

# Summary of Data Pack to inform the refresh of the Future in Mind Leeds Strategy

Data gathered from March 2020 to December 2020



# To support the refresh of the Future in Mind Strategy, a series of research projects have been carried out. This report summarises the findings of the following areas:

1. **What do we know about the population of children and young people in Leeds?**
2. **How can we use national research to understand the social, emotional and mental health (SEMH) needs of children and young people in Leeds?**
  - 2.1. National Prevalence Survey
  - 2.2. Rates Modelled onto Leeds Population
  - 2.3. Key presenting issues in local services
3. **What are children, young people, and parents/carers telling us about their needs?**
  - 3.1. Systematic review of engagement
  - 3.2. My Health My School Pupil Perception Questionnaire
4. **How is the Covid 19 pandemic impacting on children and young people's SEMH in Leeds?**
  - 4.1. Summary of national research
  - 4.2. Impact of COVID –19 on children and young people's mental health in Leeds
5. **What do we know about the needs of specific vulnerable groups?**
  - 5.1. Young Adults
  - 5.2. Children and young people from minority ethnic communities
  - 5.3. LGBTQ+ children and young people

# 1. What do we know about the population of children and young people in Leeds?

- In 2019 Leeds under –18 population was 169,422<sup>1</sup>
- In 2018 54,512 under –18s in Leeds lived in the 10% most deprived Lower Super Output Areas in England<sup>2</sup>

## The School Census<sup>3</sup> shows:

- 35.6% of pupils are from Black Asian Minority Ethnic (BAME) backgrounds (36.6% of primary pupils and 34.3% of secondary pupils) (R-Y11)
- 633 (0.9%) primary pupils and 566 (1.3%) secondary pupils have an Education Health and Care Plan (EHCP) (R-Y11)
- 10,629 (15.2%) primary pupils and 4,791 (11.2%) secondary pupils are on SEN Support (R-Y11)
- The most frequently recorded primary need continues to be Speech, Language and Communication Needs (SLCN); followed by Moderate Learning Disability (MLD), Social, Emotional and Mental Health (SEMH), Specific Learning Difficulties (SPLD) and Autism Spectrum Disorder (ASD).

## Trends:

- School age population increasing, with the higher rate of change now plateaued in primary schools and has started to feed into secondary.
- Pupils eligible for free school meals increasing.
- Children and young people living in the nationally most deprived communities is rising.
- Number of Black and minority ethnic pupils increasing.
- Increase in pupils with SEN overall, greatest growth in numbers with EHCPs

<sup>1</sup> Office for National Statistics (ONS) 2019 Mid-Year Estimates published 24 June 2020

<sup>2</sup> ONS Mid-Year Estimates by LSOA, 2018

<sup>3</sup> DfE: Schools Pupils and their Characteristics, January 2020 Published 25 June 2020

- Analysis indicates a strong positive correlation between SEND and Free School Meal eligibility. This indicates that as FSM eligibility increases, so does the percentage SEND.
- Nine clusters have the highest levels of deprivation, the most dense population of pupils, the highest rates of Free School Meal eligibility, the highest rates of new arrivals, and the highest proportions of BAME, EAL (English as second language) and SEND pupils.

#### **The Children's Commissioner local vulnerability profile<sup>4</sup> estimates:**

- 19.8% (33,580 children) of the Leeds population of 0–17 year olds estimated to live in in households with any of the so called 'toxic trio' (i.e. domestic violence, parental mental health and parental substance abuse).
- 1.2% (1,994 children) of the Leeds population of 0 –17 year olds estimated to live in in households with all 3 of the so called 'toxic trio'.<sup>5</sup>
- Locally collated data shows:
- Abuse or neglect was present in 80.2% of cases of Children Looked After in Leeds (snapshot data on 31st March 2020)
- For children subject to a child protection plan (on 31st march 2020), emotional abuse was the most frequent, followed by neglect then physical abuse.
- The two most frequent issues identified in Early Help contacts are Social Emotional Mental Health and domestic abuse.
- The inter-relation between deprivation and vulnerability can be demonstrated by the higher proportions of children within the social care system who live in the most deprived areas.

<sup>4</sup> <https://www.childrenscommissioner.gov.uk/?s=vulnerability>

<sup>5</sup> These predictions are based on statistical models estimated using the Adult Psychiatric Morbidity Survey (APMS) and as a result should be treated as experimental in nature. This technical report sets out how these predications were calculated and the caveats to consider.

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## 2. How can we use national research to understand the social, emotional and mental health needs of children and young people in Leeds?

### 2.1. National Prevalence Survey

NHS Digital carried out a large scale rigorous survey 'Mental Health of Children and Young People in England (2017)<sup>6</sup>' to identify rates and trends in mental health nationally amongst children and young people.

The terminology 'mental disorder' has been used despite negative connotations as the survey applied diagnostic criteria according to International Classification of Disease (ICD-10) (WHO, 1992).

#### The main findings for the pre-school age group<sup>7</sup>:

- One in eighteen (5.5%) preschool children were experiencing a mental disorder around the time of the interview in England in 2017.
- Boys (6.8%) were more likely than girls (4.2%) to have a mental disorder. Overall, preschool children were less likely to have a disorder than older children.

#### The main findings for the 5 to 17 years age group are:

- One in twelve (8.1%) 5 to 19 year olds had an emotional disorder like anxiety or depression. This was more common in girls (10.0%) than boys (6.2%), and rates increased with age.
- About one in twenty (4.6%) 5 to 19 year olds had a behavioural (or 'conduct') disorder. This was more common in boys (5.8%) than girls (3.4%).
- About one in sixty (1.6%) 5 to 19 year olds had a hyperactivity disorder. This was more common in boys (2.6%) than girls (0.6%).
- About one in fifty (2.1%) 5 to 19 year olds was identified with another type of disorder, such as an eating disorder or autism.

<sup>6</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

<sup>7</sup> Due to the challenges of measuring the rate of mental disorders in this age group, the figures presented in this topic report have been labelled as "Experimental Statistics". Experimental statistics are official statistics that are published to involve users and stakeholders in their development, and to introduce quality at an early stage.

### **The main findings for the 17 to 19 year olds:**

- Nearly one in four (23.9%) 17 to 19 year old girls had a mental disorder, compared to 10.3% of boys this age.
- Half (52.7%) of young women with a disorder also reported having self-harmed or made a suicide attempt.
- Rates of behavioural disorders are much lower in this age group (1% of boys and 0.5% of girls)

The findings from the survey were also analysed to explore the different prevalence rates based on key characteristics. This is particularly relevant when considering the commitment in Leeds to address health inequalities and recognise the impact of poverty and family dynamics on children's mental health and wellbeing.

### **Key characteristics include:**

- Children and young people living in households with the lowest levels of equivalised household income were about twice as likely as those living in the highest income quintile to have a disorder.
- Clear association between how children's general health was rated and whether they had a mental disorder. 35.7% of children whose general health was rated as fair, bad or very bad had a mental disorder, compared with 7.3% of children whose general health was rated as very good.
- Children with recognised special educational needs were more likely to have a mental disorder (47.1%) than those without special educational needs (9.0%).
- Increases in symptoms of mental disorder in parents were linked with higher rates of mental disorder in children
- Over a third (38.2%) of those living in households identified with the least healthy family functioning had a mental disorder, compared with less than one in ten (8.3%) of those living in households with the healthiest family functioning.

## 2.2.Rates Modelled onto Leeds Population

The prevalence rates for the 4 main categories of mental disorder, split by age and sex, have been modelled onto the Leeds population. The aim of this is to give an indication of the number of children and young people in each age category estimated to experience each disorder.

One standout finding is the increasing rates of anxiety amongst girls as they grow older. These prevalence rates have been modelled onto the Leeds population, and translate into the following number of CYP estimated to experience an anxiety disorder in Leeds:

	5 to 10 years old	11 to 16 years old	17 to 19 years old
Boys	1452	1823	992
Girls	1079	2713	3549

The full report (available on request) includes similar modelling across all mental disorders as set out in the national survey.<sup>8</sup>

## 2.3.Key presenting issues in local services

Throughout the implementation of Future in Mind: Leeds (2016–20) many children, young people and families have been consulted with and engaged in the work. In addition, there has been a wealth of engagement activity carried out within the city which provides valuable insight for the development of the refreshed priorities and subsequent service improvements.

A systematic review was carried out looking at all the engagement activity relating to SEMH that has taken place between 2016 and 2020 – a table of all engagement considered is in Appendix 1. The summary of the key issues raised as needing improvement are listed on the following page.

<sup>8</sup> Full prevalence modelling report available by request from [charlotte.hanson@leeds.gov.uk](mailto:charlotte.hanson@leeds.gov.uk)



## **3. What are children, young people and families in Leeds telling us about their needs?**

### **3.1. Systematic review of engagement**

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# Findings of systematic review of engagement with parents/carers and young people between 2016 – 2020 in Leeds

## Prevention

Stigma is key issue  
Schools are a crucial resource – need mental health lessons and safe spaces  
Need to explore peer support and buddying.

## Transition to Adult Services

Need to improve support for transition with reduced waiting times and flexible young people friendly services  
Consider how parents can support the process.

## Workforce

Improved training needed across staff groups including school staff and those working in mental health services  
GPs need better awareness of support available  
Extensive caseloads can impact of staff – need supervision and focus on staff wellbeing.

## Mental health support

Need to increase support in schools/colleges  
Quicker access & longer appointments with GPs  
Need different ways to refer and different types of support, plus reduced waiting times  
Better promotion of how to get help  
Improve trust with minority ethnic communities.

## Inpatient support

Needs to be better integrated, with improved communication, transparency, advocacy and support for transitions.  
Shouldn't feel like child or young person on predetermined path to hospital admission.

## Health Inequalities

BAME young people reported stigma and lack of awareness/trust in mental health and broader services. Refugees and asylum seekers reported sleeping problems, loneliness and depression  
Children/young people with long term conditions can feel isolated. Want improved communication between mental & physical health services  
Parents of children with SEND identified many barriers and need better communication and support.

## Crisis Support

Parents want support in person, 24/7.  
Want to be taken seriously  
Young people want options beyond helplines such as non-clinical 'safe spaces'  
Want support if things 'bubbling up' as well as full blown crisis.

## Parent/carer support

Parents need training e.g. around brain development & social media  
A strong theme was about poor communication and not feeling adequately informed. Frustration at their lack of understanding about processes and decision making. Parents want to be 'part of the team'  
More support needed for parents/sibling's own mental health.

### 3.2. My Health My School Pupil Perception Questionnaire

21,769 pupils completed the My Health My School Survey in 2018/19. This is a survey that asks children and young people in school age-appropriate questions about their health and wellbeing. The responses to the following questions were analysed:

1. How often do you feel sad or upset?
2. How often do you feel bad tempered or angry?
3. How often do you feel stressed or anxious?
4. How often do you feel lonely?
5. Have you ever hurt yourself on purpose (often known as self-harm)? (This is just asked to secondary age upwards. It is followed by a question about frequency).

The analysis of these questions was then combined to create a category entitled 'self-reported SEMH'. The key findings are:

- Self-reported SEMH worsens with age, with girls reporting worse rates than boys. The difference between genders becomes more pronounced amongst secondary pupils.
- Trans and 'Other' gender young people report worse SEMH than Male or Female young people. For example, 18.1% of secondary aged boys, 22.4% of girls, 46.4% of Trans young people and 58.2% young people who selected 'Other' gender, reported having hurt themselves on purpose.
- Lesbian/Gay/Bisexual young people report poorer SEMH than Heterosexual young people. For example, 15.3% of Gay/Lesbian young people report 'never' feeling happy compared to 2.29% of Heterosexual young people.

- Children and young people that do not live with their parents report poorer SEMH than those who do.
- Children and young people who are eligible for Free School Meals report poorer mental wellbeing than those who are not.

It is important to note that these findings have not been assessed to see if they are statistically significance. Overall the sample sizes for the survey are large and the trends are very clear suggesting that the broad findings are reliable. Some sub groups however have small sample sizes, such as those not living at home and Trans young people, which makes these findings less reliable.

## 4. How is the Covid 19 pandemic impacting on children and young people's SEMH in Leeds?

This is a fast changing situation so research is being gathered as an ongoing process. This brief review has been carried out in in December 2020.

### 4.1. Summary of national research

Previous studies into other pandemics and social isolation or quarantine<sup>9</sup> indicate:

- Increase in demand for children and young people's mental health services.
- Suggestion issues peak within a year or two, although there are also studies that have shown a much longer-lasting impact on mental several years later.

The evidence that the coronavirus pandemic is having a negative impact on the mental health of children and young people continues to build.

In July 2020 NHS Digital were commissioned to follow up on their 2017 survey (set out in detail in Section 2) in order to explore the mental health of children and young people during the Coronavirus pandemic and explore changes since 2017.

#### Key findings include:

- Rates of probable mental disorders have increased since 2017.
- In 2020, one in six (16%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in 9 (10.8%) in 2017.
- The increase was evidence in both boys and girls.

<sup>9</sup> Relevant Literature & Emerging Evidence Dr Gavin Lockhart and Victoria Sopp, 2020

### Further studies show:

- Findings regarding the relationship between the pandemic and suicide are mixed<sup>10</sup>.
- Studies have discussed the harmful effect of the pandemic on psychological wellbeing and related factors such as worry, happiness, stress, and life satisfaction<sup>11</sup>.
- Traumatic experiences, social isolation, loss of education and routine, and a breakdown in formal and informal support and access to services and support from school have all been experienced during the COVID-19 crisis<sup>12</sup>.
- Reductions in family income, increases in child poverty, food poverty and hunger, damage to employment and training prospects as well as educational attainment are evident<sup>13</sup>. These are known risk factors for poor mental health.
- The impact varies and some groups face specific challenges or vulnerabilities. This includes young adults, those with existing mental health problems, BAME groups, those who have experienced adverse childhood experiences, children and young people with disabilities and LGBTQ+ children and young people.

## 4.2. Impact of COVID-19 on children and young people's mental health in Leeds

Locally the following impacts have been identified in a report in November 2020<sup>14</sup>.

- March to May 2020 saw a decrease in referrals to MindMate SPA<sup>15</sup>. Steady increase in referrals since children returned to school. Some needs will be greater at point of referral due to school closures – lack of opportunity for early intervention work.
- Increase in waiting times: MindMate Wellbeing and Community CAMHS
- Increase in Neurodevelopmental (ND) referrals

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<sup>10</sup> Relevant Literature & Emerging Evidence Dr Gavin Lockhart and Victoria Sopp, 2020

<sup>11</sup> As above

<sup>12</sup> <http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review/build-back-fairer-the-covid-19-marmot-review-executive-summary.pdf>

<sup>13</sup> As above

<sup>14</sup> Taken from presentation to Scrutiny Board by Jess Evans and Dr Jane Mischenko in November 2020

<sup>15</sup> Single Point of Referral for children and young people experiencing difficulties related to mental health in Leeds

- Increase in risk presentations and self-harm/suicidal thoughts. CAMHS crisis calls decreased but Children who are Looked After age 16-18 presenting more frequently. These presentations follow national trends.
- Eating disorders: Referrals reduced by up to 50% during lockdown, followed by a sharp increase in referrals and a greater proportion of urgent referrals. This reflects the national picture.
- Decrease in referrals to Infant Mental Health Service: Indication is need is there, but suppressed. Referrals likely to increase and those infants and caregivers have contact with services.

### **Impact on deprivation locally:**

The COVID-19 pandemic has put further pressures on low income households and the most vulnerable in our society, and has also pushed many more households into financial uncertainty, hardship, to seek support and advice and to claim benefits. Advice agencies have reported a significant rise in enquires related to benefits and Universal Credit, employment and housing. In addition partners are also reporting that many more people presenting to services are unable to manage or cover basic living costs.

The benefit system has been crucial to the national COVID-19 response but has been under extraordinary pressure from an unprecedented wave of applications for Universal Credit. In Leeds there are now 70,127 people claiming UC, which is a 60% increase compared to 2019. Prior to March 2020 there was an average of 600 claims registered in the city per week, this increased significantly from March 2020 and peaked at over 6,800 during April.<sup>16</sup>

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<sup>16</sup> Report of Chief Officer Customer Access and Welfare Report to Scrutiny Board Environments, Housing & Communities Date: 14 January 2021 Subject: Reducing Poverty and Improving Financial Inclusion- Including update on Universal Credit <https://democracy.leeds.gov.uk/documents/s213442/Reducing%20Poverty%20and%20Improving%20Financial%20Inclusion.pdf>

## 5. Further insight into identified vulnerable groups:

### 5.1. Young adults

The Leeds in Mind Rapid Health Needs Assessment 16–24 year olds (Hanson and Erskine, 2018 states national research suggests that rates of many mental health problems may be higher in young people than in other age groups. The mental health of young people appears to be worsening and this is driven by the deteriorating mental health of young women (Adult Psychiatric Morbidity Survey, 2014, shows the rate of common mental health problems for women was three times greater than that of young men. 26% for women and 9.1% for men). Local practitioners report that national trends appear to be reflected in Leeds. The findings noted that current service configuration in Leeds means that young people's needs are not being met or they are 'falling through the gaps'

Full report available here – <https://observatory.leeds.gov.uk/wp-content/uploads/2018/10/Leeds-in-Mind-Young-People-16-24-years.pdf>

### 5.2. Minority Ethnic Groups

The Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds (Hanson, 2019) found that children and young people from diverse communities are under-represented in the majority of services to support SEMH in Leeds, when compared to the proportions in the population. This echoes the pattern with adults accessing services at crisis point. It's also worth noting that young Black boys are seen more in specialist school provision for children and young people with social emotional health needs and in the youth justice system.

Full report available here – <https://observatory.leeds.gov.uk/wp-content/uploads/2020/06/Leeds-BAME-children-young-people-HNA.pdf>



### 5.3.LGBTQ+ Children and Young People

A locally produced report (Cooke, 2020) presenting the rates of mental health issues amongst LGBTQ+ children and young people (CYP) clearly demonstrates that LGBTQ+<sup>17</sup> children and young people are at much higher risk of developing mental health disorders than their heterosexual cis-gendered counterparts.

The National Institute for Mental Health in England argued that the higher rates of mental health issues in LGBTQ+ community is partly due to “social hostility, stigma and discrimination” that they experience on a daily basis. LGBTQ+ youth find themselves facing greater challenges as they navigate heteronormative school environments and societal structures. Increased rates of bullying, homophobia/biphobia/transphobia and heterosexism also contribute as well as barriers to accessing healthcare.

The full report<sup>18</sup> embeds the analysis of My Health My School survey alongside the national findings.

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<sup>17</sup> In this document LGBTQ+ refers to lesbian, gay, bisexual, trans, questioning/queer and other non-gender/sexual conforming individuals. LGB refers to only lesbian, gay and bisexual (non-heterosexual).

<sup>18</sup> Available on request from [charlotte.hanson@leeds.gov.uk](mailto:charlotte.hanson@leeds.gov.uk)

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- Juliette Cocks – University of Leeds
- Moira Pitt – University of Leeds
- Victoria Greenwood - Leeds City Council
- Jess Evans – Leeds CCG

## Apendix 1

### Key reports included in the systematic review of engagement 2016 – 2020:

Report	Author/ date	Engagement method
CAMHS New Care Model West Yorkshire: Key themes and messages from parents and sibling0s	Liz Neill, Megan Alikhanizadeh, Common Room, April 2020	Common Room carried out a series of 1:1 discussion with family members of children and young people who had recently received CAMHS inpatient and intensive community treatment in the region.
SEMH Needs Assessment CYP BAME Communities	Charlotte Hanson, Leeds City Council March, 2020	Focus groups with African Caribbean/ Mixed White African Caribbean boys; Pakistani girls; Bangladeshi girls and Chinese young people were carried out.  Questionnaire with parents/carers of BAME young people.
Young Women’s Mental Health Outcome Based Accountability Report	Michelle Kane, Leeds City Council with Youth Watch support March, 2020	The young women’s mental health OBA was attended by 120 individuals, made up of 51 young people, 10 parents and 59 professionals.
Is Leeds a Child Friendly City? Draft Scrutiny Inquiry	Leeds City Council, July 2019	A series of fact-finding visits to youth groups around the city and a central event where young people could come together to give their views to the Scrutiny Board. The event was attended by 134 children and young people aged 8 to 25 .
Mental Health Crisis in Leeds - People’s stories and experiences of mental health crisis in Leeds and access to services and support	Healthwatch Leeds Jan – March 2019	A small focus group (8 people) at the Market Place was held to get the views of young people about their experiences of mental health crisis.
Parent & Carer Ballot for SEND partnership board, Summary Report.	Leeds City Council, July 2019	229 ballots of parents of children with SEND were returned and analysed.
An exploration into the experiences of young people who have both physical health and mental health support needs.	Caroline Holroyd, Helen Murray and Kirsty Wilson Common Room Advisors, Feb 2019	Discussions were conducted with four young people aged 18 to 25 years with experience not only mental health problems but also physical health problems or disability alongside this.

Parenting Support: Mental Health & Autism Additional Insight Report	Voluntary Action Leeds, May 2018	Voluntary Action Leeds (VAL) reviewed existing data and conducted further analysis of data, where appropriate, in order to identify tangible examples of support suggested by parents and carers. This report provides a summary of findings emerging from this work.
Conversations with young people and families about the West Yorkshire CAMHS New Care Model	Megan Alikhanizadeh, Liz Neill , Common Room, Spring 2018	Common Room carried out a series of 1:1 discussions and one group discussion, about service users' perspectives on the proposed New Care Model for CAMHS in West Yorkshire. The majority were conducted in CAMHS Inpatient Units.
Support Needs of Parents/Carers of Children and Young People Dealing With Mental Health Issues,	Voluntary Action Leeds, 2018	277 parents, carers and members of the public responded to the survey. 154 respondents had previously accessed support in relation to the mental health of a child or young person in their care.
MindMate Single Point of Access – Young People's and Parents' views about present experiences and future options	Healthwatch (supported by Common Room), July 2017	14 young people and 7 parents were consulted who'd had some input from mental health services for young people in Leeds or had something to say about the referral pathways to these services.
Mental health crisis: Hearing from young people about their experiences	Common Room (Consulting) Ltd., July 2017	6 young people between 15 and 23 were interviewed individually. The interviewees were asked to focus on one or two examples of a time in the past year when they were in a crisis or at 'breaking point'.
The role of parents and carers in supporting young people with mental health problems: Perspectives from young people	Common Room (Consulting) Ltd., October 2016	5 young people between 17 and 22 years attended a focus group in Leeds. All participants identify as having had some kind of mental health issue and who have all engaged with at least one professional support service pre 18 years.
Mental health online and peer support for 16-25 years olds; an investigation for Leeds. Young people's feedback section.	Liz Neill, Common Room, July 2016	Feedback taken from discussions with 16+ MindMate panel.

# Thank you

We hope you found this document useful. If you have any questions or feedback, please get in touch. Visit the [MindMate website](#) and follow us on social media.

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