 2.94% (12,590 children).

Area	U18 population	Lower estimate (1.59%)	National estimate (1.76%)	Upper estimate (2.94%)
Kent and Medway	428,229	6,809	7,537	12,590
Kent	353,707	5,624	6,225	10,399
Medway	74,522	1,185	1,312	2,191
DGS HCP	67,883	1,079	1,195	1,996
East Kent HCP	144,530	2,298	2,544	4,249
Medway and Swale HCP	99,800	1,587	1,756	2,934
West Kent HCP	116,016	1,845	2,042	3,411

Source: registered population December 2023, NHS England and O'Nions et al (2023)

Autistic children are 28 times more likely to attempt suicide and on study reported that 15% of autistic children had suicidal thoughts compared to 0.5% of typically developing children²⁵.

Learning Disability

904 CYP aged 14- and 17- years old are on the Quality Outcomes Framework register for a Learning Disability²⁶. There are many reasons why people with a learning disability are more likely to experience poor mental health; for example, biology and genetics may increase vulnerability to mental health problems, a higher incidence of negative life events, access to fewer resources and coping skills and the impact of other people's attitudes²⁷.

Some studies suggest the rate of mental health problems in people with a learning disability is double that of the general population, and the estimated prevalence of mental health disorders range from 15-52%, depending on the diagnostic criteria used. This would give a

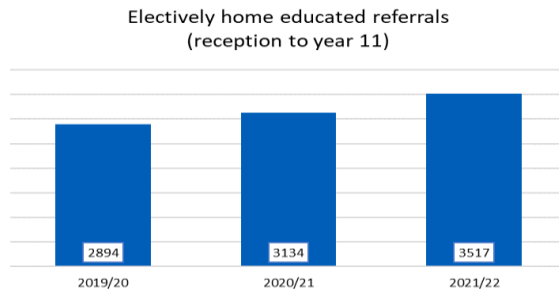
²⁵ Government Events, 2022, High Suicide Rates among Neurodiverse Individuals: Why it matters and what can be done about it, <https://www.governmentevents.co.uk/high-suicide-rates-among-neurodiverse-individuals-why-it-matters-and-what-can-be-done-about-it/> [accessed 13th February 2024]

²⁶ Learning Disability dashboard, NHS Future Collaboration website

²⁷ Mencap, [Learning Disability and Mental Health - Mental Health Research | Mencap](#), [accessed 24th February 2024]

range of between 136 and 471 CYP aged between 14 and 17 years old with a Learning Disability and mental health need.

Electively Home Educated



In 2021/22, 3,517 referrals were received for Electively Home Educated pupils. This number had increased between 2019/20; however, the impact of Covid-19 would still have been having an impact.

Data provided by Kent schools' reports health and emotional health issues as the main reason that parents advise schools of when they remove their CYP from a school roll to

home educate. This was cited for 30.1% of new notifications in the academic year 2021-2022²⁸.

It is known that children with a probable mental disorder were twice as likely to have missed more than 15 days of school (18.2%) as those unlikely to have a mental disorder (8.8%)²⁹.

Lesbian, gay, bi-sexual and queer young people

In Queer Futures survey³⁰ of 789 LGBTQ+ CYP aged 13 to 25, 88.8% of participants had harmed themselves in some way, while 97.8% had experienced suicidal thoughts or feelings. 58% of the sample had planned or attempted suicide at some point.

Almost three quarters of participants (74.1%) indicated that not being able to talk about their feelings and emotions (in relation to their mental health, sexuality and gender identity) strongly influenced their self-harm and suicidal feelings.

According to the Census 2021 there are approximately 2,896 16- and 17-year-olds are LGBTQ+ in Kent, and a further 588 in Medway.

Gender diverse

Trans respondents (36%) were much more likely than cisgender respondents (21%) to have accessed mental health services³¹. Trans respondents (14%) were also more likely than cisgender respondents (7%) to have tried to access mental health services without success. There were 115 17-year-olds and 155 under 16s on the Tavistock waiting list at the end of 2023 (no further geographical breakdown available).

Youth Offending

Ethnicity

Prevalence rates for the general population have increased since 2017; however, it is likely that the relative levels of mental disorder between the different ethnic groups have remained

²⁸ KCC MIU

²⁹ Source: CYP MH survey 2021 [accessed 22nd January]

³⁰ <https://www.queerfutures.co.uk/wp-content/uploads/2016/06/Queer-Futures-Final-Report.pdf> [accessed 19th January 2024]

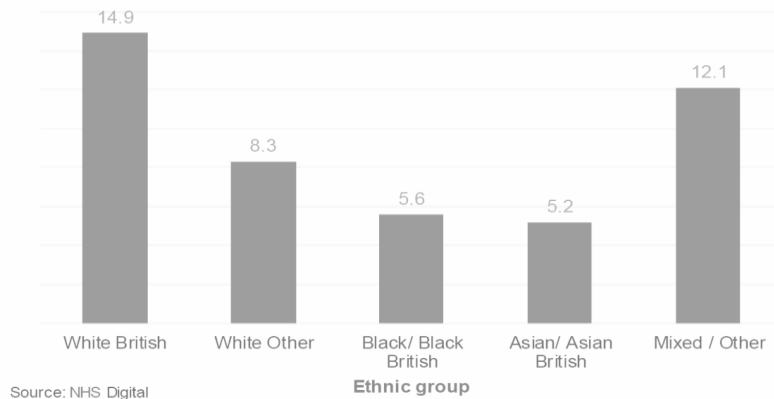
³¹ <https://assets.publishing.service.gov.uk/media/5b3b2d1eed915d33e245f3e3/LGBT-survey-research-report.pdf> [accessed 19th January 2024]

similar. CYP of white British ethnicity had highest levels of mental disorder, followed by individuals of mixed or other ethnicity³².

Any mental disorder by ethnic group, 2017

Base: 5 to 19 year olds

Per cent



Profound inequalities exist for people from ethnic minority groups in terms of access to treatment, experience of care and quality of outcomes. Black people are over four times more likely to be detained under the act and over ten times more likely to be subject to a community treatment order³³.

CYP from Mixed-race and Asian backgrounds were less likely to measurably improve than not change after treatment compared to White British CYP. This could be due to stigma or the confounding variable of socio-economic status³⁴.

Data regarding ethnicity is available in the demographics section of this document.

³² CYP MH survey 2017 [accessed 19th January]

³³ <https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act> [accessed 22nd January]

³⁴ <https://link.springer.com/article/10.1007/s00787-023-02233-5> [accessed 19th January]

Appendices

Appendix one

Further analyses of the 2023 CYP MH survey conducted by NHS England.

Appendix two

Appendix two provides an overview of current CYP mental health specialist and other mental and emotional well-being service activity.

Appendix three

To split activity into specialist and therapeutic service models, the following methodology was used. Data were extracted from the Mental Health Services Dataset³⁵, for all activity in 2022/23. Data coded for Mental Health Support Teams in the 'service or team type referred' to were excluded.

Activity was then split into specialist services and other NHS services according to the primary referral reason. Eating disorder activity was excluded as this contract is commissioned separately. Activity related to neurodiversity was excluded as this will largely relate to referrals for diagnostic assessments. Crisis activity was also excluded. For the records coded as unknown primary referral reason:

- VSCE unknown records were included in the other NHS services data
- MCH unknown records were assumed to be their neurodiverse activity as specialist services were coded.

Specialist

- 01 - First Episode Psychosis
- 02 - Ongoing or Recurrent Psychosis
- 03 - Bipolar disorder
- 06 - Obsessive compulsive disorder
- 07 - Phobias
- 08 - Organic brain disorder
- 09 - Drug and alcohol difficulties
- 10 - Unexplained physical symptoms
- 11 - Post-traumatic stress disorder
- 13 - Perinatal mental health issues
- 14 - Personality disorders
- 15 - Self harm behaviours
- 16 - Conduct disorders
- 20 - Gender Discomfort issues
- 21 - Attachment difficulties
- 22 - Self - care issues
- 23 - Adjustment to health issues

Therapeutic Alliance

³⁵ Mental Health Services Dataset, accessed via the Kent and Medway Data Warehouse in December 2023, more information available on <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

04 - Depression

05 - Anxiety

19 - Relationship difficulties

Neurodiversity related

24 - Neurodevelopmental Conditions, excluding Autism Spectrum Disorder

25 - Suspected Autism Spectrum Disorder

26 - Diagnosed Autism Spectrum Disorder

30 - Behaviours that challenge due to a Learning Disability

12 - Eating disorders

12 - Eating disorders

17 – Unknown Code Description

17 - Unknown Code Description

18 - In crisis

18 - In crisis

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