A country that works for all children and young people

# Improving mental health and wellbeing with and through education settings




# Contents



Please sign our petition if you share our vision for building a better UK that invests in its future (the next generation of children and young people)

# Foreword by Anne Longfield and Camilla Kingdon

The rise in the number of children experiencing mental health problems is an ongoing crisis not only for those children and families experiencing it now, but for our country's future. This crisis is no longer new – politicians, policymakers, families, employers, charities, academics, and practitioners have been raising the alarm for many years. We ourselves have heard so many heartbreaking stories of the lengths children and parents have gone to get support – tragically including suicide attempts – but we still seem a long way from providing the prevention, early help, and treatment that every young person with mental health problems needs.

Even before the COVID-19 pandemic, the number of referrals to Child and Young People's Mental Health Services (CYPMHS) was increasing rapidly. Annual referrals in England increased from approximately 340,000 in 2017/18 to 540,000 in 2019/20 and soared to 949,000 children and young people with active referrals at some point within 2022/23. In 2022, a staggering 18% of children aged 7-to-18 years and over a fifth of young people aged 17-to-24 years had a probable mental health condition.

We welcome the Government's extra investment in children's mental health services over recent years though it remains considerably less than is spent on adult mental health services. The funding to expand Mental Health Support Teams (MHST) in schools is also very welcome. However, that programme won't reach even half of the UK's schools and without further funding is in danger of never reaching every school. The scale of the crisis demands so much more.

Waiting lists for CAMHS (Children and Adolescent Mental Health Services) remain chronic and service provision is a postcode lottery. Young people and parents are often left casting around for some kind of support, not knowing who to turn to, what is available locally, and having to find their own private provision which can be expensive and well beyond the means of many families. Reports of months and years of waiting for treatment have become commonplace and the horrors of self-harm and attempted or actual suicide while children wait has become too familiar.

What is clear from talking to young people is that they not only want more help but a different kind of help – help that supports them to stay well, that is not stigmatised, and help that comes to where they are.

As an anchor in children's lives, schools and nurseries have a crucial role to play in supporting children's mental health and wellbeing. Children and young people spend more time in school than any other formal institution, and educational settings provide an opportunity to reach large numbers of families. Schools can facilitate intervention with pupils displaying early mental health or behavioural symptoms, and the delivery of prevention and early intervention activities in schools can improve and protect mental health and wellbeing.

For many children, schools are a safe place to ask for some help. Sometimes the triggers for mental health problems are experiences that are taking place in school or around school friendship groups. Support workers can build trusting relationships with students to share their anxieties and worries. This supportive environment can make the world of difference to many young people who are experiencing the early stages of a mental health problem, and often help them overcome or manage early-stage mental health problems.

Yet, as this report shows, it will be far too many years on the current trajectory before every school receives the investment needed to provide their children and young people with access to a MHS.

In the meantime, hundreds of thousands of children and young people continue to struggle without support. The current school attendance crisis is likely to be driven in part by children with mental health problems who are unwilling or unable to attend school. We know already that children and young people with mental health conditions are more likely to be absent from school, and that poor mental health significantly impacts on school attendance and outcomes.

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"Government and Opposition can reset their vision for children, and to **put the life chances of young people at the heart of policymaking and delivery."**

But the high prevalence of children's mental health problems is also extremely concerning because of its wider impact on our over-stretched public services, our economic productivity, and society's overall wellbeing.

Quite simply, we are still spending billions on expensive crisis support, and on the costs of failing to provide help early, and not spending nearly enough on prevention. This is financially unsustainable and counterproductive.

This report - the third in a series of twelve Child of the North/Centre for Young Lives reports to be published during 2024 - focuses on how both the Government and Opposition can reset their vision for children and to put the life chances of young people at the heart of policymaking an delivery. It provides evidence-based recommendations for improving children's mental health support and looks particularly at how support for children in and around schools can be both improved and expanded.

This report provides examples of programmes that are already making a difference and provides evidence of how targeted cognitive behavioural therapy (CBT) can reduce mild depressive symptoms for children in both the short- and medium-term.

The report recommends supporting a network of information hubs that allow schools to work together, sharing information, tailoring services to local need, and helping to create better learning environments. #BeeWell in Manchester, OxWell in Liverpool, and Age of Wonder in Bradford, are already showing how online surveys can enable schools to understand the mental health needs of their children and young people, taking the 'emotional temperature' of a school, and evaluating approaches to intervention in comparison to schools with similar characteristics. Government should be facilitating the roll out of these surveys in every area across the country.

While the Government is right to have recognised the importance of expanding mental health support in schools, there also needs to be a more innovative approach to mental health support with and through educational settings, expanding those approaches that are working. It is important that this doesn't add to the already excessive burdens on teachers, and neither can it be left until children reach secondary schools.

The work of Mental Health Support Teams needs to be widened so it is not just focused on one-to-one support for children with moderate-to-severe mental health problems and helps deliver innovative approaches to children experiencing socioemotional difficulties. This is much more likely to be achieved by involving the community and voluntary sector, alongside health and social care services.

This report sets out the evidence for how effective cross-organisational working that links existing support can make a huge difference for children, young people, and their families, as well as the importance of addressing the workforce crisis affecting educational psychology provision. We shouldn't be expecting teachers and teaching staff to suddenly become experts in children's mental health, but there is a greater need for extra training to help staff understand how to create classrooms and schools that support the mental health needs of pupils. We urge the Government to mandate the provision of such training in the education and career development of school staff.

There is no getting away from the fact that improving children's mental health support will cost money in the short term, but as this report argues, the case for investment now to cut long-term costs in the future is overwhelming. The folly of not acting early is clear from the shockingly high number of children with mental health problems, the CAMHS waiting lists, and the billions being spent on crisis, as well as the knock-on effect for our education, children's social care, and criminal justice systems.

At the next election, the two largest parties will put forward their proposals for improving children's mental health. Labour has already pledged to recruit more staff, introduce specialist mental health support for children in every school, and deliver an open access 'children and young people's mental health hub' for every community. We await new proposals from the Conservatives. These should be cross-party ambitions, and we hope that all politicians can agree that the current system is failing too many children.

The system needs a radical overhaul - prioritising prevention and early intervention, working closely with educational settings, families, and communities, and providing a more joined up approach. This requires leadership both from central government and local government. Failing to implement such change is only storing up serious, expensive problems in adulthood, and is not only holding back the life chances of hundreds of thousands of young people but also our country's future economic success.

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**This report is a collaborative programme of work between Child of the North and the Centre for Young Lives.**

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## A note about language

In this report, we largely refer to mental health conditions as a broad term including mental health disorders and mental health problems.

*CYP* is used to refer to children and young people.

Please note that this report often uses "schools" as shorthand for "schools, nurseries, and other educational settings such as pupil referral units and special schools". One central message of this report is the need for a "whole system" approach that includes all relevant stakeholders, and this includes all parts of the education system.

## About Child of the North

Child of the North is a partnership between the N8 Research Partnership and Health Equity North which aims to build a fairer future for children across the North of England by building a platform for collaboration, high quality research, and policy engagement. @ChildoftheNort1

## About the N8 Research Partnership

The N8 Research Partnership is a collaboration of the eight most research-intensive Universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield, and York. Working with partner universities, industry, and society (N8+), the N8 aims to maximise the impact of this research base by promoting collaboration, establishing innovative research capabilities and programmes of national and international prominence, and driving economic growth. www.n8research.org.uk @N8research

## About Health Equity North

Health Equity North is a virtual institute focused on place-based solutions to public health problems and health inequalities across the North of England. It brings together world-leading academic expertise, from the Northern Health Science Alliance's members of leading universities and hospitals, to fight health inequalities through research excellence and collaboration. www.healthequitynorth.co.uk @_HENorth

## About the Centre for Young Lives

The Centre for Young Lives is a new, dynamic and highly experienced innovation organisation dedicated to improving the lives of children, young people, and families in the UK – particularly the most vulnerable. Led by former Children's Commissioner, Anne Longfield CBE, who has been at the forefront of children's issues for decades, the Centre's agile team is highly skilled, experienced, and regarded. It is already widely known and well respected across government departments, Parliament, local and regional government, academia, the voluntary sector, and national and local media. The Centre wants to see children and young people's futures placed at the heart of policy making, a high priority for Government and at the core of the drive for a future for our country which can be much stronger and more prosperous. www.centreforyounglives.org.uk

## Quotations

The illustrative quotations throughout the report were taken from extensive qualitative and consultation work with children, families and professionals in the North of England. Our thanks to the Bradford Healthy Minds Apprentices, Dr Syka Iqbal, Prof Neil Humphrey and Prof Harriet Over for sharing many of the quotes used throughout this report.

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# Key insights

On average, boys wait longer than girls for their 2nd contact with the NHS, a median waiting time of **46 days** compared to **29 days** for girls.


**71%** Of children detained under the Mental Health Act in 2021/22 were girls.

**2X** The number of urgent cases still waiting for eating disorders support has more than **doubled** over the last year.

Only **one third** of schools in England have dedicated mental health teams. The Government's current aspiration only extends this to half of schools by 2025.

**4 MILLION CHILDREN** Will not have access to mental health support in schools without further dedicated funding.

In 2022-23, the services with the longest waiting times were for autism (median 481 days), mental health for deaf people (median 249 days) and neurodevelopment (median 194 days).

Young Black men are less likely to seek formal mental health support through doctors, counsellors, or psychologists and racialised communities are also more likely to report more dissatisfaction with mainstream mental health care.

**1.4 MILLION** There are approximately **1.4 million** children and young people (aged 8-17 years) with a mental health condition in England.

# Defining mental health, mental health conditions and wellbeing

"Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our wellbeing" [1].

In this report, we largely refer to mental health conditions as a broad term including disorders and problems.

The WHO's International Classification of Diseases (ICD -10) is the framework currently used in UK healthcare to diagnose mental health conditions. This includes depressive disorders, bipolar disorders, and anxiety disorders. The updated ICD -11 has been published and is being gradually implemented in the UK.

Many CYP will experience poor wellbeing without having a diagnosable mental health condition. Having both good wellbeing and good mental health means that CYP are more likely to be healthy and thrive.

Wellbeing is a concept interlinked but distinct to mental health.

The #BeeWell project describes three domains of wellbeing:

1) meaning, purpose and control (e.g. autonomy, life satisfaction, optimism)

2) understanding yourself (e.g. psychological wellbeing, self-esteem, stress and coping, and emotion regulation)

3) emotions (e.g. positive affect, negative affect)

"understanding yourself and your emotions and feeling like you have meaning, purpose and control in different areas of your life It's not just feeling good, but it's about understanding your emotions, looking after yourself and building resilience" [2, 3].

The majority of parents (76%) said that their **children's mental health had deteriorated while waiting for support** from Child and Adolescent Mental Health Services.

**Two-thirds (69%) of parents said that neither they nor their children had been signposted to any other form of support** during the time they were waiting for support from NHS children and young people's mental health services.

# Mental health policy recommendations

There is a crisis in CYP's mental health in the UK. Our CYP need good mental health and wellbeing to develop and flourish. This presents our society with a profound and complex set of challenges that require immediate and collaborative action. These efforts need long-term planning, but there are actions that can be taken now.

To facilitate the UK in its mission to protect and improve children and young people's mental health, we make three evidence-based recommendations.

## 1

**Support the creation of locally tailored online NHS information hubs that provide a guide to the mental health and wellbeing provisions available in the area where CYP live, and routinely collect data in schools to inform targeted provision of evidence-based approaches.**

The intervention and support landscapes are currently complex and hard to navigate. A 'one-stop-shop' would allow CYP, their families and schools to learn - together - about the local mental health support offered in their locality and how it can be accessed. The information hub would allow schools to work together more effectively with parents and CYP to create a supportive learning environment. Healthier Together has shown how information can be shared effectively through an NHS website with core messages presented nationally but with the messages tailored to the local service and community context.

Research surveys gathering information about CYP's mental health and wellbeing can usefully provide data to schools and local authorities to help them understand the mental health needs of their CYP. Good models of data capture and data sharing systems include the #BeeWell study in Manchester, the OxWell study in Liverpool, and the Age of Wonder study in Bradford (see "Innovative approaches trialled in the real-world"). These approaches have shown the power of using online surveys to provide targeted data to inform the provision of resources to support CYP's mental health and wellbeing. For example, #BeeWell allows the identification of geographical 'hotspots', to determine when the 'emotional temperature' of the school is in the danger zone, and evaluate approaches to intervention in comparison to schools with similar characteristics. The Department of Education should facilitate the roll out of these surveys across the UK. The connection of survey data with available mental health resources (via platforms such as Healthier Together) would harness the power of digital technology in a way that benefits the mental health of CYP throughout the UK.

## 2

**Tackle the upstream determinants of poor mental health - including early support for neurodivergent children.**

The evidence shows that pre-school and primary school experiences can increase the risk for mental health conditions. Thus, a strategy to improve the social and emotional wellbeing of young people must include a focus on the pre-school and primary school years (with care continuing through the educational career of children identified at risk of mental ill health). A sustained focus on mitigating poverty in our most disadvantaged areas (see the CoTN poverty report) would decrease the downstream pressures on CAMHS and improve services for everyone (including those in more affluent areas).
There is an urgent need to increase access to early intervention for CYP, particularly those on CAMHS referral lists, and those seeking help for the first time. The evidence suggests that unmet needs fuel a lot of later mental health problems (see CoTN autism report). Thus, innovative approaches need to be taken to address the workforce crisis affecting educational psychology provision. This might include creating a Master's degree practitioner qualification in educational psychology, or using existing courses such as the Education Mental Health Practitioner (EMHP) course that allows the large number of graduate psychologists to enter the workforce as EMHPs and provide much needed support to schools and nurseries.
Research findings show that parents want prompt access to practical help when it is first needed by their children. The evidence suggests that brief psychological therapies delivered by the internet can be self-directed or led by parents - with therapist support provided more efficiently by phone/ videocall etc. These interventions have been shown to be efficient, acceptable, and cost-effective. Government needs to make these interventions widely available at pace including an exploration of (equitable) digital provision of support. Innovative approaches to mental health support with and through educational establishments need to be tested, and approaches that have been shown to work need to be implemented rapidly.

## 3

**Expand the mental health support offered through schools and educational settings and expand efforts to make young people feel safe and supported in school (build 'healthy mind environments').**

Addressing the mental ill health epidemic ravaging schools must not add more work or burden on teachers and must start in the primary school years (with pre-school parental support offered from the outset of a child's life). There needs to be more support to prevent mental health conditions and to intervene early when they emerge. There needs to be more work undertaken to establish an evidence base for what works best (and for whom). There also needs to be a focus on the mental wellbeing of staff within educational settings (from senior leaders through teachers to support staff).
Mental Health Support Teams (MHSTs) are known to provide effective help to schools, but most schools do not have access to this resource. There is a need to expand the existing MHSTs in terms of number and coverage. The evidence shows that the MHSTs are mostly doing one-on-one support for CYP with moderate-to-severe mental health difficulties suggesting a need to investigate the efficacy of peer-to-peer group work when problems are milder in nature. There also needs to be recognition that not all children will benefit from MHSTs, and a multifaceted approach is required to providing support – both through the school offer and through external provision. These approaches need to treat the mental health problems of young people as a priority and tackle pervasive issues such as academic pressure, the removal of extra-curricular activities, and teacher training.
The existing evidence suggests that effective cross-organisational working that links existing support can maximise the potential benefit for CYP and their families - and cross-organisational working will require more effective information sharing. Government needs to facilitate joint working across educational settings, the community and voluntary sector, together with health and social care services. Government must also address the workforce issues related to emotional support for children in schools and nurseries. Teachers and teaching staff cannot be expected to provide mental health support per se but there is a need for teacher training and CPD that equips teaching staff to create classroom and school environments that promote pupil wellbeing and support the mental health needs of pupils. Government could and should mandate the provision of such training in the education and CPD of teaching staff.

These recommendations have resource implications but offer immense potential for decreasing the long-term costs associated with not acting early (i.e., the health, social care and criminal justice bill that results from not supporting CYP's mental health needs); the implementation of these recommendations will help the UK benefit from the economic growth by ensuring the next generation is well educated and have the emotional foundations to contribute their talents effectively within the workforce of the future.

# Principles



## Overview

The evidence on CYP's current mental health in the UK paints a compelling and worrying picture: there is an urgent need for the UK to transform its support systems for CYP struggling with mental health and their families, and step-up efforts to promote good mental health and prevent mental health problems. We need a radical overhaul of our approach to supporting CYP's mental health and – most critically – to trial new approaches that better connect health and education. We need to prioritise preventative approaches and early interventions, working closely with educational settings and communities, to improve and protect mental health in CYP.

The recommendations within this report relate to the prevention and early intervention for CYP's mental health, a key priority for CYP, their families, policymakers, and practitioners [4]. Future reports will address other issues that can impact CYP's mental health and wellbeing, such as adverse childhood experiences, crime and violence in the community.

The evidence shows that mental health is complex, but prevention and early intervention approaches show promise. Successful solutions will go beyond the NHS and involve multiple stakeholders working in partnership with affected CYP and their families. The next government needs to prioritise driving improvements in CYP's mental health, and this needs a substantial and sustained effort. Central and local government have a necessary role to play in connecting, coordinating, supporting, and challenging systems, but this will also require commitment from all stakeholders as government action alone is insufficient. The time has come for everyone to cross organisational and geographical boundaries and commit to working together in the best interests of CYP and their families.

Our recommendations are based on seven principles and the evidence that underpins the recommendations is laid out within this report. The recommendations are pragmatic in nature and recognise that the UK is in a perilous financial state in 2024, meaning that solutions must make best use of existing capacity and not simply involve cash injections (which we would argue are anyway insufficient without system transformation). There is a desperate need to divert resources to addressing the upstream determinants of mental ill health and invest in the wellbeing of the next generation. But what is most needed is a change in mindset, rather than changes to funding allocations alone. Despite decades of attempts to address worsening mental health in our CYP, we note that this worrying trend has not slowed. Thus, we argue that there is a need for the next UK government to act at pace and adopt innovative solutions that address the root causes of the problems playing out across our nation.

These recommendations do not pretend there is a magic wand. Rather, they avoid the trap where the impossibility of perfection is a barrier to improvement (so nothing changes). They do provide a platform that would allow the UK to harness the scientific method to learn what works best for which community – noting that science is society's most powerful tool for improving health and wellbeing.

## *Our seven principles*

**1** **Putting our children first** – The future of a country depends on a healthy workforce, equipped with the skills needed by the economy and society. Childhood determines long-term health and is the critically important period for developing the core skills needed to function within society. Logic thus dictates that the UK must prioritise children if we want to enjoy a healthy future. A more proactive and timely approach to promoting good mental health, preventing mental health problems, and meeting the needs of CYP with mental health conditions will ensure that they are able to reach their potential, and reduce the longer-term demand for health, social care, and other services.

**2** **Addressing inequity** – This will reduce the financial burden of poor population health on public services. Concurrently, economic stagnation must be reversed to generate wealth and ensure the UK makes the best use of all its assets (i.e., the brilliant young minds located across all our communities). The UK's structural inequity is laid bare within the child and adolescent mental health assessment and treatment pathways and a failure to support this population will starve the UK of talented individuals within the future workforce.

**3** **Adopting place-based approaches** – Geography, culture, economic activity, and other factors vary between localities, changing the way that support needs manifest, and the way communities prefer to engage with services. New approaches to reaching and helping families must be planned and aligned to the needs and preferences of the locality and its communities. There are many cultural factors that impact CYP's mental health, and these local contexts must be addressed for efficient service delivery.

**4** **Working together effectively across our public services** – The needs of children and families cannot be neatly divided into silos such as "health", "education", "social care", "criminal justice" etc. We must recognise that our current organisational arrangements are not fit for purpose and find new ways of delivering connected public services so that the necessary holistic ("whole system") solutions to complex problems can be implemented. We show in this report how prevention and early intervention, particularly harnessing educational settings, is a connected approach to supporting and protecting CYP mental health.

**5** **Putting education at the heart of public service delivery** – Schools and other educational settings need to be at the epicentre of support and creating 'healthy environments for the mind'. For example, typical "outside support" from specialist services (e.g., CAMHS) would often be better delivered within the school gates. In doing so, we start to remove the additional barriers encountered by the most disadvantaged children, reduce the burden placed on families, and destigmatise mental health support. Thus, a genuine attempt to improve mental healthcare delivery will involve closer working between health services and education settings. Our plea to place educational settings at the heart of a mental health strategy is not suggesting this is done at the cost of support provided outside the school gates. Our principle reflects the fact that educational settings offer the most efficient and widest reach to children and young people and are ideally positioned to act as anchor institutions within communities. But educational settings can sometimes be a source of pressure for CYP, and this can partly help explain the current school absence crisis. If we are serious about investing in the UK's future, then we must consider how we support educational settings to be a solution to social and emotional wellbeing rather than a barrier – and maximise the number of children in school whilst supporting those who are unable to attend for a variety of reasons (including poor physical health).

**6** **Establishing Universities as the "Research and Development" departments for local public services** – Universities can bring together insights from across multiple disciplines, ensure decisions are based on the best possible evidence, oversee evaluation of service delivery and train future health, social care, and education professionals. There is a wide scientific literature that captures international approaches to improved mental health support and universities must help mental health services to draw on existing evidence, as well as researching specific mental health inequalities, and support public service colleagues to take evidence based approaches to mental health issues playing out across our society.

**7** **Using and sharing information across public service providers effectively** – Data are currently collected within organisational silos, which fails to reflect the reality of how families interact with services. Only by connecting our public service data (i.e., education, healthcare, social care etc.), can we: (i) begin to understand how services intersect and interact within families; (ii) allow the essential information sharing that will safeguard children. The information held within education systems can help clinicians (and services such as social care) to make more accurate decisions, faster. Information held within health systems could help schools and other educational settings identify CYP with a greater likelihood of having mental health needs and access prompt support.

**Local areas spend less than 1% of their overall budget on children's mental health** and 14 times more on adult mental health services than on services for children.

# The evidence



Unmet mental health needs in CYP are linked to poor academic outcomes and poor health, including drug abuse, self-harm, and suicidal behaviour. They often persist into adulthood and can have substantial socioeconomic consequences. The recommendations within this report and the previously outlined seven principles are based upon consideration of the following evidence.

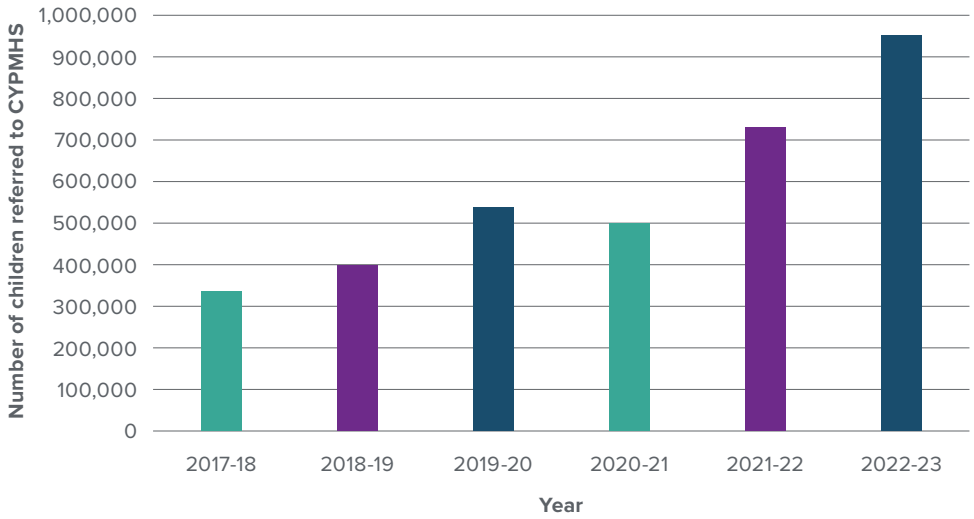
Most mental health conditions start by adolescence, with half established by age 14 years [5, 6]. Anxiety and fear-related disorders start earlier in childhood with a peak age of onset of 5.5 years [6]. In 2022, 18% of children aged 7 to 16 years and 22% of young people aged 17 to 24 years had a probable mental health condition [7]. Rates of diagnosis have also increased; for example diagnosed anxiety, depression, attention, and eating disorders doubled between 2003 and 2018 [8]. COVID-19 restrictions likely had an additional impact [9, 10].

In addition to the impact on CYP and their families, mental health conditions have a large economic cost and impact on public services. In 2012, the direct short-term costs of mental health disorders for health, social care, and education services were estimated to be £1.58 billion, with the long-term costs estimated to be £2.35 billion [11]. A recent systematic review has found that childhood anxiety problems are associated with worse outcomes in 15 areas of daily life in adolescence and adulthood [12]. These include not only persistence of mental health conditions, but also worse educational achievements and worse employment patterns. For example, aggregated national lifetime loss of earnings for children in England who experienced anxiety problems age 14 and also failed to achieve at least five GCSEs amounts to more than £850 million [13]. It is noted that this is a conservative estimate as it refers only one year (i.e., only to one age cohort of children).

Prior to the COVID-19 pandemic, the number of referrals to CAMHS. was increasing rapidly. Annual referrals in England increased from approximately 340,000 in 2017-18 to 540,000 in 2019-20 [14]. There were 949,200 CYP's who had active referrals to CAMHS at any point within the 2022-23 financial year. This is 8% of the 11.9 million children in England (note: this increase in the number of children referred likely reflects a methodological change) [16].

The rates of probable eating disorders in CYP have also seen an increase following the pandemic. Preliminary data from the Born in Bradford Age of Wonder study [15] found that 18% of 12 to 15 year olds reported symptoms indicative of a probable eating disorder, which is higher than that found in England in the NHS Digital survey (13% of 11 to 16 year olds) [7]. Year group results show that Year 9 pupils reported the highest rate of probable eating disorder (21%), compared to Year 8 (17%) and Year 10 (16%). Girls were more than twice as likely to report a probable eating disorder (24%), compared to boys (11%). Similar rates in probable eating disorder were found in Asian/Asian British, White British and 'Other' ethnicity groups. Eating disorders are severe mental health disorders and have high rates of mortality. Published NHS figures show a large increase in the numbers of hospital admissions for young people due to eating disorders in 2020-21; 24,300 hospital admissions (up from 13,200 in 2015-16), almost half were under the age of 25 (11,700) and the large majority of those affected were young women.

**Figure 1. Number of children referred to CYPMHS, 2017-18 to 2023-24**




CYPMHS = Children and Young People's Mental Health Services

*https://digital.nhs.uk/supplementary-information/2021/hospital-admissions-for-eating-disorders-2015-2021*

**Of the children still waiting to enter treatment at the end of 2022/23 financial year, 32,200 had been waiting over 2 years.**

CAMHS are struggling to cope with the additional demand (including mental health support needs that were not addressed during the pandemic), and do not have enough capacity. Many young people with mental health conditions receive no treatment. In a longitudinal study of mental health problems and treatment among young people in the UK, 62% of those with a diagnosable mental health condition had no contact with mental health services in the past year [17]. CYP who self-harm often do not seek help from formal sources such as CAMHS (instead reaching out to friends and family), and those seeking formal support do not necessarily report finding the support helpful [18]. Preliminary data from the Born in Bradford Age of Wonder study [15] found that 17% of 12- to 15-year-olds reported self-harm in the last 12 months, with a higher prevalence in girls (20%) compared to boys (13%). The OxWell study asked young people if they had self-harmed in the last month and found 19% of respondents reported that they had [19]. Schools could be a useful setting to address self-harm.

Prevention of mental health conditions in CYP will have life-long benefits to individuals and society, including economic benefits. Cohort studies with long-term follow-up show that elevated symptoms and diagnoses among adolescents predict mental health problems and poor quality of life in adulthood, with a graded association in which greater severity in adolescence is associated with higher risk of recurrence later in life [20, 21, 22]. Self-harm is a common and increasing issue in CYP in the UK [23] and is the strongest known predictor of death by suicide [24]. Prevention and early intervention for mental health conditions can reduce future recurrences, as well as improving quality of life, reducing costs for adolescents, and ultimately saving lives. Suicide is a leading cause of death globally in young people; reported as the second highest cause of death globally in under 24-year olds [25] and, more recently, as the fourth leading cause of death among 15 to 24 year-olds [26, 27].

CYP's mental health is affected by social and economic factors. For example, psychiatric disorders are two to three times more likely to develop in socioeconomically disadvantaged children and teenagers [28]. However, intervention research has typically focused on psychological therapies and interventions targeting individual behaviours, rather than the social determinants of mental health conditions. Many researchers and healthcare leaders have argued for a greater focus on preventative interventions, with more focus on changing social and environmental determinants of mental health [29, 30].

## Mental health and school absences

Being in school is important for CYP's academic achievement, wellbeing, and wider development. Regular school attendance is a key mechanism to support CYP's educational, economic, and social outcomes. Schools can facilitate positive peer relationships, which contribute to better mental health and wellbeing. Attendance at school is crucial to prepare CYP for successful transition to adulthood, and to support their longer term economic and social participation in society. We know CYP's mental health has a significant negative impact on their school attendance and those with a mental health condition are more likely to be absent from school. Additionally, children who regularly miss school are more likely to feel socially isolated.

Data from England in 2021 found school absence rates were higher in children with a probable mental health condition; 13% missed more than 15 days of school compared with 4% of those unlikely to have a mental disorder [31]. Furthermore, 11- to 16-year-olds with a probable mental health condition were less likely to feel safe at school (61%) than those unlikely to have a mental health condition (89%). They were also less likely to report enjoyment of learning or having a friend they could turn to for support [31].

There has been a worrying increase in school absence levels since the pandemic [32]. For total pupil absence, rates of absences have slightly decreased after the highs of 2021-22 across England, but there is large geographical variation and absences in Bradford have continued to rise for the 5th year running. As with absence rates, persistent absence (defined as missing 10% or more) has slightly decreased after 2021-22 across England, but persistent absence in Bradford has continued to rise for the 5th year running according to the Department for Education's 'Live Attendance Dashboard'.

One in six children aged 6-16 were **identified as having a probable mental health problem** in July 2021, up from one in nine in 2017.

## Priorities from our young people that could improve mental health

The Born in Bradford Age of Wonder cohort study has been collecting longitudinal mental health data with teenagers in Bradford, with over 5000 responses to date [16]. This programme of work has also worked in collaboration with young Bradfordians (through workshops and coproduction activities) to pinpoint their priority targets for improving young people's mental health. This process has identified two priority issues creating mental ill health: 1) sleep; and 2) loneliness. The evidence is clear that these are two important determinants of CYP mental health. In addition, stigma and discrimination were highlighted as important issues for young people, particularly when seeking (or not seeking) help for their mental health. Finally, young people were keen to discuss how the school environment can impact positively and negatively on their mental health, including the role of nature and technology.

### *Sleep*

Sleep plays an important role in mental health [33]. Poor sleep habits (usually referring to bedtime, waketime and duration) are associated with mental health and behavioural and emotional issues in children and adolescents [34, 35, 36]. For example, late and irregular bedtimes and shorter sleep duration are associated with depression, anxiety, and behavioural problems (such as hyperactivity and impulsivity) among children [36, 37]. Longitudinal research indicates that sleep problems in childhood predict behavioural and emotional problems in mid-adolescence [38]. CYP and their parents reported high levels of sleep problems during the pandemic that likely impacted their mental health [31, 39].

In 2022, 34.0% of children aged 7 to 16 years had a problem with sleep three or more times over the previous seven nights. Of children with a probable mental health condition, 72.3% had a sleep problem compared with 22.9% of those unlikely to have a mental health condition. Girls with a probable mental health condition (82.4%) were more likely to have had a sleep problem than boys with a probable mental health condition (64.2%). Rates of sleeping problems were similar in 2021 and 2022.

In 2022, 64.0% of young people aged 17 to 23 years had a problem with sleep three or more times over the previous seven nights; almost twice the rate in children aged 7 to 16 years. This figure was higher for young women (76.7%) compared with young men (52.3%). Rates of sleep problems were higher in young people with a probable mental health condition, 89.5% had a sleep problem compared with 51.5% of those unlikely to have a mental health condition.

The #BeeWell survey examined the relationship between sleep quality and wellbeing in approximately 35,000 young people in more than 150 schools across Greater Manchester [40, 41]. More than four in ten young people (44%) reported not getting enough sleep. Young people were less likely to report getting enough sleep as they moved from Year 8 to Year 9. Certain groups were more likely to report not getting enough sleep, for example LGBTQ+ youth were nearly 2.5 times more likely to say they did not get enough sleep compared to their peers. Not getting enough sleep was associated with having poorer life satisfaction and wellbeing, along with more internalising symptoms such as anxiety and low mood.

In 2022-23, there were **6,300 children and young people who waited over 2 years** (104 weeks) before entering treatment.

# Continued...

## *Loneliness*

Loneliness is increasingly recognised as a risk to mental and physical health [42], and there is evidence that levels of reported loneliness have increased during the COVID-19 pandemic [43]. In the general population, loneliness severity is a predictor for early mortality [44, 45] and is equivalent to the health risks posed by smoking or physical inactivity [46]. Loneliness is directly linked to worse mental health in CYP [47]. During the COVID-19 pandemic there was an increase in the prevalence of loneliness, with 43% of children and adolescents in England saying they were 'often' or 'always' lonely during the first lockdown [48] compared to 10% pre-COVID-19 [49].

In 2022, 5% of children aged 11 to 16 years said they often or always felt lonely. This was similar for boys and girls. Children with a probable mental health condition were more likely to feel lonely; 18.0% of those with a probable mental health condition said they felt lonely often or always, compared with 1.7% of those unlikely to have a mental health condition. In 2022, almost 13% of young people aged 17 to 22 years reported often or always feeling lonely, this was more than double the figure for children aged 11 to 16 years. Loneliness levels were similar for young men and young women. Loneliness was higher among young people with a probable mental health condition; 29% reported that they often or always felt lonely. Rates of loneliness were similar in 2020, 2021 and 2022.

Research using the #BeeWell dataset [50] indicates that differences between the neighbourhoods in which young people live account for a small but significant amount (1.18%) of the variability in their reported feelings of loneliness. Importantly, ethnic, gender and sexual orientation inequalities in loneliness vary by neighbourhood (i.e., how much lonelier LGBTQ+ young people feel compared to their peers depends in part on where they live).

Finally, social cohesion and relational characteristics of neighbourhoods (e.g., feelings of safety, trust, and support in neighbours) make a difference in terms of how lonely young people feel.

## *Stigma and discrimination*

An inclusive environment is an essential part of overall wellbeing. CYP who have a mental health condition or experience symptoms can be viewed differently from others. A 2022 report in the UK found over a third of CYP experience stigma and discrimination, this can be worsened by the responses they get from adults and lengthy NHS waiting lists. Whilst societal stigma has improved, CYP can experience embarrassment or shame when reaching out for help and do not want others to find out. The stigma around mental health is a barrier to getting the right help at the right time. Together, the impact of the mental health challenges and the fear of being labelled reduces the likelihood of CYP seeking support, particularly those living in culturally and socio-economically diverse areas [51].

Research highlights that CYP with a high risk of suicidal behaviour often refuse or do not seek help [52]. It is, therefore, crucial to ensure approaches to improving CYP mental health include a renewed will and support for reducing stigma. Anti-stigma campaigns should highlight illness and wellness and incorporate the wider life context and how these impact people across all social, cultural, and religious groups. It is important to include peer champions and storytelling so CYP feel they aren't alone and can overcome feelings of shame and stigma.

**66% of children** with an urgent referral to a Children and Young Person Mental Health Service were **seen within one week compared to the 95% standard.**

## *The school environment – considering nature and technology*

It is important to consider the built school environment, finding opportunities for CYP to access spaces for play and engagement with nature and green space [53]. Studies have found that accessing green space can provide valuable improvements in cognitive, language and social skills [54]. Specific benefits of green space engagement within school have been found for children with ADHD who benefit from time spent in nature with improvements in attention and concentration [55]. Evidence suggests that COVID-19 has widened the inequality gap and children from ethnic minority backgrounds, and those from low income households are less likely than children in more affluent areas to experience the full benefits of access to nature and green space meaning the school environment can play a powerful part in readdressing this balance [56]. Supporting children to access quality green space is also important in the emerging understanding of children's climate anxiety.

Over the past decade we have seen a rapid increase in the development and use of digital technologies in schools to support learning and communication. One form of digital technology that is increasingly being used in school settings is the Internet of Things (IoT); a network of connected physical objects such as smartphones, watches, security systems, alarms and cameras that can be linked to the internet using technology such as sensors. There is limited research on the IoT in education and its impact on students, including student wellbeing and mental health [57]. Most recent research has explored the more sophisticated IoT and described how, as technologies disappear students have become less user and more 'the used' [58, 59]. This user/used metamorphosis appears to occur as physical interactions (a push) such as clicks, taps and swipes become redundant and 'shadow technologies' such as non-tangible or invisible sensors, machine learning and analytics orchestrate and produce from people what is required (a pull), namely data. There are concerns about the impact of this on democratic technology, pedagogy, and power knowledge [60]. There is paucity of research on IoT education 'shadow-tech' and the experiences of school students as the 'used'.

**18%** of CYP with a probable mental health condition reported feeling lonely (compared to **1.7%** without a probable mental health condition)

## Bullying, wellbeing and mental health

Young people exposed to bullying are nearly four times more likely to experience sadness, anxiety, and loneliness, than those who are not . It impacts on their mental health, sense of identity and wellbeing. Bullying also has significant implications on engaging with education and building relationships but is a modifiable risk factor for poor mental health [61]. Evidence has found some young people are more likely to be bullied than others, which includes females, LGBTQ+ young people (combining gender and sexual minority groups), those in receipt of Special Educational Needs (SEN) support or with an Educational, Health and Care (EHC) plan, CYP from ethnic minorities and those in socioeconomically deprived neighbourhoods [2]. School environment plays an important role in bullying with CYP in disadvantaged schools reporting that they are more likely to be bullied, carry out bullying and less likely to defend behaviours during a bullying incident [61]. This indicates that school-based bullying interventions may be useful when addressing the mental health crisis in schools.

## Inequality and mental health

Inequality has been found to impact CYP's wellbeing, loneliness, and school attendance, all of which can have an impact on mental health. The Born in Bradford cohort study found family financial difficulty was associated with poorer child mental health outcomes [47]. A review found that CYP experiencing inequality were 2-3 times more likely to develop mental health conditions [62]. Among 17 to 22 year olds with a probable mental disorder, 15% reported living in a household that had experienced not being able to buy enough food or using a food bank in the past year, compared with 2% of young people unlikely to have a mental disorder [7]. Inequalities in wellbeing experienced by certain groups of young people (e.g., LGBTQ+ vs cishet) vary by place; in other words, the size of the wellbeing disadvantage such young people experience depends in part where they live.

The CoTN poverty report provides more information and research evidence on these issues and provides policy recommendations on how to mitigate this inequality.

**749,833 children and young people accessed mental health support in December 2023,** a statistic which has been increasing gradually since 2021.

**32% of referrals** to children's mental health services were closed before treatment in 2022.

**47% of the estimated 1.4 million children** with a mental health disorder had at least one contact with CYPMHS.

## Supporting mental health in educational settings

Schools play a crucial role in supporting CYP's mental health and wellbeing, with children spending more time in school than in any other formal institutional structure. Educational settings provide the opportunity to reach large numbers of CYP simultaneously to promote good mental health through mentally healthy school environments and to facilitate intervention with pupils displaying early mental health or behavioural symptoms [63]. The delivery of prevention and early intervention activities in schools provides real opportunities to improve and/or protect mental health and wellbeing and ultimately prevent or reduce mental health problems in CYP. However, it is important that support and interventions delivered in schools are evidence-based, and that researchers and providers are alert to the potential of universal school-based mental health interventions leading to negative outcomes in CYP [64]. It is also important that such strategies do not increase the workload and burden for school staff and they reflect teachers' training needs around mental health [65]. There is good evidence that universal social and emotional learning (SEL) interventions, that improve CYP's social and emotional knowledge and skills, can reduce symptoms of depression and anxiety at least in the short-term [66]. Having skills such as emotion regulation, friendship skills, decision-making and perspective taking can protect mental health and address other related outcomes such as friendship difficulties. However, there is limited evidence regarding the long-term impact of SEL.

There is also good evidence that depression- and anxiety-focused school-based interventions, such as targeted cognitive behavioural therapy (CBT), can reduce these symptoms in both the short- and medium-term [63, 67]. This evidence refers to interventions delivered by external experts, but there is a growing evidence base that brief psychological interventions can also be effective when delivered virtually or by non-experts. For example, internet-delivered cognitive therapy for social anxiety [68], parent-guided CBT for child anxiety problems [69], and community-based Behavioural Activation for adolescent depression [70, 71]. It is important to note that there is very little evidence regarding the effectiveness of school-based interventions for CYP who self-harm and/or have suicidal thoughts or behaviours. This is in part due to a lack of research investment in this area of mental health. The European Youth Aware of Mental Health (YAM) programme as part of the Saving and Empowering Young Lives in Europe (SEYLE) trial is showing promise in terms of reducing both the likelihood of attempting suicide, and severe suicide ideation [72]. It is a universal school-based intervention focused on increasing young people's knowledge of mental health and healthy behaviours, such as how to deal with their own distress, crisis and suicidal thoughts.

There is evidence that school-based bullying prevention interventions are effective in reducing the frequency of bullying victimisation and perpetration, and this is for both traditional and cyberbullying [63]. These interventions seek to promote anti-bullying attitudes and behaviours and positive conflict-resolution strategies. In the UK, the secondary school-based 'Learning Together' programme (INCLUSIVE trial), a whole-school approach primarily designed to reduce bullying (through social and emotional curriculum and student participation in policy) was found to reduce bullying victimisation, as well as cyberbullying and aggressive behaviours [73, 74, 75]. However, bullying interventions have been found to have only a very small impact on reducing symptoms of depression and anxiety, which suggest these interventions need developing further to maximise the mental health benefits [76]. There are some multicomponent whole-school programmes that deliver different aspects of these universal and more targeted interventions. A multicomponent, whole-school health promotion intervention based on the World Health Organisation 'Health Promoting Schools' framework delivered in secondary schools in Bihar, India (SEHER trial), reported significant improvements in comparison to a control group in measures including school climate, depression, and bullying [77, 78]. Significant effects on these outcomes were observed at the end of year 1, with further improvements observed after two years. The applicability of these programmes to different contexts (including UK schools) is not known.

Eating disorder prevention is a pressing public health priority. Effective eating disorder prevention programmes typically target the antecedents of these disorders, including body dissatisfaction. Body dissatisfaction refers to the experience of negative thoughts and feelings about one's own body weight, shape and/or appearance; it is widespread globally [79]. Interventions that aim to prevent eating disorders by reducing body dissatisfaction are usually delivered to adolescents in schools and incorporate a combination of techniques from cognitive behavioural therapy and critical media literacy education. There is a strong body of research supporting the effectiveness of these programmes [80]. However, many involve multiple sessions which can be tricky to fit within busy school schedules. Single Session Interventions (SSIs) can help overcome these time barriers. SSIs are targeted, structured programmes designed to have significant benefits to youth wellbeing following one engagement. Preliminary evaluations of these interventions in Yorkshire schools found adolescents' reported reductions in negative body image, especially girls [81, 82]. Web-based body image SSIs are also showing some promise [83]. Moving forwards, more robust evaluation of these interventions is needed, as well as work that explores how they might be adapted to better meet the needs of boys and marginalised groups.

**452,725 people** were in contact with children and young people's mental health services, at the end of December 2023.

Between 2020-21 and 2022-23, the waiting time between referral to CYPMHS and accessing **treatment has increased by 8 days.**

# Innovative approaches trialled in the real world

The recommendations made within this report are based on innovative ways of working that have been trialled in real-world settings.

We highlight eight evidence-based approaches – new tools and ways of working – designed in alignment to the principles set out in this report. These approaches demonstrate the capacity of our schools, universities, and health institutes to innovate through applied research. They represent and show what can be achieved by combining academic expertise with the skills and knowledge of front-line professionals and the insights of children and families with lived experience.

These examples show that it is possible to take different approaches to identify and support CYP with mental health needs, to promote good mental health and to prevent mental health conditions, that do not follow the traditional models of service delivery. We show how CYP can be supported with and through educational settings to have improved wellbeing and reduce the impact of poor mental health.

These case studies evidence cost-effective early interventions, that may reduce pressure on CAMHS waiting lists and support families who need mental health services. Many take a youth-led approach, using creativity and coproduction. Others are data-led, showing how to maximise the potential of data to meaningfully change CYP's lives.

**22,250** people were subject to the Mental Health Act, including **16,776** people detained in hospital, at the end of December 2023.

The number of CYP in contact with mental health services increased from **231,000** in November 2019 to **445,000** in November 2023.

# 1

## #BeeWell: a wellbeing measurement and improvement framework for secondary schools in Greater Manchester

#BeeWell is an innovative programme that blends academic research and youth-led change to 'pivot the system' such that wellbeing is given parity with academic attainment. In short, the aim of the programme is to make young people's wellbeing everyone's business.

**#BeeWell is characterised by extensive consultation with intended beneficiaries, which include:**

- Young people: over 85,000 surveyed to date, with a Youth Steering Group, Young Researchers Programme, and digital dialogues sessions led by The Politics Project as examples of commitment to youth participation and engagement
- Coalition of Partners: over 130 organisations ranging from local community organisations focused on neighbourhood impact, to campaigners and charities, and government bodies who can influence policy at regional or national level
- Schools: nearly 300 across 14 Local Authorities participating to date
- The wider system of allied professionals in children's services and integrated care systems (e.g., Local Authority Directors of Children's Services, Public Service Reform teams, and other directorates)

#BeeWell includes over 85,000 young people, 130 partner organisations, nearly 300 schools across 14 Local Authorities and the wider system of allied professionals.

"For many of the young people this is where they've made friends... It's been great for them to see that they're **not the only one who is facing these issues,** they're not alone."

– #BeeWell school teacher

**In the #Beewell programme, data on the domains and drivers of young people's wellbeing are collected on an annual basis, with findings, data insights and recommendations disseminated via:**

- Interactive online school and neighbourhood dashboards to enable interrogation of data on domains and drivers of wellbeing
- Follow-up support for schools provided by the Child Outcomes Research Consortium/Anna Freud (e.g. 1:1 sessions to understand the dashboard, identify priorities and plan a school-level response)
- Production of bespoke data cuts and analyses provided on demand to project partners (e.g. mental wellbeing data for Greater Manchester Combined Authority Strategy updates)
- Facilitation of communities of practice (CoPs) to enable shared learning on common priority issues (e.g. Plan UK CoPs on gender and social media)
- Production of themed analyses in accessible format (e.g. inequalities evidence briefing)
- Online and in-person events (e.g. introductory workshop for Local Authority staff focusing on using the #BeeWell dashboards to inform local decision-making and provision)

#BeeWell has significantly enhanced knowledge and understanding, influenced policy, and informed practice in relation to how school staff and allied professionals in children's services and integrated care systems develop and manage provision to support young people's wellbeing. To date, as a direct result of the programme's research findings and data insights, more than £1 million has been invested in new initiatives to better understand and address wellbeing inequalities.

**Examples of impact include:**

- Participating schools routinely use #BeeWell data to inform their provision. This has included, for example, developing updated mental health and pastoral provision, including designing interventions to target specific cohorts of pupils
- Year 10 mental wellbeing data adopted as a key performance indicator in Greater Manchester Combined Authority Strategy, with neighbourhood level analyses to identify inequalities and inform a whole-system, place-based response
- Feel Good Your Way campaign launched by Greater Manchester Moving to promote physical activity among young people
- #BeeWell data on young people with special educational needs and disabilities (SEND) adopted as key performance indicators in Rochdale's SEND Outcomes Framework
- The Greater Manchester Integrated Care Partnership (GMICP) launched a youth-led commissioning pot to support the wellbeing of LGBTQ+ young people
- A social prescribing programme (#BeeWell Champions) was launched in 5 GM neighbourhoods, selected using #BeeWell data. Teachers, LA staff and youth workers across 14 schools and youth organisations were trained, and 110 young people completed their RSPH Level 2 Young Health Champions qualification

#BeeWell has found sports participation and physical activity are positively associated with young people's wellbeing and social outcomes such as physical health, nutrition, and social connection; increasing physical activity by one minute per week for a year could improve wellbeing with a value between £13 to £5,850 per young person; and, increasing regularity of sports participation outside of school could improve wellbeing with a value between £2,470 to £7,020 per young person.

"Overall, the #BeeWell experience has been **extremely informative and enticing for all of the students involved.** We have loved all of the #BeeWell activities, and hope to complete more in the future"

– #BeeWell school

# 2

## Age of Wonder: harnessing the power of data in a longitudinal cohort study in Bradford

Born in Bradford: Age of Wonder is a continuation of the Born in Bradford (BiB) longitudinal birth cohort study that began back in 2007. From 2022, BiB have been expanding the cohort to include up to 30,000 young people, with the research team joining them on their journey through adolescence and into adulthood. To date, BiB have had more than 10,000 responses to their annual young people's survey, which contains a range of topics of particular interest to young people, schools, and experts alike. BiB: Age of Wonder hope to understand what's driving inequalities in health and wellbeing across Bradford from mental health and social media use to the environment and access to public services. BiB: Age of Wonder have been working closely with schools and young people to develop ways of affecting positive change immediately.

Indeed, there is increasing pressure on schools to collaborate with public health services to improve mental health and wellbeing among their student populations through school-based interventions. Nevertheless, there is a feeling among Bradford schools that they are "shooting in the dark". Not only are there fundamental differences between the Bradford population and the rest of the UK, but there are also large differences within Bradford itself. Just as the needs and priorities vary considerably from school to school, so do the potential avenues for intervention. Schools want to know what the mental health needs of their student population are, and what might work to address them.

To answer these questions, BiB: Age of Wonder have developed a data dashboard for senior leadership. These interactive datasets give schools the power to interrogate the prevalence of mental ill-health at their school in the context of Bradford and the nation. Moreover, they can do so using the same primary characteristics they use for their own routine reporting of academic and pastoral outcomes, permitting the identification of mental health priorities and at-risk groups in the context of their strategic and operational decision making. In addition, BiB: Age of Wonder provide signposting to school-based interventions available through the local authority, and expert consultation to help schools identify those approaches that are most promising.

BiB: Age of Wonder are also using this approach to upskill the young people and engage them with research. BiB: Age of Wonder data science workshops offer students the opportunity to explore the data for themselves, promoting data literacy, demystifying research, and stimulating advocacy for the core issues that interest them. This is exemplified by the BiB: Age of Wonder Extended Project Qualification (EPQ), whose launch coincides with our first participants entering post-16. As citizen scientists, the young people will be designing their own research questions, answering them with BiB: Age of Wonder data, disseminating their findings, and working towards a nationally recognised qualification at A-level.

BiB: Age of Wonder aims to be an interventional cohort. BiB: Age of Wonder are working with the Adolescent Mental Health Collaboratory (Bradford Institute of Health Research and the Universities of York, Sheffield, and Leeds) to build an efficient platform for the evaluation of interventions to prevent mental ill-health, using the Age of Wonder cohort and the wider BiB programme. Working with young people and families, the Collaboratory has co-produced a pipeline of initiatives that focus on early intervention, community and psychosocial interventions, and public mental health approaches to prevent mental ill-health. These interventions will be evaluated using state of the art evaluative methods including trials within cohorts (TWiCs), adaptive trial and quasi-experimental designs. These are efficient methods of research which will rapidly drive forward knowledge on 'what works?' and deepen our understand of 'what works for whom and in what settings?'

**NIHR Applied Research Collaboration Yorkshire and Humber**

The NIHR Applied Research Collaboration (ARC) Yorkshire and Humber is an important programme of applied research, hosted within Bradford Institute for Health Research, and delivered through a partnership of organisations, including NHS organisations, Local Authorities, universities, third sector organisations and industry. The themes of healthy childhood, mental health and multimorbidity, older people and urgent care are the priorities that have been identified by NHS partners and the public and will ensure our region will benefit from cutting-edge innovation.

The ARC undertakes research to better understand the causes and consequences of living with both mental and physical health problems; and by working with people with lived experience, and NHS, social care and third sector partners to develop and test new approaches, and put research findings into practice. The ARC ensure NHS and social services are able to improve effectiveness and impact to benefit our patients and their families.

# 3

## The OxWell Student Survey: how Liverpool is informing health and education services from their students' data

One particularly exciting partnership across educational settings has been with the Liverpool Education Department and the OxWell Study team at the University of Oxford. Liverpool is an area of considerable social and economic deprivation falling in the lowest decile in almost all measures of child wellbeing. The Liverpool Education Department and the OxWell Study team have collaborated on producing the OxWell Student Survey (conducted in Liverpool in 2021 and 2023).

Liverpool has been able to develop a data first approach to the needs of the students across the city using the data from the OxWell study. Working with public sector partners (such as the ICB and third sector organisations) the findings focused the response to support new strategies to address loneliness, racism, and bullying.

Liverpool Public Health commissioners are using the OxWell data to inform how the city approaches tobacco/vaping, substance misuse and gambling as well as interventions to address self-harm, eating disorders, and physical inactivity. A race equalities plan has been developed to reduce inequality across the education system. The information from Oxwell has supported the development of the plan specifically with a focus to increase belonging in the education system.

An important outcome of the response has been to empower partners and schools to use the data from OxWell to inform decision making when designing interventions. In 2022, a citywide grant scheme was initiated to support schools to respond to the OxWell findings. Schools were able to consider their own data to prioritise the interventions that support the needs of their students, and resource was allocated to help implement the plans. Interventions included programmes to improve resilience, sleep hygiene and team building. Training has been delivered to schools to support them design and deliver school-based action plans focusing on the young person's voice.

As part of Liverpool's pledge to become a Child Friendly City, the OxWell data is being used to listen to the child's voice. Using the findings, consultation sessions have been designed to understand some of the information better. Over 1,000 children have been engaged through different workshops and the information has been used to design the Schools Parliament sessions over the past 12 months.

Targeted interventions have been delivered where the findings indicated need and where the evidence has indicated positive outcomes, such as low bullying rates or feedback from the children that the schools is dealing well with bullying. This has allowed the OxWell team to explore what the school is doing and share this good practice with other schools.

The data are additionally being used in the design, implementation, and evaluation of services such as the Mental Health Support Teams in schools, the school nursing teams, the early help, family hubs, and the Adverse Childhood Experiences delivery plan. The potential to do this in other areas is evident and commissioning partners are increasingly keen to better harness their data.

# 4

## Online Social anxiety Cognitive therapy for Adolescents (OSCA)

Social anxiety disorder (SAD) is one of the most common anxiety problems in adolescence, affecting 2 to 3 pupils in an average sized classroom. It is often persistent in the absence of treatment and associated with under-attainment at school, an increased risk of bullying, and further anxiety problems and depression.

OSCA (Online Social anxiety Cognitive therapy for Adolescents) is an internet-delivered therapist-assisted cognitive therapy for adolescent SAD. OSCA is made up of self-study modules and exercises that young people complete in their own time. The exercises, which allow young people to test their negative beliefs and try out different ways of behaving, are demonstrated in videos that young people watch before doing themselves. Young people are supported through OSCA with regular 20-minute phone or video calls with their therapist. During the calls, therapists review the work young people have done in the previous week, expand on any learning, agree plans for the coming week, and release new self-study modules. Questionnaires to monitor outcome and guide therapy are built into the programme.

An RCT of OSCA conducted with young people (aged 14-18 years) recruited from state schools in London and the Southeast found that 77% who received immediate access to OSCA recovered, compared to only 14% who were allocated to a waitlist control condition [68]. High treatment satisfaction and positive attitudes towards the flexibility of the treatment and therapist apport was found in qualitative interviews with trial participants [84]. Overall, the average time that therapists spent in direct communication with young people was 6.65 hours. The accumulated evidence to date has led NICE to recommend OSCA in its recent Early Value Assessment.

> “[OSCA] really helped in terms of at school, like **I can participate more in class and not worry about saying the wrong thing** in class, at home as well or just going out and socialising with friends. In that way, it has helped a lot."
>
> – Young Person

Care has been taken to engage young people from diverse ethnic and socio-economic backgrounds in the development of OSCA. This approach is being further expanded now through a collaboration with the University of York and the Healthy Minds Apprentices in Bradford to understand if and how OSCA can be implemented nationally and particularly in regions that have been under-represented so far.

> "I wish I’d would of known about this when my anxiety was really bad, it’s a great programme."
>
> – Healthy Minds Apprentice

# 5

# Young people and their voice in their education: mental health, technology, and the school environment

*Digital technologies are becoming more important within education, partly due to the changes in practices as a result of the COVID-19 pandemic. As such, promoting digital technology in education has the power to be transformative [85].*

Communication, surveillance, and assessment technologies are increasingly becoming part of the fabric of the school environment, but little is known about the experience of pupils and the impact that this may have on their mental health and wellbeing. It is vital that we explore the lived realities of young people in the settings that these technological advancements are taking place, to ensure that schools develop and promote empowerment, equality and transformation in the best interest of young people.

**Co-production methods with school students:**

Co-production is commonly understood as the process of enhancing the quality of research by including people from outside of the research community in a process of shared learning. It can be used across a range of disciplines, research and practice and is often promoted for involving the service users or individuals at the centre of the research to help bring about positive change. Legislation in the UK advocates the use of co-production as a way to exercise a child's right to be heard in services they use, yet there is no known research exploring the use of co-production in education [86, 87]. Participatory ethical and legal frameworks strive for services created 'by service users for service users', yet there is still no consensus on processes for such 'co-production' in education [88]. In a recent Department for Education report on the possibilities for the use of technology in education, for example, opinions of technology experts and educators were sought but not pupils themselves [89]. Including students in conversations about the use of technology in their school could lead to increased levels of school connectedness, empowerment and agency, allowing them to feel heard and respected. Furthermore, by using a co-production model in their lessons, students could learn essential life skills such as communication, problem-solving, critical thinking, and collaboration. These skills will be valuable throughout their life and future careers.

**The research:**

It is evident that currently there is a paucity of IoT education 'shadow-tech' studies or studies that have sought to report first-hand accounts of one group of 'the used', namely school students. To contribute to knowledge in this area two questions are being posed by researchers.

Firstly, what utopian and dystopian technology use-cases would students describe if consulted and, secondly, what might it feel like to be *used* by IoT shadow-tech?

To date, the first research question has been explored through two funded co-production projects with 48 young people from years 7, 8 and 9 in the workshop at three secondary schools in the North West of England.

This animation states how it is vital for CYP to be part of the conversation on technology in their education.

# 6

## The Relational Toolkit and The Young Advisors' River of Change

The positive impact of active engagement in decision making on our health and wellbeing is increasingly recognised, with the OECD stating that the agency and co-agency of children and young people are essential for the future of individual and collective wellbeing.

The aim of the Relational Toolkit is to encourage a different way of looking at engagement. Whilst traditional approaches to engagement tend to favour professionally driven interventions, a relational approach, in contrast, is defined as an organisation and stakeholders getting things done collectively, by doing with rather than doing to.

The Toolkit's focus on repositioning CYP as experts in their own lives is particularly timely after the global pandemic. It aligns with the aims of the international Sustainable Development Goals (SDGs) and the UN Rights of the Child Article 12, which says that CYP have the human right to have opinions and for these opinions to be heard and taken seriously. This also aligns with more recent developments such as the EU Child Guarantee.

The Relational Toolkit facilitated a Board-to-Board development day with the Child Health and Wellbeing Network North East and North Cumbria's Executive Board and Youth Board (Young Advisors aged 11-16 years), followed by a series of workshops with the Young Advisors. The Toolkit activities enabled the adults and young people on the two Boards to share their experiences and understandings of working together and to move towards repositioning children and young people as expert decision makers and agents of change in developing the health and wellbeing policies and practices that affect them and their peers.

As part of this process, the usual 'you said, we did' approach to engagement (where professionals take the suggestions and 'do') was 'flipped'. Instead, the Young Advisors took the recommendations from the Development Day and, through a series of workshops, developed their ideas for a Theory of Change on how professionals and policy makers should approach working with CYP.

The young people's aim was to create a thought-provoking Theory of Change that could enable other children, young people, their communities and professionals to discuss, note and co-develop their thoughts on the development of fairer cities and places/spaces of wellbeing, and the ways in which children and young people may be better included in participating in decision making processes that affect their daily lives (as is their human right according to the UN Rights of the Child and the Sustainable Development Goals).

"As young people, we give our opinions and then don't know what happens. **We want our opinions to be acted on and that we are not always seen as kids.** It's not just our voices that we want heard, it's young people's voices in general."

– Young Advisor

The agency and co-agency of CYP are essential for the future of individual and collective wellbeing.

## *The Young Advisors Theory of Change*

**The Young Advisors: Anna Kunnel, Ayat Rehman, Ebene McGuirk, Emily Miller, Eva Kunnel, Georgia Kirby, Iniya Raj, Jasmine Robinson, Jason Yuan, Joe Hicken, Kane Howe, Laila Chemaou, Louise Yuan, Thandi Donga and Vihaan Mitra.**

The Young Advisors for the Child Health and Wellbeing Network North East and North Cumbria want to change the way adults and children communicate together to make decisions about how to help children's health and wellbeing. Their artwork was created to represent how they want to see this change. It is split into three sections that show the **Theory of Change:**

- **Now**
- **When things start to change**
- **What we want the end to look like**

Supported by Sajil Kaleem (a local artist), Children North East and Newcastle University, the Young Advisors created artwork representing their River of Change for working with CYP.


Throughout the artwork there is a river which symbolises the journey of the Theory of Change, from the problem to the solution. There are also fish, which symbolise the young advisors, and everyone else on the journey, as we change the way we interact to be more equal.

**The first section of the artwork** has a wall between adults and children, and there are also words describing the main problems. But there is hope for change, as there is a door which can lead us to more equality when working together, if we choose to change.

**In the middle section** (which represents the Development Day), the wall starts to break down into jigsaw pieces, which can be the solution if we put them together and do not stop changing. The words become more positive and are the words of change.

The river becomes a whirlpool, and the fish inside become the 'ying and yang', showing how we hope to be equal with both adults and children part of the solution, working together. We chose to use Koi fish, as they symbolise peace and communication.

**In the final section** the river becomes a waterfall which symbolises our freedom once we are treated equally. The jigsaw pieces fit together to create a sunset, which has bright colours compared to the first section which only had duller colours. The words are what we hope to achieve like 'communication' and 'respect'.

As you look through the sections not only do the words become more positive, the colours become brighter, and the flowers at the bottom have grown more, all showing the journey to change.

# 7

# Next Door but One: The impact of creative arts and theatre on young people's mental health

Next Door but One (NDB1) are a multi award-winning LGBTQ+ and disability-led theatre company based in York, promoting creative skills and encouraging community cohesion, particularly with those who face barriers to accessing theatre. Founded in 2013, they collaborate with over 20 organisations including University of York, York St John University, City of York Council, York Carers Centre, The Snappy Trust and various schools. In 2023 they joined Arts Council England's Investment Programme as an NPO and became a Visit York Tourism Award Winner in 'Resilience and Innovation' and gained the York Mix Hero Award for 'Outstanding Talent'. Last year, Next Door but One delivered five projects which actively worked with 524 CYP and reaching a further 800 audience members of theatre performances. Three of these projects have been detailed below, and further information can be found via: https://www.nextdoorbutone.co.uk/

**1. Power of Women (POW):** an arts and empowerment programme for girls aged under 12 and a creative retreat for 14–18-year-olds, run in partnership Clifton Green Primary School and Explore York. Girls and young women (primarily from lower socioeconomic backgrounds) explore their identity, feminism and women's health through arts-based activity thereby increasing their confidence, awareness of issues they might encounter, receive signposting to support services and make meaningful friendships with other girls/young women.

- 100% said it helped them feel connected to other people.
- 92% said it made them feel more confident in themselves and in doing new things, that it had a positive impact on their mental wellbeing, that they have an increased awareness of subjects connected to their identity and that they have tools they have taken away and put into practice outside of the project.

**2. She Was Walking Home:** a testimonial piece of theatre exploring women's safety, which engaged secondary school/college students via working partnerships with IDAS, North Yorkshire Police and local government. NDB1 performed 14 shows at seven educational institutions (including schools, colleges and universities). With an audience of over 1000 at 14 shows, including 824 CYP, the piece helped students to have an increased awareness of how to keep themselves/peers safe, how to identify and challenge inappropriate behaviour and where to seek support.

- 100 % rated the performance 4* or above (92% rated the performance 5*).
- "Powerful and human. Thought provoking and immediate. Local and universal."

**3. The Firework-Maker's Daughter:** a small-scale touring production for young people and their families, targeting audiences with learning disabilities or who are neurodivergent. Apart from needing family friendly activities throughout half term, the main reasons for buying a ticket were the venue, the price, its accessibility, and inclusion focus, and it was recommended to them by others. Any families (with and without disabilities) can enjoy the same performance, promoting inclusivity and authentic accessibility. The relaxed presentation supports the wellbeing of parents/carers not worrying about the etiquette of theatre or their child's engagement. Narrative is positive and focuses on 'becoming who you want to be'.

- 83% had never seen theatre in a local library before.
- 13% had a disability or were neurodivergent.
- 100% would give the show 4/5 stars (75% would give 5/5 stars).

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## Online Support and Intervention (OSI) platform case study

Anxiety problems are common, have a peak age of onset of just 5.5 years, [90] and can have wide ranging and long-term effects on children's lives [91]. Cognitive Behaviour Therapy works well for child anxiety problems, but many families are not able to access it when anxiety problems first emerge [92].

The recent CoCAT trial, in over 30 health organisations in England and Northern Ireland, showed that CBT could be delivered in an efficient and accessible way by helping parents to help their children apply CBT strategies in their child's day to day lives through an online support platform (OSI) with brief therapist support [93].

Child mental health services across England are now implementing OSI in ways that increase access to treatment for child anxiety problems. For example, South Tyneside and Sunderland NHS Foundation Trust have put in place nominated champions within each area of the service to support all the therapists trained in OSI to help them navigate this new technology. The champions also offer supervision on the suitability and delivery of OSI to support parents and carers of children aged 5 to 12 years. More recently, as part of a stepped care approach to treatment delivery, they have offered families a brief screening appointment to specifically explore if this approach would be beneficial for them, resulting in reduced waiting times within services.

"OSI offers a therapy option which parents can access at their own convenience with weekly support with trained children's therapists. This support has assisted parents to develop cognitive behaviour therapy-based skills and knowledge to empower them to manage their child's anxieties. It has been well received by parents and therapists alike and demonstrates positive outcomes. We are currently **exploring options to support parents with digital poverty within the local area** to be able to make the most of this offer."

– Senior Cognitive Behaviour Therapist from Gateshead Children and Young People's Primary Care Mental Health Service

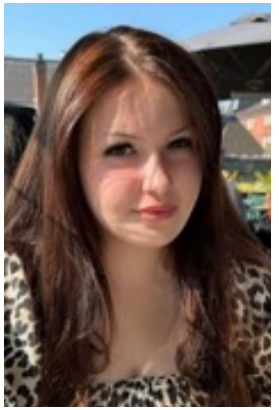
Current trials are underway to explore school-based approaches to supporting families with OSI to provide early support and overcome potential barriers to help seeking through services, by using school-based screening for anxiety problems (in Key Stage 2; ICATS study [94]) or for potential risks for anxiety problems (in Key Stage 1; My-CATS study [95]) and offering OSI to those who might benefit.

'Looking back over the last few months it is clear to see that this course has had a big impact on [my child] and our family life. **It has become much less stressful.** I feel like I understand [my child] much more and she actually enjoys talking to me'

– MY-CATS study parent

# End word





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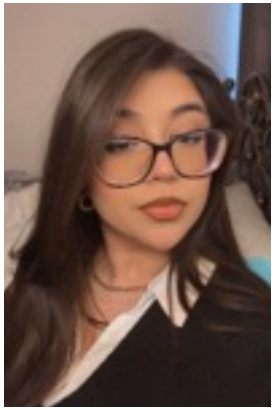

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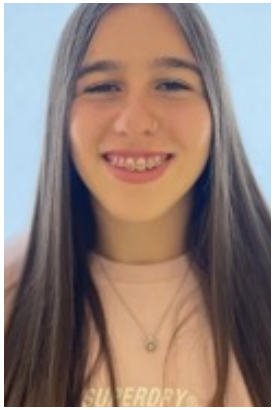

Hollie Robinson

Ellie Parker-Smith

**We are the Healthy Minds Apprentices, a group of young advocates from the North of England, passionate about making a difference to the mental health and wellbeing of children and young people in our communities. We do so by being the voices and advocates for children and young people across Bradford and Craven.**

**We are commissioned by the Bradford District and Craven Health and Care Partnership to help shape local mental health services, deliver awareness workshops in the community, conduct academic reports and audits, and take part in coproduction, co-design, community action and youth engagement. Some of us work specifically to support those with special educational needs, disabilities, or are neurodivergent, making sure that mental health services are accessible and meet the needs of these groups.**

The report presents a compelling and concerning overview of the current state of children and young people's mental health in the UK. As young people who work in the prevention and intervention stream of the mental health sector, this report completely resonates with us and concurs with our assessment that there is an urgent need for a comprehensive transformation of support systems for CYP and their families. We strongly advocate for a radical shift towards preventative and early intervention approaches. In light of the data presented regarding the significant impact of mental health on school attendance and overall wellbeing among CYP, we believe it's evident that schools must serve as crucial hubs of support. The prevalence of sleep problems among CYP, particularly those with probable mental health conditions, highlights a critical area for targeted intervention to improve both mental health outcomes and educational attainment. Finally, we wholeheartedly agree with the principles outlined in the report around the necessity for effective information sharing across public service providers in order to ensure holistic support for CYP and their families. This will help to ensure that services are collaborating and taking a child-centred approach to help tackle the issue of poor mental health in CYP in the North of England.

Mental health struggles and school absences are a huge problem in the UK, so it definitely needs to be spoken about as to why this is happening and the effect it has on young people. This report is based on intervention and prevention recommendations to transform support systems for CYP mental health. The statistics will hopefully help make people aware of how common these issues are and the change there has been over the years. It is really good that the report focuses on different reasons why CYP may be struggling with their mental health and absence from school.

The report talks about how young people fall “under the radar” throughout school and do not get the support they need during these key parts of life. Young people are getting diagnosed with autism quite late on meaning they struggle more through school, which can affect their mental health and result in mental health problems like anxiety and depression. The report shows how to improve this by working as a whole system approach and working closer with education settings to get young people the help and support they need throughout school.

“My priority in improving young people's mental health in Bradford revolves around **implementing a comprehensive approach that encompasses prevention, early intervention, and ongoing support.** I believe it is crucial that young people are in comfortable environments and are able to thrive and develop without gratuitous mental health struggles.”

One of the case studies is all about OSCA, a website to help young people and adults with social anxiety. A really great thing about this website is its modules which we think are really helpful to young people trying to understand their condition and there is an online therapist to support them when needed with calls and text services. This website is really effective because it gives young people a place to get tips to help them with their anxiety. It is also very helpful because social anxiety is one of most common mental health problems and affects 2 or 3 young people.

Reading about implementation is refreshing to see as it shows there are ways to improve and transform issues highlighted in the report. We strongly agree that mental health is a huge barrier for CYP and their development and it is more important than ever to work together to make services better. The recommendation that ICBs work together to create a regional "point of truth" feels beneficial as it acknowledges the importance of everyone working in collaboration to best support CYP. In our opinion this is a great thing to see as we often feel as though issues are talked about but rarely hear about how we are going to actively improve them. Being a young person and struggling with mental health problems can be a lonely time, as mentioned in the report, and because of this it is crucial that young people are shown that support services are growing so they can feel a sense of hope.

We agree that everyone needs to work together to improve young people's mental health. We are proud to have worked on the Kindness, Compassion, and Understanding (KCU) campaign across Bradford. This campaign, spearheaded by young people from the Bradford District and Craven areas, aims to address issues around bullying, inequity, discrimination, loneliness, poverty, and prejudice. These are issues that impact the mental health and wellbeing of children and young people in the area. The purpose of the campaign is to inspire children and young people to make a conscious effort to promote kindness and empathy toward friends, family, peers, and people within the community – essentially, an anti-bullying campaign to make a difference. The campaign taps into our human nature to be kind and empathic, utilising alternative approaches to tackle issues that lead to bullying, hate crimes, discrimination, and exclusion.

**"I would love to make school, home life, social media and the community a nicer place for children and young people.** I also want to help make sure that there are things in place to support mental health and make sure that they are suitable to help people working around their different needs and abilities".

Our main goal is to ensure that everyone has access to the support they need, right when they need it. We support the creation of local online NHS information hubs, as recommended in this report, to ensure nobody falls through the cracks and support is widely available. It's important that this type of support is in place for mental health, and suitable to help people working around their different needs and abilities.

It's also about prevention. We believe in early support for children and their mental health needs. Improving young people's mental health revolves around implementing a comprehensive approach that encompasses prevention, early intervention, and ongoing support. It is crucial that young people are in comfortable environments and can thrive and develop without facing mental health struggles. We should aim at identifying and addressing mental health issues early and help prevent problems from escalating. This might involve mental health education in schools, screening programmes, and access to early intervention services.

We are big believers in expanding mental health support within educational settings, and in making school a safer and more welcoming environment for young people. We think every school should have proper mental health programmes in place, so students have the tools they need to look after their wellbeing. Whether it's workshops, awareness campaigns, or just having someone to talk to, we are all about creating a supportive environment where mental health is taken seriously.

"Making school a more **safe and welcoming** environment for young people."

"My priorities for improving mental health in Bradford are implementing programmes aimed at **identifying and addressing mental health issues early and can help prevent problems from escalating.** This might involve mental health education in schools, screening programmes, and access to early intervention services. Also develop and **expand community-based support services that provide mental health support and resources to young people and their families.** This could include youth centres, peer support groups, helplines, and outreach programmes tailored to the specific needs of young people in Bradford."

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