

Children and Young People's Mental Health Needs Assessment

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Eleanor Scarratt | Senior Public Health Practitioner

Duleni Herath | Public Health Specialty Registrar

Mariona Garcia Edo | CAMHS Alliance Programme Manager

Sophie McElroy | Senior Programme Manager for the CAMHS Alliance and EH&WB Partnership

Anna Garner | Head of Performance and Population Health

Carolyn Sharpe | Consultant in Public Health

Outline of the presentation

- Purpose and Context
- Introduction
- Mental health needs
- Identifying mental health needs
- Meeting mental health needs
- Recommendations

Purpose, context and scope of the CYP Mental Health Needs Assessment

Purpose & Goal

- Provide an up-to-date overview of Children & Young People's (CYP) mental health and wellbeing needs (MHWN) in City of London & Hackney.
- Inform the next Emotional Health and Wellbeing Strategy and action plan (post-2026).

Why Now?

- Services are adapting to the long-term impacts of COVID-19.
- Current strategy ends in 2026, requiring refreshed evidence to guide priorities.
- Work is aligned with the adult mental health needs assessment to support a **lifecourse approach**.

Scope

- Focus on school-aged children (5–18), extended to 25 where statutory responsibilities apply.
- Examines inequalities by age, gender, ethnicity, deprivation, and vulnerability across the i-Thrive framework.
- Excludes specialist provision (e.g. ELFT inpatient services), as these have been assessed separately.

Introduction

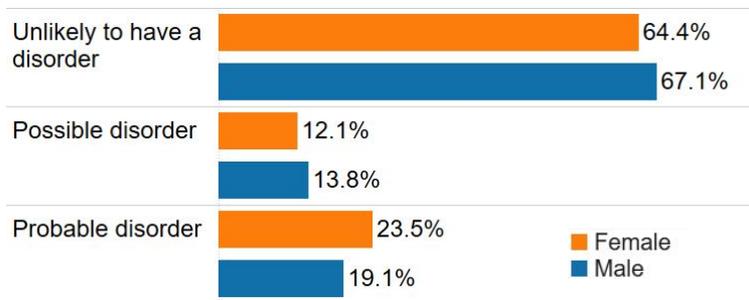
Children's mental health is central to resilience, learning and future wellbeing

When young people receive timely help, they are more likely to thrive in school and beyond. If needs are unmet, difficulties often persist into adulthood with significant consequences.

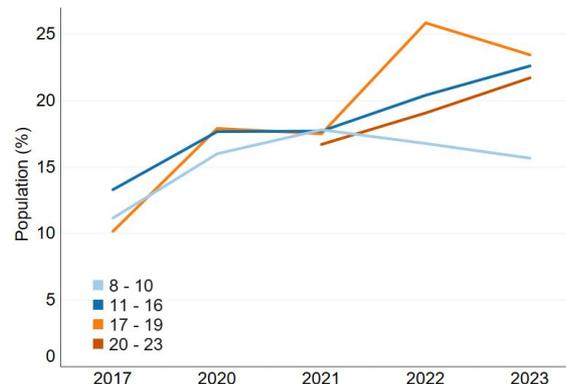
- One in six children nationally has a probable mental health disorder, with prevalence highest among older teenagers.
- Poor mental health is strongly linked to absence, exclusion and reduced academic attainment.
- Long-term impacts include higher risk of unemployment, social isolation and poor physical health.
- Early intervention is more effective and less costly than crisis-driven care.
- The COVID-19 pandemic intensified risks and left services facing sustained higher demand.

There has been a substantial increase in probable mental health disorders nationally

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



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



- Young people aged 17-19 are the most likely to have a probable mental health disorder
- 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.

Mental health needs

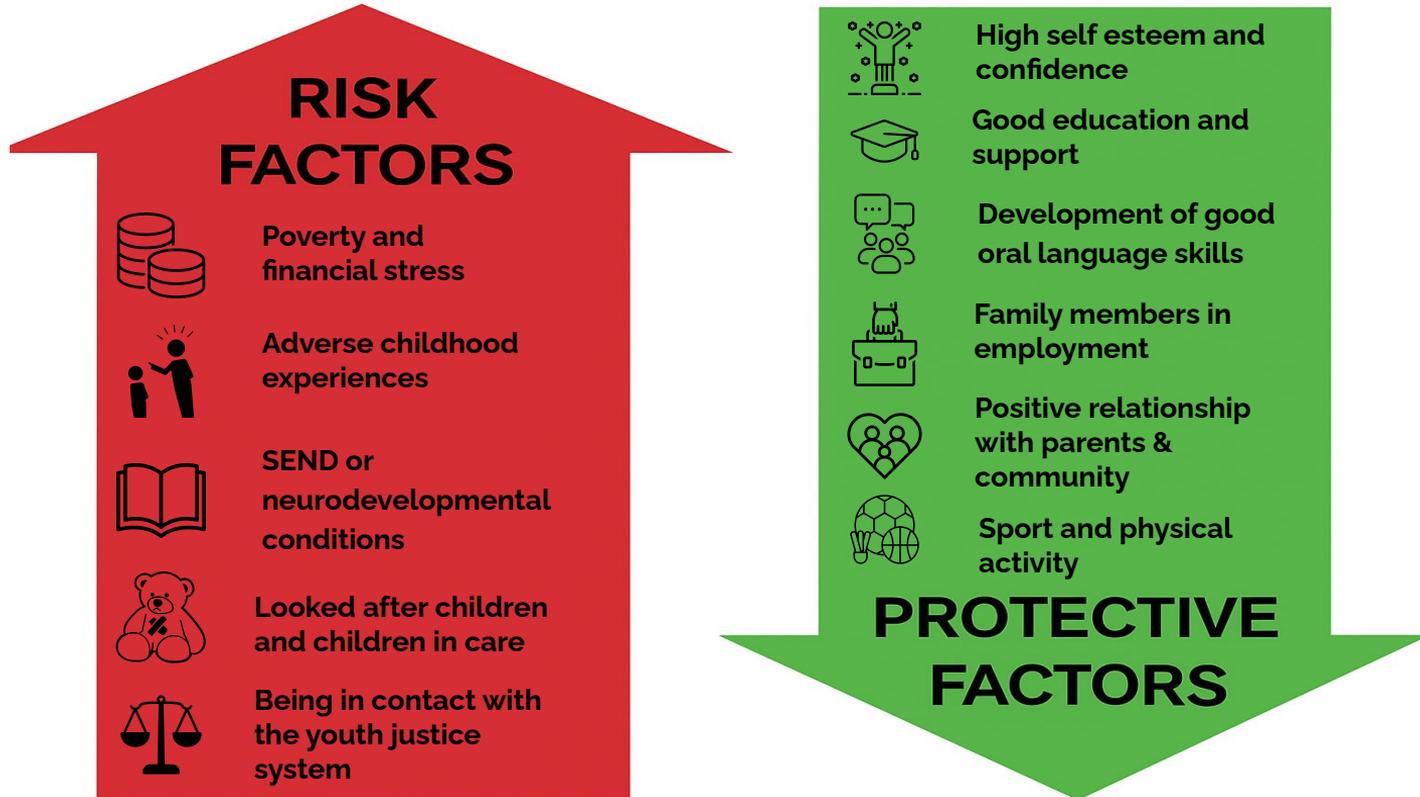
Risk factors

Mental Health Trends in CYP in City and Hackney - a growing and unequal burden of need

The evidence highlights a **growing and unequal burden of mental health need** among CYP in City & Hackney. Demand is highest in older adolescents, females, and some minority ethnic groups, while others (particularly males and Asian CYP) may face unmet need due to lower service engagement. Stigma, accessibility, and cultural fit remain central challenges.

- **Rising need and demand:** Post-COVID, referrals to CYP mental health services surged nationally by 81%. Locally, specialist CAMHS caseloads rose **70% between 2019/20 and 2022/23**, reflecting unprecedented pressure on services.
- **Age patterns:** Mental health conditions become more common with age, peaking in **late adolescence (17–19 years)** - a key transition point when needs intensify and services face challenges keeping up with demand.
- **Gender differences:** Females are consistently more likely to be diagnosed with common mental disorders (depression, anxiety, eating disorders). However, **males remain underrepresented in service use**, suggesting barriers to access despite clear need.
- **Ethnic inequalities:** White and Mixed-heritage CYP show higher recorded diagnosis rates, while **Asian groups are notably underrepresented in service use**, and Black CYP are overrepresented in some targeted or high-need services. This points to cultural, systemic, and stigma-related barriers.
- **Geographic variation:** Needs appear uneven across the borough; for example, **lower reported rates in North Hackney** may be linked to stigma, language barriers, and cultural factors (e.g. within the Charedi community) rather than genuinely lower prevalence.

City & Hackney often shows higher prevalence of risk factors for poorer mental health



Mental health needs

Insights from young people

Young people felt they had received limited information on how to look after their mental health

“Just got given phone numbers to call if we’re feeling down”

“Irony of schools teaching about mental health when they are the cause of stress”

“Schools don’t teach what help looks like or about choice”

“PSHE plays are really effective, but never done on mental health”

“PSHE is not tailored to the children they are teaching, e.g. for the experiences they have at each age”

“Some schools have PSHE incorporated into every form time – timetables and taken very seriously, others just mention mental health twice a year during exams, when it’s too late”

Young people felt they had received limited information on how to look after their mental health

“Engage with students – ask them if they need help instead of waiting for students to go to them as they are barriers for students”

“Nothing that is spoken about in PHSE sessions was put into practice about schools. E.g. designated MH drop ins not helpful”

“Need to have someone that has training to support children in school”

“Dissonance – can speak to us at any time / I can't speak to you now, go back to your lesson”

“Teachers are biased and so there should be an external person for anonymity. Schools should have designated counsellor”

“School says no bullying policy but children are rude to others everyday and no consequences.”

Below is a summary of insights from young people captured previously

- **Pre-Pandemic (2019):** Young people in Hackney highlighted **housing issues** (affordability, overcrowding, homelessness), **crime fears**, and mental health stressors including **exams, bullying, pollution, drug abuse, and loneliness**. They valued youth-friendly spaces.
- **Post-Pandemic (2023):** Concerns intensified to include escalating **mental health challenges, financial insecurity**, and broader worries about **housing, employment, education, relationships, and global issues** like crime, strikes, and climate change.
- **City of London (2022-2025 Plan):** Children, young people, and families prioritised **safe accommodation, protection from crime/violence**, and aspirations for **higher education**. They sought more **psychological support**, respite for carers, and direct contact with social workers.
- **SEND Transition:** Young people with SEND specifically noted a critical gap in knowing **where to access mental health advice after age 18**, often relying on informal support or services they would soon exit.

Identifying mental health needs

Insights from diagnosis and service data

Key mental health needs and demographic trends identified by theme in City & Hackney

Common Mental Disorders (CMDs) & Depression:

- Diagnosis rates **increase with age**; **females consistently higher** than males.
- **Mixed and White ethnic groups** show higher diagnosis rates.
- **North Hackney has lower rates**, linked to stigma, language barriers, and apprehension in the Charedi community.
- **No clear correlation with deprivation** (likely due to data limitations).

Eating disorders

- **Rates increase with age**, peaking around 18.
- Significant gender disparity, with **females accounting for 86-91% of diagnoses**.
- **White residents** have the highest diagnosis rates.
- Lower rates noted in the **north of the borough**.

Serious Mental Disorders (SMDs):

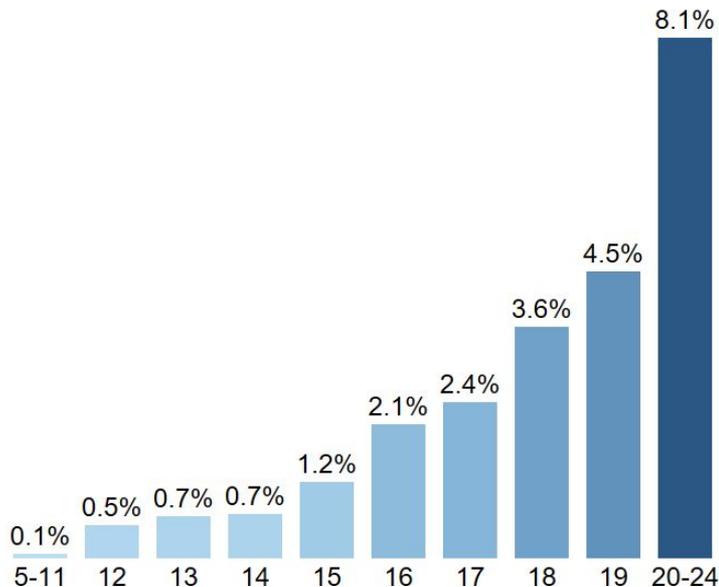
- Highest diagnosis rates in the **20-24 age group** (0.7%).
- Unlike other conditions, **males (0.3%) have a higher diagnosis rate** than females (0.2%).
- **Black ethnic backgrounds record the highest rates** (e.g., 54% higher than Mixed, 59% higher than White).

SEN Support & EHCPs (SEMH):

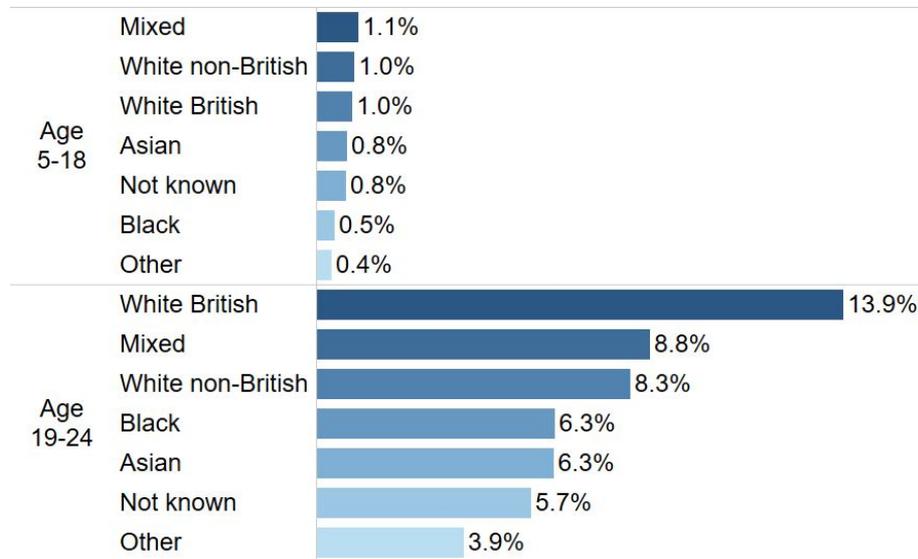
- Most common in **secondary school age (14-18)**.
- **Males** are overrepresented.
- **Black and Mixed ethnic** groups are overrepresented; **Asian** groups are notably underrepresented.

Common mental illness increases with age, females had higher rates at every age, as did white and mixed ethnicities

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

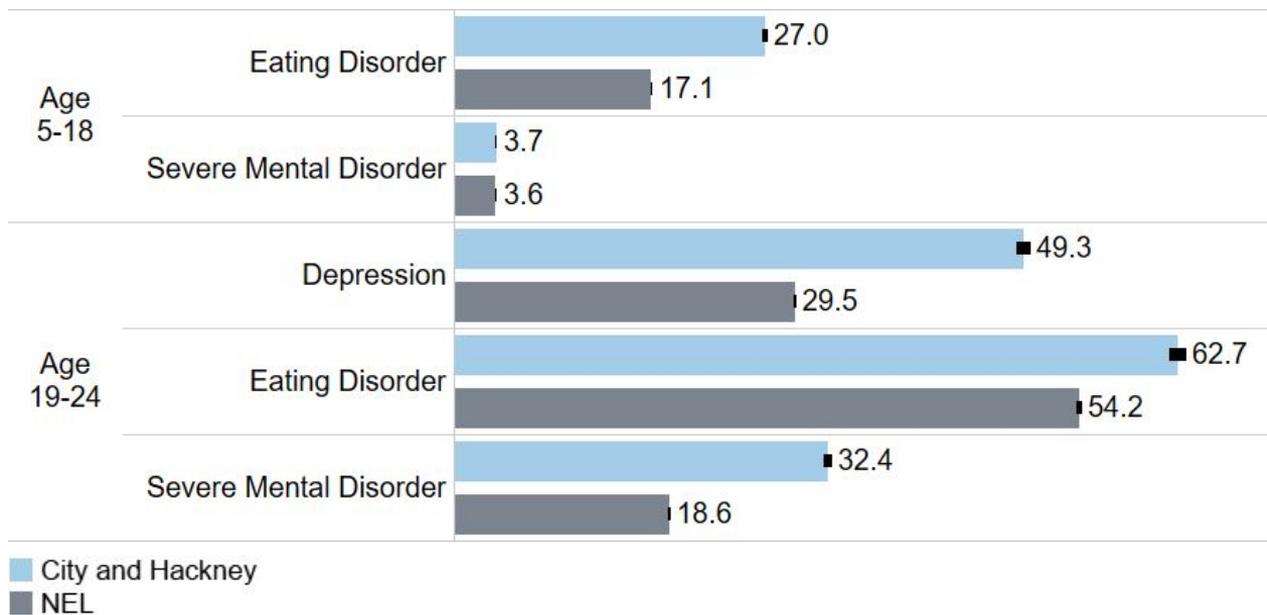


Rate of diagnosed common mental illness by age group and broad ethnic group, percent of the population (%), City & Hackney residents, April 2020.



City & Hackney has higher rates of diagnoses mental health disorders compared to NEL

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



Unmet needs, gaps and biases - insights from professional stakeholders

Underestimated Burden & Poor Data: Mental health needs are likely **underestimated in primary care** due to individuals not seeking diagnosis, inconsistent CAMHS data recording, and GPs lacking current information.

Access & Cultural Barriers: Significant disparities exist, especially in **North Hackney's Charedi and Afro-Caribbean communities**, driven by stigma, language barriers, and apprehension towards diagnosis.

Bias in Identification: Boys' mental health issues are often **miscategorised as behavioral**, non-white children present later, and SEMH needs are underreported in schools, often labeled as behavioral.

Gaps in Holistic Support: Critical lack of transition support for SEND young people post-18, highlighting a broader need for holistic, multi-source identification beyond formal diagnoses.

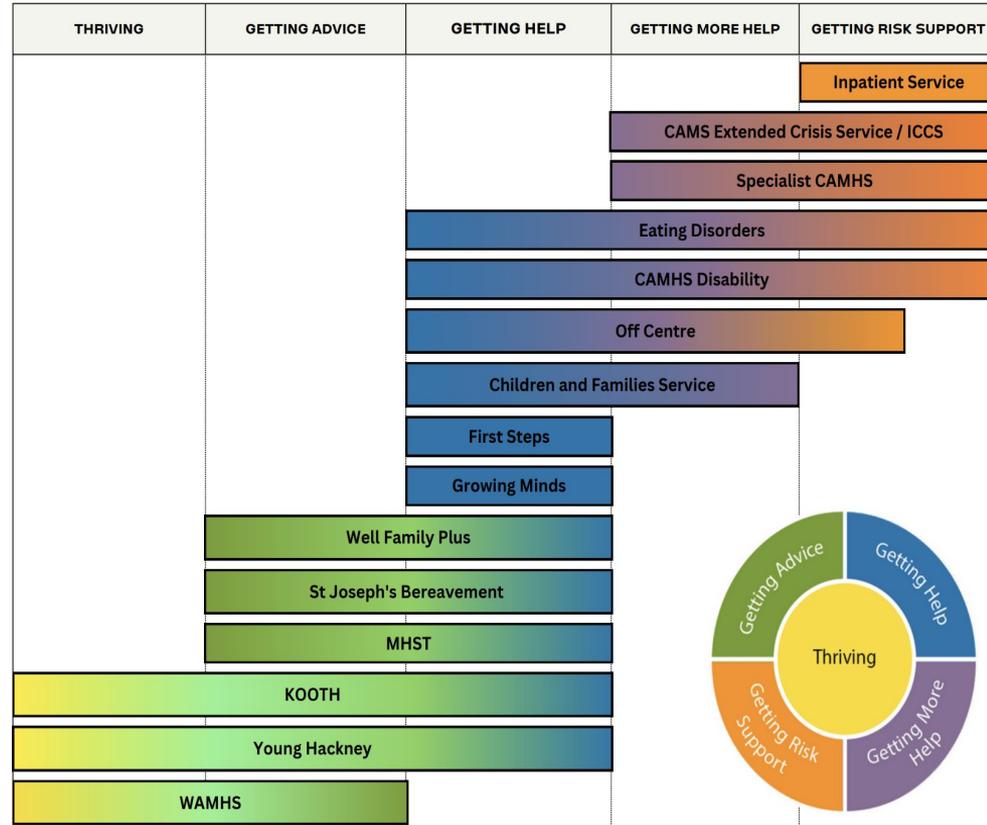
Meeting mental health need

Insights from service data under the i-Thrive model

City and Hackney have a diverse array of mental health services

City & Hackney hosts a diverse array of mental health services dedicated to children and young people. Services are structured / tiered according to the iThrive Framework - a 'needs led' approach to mental health service delivery, designed to be inclusive and defined from a service user's perspective. It divides needs into five groups:

- **Thriving:** Support to maintain mental wellbeing.
- **Getting Advice:** Guidance and signposting to relevant resources.
- **Getting Help:** Focused, goal-based interventions.
- **Getting More Help:** More extensive and specialised goal-based assistance.
- **Getting Risk Support:** For those who remain in contact with services due to significant risk.



Services in place for 'Thriving' and 'Getting Advice' and who accesses these

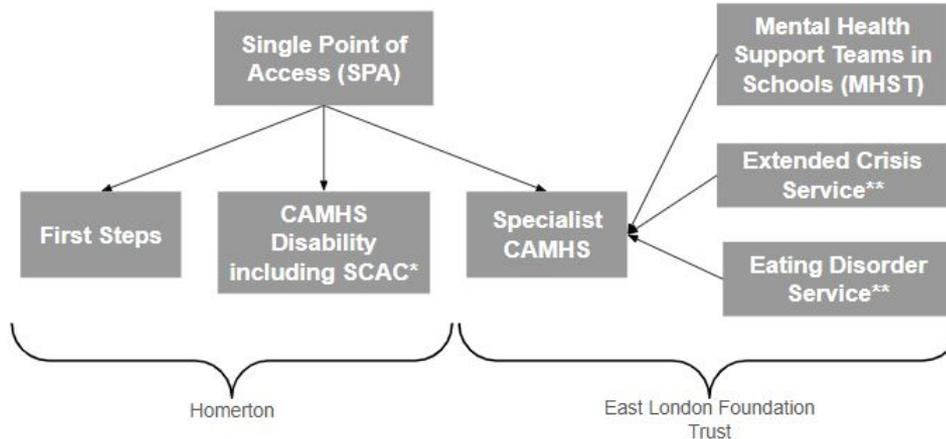
At this level, support focuses on prevention and early help.

- The WAMHS programme operates in all state schools, with most having CAMHS workers. Children in Key Stages 2–3 are more likely to be referred, while those in Key Stages 1, 4 and 5 are underrepresented in referral data. White pupils are more frequently referred than Black, Asian or mixed pupils.
- Young Hackney delivers universal youth services, including hundreds of “Five to Thrive” sessions in primary schools. Participation is highest among younger children, with secondary pupils less represented.
- Kooth provides online counselling and peer support, used mostly by 13–18 year olds. Almost 80% of users are female, while Asian young people are consistently underrepresented.



There is a CAMHS Alliance in place to bring providers together

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. HHFT and ELFT provide CAMHS services in City and Hackney across a number of teams and pathways



* Social Communication Assessment Clinic

** Services are for residents of City and Hackney, Tower Hamlets and Newham

Services in place for 'Getting Help' and who accesses these

This tier provides targeted interventions.

- Mental Health Support Teams (MHSTs) cover 67% of Hackney schools and work mostly with children in Key Stage 2 and 3. Referrals show that females are slightly overrepresented, while Asian, Black, White and mixed ethnic groups are all underrepresented compared with the school population. Only "other" ethnic group pupils and those with missing ethnicity are overrepresented.
- Growing Minds provides culturally sensitive, trauma-informed counselling and parenting support, particularly aimed at African and Caribbean communities. Presenting issues include trauma, family breakdown, anxiety, self-harm, and challenges linked to identity and discrimination.
- Off Centre offers counselling and psychotherapy for 16–25 year olds. Young people aged 18–20 are strongly overrepresented compared to census figures, while those over 22 are underrepresented. Females form 82% of service users, well above their census share, suggesting that young men are not accessing this service in proportion to need.

Services in place for 'Getting More Help' and who accesses these

Specialist NHS services that support children and young people with more complex needs.

- Most referrals are channelled through the **Single Point of Access (SPA)**, which provides a single referral route into the CAMHS Alliance. SPA triages cases, ensuring children are directed to the most appropriate service without duplication or delay.
- First Steps mainly serves children aged 5–14, with older adolescents underrepresented. White children are overrepresented, while Black and Asian children are underrepresented. Specialist CAMHS supports those with moderate to severe needs, and CAMHS Disability works with children with SEND and neurodevelopmental conditions, where boys are more often represented. The Eating Disorder Service primarily supports girls, who make up the majority of referrals.

Services in place for 'Getting Risk Support' and who accesses these

High-risk services support those not benefiting from traditional therapy.

- The CAMHS Crisis Team mainly sees older teenagers, with more female than male users. Asian young people are underrepresented within this service.
- The Youth Justice Service works with 10–17 year olds, where boys and those from deprived backgrounds are overrepresented.
- Children and Families Services clinical work shows overrepresentation of Black and mixed-ethnicity teenagers, while White and Asian young people are underrepresented.

Summary of over- and under-representation within local services by demographic characteristics

Service Name	Gender		Ethnicity					Age Group
	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
MHST	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	

Young people are clear about what would make services work better for them

Young people's solutions focus on visibility, simplicity and relationships.

- CYP want clearer and more visible entry points to mental health support.
- They would like drop-in support in schools, youth clubs and online spaces.
- Peer-led programmes should be expanded to normalise conversations about mental health.
- Families and communities need support to reduce stigma and promote understanding.
- Transition points, such as moving school or age cut-offs, require more consistent support.

Recommendations

A total of 22 recommendations have been developed across the following 5 themes

1. Reducing inequalities & improving joint working with our communities (5)
2. Improving communication, knowledge and information (4)
3. Developing a more flexible, needs-based approach (Thrive) (5)
4. Recommendations for schools (3)
5. Further investigation and developing new work (4)

Recommendation theme 1 - Reducing inequalities & 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.

Recommendation theme 2 - Communication, knowledge and information

1	<p>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.</p>
2	<p>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 parent/carers.</p>
3	<p>Develop and provide an enhanced consultative approach - this should include offering and/or publicising training, supervision and consultation to those supporting CYP and families in the community (e.g. WAMHS model) including youth workers, VCS, primary care, faith settings, etc.</p>
4	<p>Develop a resource clarifying offers available for professionals, CYP and families including access routes.</p>

Recommendation theme 3 - Developing more flexible, needs-based approaches

1	<p>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.</p>
2	<p>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.</p>
3	<p>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 parent/carers.</p>

Recommendation theme 3 - Developing more flexible, needs-based approaches

4	<p>Develop interventions to increase MH literacy and keeping well information for CYP and families, including focus on reducing stigma around mental health in some communities/older generations. Increase YP agency in making informed decisions around their care e.g. through accessing Health Spot</p>
5	<p>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.</p>
6	<p>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.</p>

Recommendation theme 4 - Recommendations for schools

1	<p>Ensuring that CYP wellbeing is a priority for Hackney education, across our multi agency partnership; to ensure that CYP receive timely and appropriate support (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)</p>
2	<p>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)</p>
3	<p>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 are 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+</p>

Recommendation theme 5 - Further investigation, research, or work needed

1	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.
2	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.
3	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.
4	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.