Children and Young People's Mental Health Inequalities Data Snapshot

South East London (SEL)

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Overview of the Children and Young People's Mental Health Inequalities Data Snapshot

Advancing CYP MH Equality in London

Advancing Mental Health Equality Strategy

NHS England and NHS Improvement have launched a [longer-term strategy for advancing mental health equalities,](#) which sits alongside the [Mental Health Implementation Plan 2019/20-2023/24](#).

The Healthy London Partnership (HLP) Children and Young People's Mental (CYPMH) programme has been working with partners across the CYP MH system in London to take forward actions to support strategic priorities highlighted in the Advancing Mental Health Equality Strategy: **supporting local health systems**, **data and information**, and **workforce**.

The use of data is pivotal for identifying issues around equality and equity faced by CYP in London. The questions identified below, highlight to commissioners, service providers, local authority and public health colleagues which data sets to consider to identify where action is needed in London to tackle inequalities in the CYPMH system.

Questions from Advancing Mental Health Equality Resource

1. Who are our **population**? What are the **mental health needs** in this population?
2. What mental health **services are available**? What services are we **missing**?
3. Who **is** and who **is not accessing** mental health services?
4. What **kinds of treatment** are people receiving?
5. What do the **outcomes** of mental health care look like for our population?
6. What **kinds of experiences** are people having?

Data Snapshot development and approach overview

Purpose of the snapshot

- The ICS snapshot aims to support local systems in addressing inequalities in access, experience and outcomes in children and young people's mental health care.
- It uses existing datasets to highlight health inequalities across different groups, providing a reference point to begin planning, commissioning and delivering CYP MH services in London which are preventive and protective.
- Each snapshot includes relevant population and demographic information as well as a pan-London comparison of key CYPMH metrics.
- The snapshots attempt to answer the questions set out in the Advancing Mental Health Equalities Strategy. The aim is to address some of the fundamental issues around health inequalities and mental health service provision for CYP in London.

Scope summary

- Development of snapshots for each ICS in London (five in total).
- Each snapshot will include a breakdown of the population and demographic information as well as comparisons of key metrics between CCGs and ICS.
- The snapshots will also include analysis of key regional data sets to probe inequalities experienced by population groups across London.
- The graphics in each snapshot will include accompanying descriptive insights and brief summaries; presented with bar and line graphs for comparison and time series information where relevant.

Interdependencies

- Publication of MHSDS (Mental Health Services Data Set) data.
- NHS Benchmarking CYP MH data and analysis project: The project is a joint initiative between the Cavendish Square Group, CYP MH Inpatient Provider Collaboratives and HLP CYP MH programme - further details have been included in Appendix A.
- Lower-level understanding of key metrics on different groups which is dependent on access to these data sets.

Stakeholder Involvement & Engagement

- HLP CYP MH Tackling Inequalities Working Group: Meetings with members to provide project guidance.
- Local MH organisations: Understand the difficulties in access to MH services across different groups and how they monitor this.
- CYP MH ICS leads and commissioners: Insight into what they use to plan and commission services and how they could use the toolkit to address inequalities experienced by different communities .
- Data Intelligence teams: Colleagues supporting with greater insight and understanding of key datasets which include PHE (PHE fingertips) and NHS (MHSDS).

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Picture of the SEL population

Picture of SEL

The SEL population:

- SEL has a population of approx. **1.8 million** people.

- Poverty and deprivation are key determinants in poor health outcomes. Lewisham and Southwark (**2/6** boroughs in SEL) are in the top **25%** most deprived areas UK wide.

- SEL is home to an ethnically diverse population and has a large variation in ethnic groups across its different boroughs. Black / African / Caribbean / Black British people constitute **6%** of the population in Bromley and **23%** in Lambeth.

- **3/6** boroughs have childhood obesity rates above the London average. On average **38%** of children leaving primary school are overweight or obese.
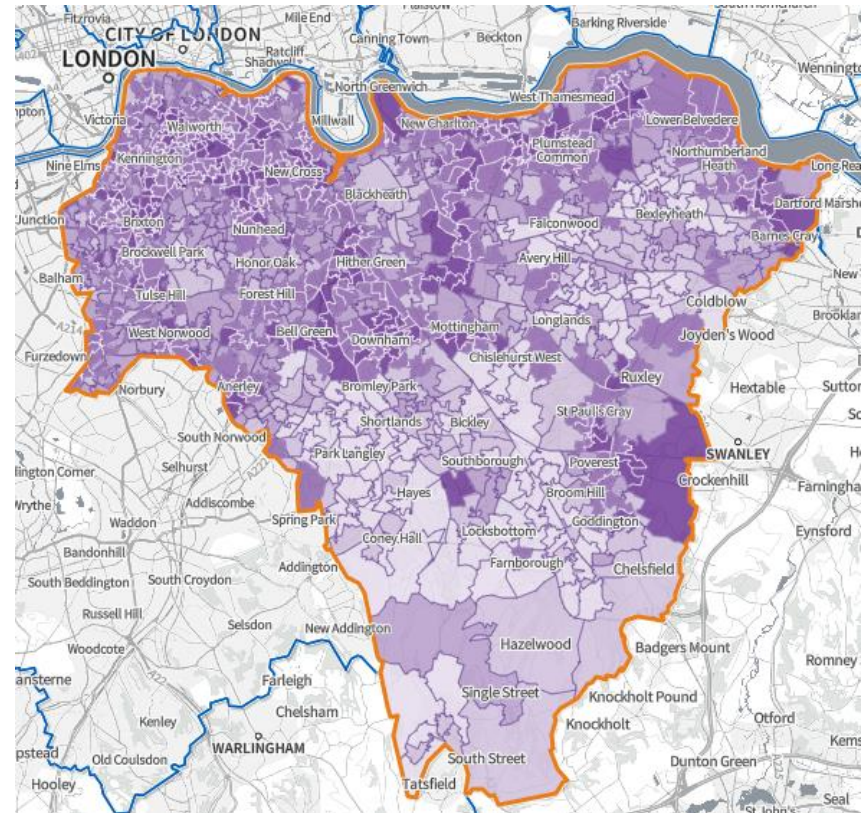
SEL Index of Multiple Deprivation

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The colours represent the quintiles:
- 33.26 to 92.73: 173 areas
- 21.56 to 33.25: 339 areas
- 14.25 to 21.55: 217 areas
- 8.63 to 14.24: 149 areas
- 0.54 to 8.62: 129 areas

Sources: PHE Fingertips, PHE SHAPE

SEL - Population

In SEL, those **aged 30-34** make up the **largest proportion** of the population. In the **CYP population**, the most populous age bracket is formed by those **aged 0-4** (117,737). The least populous CYP age bracket is formed by those **aged 15-19** (89,610). Overall, CYP (aged 0-24) account for **30%** of the SEL population (542,667).
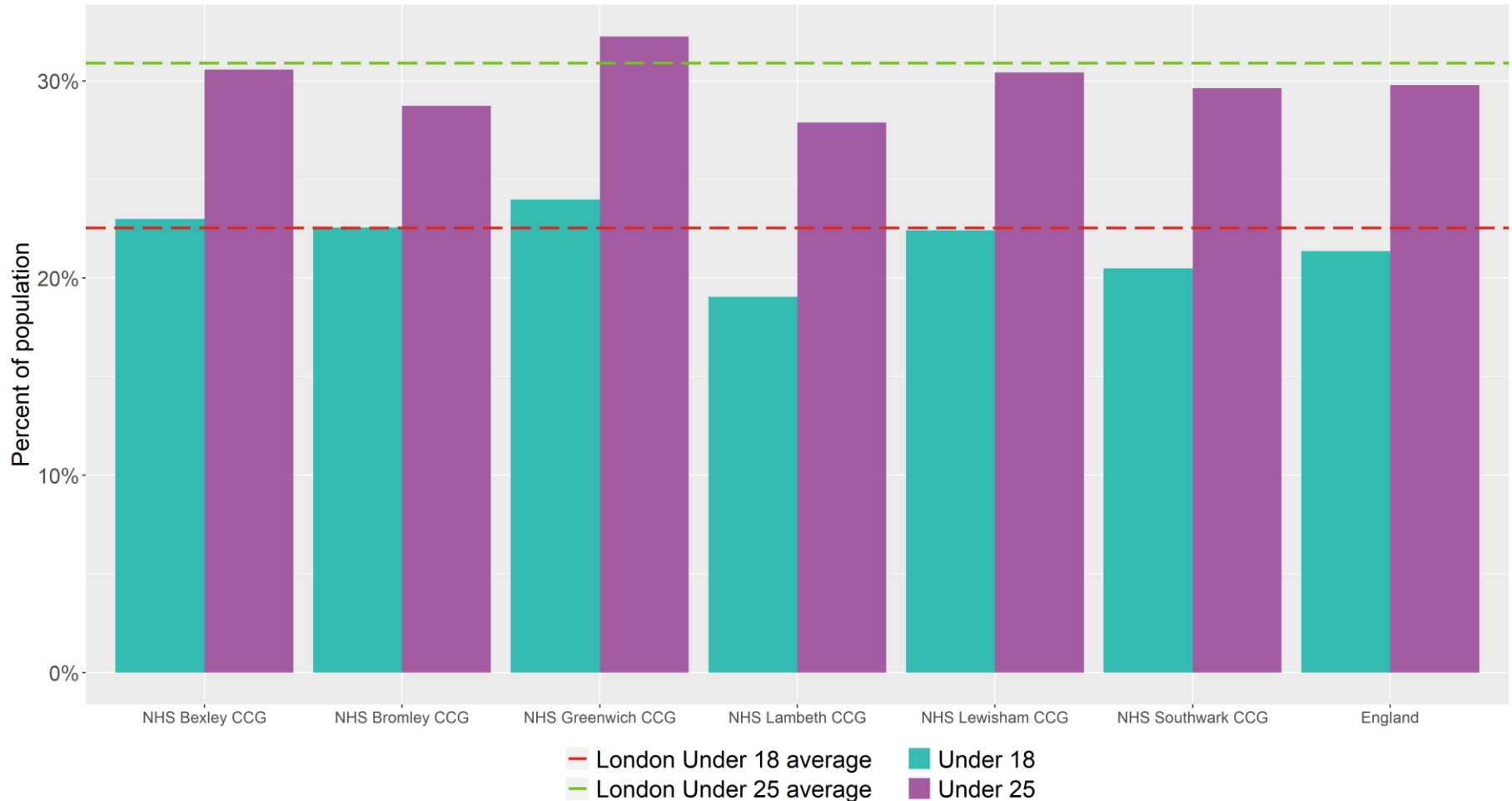
SEL Population by age and gender

Source: [1] ONS Population estimates (2019)
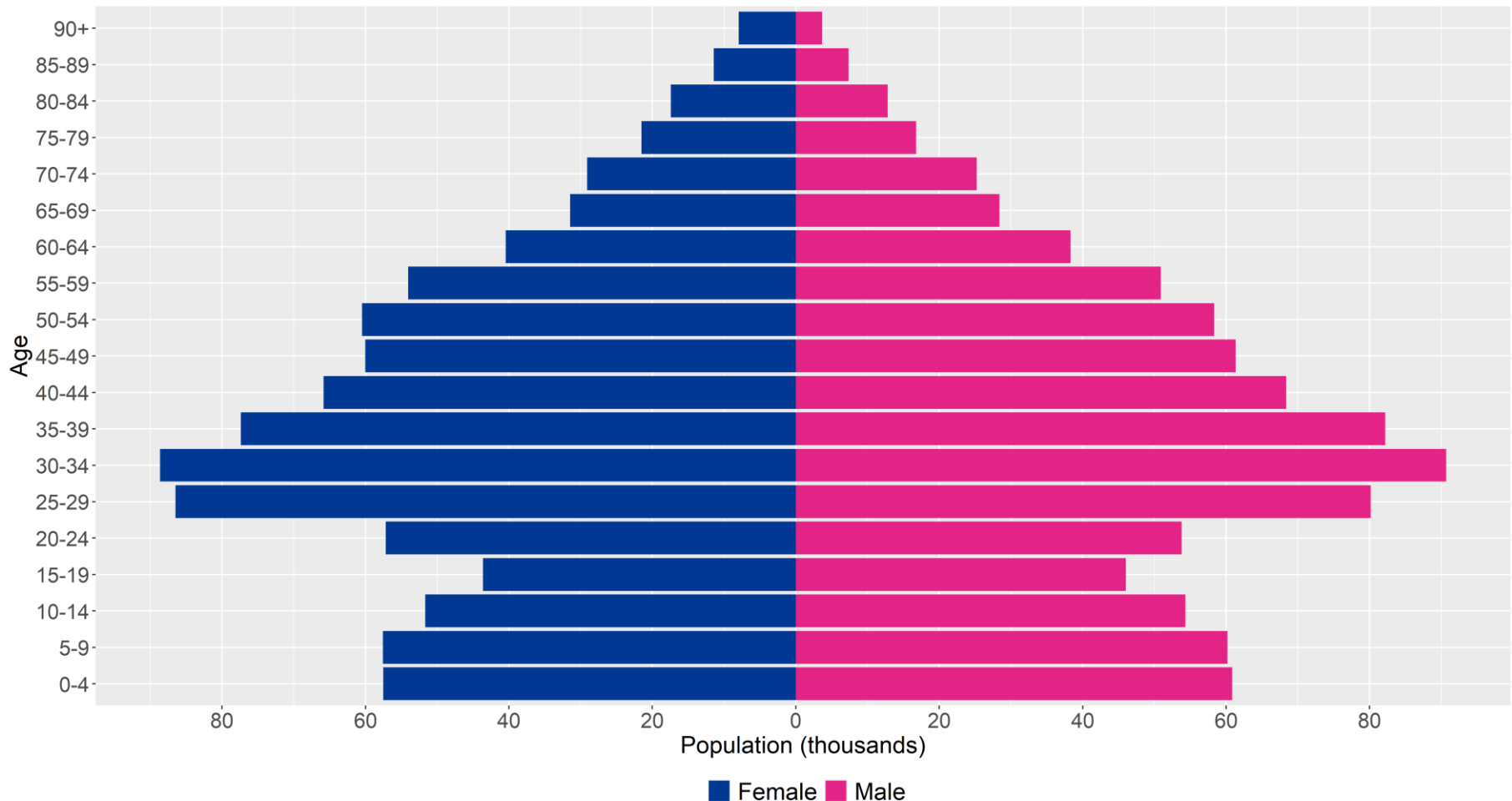
SEL - CYP Population

In SEL, Greenwich's population has the highest percentage of CYP for both under 18s (**24%**) and under 25s (**32%**). Lambeth has the lowest percentage of under 18s (**19%**) and the lowest percentage of under 25s (**28%**) in SEL.

SEL Population percent under 18 percent under 25

Legend:
- London Under 18 average (red dashed line)
- London Under 25 average (green dashed line)
- Under 18 (teal)
- Under 25 (purple)

X-axis: NHS Bexley CCG, NHS Bromley CCG, NHS Greenwich CCG, NHS Lambeth CCG, NHS Lewisham CCG, NHS Southwark CCG, England
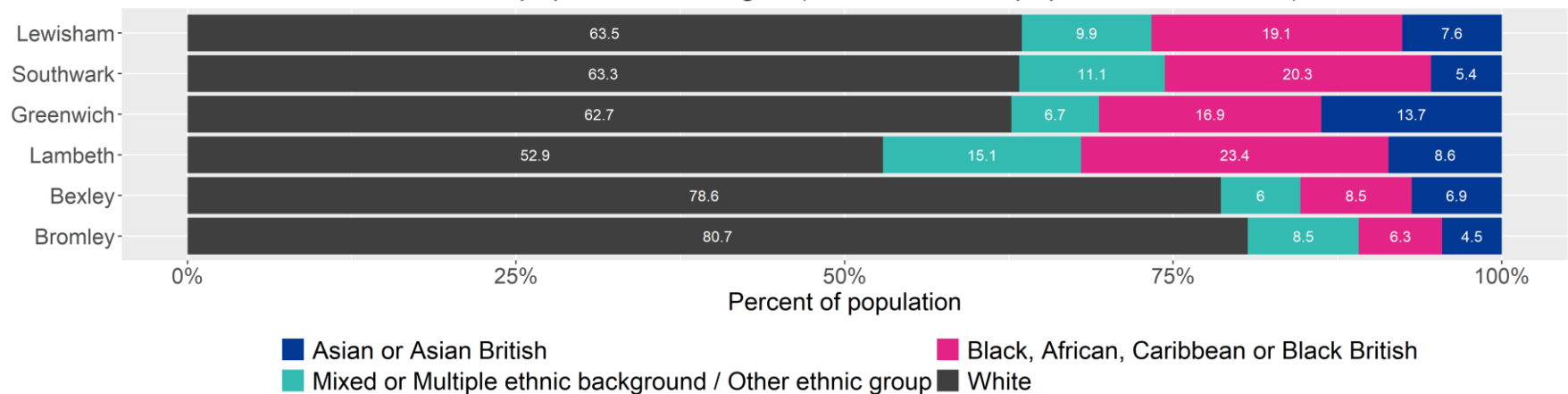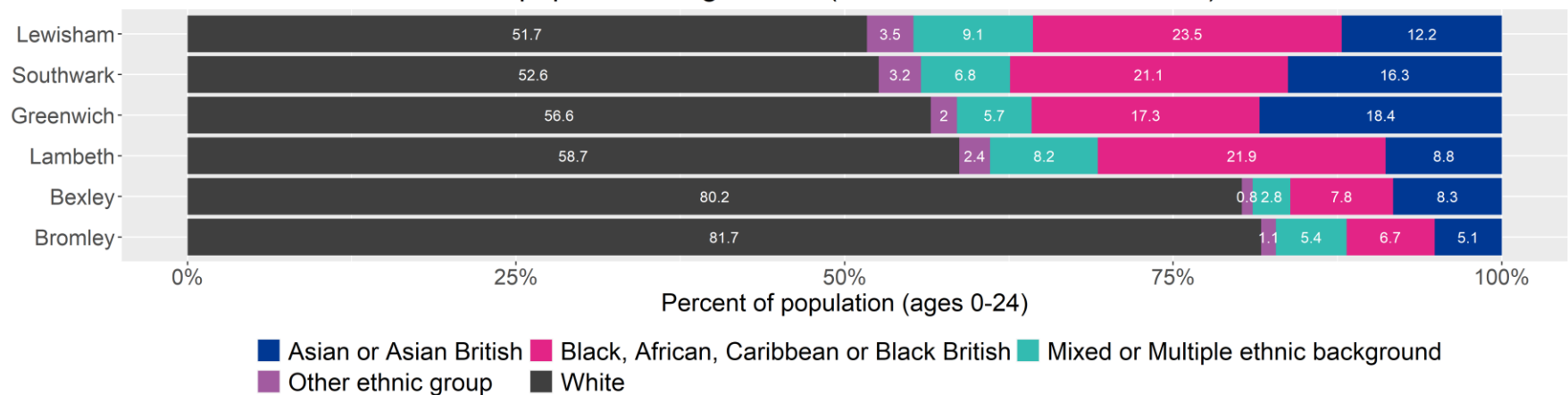
Y-axis: Percent of population

SEL - Ethnicity

The last well reported CYP ethnicity data is from the 2011 census. The figure below compares recent ethnicity estimates (2018) for all ages against 2011 census data focused specifically on the CYP (aged 0-24) population. Given the different time frames, it can be difficult to build an accurate picture of ethnicity within a given area.

SEL Ethnic breakdown of the population - all ages (based on 2018 population estimates)
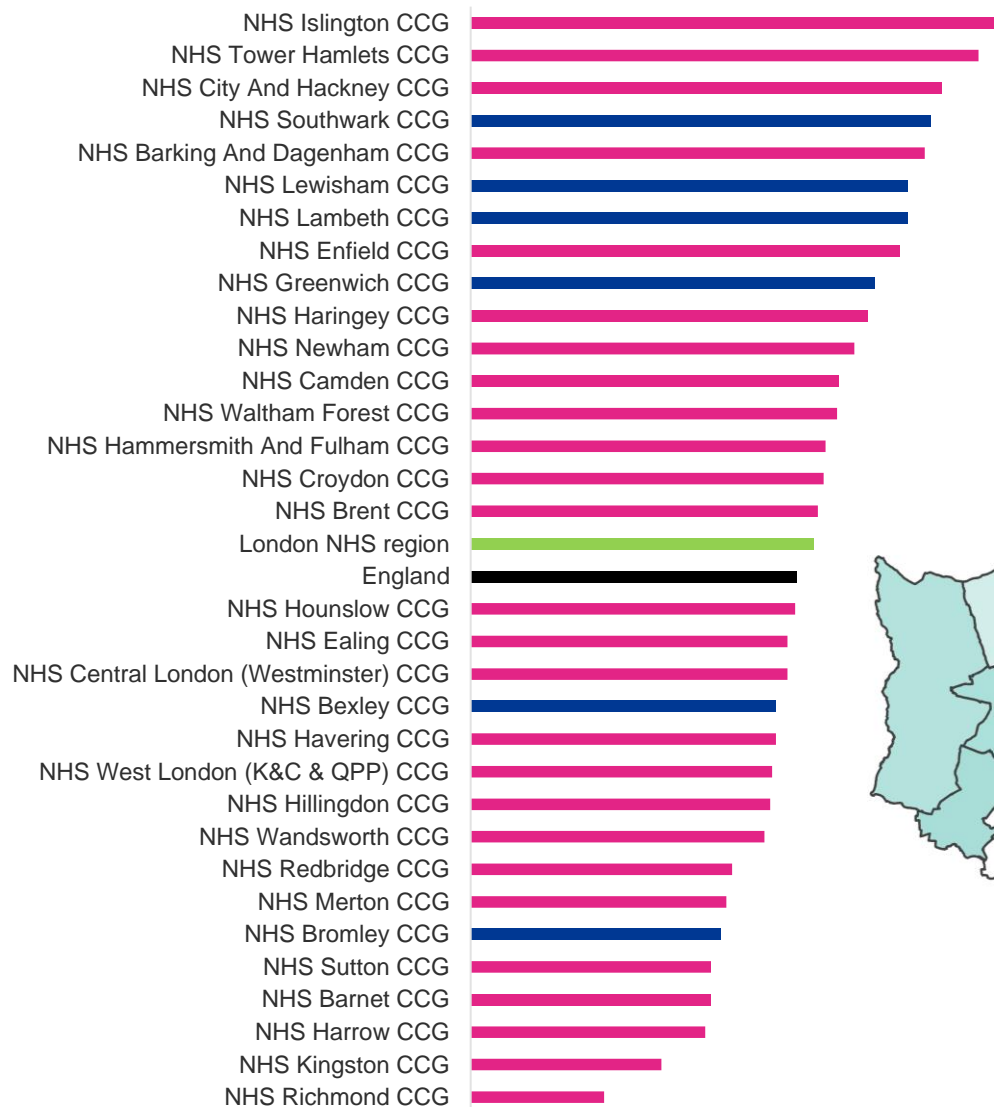
Borough	White	Mixed or Multiple ethnic background / Other ethnic group	Black, African, Caribbean or Black British	Asian or Asian British
Lewisham	63.5	9.9	19.1	7.6
Southwark	63.3	11.1	20.3	5.4
Greenwich	62.7	6.7	16.9	13.7
Lambeth	52.9	15.1	23.4	8.6
Bexley	78.6	6	8.5	6.9
Bromley	80.7	8.5	6.3	4.5

Percent of population

■ Asian or Asian British   ■ Black, African, Caribbean or Black British
■ Mixed or Multiple ethnic background / Other ethnic group   ■ White

SEL Ethnic breakdown of the population - ages 0-24 (based on 2011 census data)

Borough	White	Other ethnic group	Mixed or Multiple ethnic background	Black, African, Caribbean or Black British	Asian or Asian British
Lewisham	51.7	3.5	9.1	23.5	12.2
Southwark	52.6	3.2	6.8	21.1	16.3
Greenwich	56.6	2	5.7	17.3	18.4
Lambeth	58.7	2.4	8.2	21.9	8.8
Bexley	80.2	0.8	2.8	7.8	8.3
Bromley	81.7	1.1	5.4	6.7	5.1

Percent of population (ages 0-24)

■ Asian or Asian British   ■ Black, African, Caribbean or Black British   ■ Mixed or Multiple ethnic background
■ Other ethnic group   ■ White

Source: [2] ONS Ethnic groups by Borough (2018), [3] ONS census data (2011)

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SEL – Income Deprivation Affecting Children (IDACI)

London IDACI Scores

- NHS Islington CCG
- NHS Tower Hamlets CCG
- NHS City And Hackney CCG
- NHS Southwark CCG
- NHS Barking And Dagenham CCG
- NHS Lewisham CCG
- NHS Lambeth CCG
- NHS Enfield CCG
- NHS Greenwich CCG
- NHS Haringey CCG
- NHS Newham CCG
- NHS Camden CCG
- NHS Waltham Forest CCG
- NHS Hammersmith And Fulham CCG
- NHS Croydon CCG
- NHS Brent CCG
- London NHS region
- England
- NHS Hounslow CCG
- NHS Ealing CCG
- NHS Central London (Westminster) CCG
- NHS Bexley CCG
- NHS Havering CCG
- NHS West London (K&C & QPP) CCG
- NHS Hillingdon CCG
- NHS Wandsworth CCG
- NHS Redbridge CCG
- NHS Merton CCG
- NHS Bromley CCG
- NHS Sutton CCG
- NHS Barnet CCG
- NHS Harrow CCG
- NHS Kingston CCG
- NHS Richmond CCG

IDACI is an index of deprivation which highlights where deprivation is most affecting children. Southwark, Lewisham, Lambeth and Greenwich all have IDACI scores above the London and England average (i.e. more deprived).

IDACI Score
- 0.25
- 0.20
- 0.15
- 0.10

SEL is highlighted inset

Source: [4] Gov UK English indices of deprivation (IDACI), ONS Open Geography Portal

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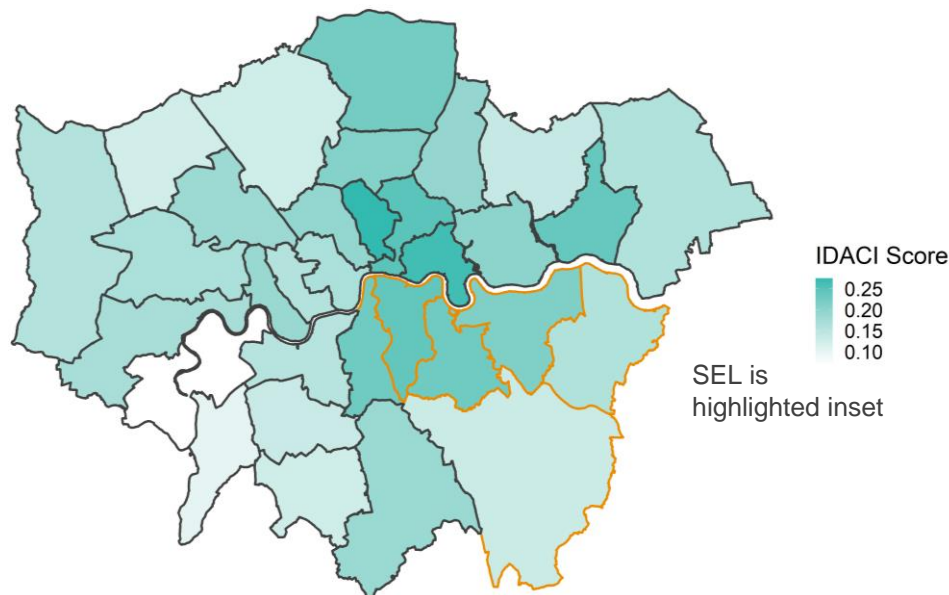
SEL – Social, Emotional and Mental Health Needs

The Social, Emotional and Mental Health (SEMH) needs of school pupils in the UK are reported as part of records on Special Educational Needs (SEN). Understanding the needs of the school age population is an important part of understanding the needs of the CYP population more broadly. In SEL, **4/6** boroughs are above the London average (**2.6%**) for the percentage of school pupils that have SEMH needs. In SEL, Lambeth has the highest (**3.2%**) and Lewisham the lowest (**2.2%**). Another important consideration are CYP with neurodevelopmental disorders (NDDs). Research suggests that children with NDDs are **3-6 times** more likely to have other mental difficulties such as anti-social behavior, depression and anxiety. Note all the SEN figures include pupils with EHC plans / statements of SEN as well as those that receive SEN support but do not have an EHC plan / statement of SEN.

SEL Percentage of pupils with SEMH needs

— London average

Source: [5] Gov UK SEN dataset (2020)
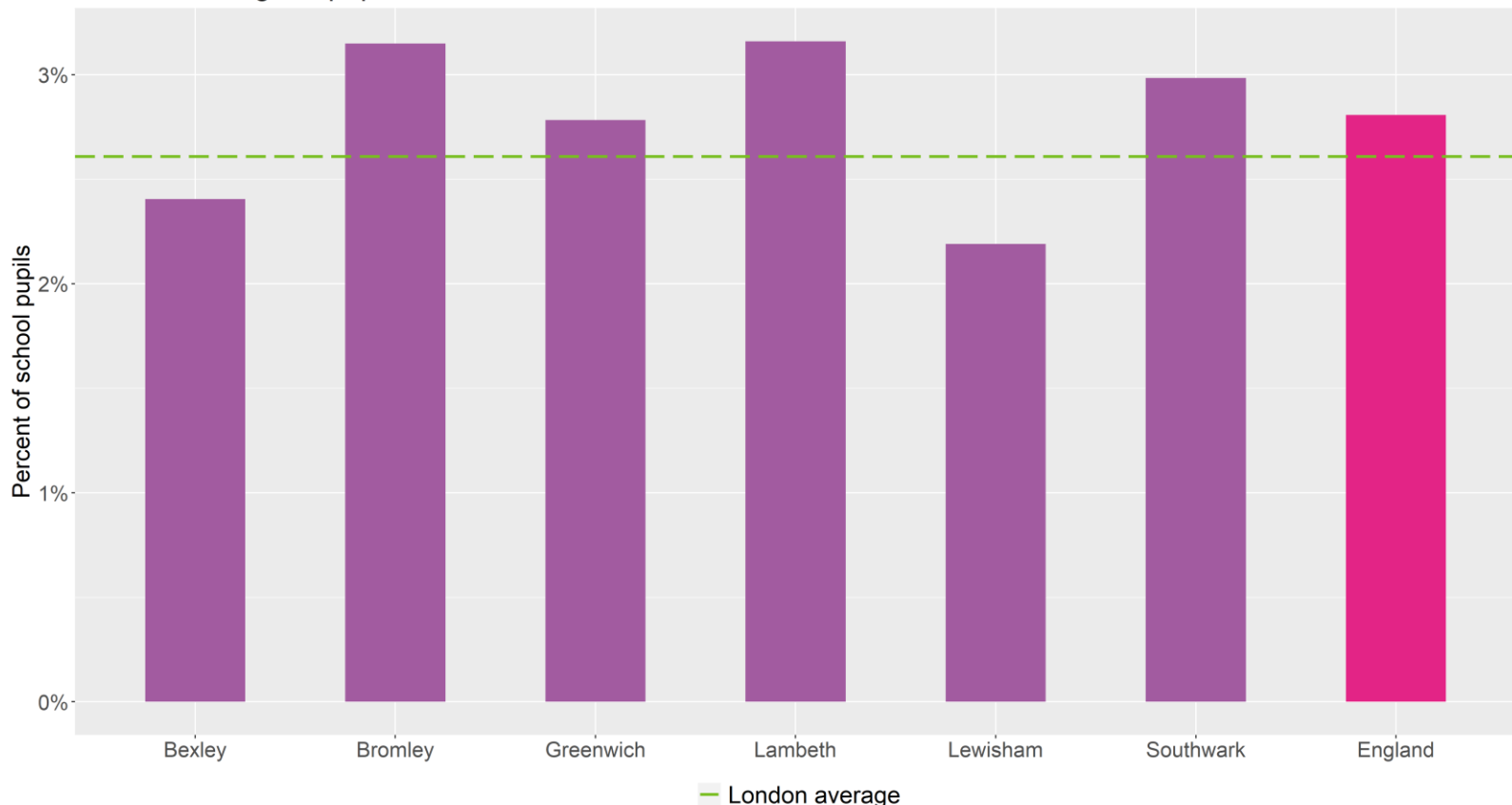
London – Social, Emotional and Mental Health Needs by Age

Understanding SEMH needs by pupils' characteristics is important in highlighting where inequalities exist. Looking at SEMH needs across London by age, we see a sharp drop off in the proportion of pupils aged 16 and over that have SEMH needs. This suggests that those most in need of support are also those most likely to leave school at this age whether that be into post-secondary institutions or elsewhere. It serves to highlight the importance of this transitionary period.

London Rate of SEMH needs by age group

Source: [5] Gov UK SEN dataset (2020)

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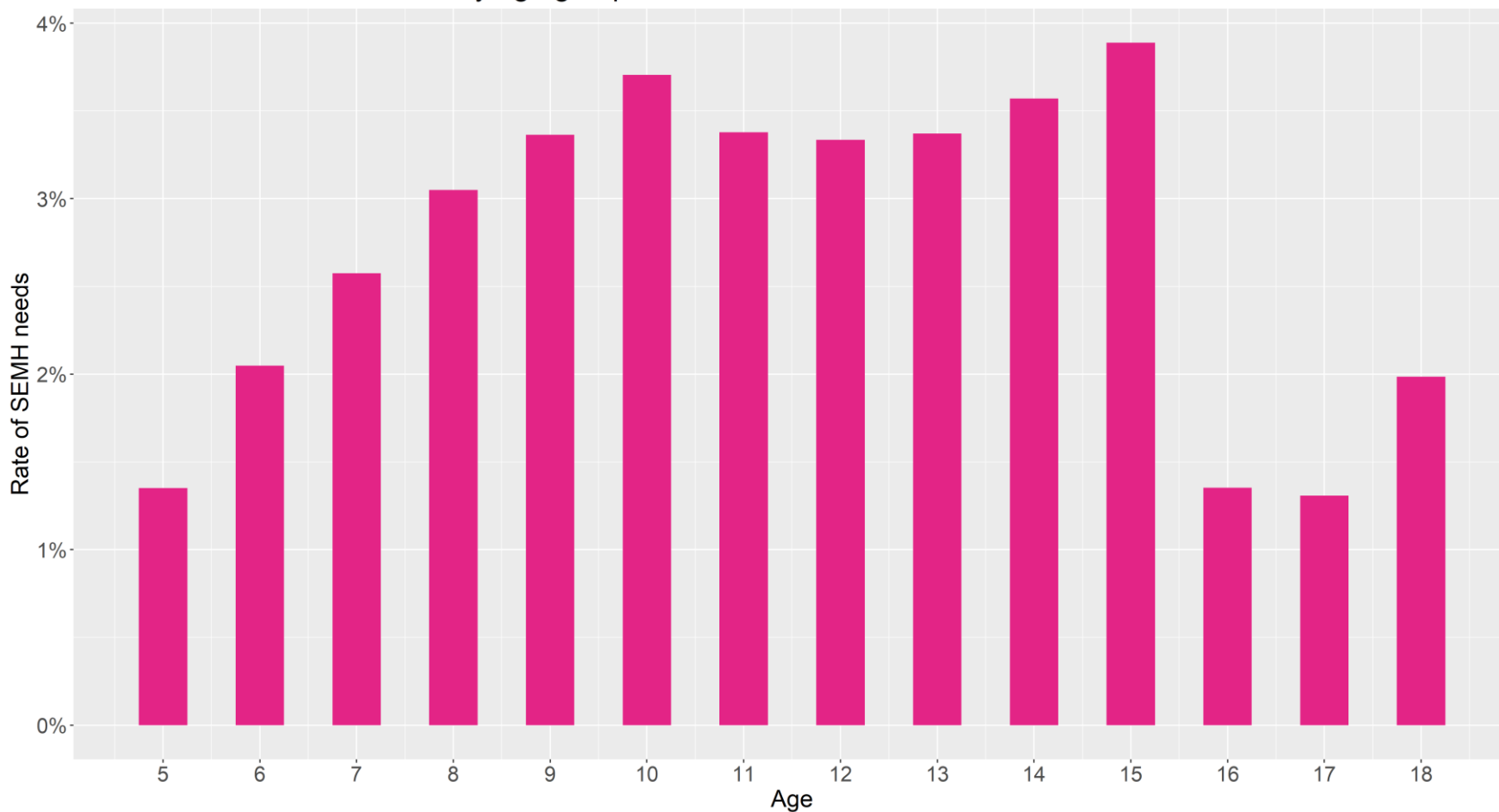
SEL – Social, Emotional and Mental Health Needs by Ethnicity

There are significant differences in the rate of SEMH needs for different ethnic groups. Pupils that are Travellers of Irish Heritage as well as Gypsy Roma and White and Black Caribbean pupils have the highest rates of SEMH needs in SEL. Chinese, Other Asian and Indian pupils are least likely to have SEMH needs in SEL. Due to the aggregated nature of the data, this cannot be broken down by any further characteristics.

SEL Rate of SEMH needs by ethnic group

Source: [5] Gov UK SEN dataset (2020)
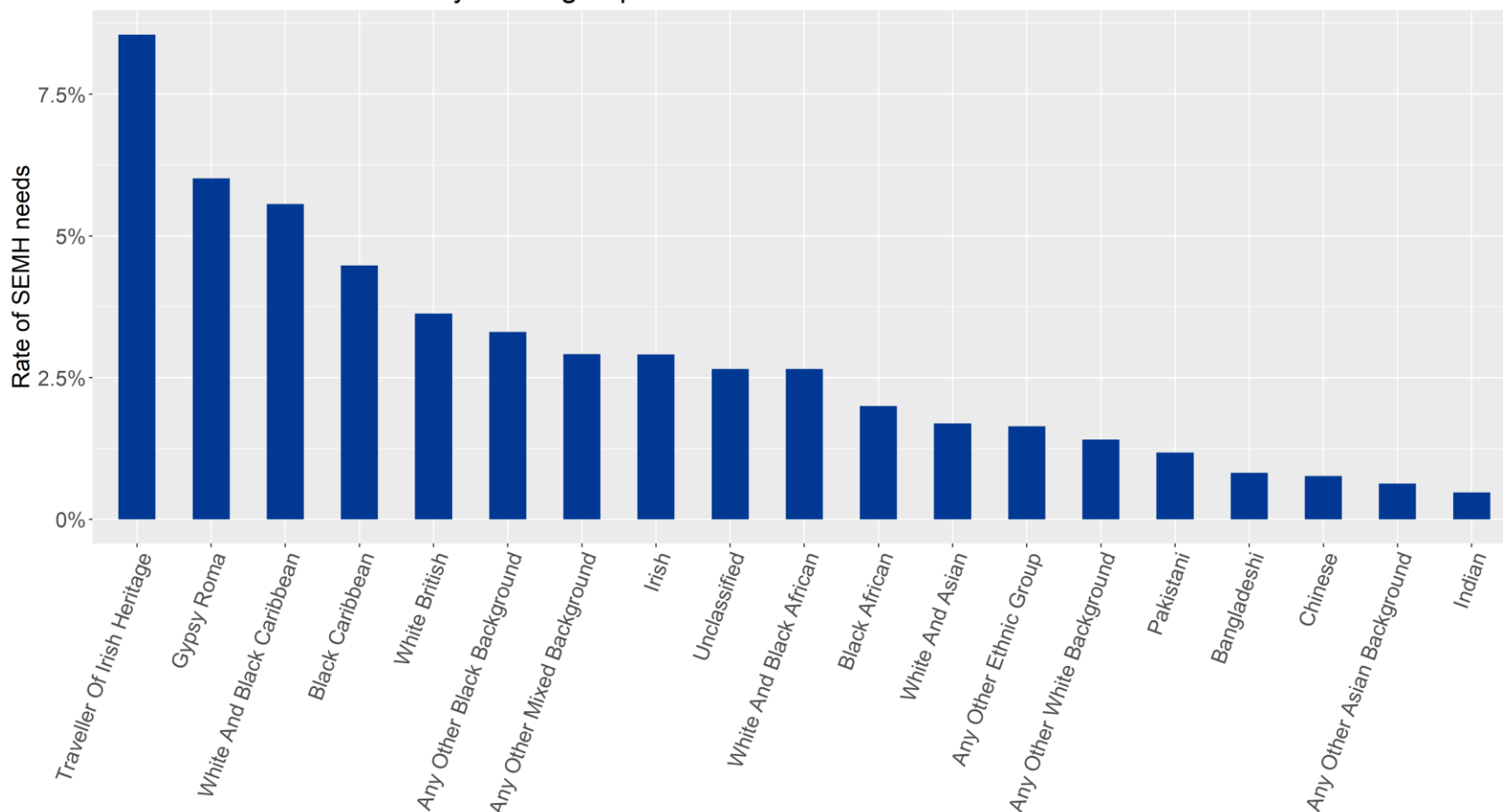
SEL – Social, Emotional and Mental Health Needs by Language

SEL has a reasonably high percentage (**30%**) of CYP (school age) whose first language is not English. The percentage is significantly reduced when looking at the population with SEMH needs (**15%**). This may reflect the different rates of SEMH needs within different communities, but it may also highlight the challenges language presents in identifying SEMH needs and acting as a barrier to CYPMH services.

SEL Pupils' first language (all school population)
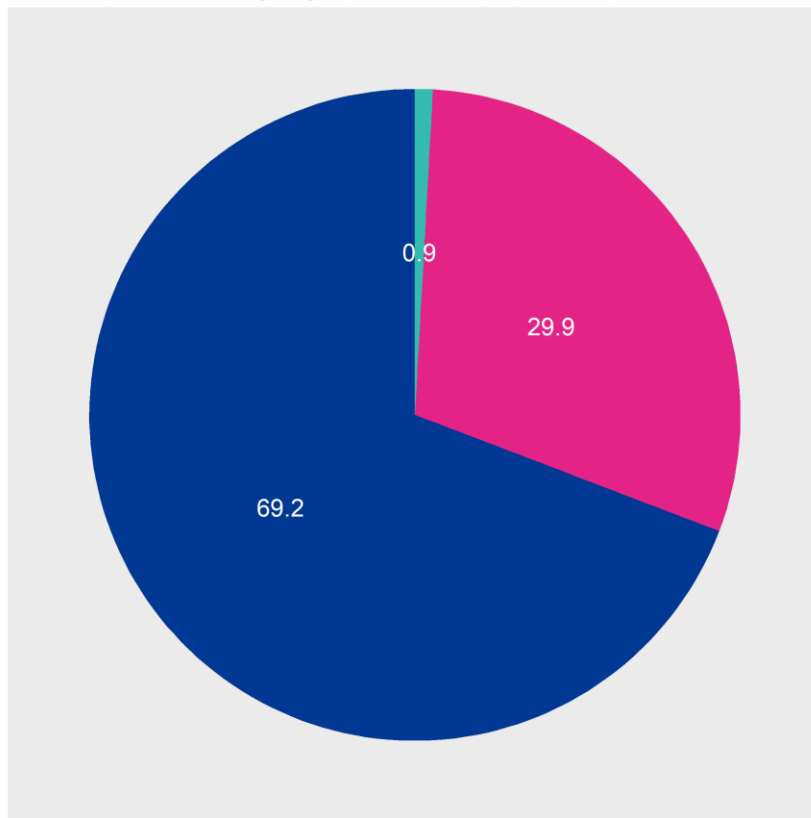
SEL Pupils' first language (school population with SEMH needs)

Left pie chart: 0.9, 29.9, 69.2 — English, Other, Unclassified
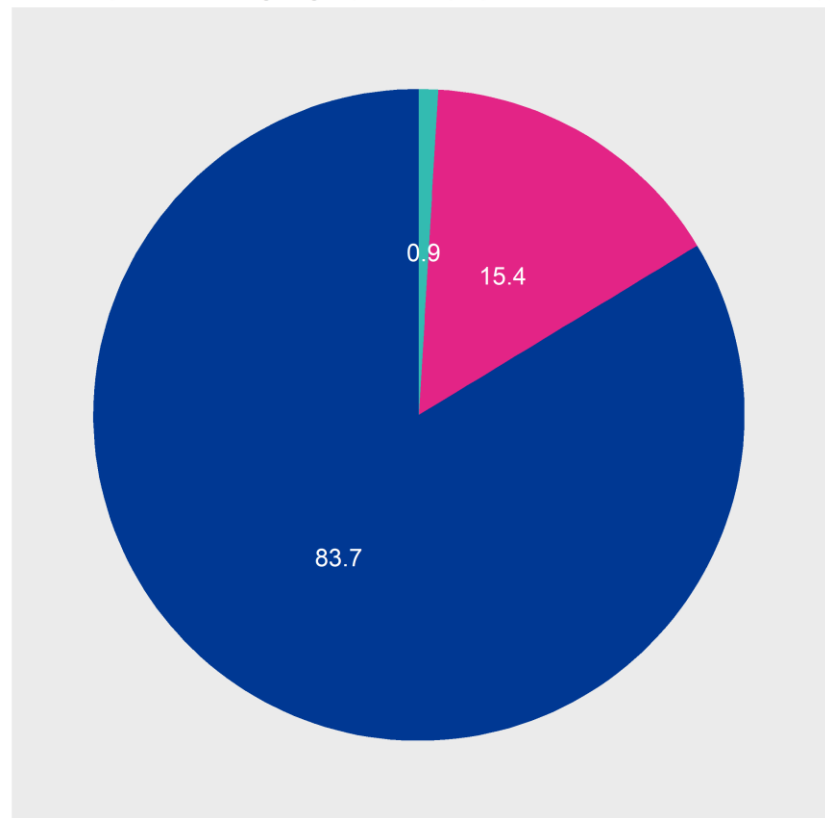
Right pie chart: 0.9, 15.4, 83.7 — English, Other, Unclassified

SEL – Social, Emotional and Mental Health Needs by Free School Meals

Free school meals (FSM) can be used as a proxy measure of deprivation. In SEL, **19%** of the school population are eligible for FSM. In the school population with SEMH needs, **40%** are eligible. This highlights the correlation between deprivation and increased vulnerability to mental health difficulties.

SEL Percent of students eligible for FSM in school population vs population with SEMH needs

Source: [5] Gov UK SEN dataset (2020)
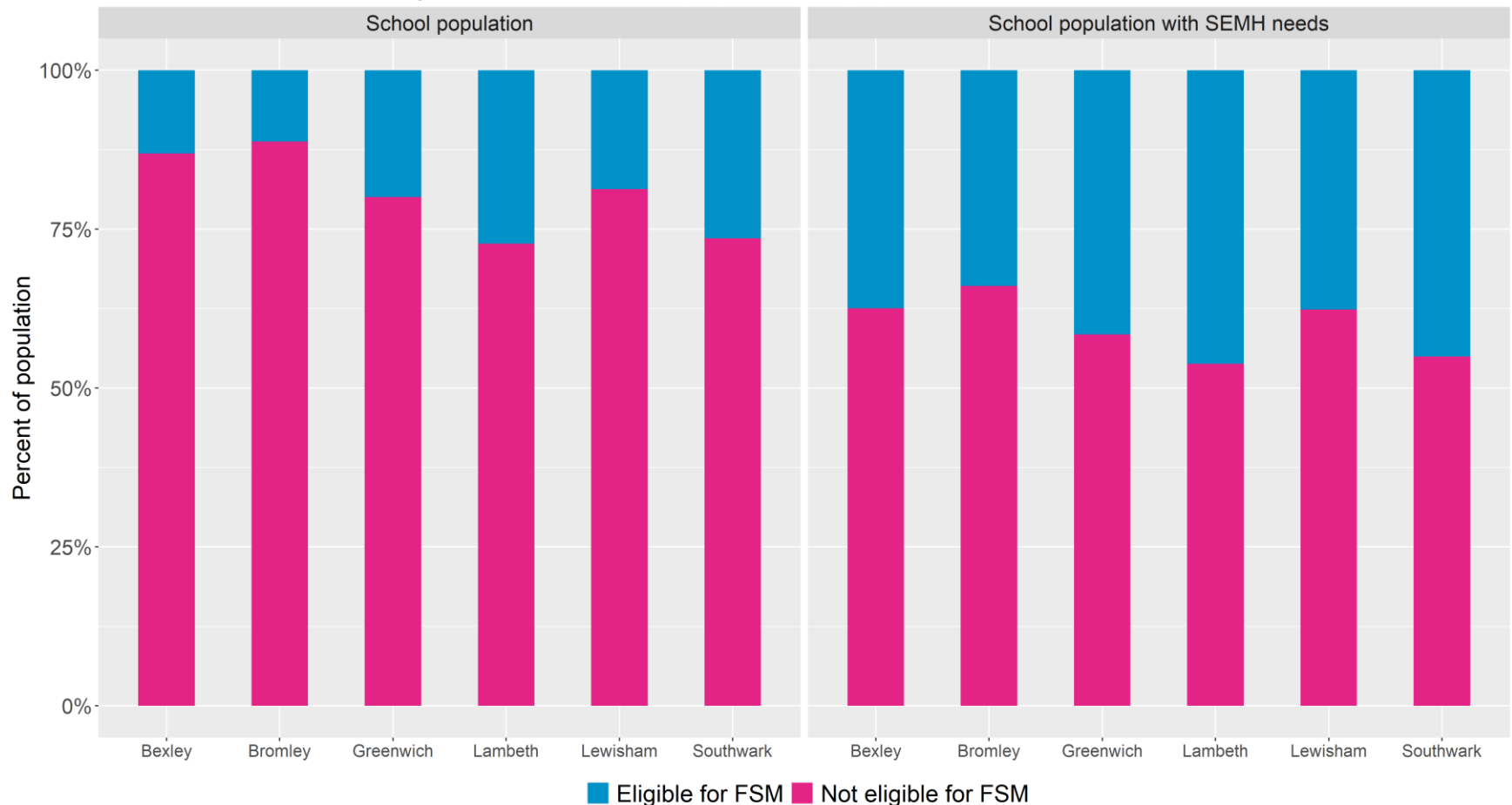
SEL – Physical Disability

CYP with a physical health problem are more likely to experience a mental health problem and visa versa. The figure below is based on SEN data where a school pupil has a physical disability and receives SEN support (it excludes those with a physical disability that don't receive SEN support). In SEL, Southwark has the highest proportion of pupils (**0.41%**) with a physical disability and Lewisham the lowest (**0.31%**).

SEL Percentage of pupils (receiving SEN support) with a physical disability

Source: [5] Gov UK SEN dataset (2020)
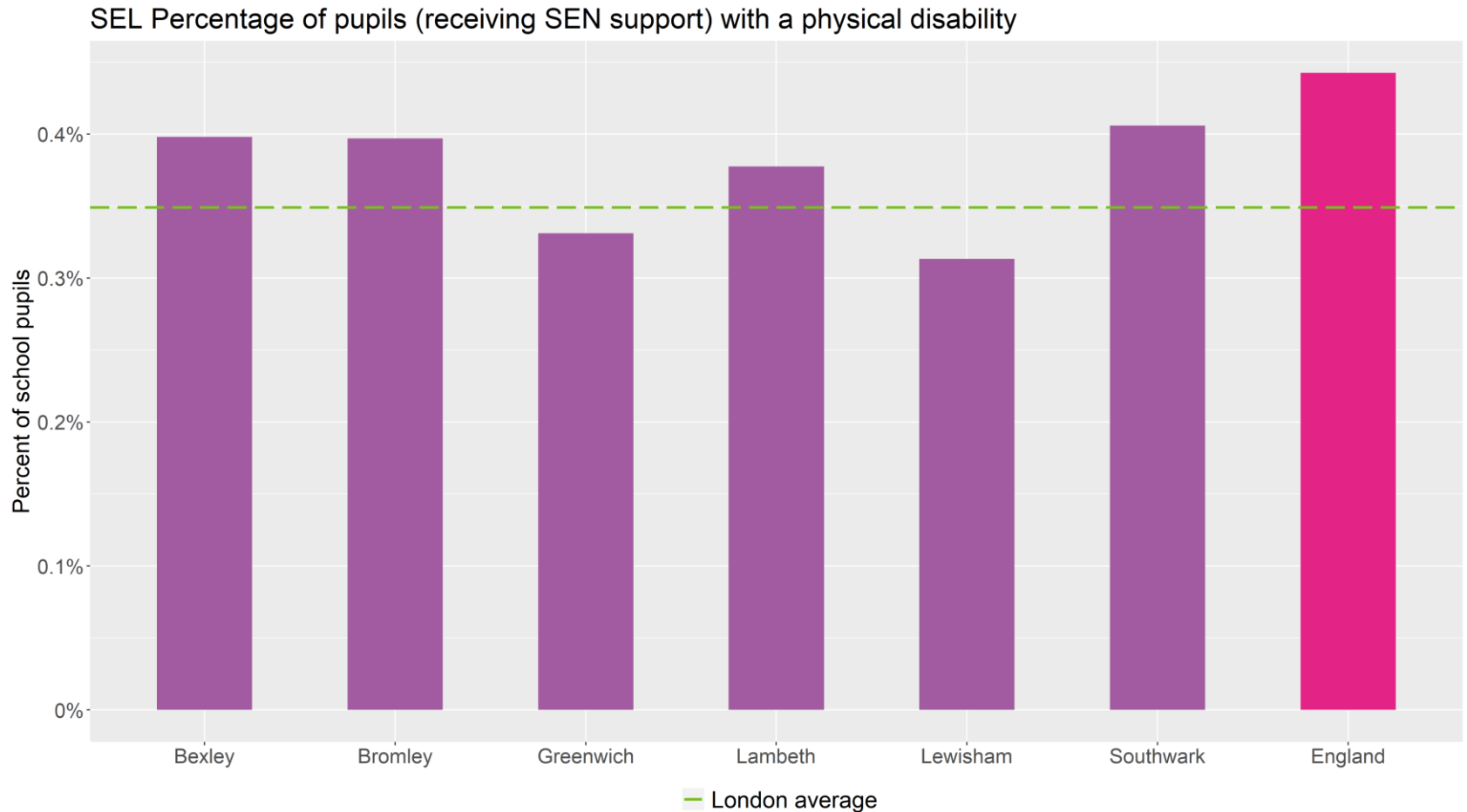
SEL – Estimated Number of CYP with Mental Health Difficulties

Estimates of the number of CYP with mental health difficulties have been made based on mental health prevalence surveys. These figures are based on the results of the 2017 Mental Health of Children and Young People Survey. There is some contention over their accuracy, particularly in London, but they still form an important baseline for commissioning services. Based on these estimates, in SEL, Bromley has the highest number of CYP with mental health difficulties and Bexley the lowest.

SEL Estimated number of CYP with mental health difficulties (aged 5 to 17)
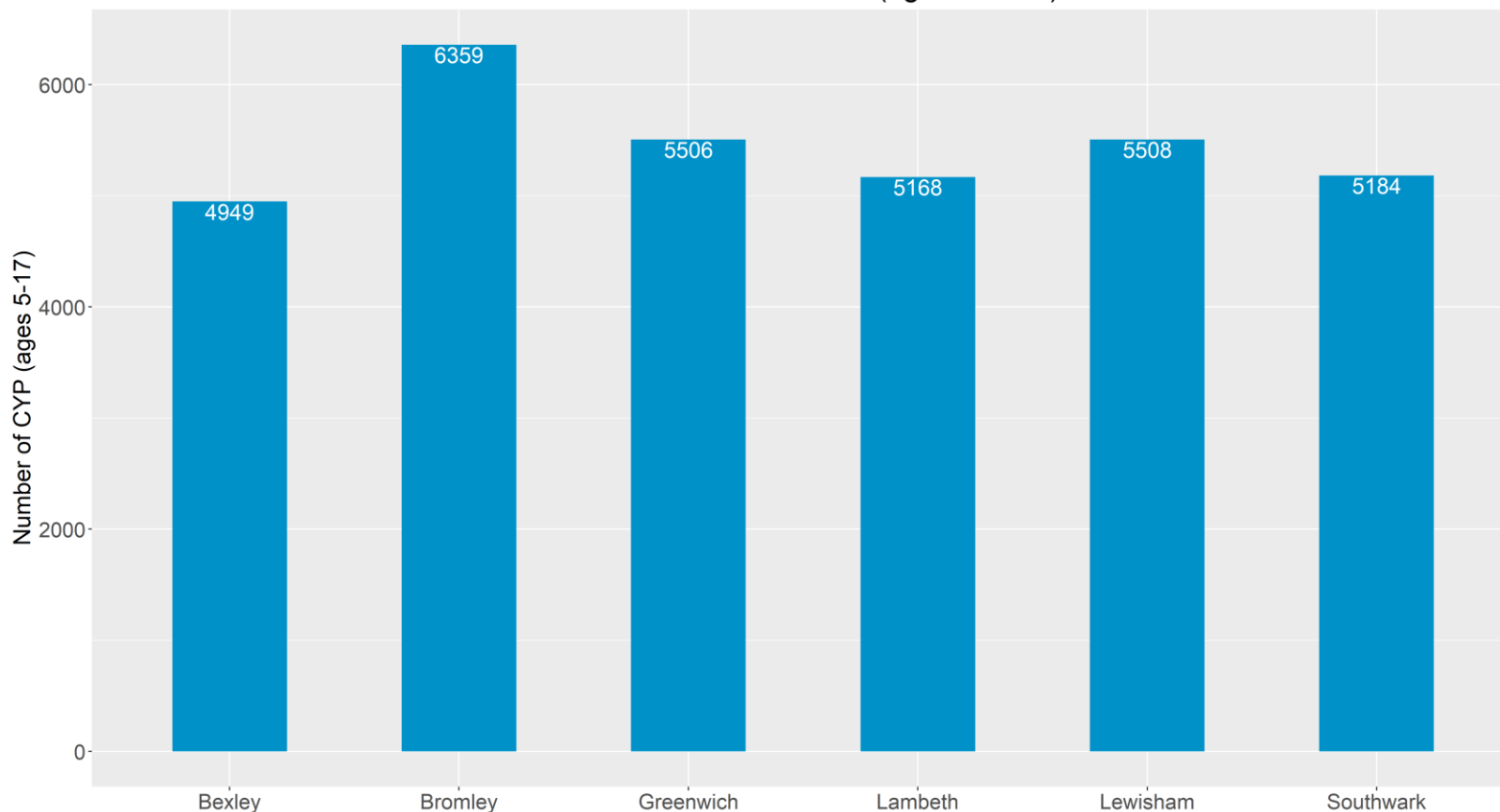
Note: In this context, mental health difficulties encompass emotional disorders, behavioral disorders, hyperactivity disorders, autism spectrum, eating and other less common disorders.
Source: [6] PHE Fingertips

SEL – Millennium Cohort Study

Recent findings from the Millennium Cohort Study (MCS), a large longitudinal study of young people in the UK, found that at age 17, **24%** of participants reported having **self-harmed** in the past 12 months. We can apply this figure to the 17-year-old population to get a very crude understanding of what this would mean, if true, for 17-year-olds in SEL.

SEL Estimated number of CYP that have self harmed in the past 12 months (aged 17)

CCG	Number of CYP (aged 17)
NHS Bexley CCG	705
NHS Bromley CCG	847
NHS Greenwich CCG	699
NHS Lambeth CCG	684
NHS Lewisham CCG	694
NHS Southwark CCG	681
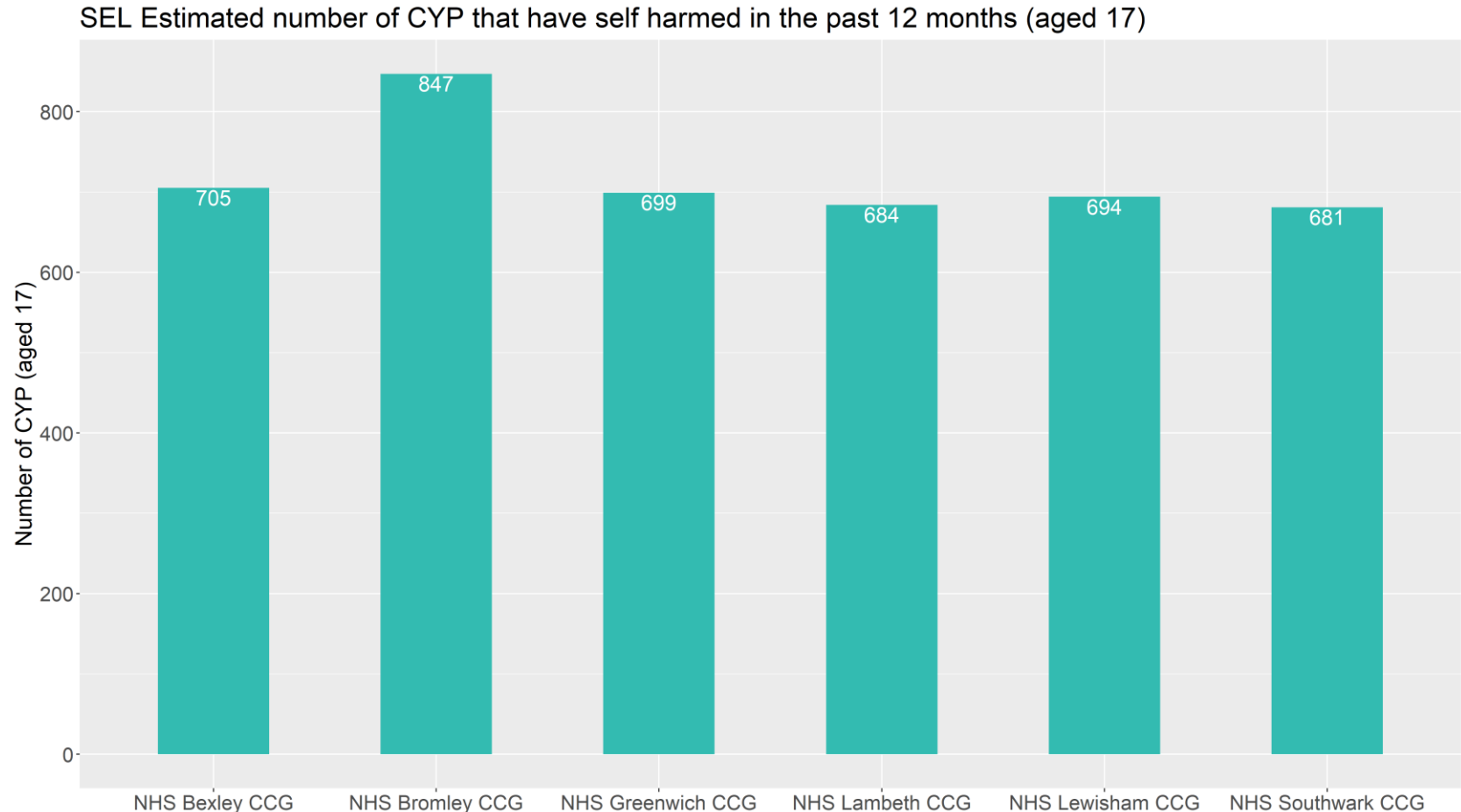
Source: [1] ONS population estimates (2019), Patalay, P. Fitzsimons, E. (2021). Psychological distress, self-harm and attempted suicide in UK 17-year-olds: prevalence and sociodemographic inequalities. *BJPsych*. 1-3.
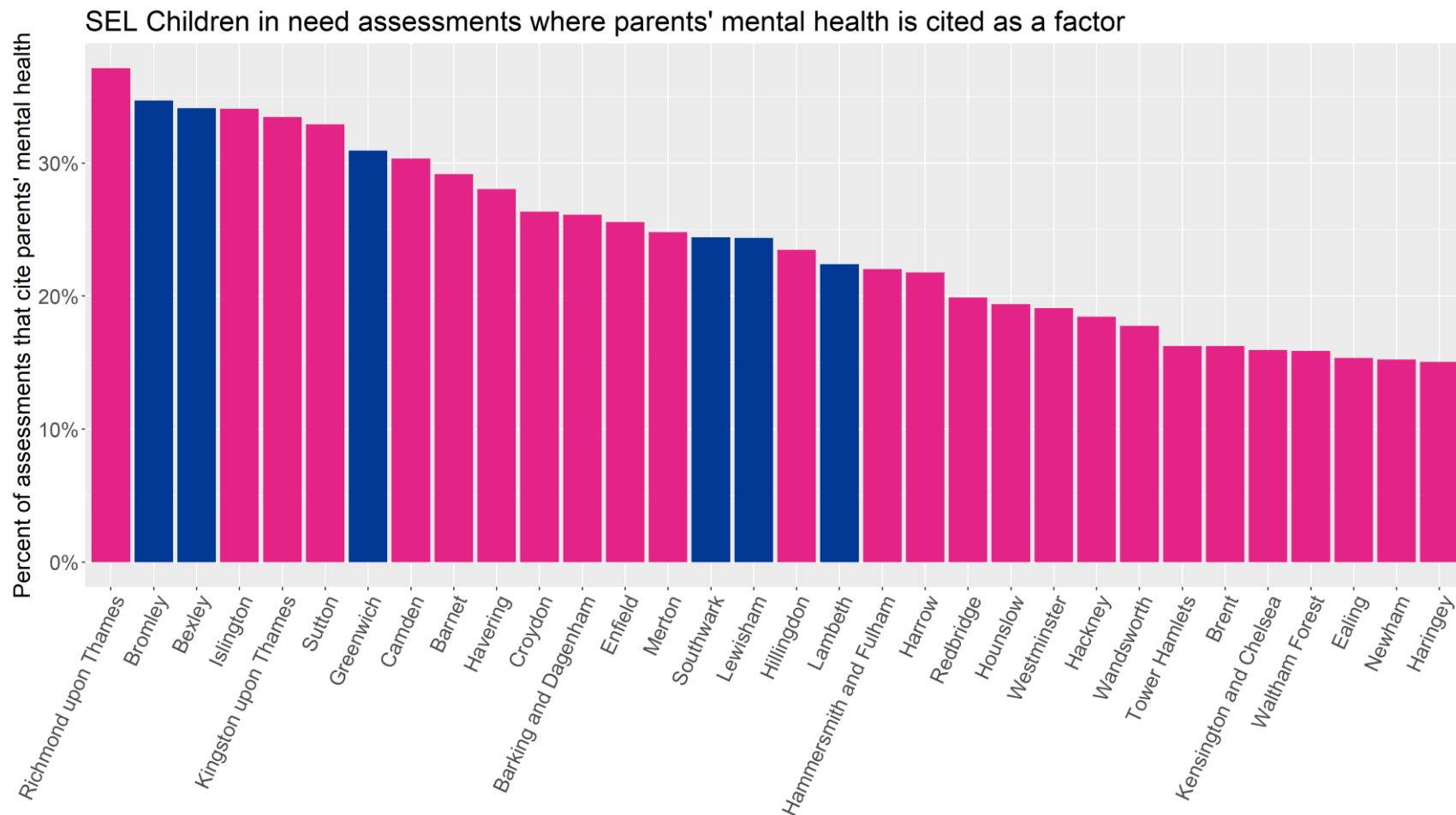
SEL – Millennium Cohort Study

Another finding from the same MCS report was that at age 17, **7.4%** of participants reported having harmed themselves with the **intention of committing suicide** in their lifetime. We can, again, apply this figure to the 17-year-old population to get a very crude understanding of what this would mean, if true, for 17-year-olds in SEL.

SEL Estimated number of CYP that have attempted suicide in their lifetime (aged 17)

SEL – Children in Need, Child's Mental Health

A child in need is a child that is considered unlikely to maintain a satisfactory level of health or development. The assessment of a child's need is carried out by children's social care following a referral and lists the types of need. This allows for an understanding of where support is most needed. In SEL, Bromley and Bexley have a relatively high proportion of children in need assessments which cite the child's mental health as a reason for their need (**22%** and **17%** of assessments respectively).

SEL Children in need assessments where child's mental health is cited as a factor

Source: [7] Gov UK children in need and child protection dataset (2019/2020)
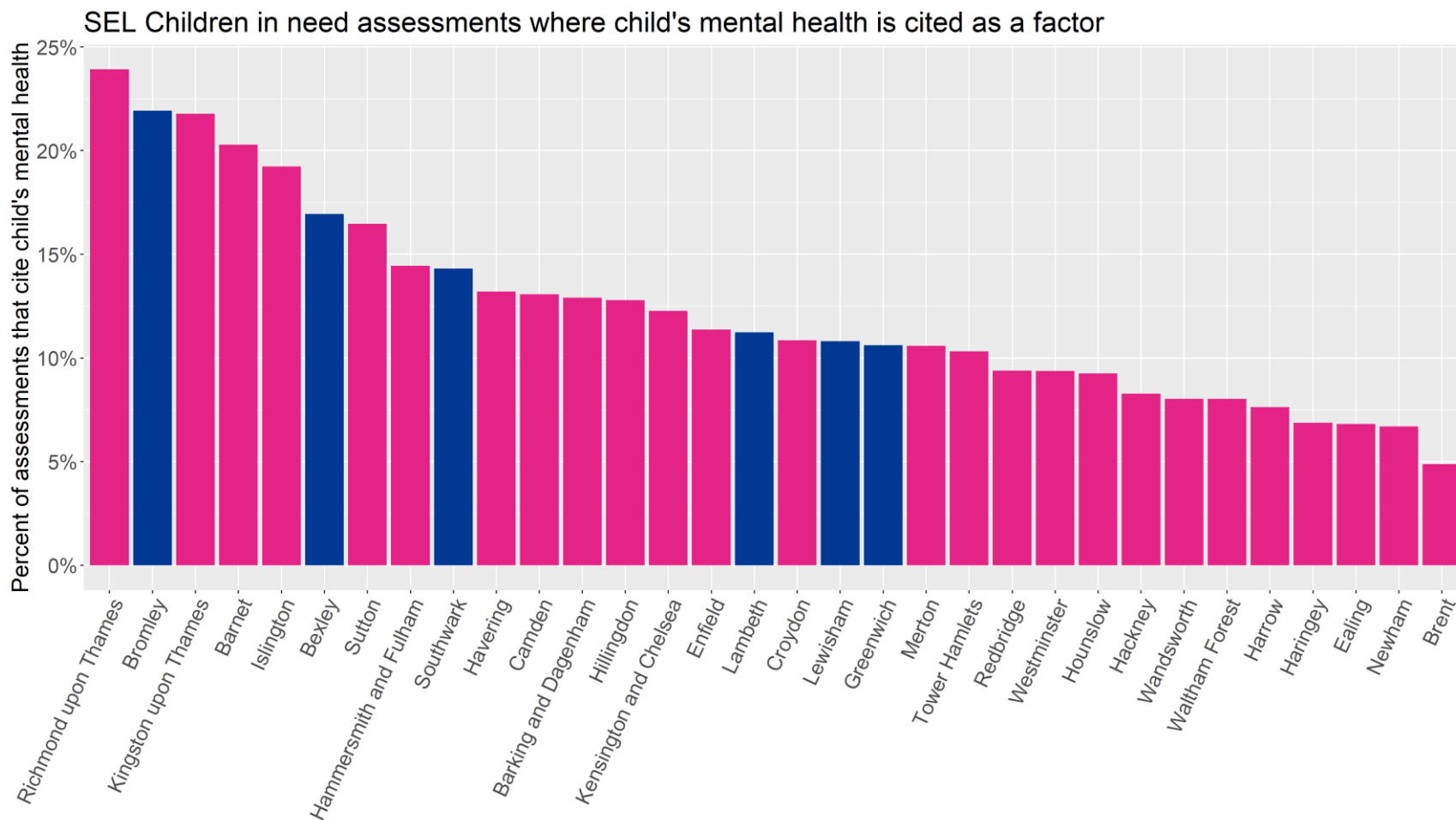
SEL – Children in Need, Parents' Mental Health

Children in need assessments also indicate whether the parents' mental health is a reason for the child's need. In SEL, Bromley has the highest proportion of children in need assessments citing the parents' mental health as a factor (**35%**). This is followed by Bexley (**34%**) and Greenwich (**31%**).

SEL Children in need assessments where parents' mental health is cited as a factor

Source: [7] Gov UK children in need and child protection dataset (2019/2020)

SEL – Permanent Exclusions

Permanent exclusions in schools are often an indicator of mental health or behavioral problems in CYP. In the latest reporting period (2018), London had a permanent exclusion rate (**0.07%**) lower than the national average (**0.1%**). In the same period in SEL, Bexley had the highest rate of permanent exclusions (**0.1%**) followed by Bromley (**0.095%**) and Southwark (**0.08%**).

SEL Permanent exclusion rate for school aged CYP

Source: [9] Gov UK Permanent and fixed-period exclusions in England (2018/2019)
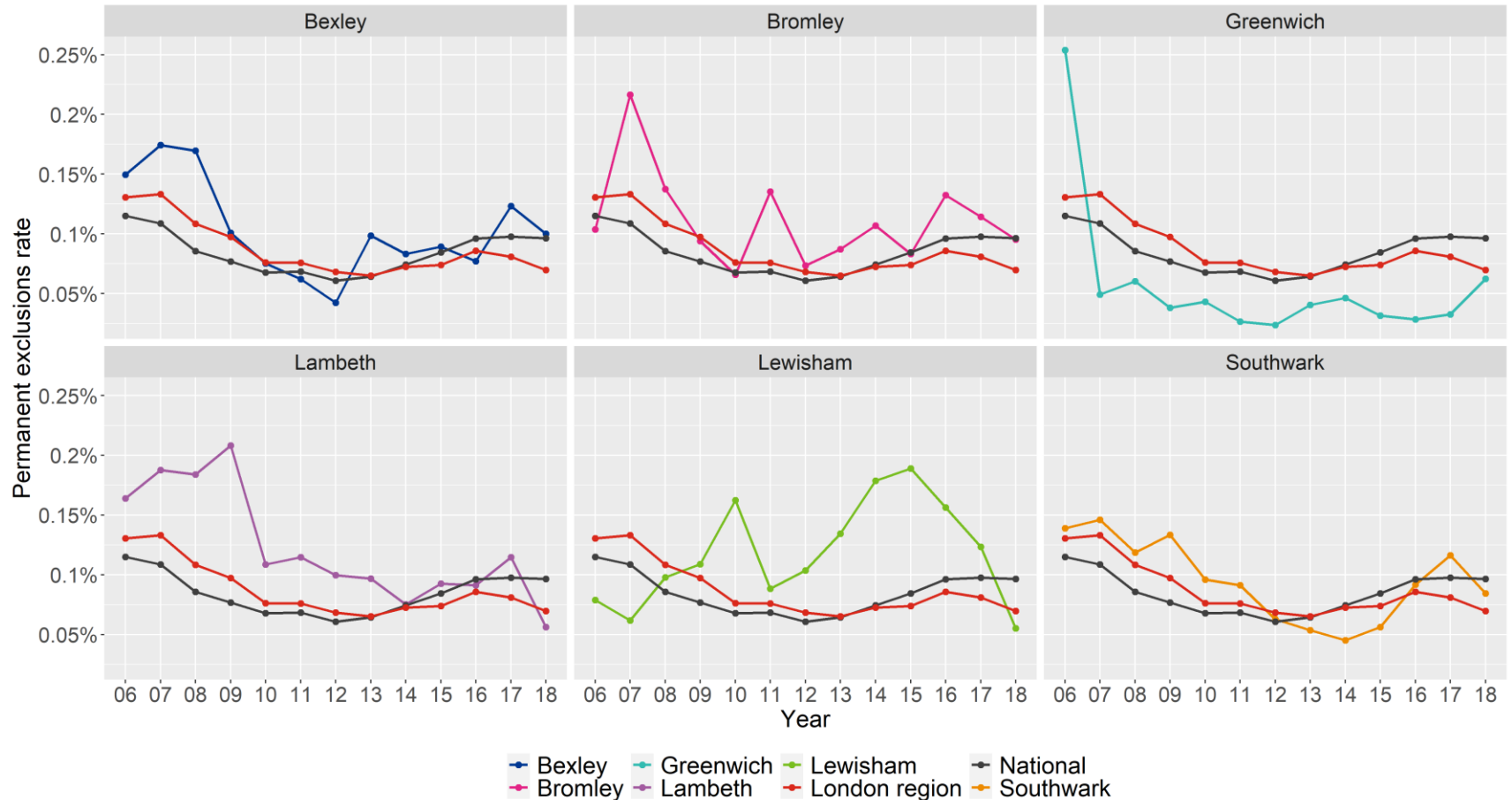
London - Permanent Exclusions by Age and Gender

Understanding the characteristics of children that are permanently excluded serves to highlight vulnerable groups within the population. In the latest reporting period, the rate of permanent exclusions across London was highest in 14-year-olds (**0.32%**) and over twice as high in males (**0.1%**) as in females (**0.04%**) highlighting vulnerabilities in these groups. Note that published data on permanent exclusions is aggregated and intersecting groups cannot be probed.

London Permanent exclusion rate by age
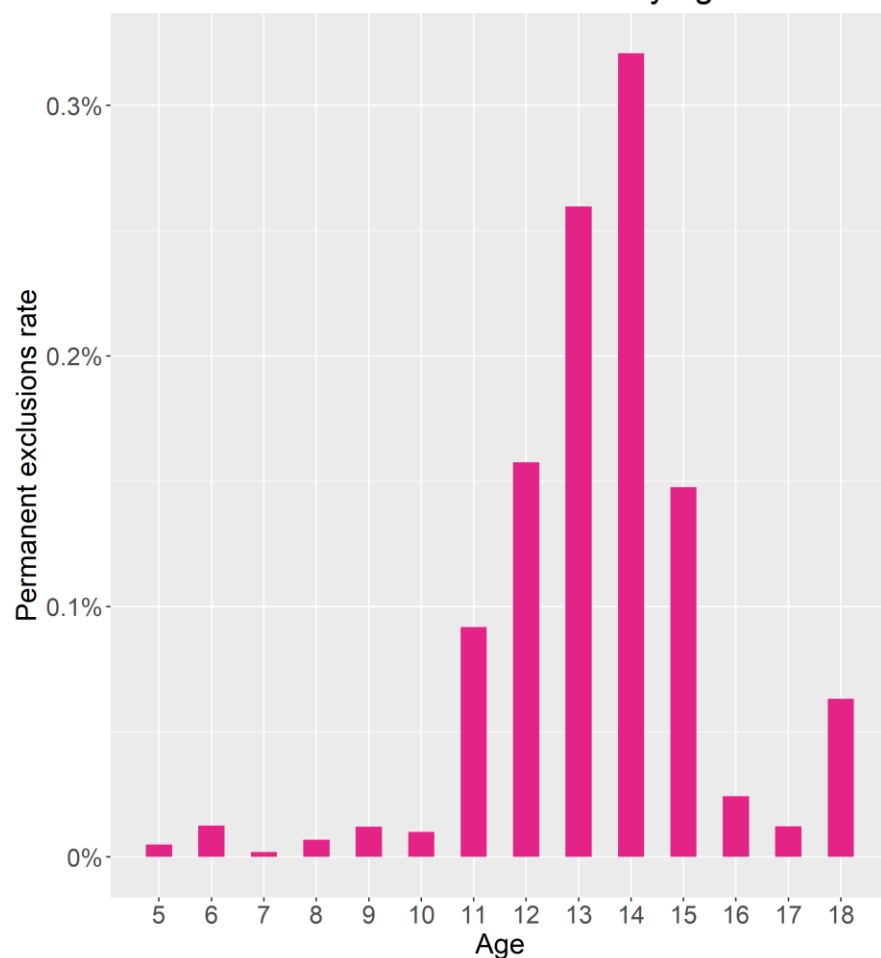
London Permanent exclusion rate by gender

Source: [9] Gov UK Permanent and fixed-period exclusions in England (2018/2019)
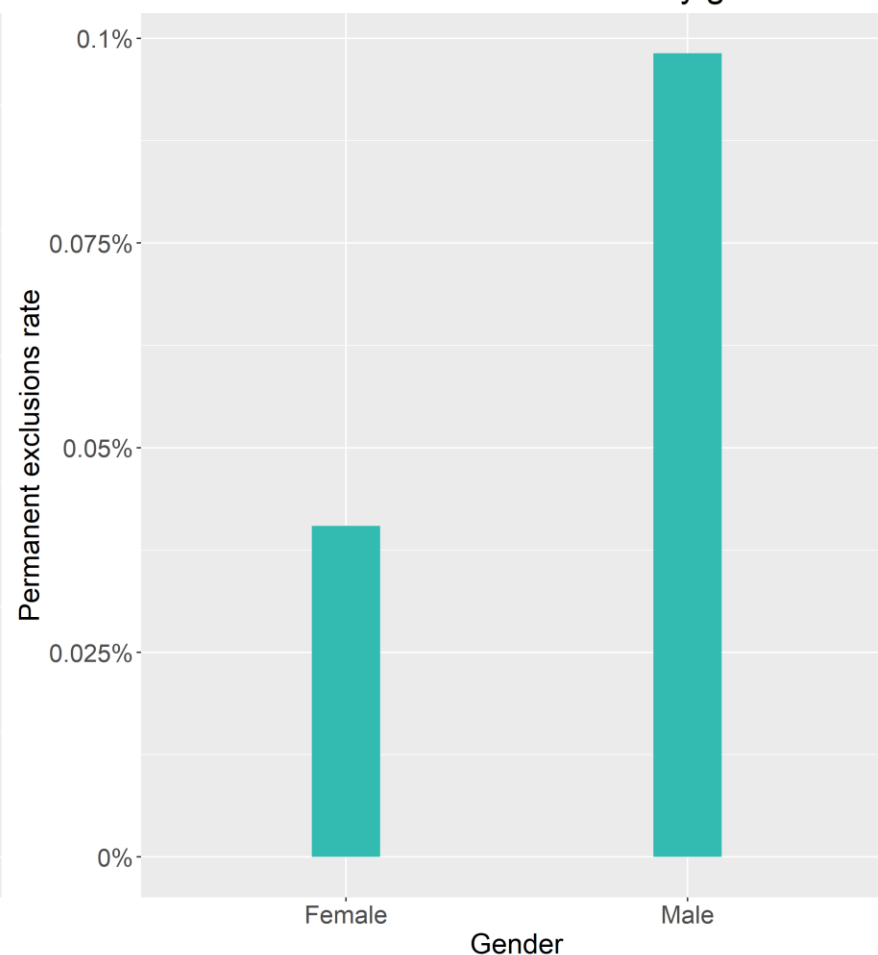
London – Permanent Exclusion by Ethnicity

Gypsy Roma (**0.22%**), Black Caribbean (**0.22%**) and Travellers of Irish Heritage (**0.17%**) had the highest permanent exclusion rates across London. The rates are significantly higher than the London (**0.07%**) and England (**0.1%**) averages.
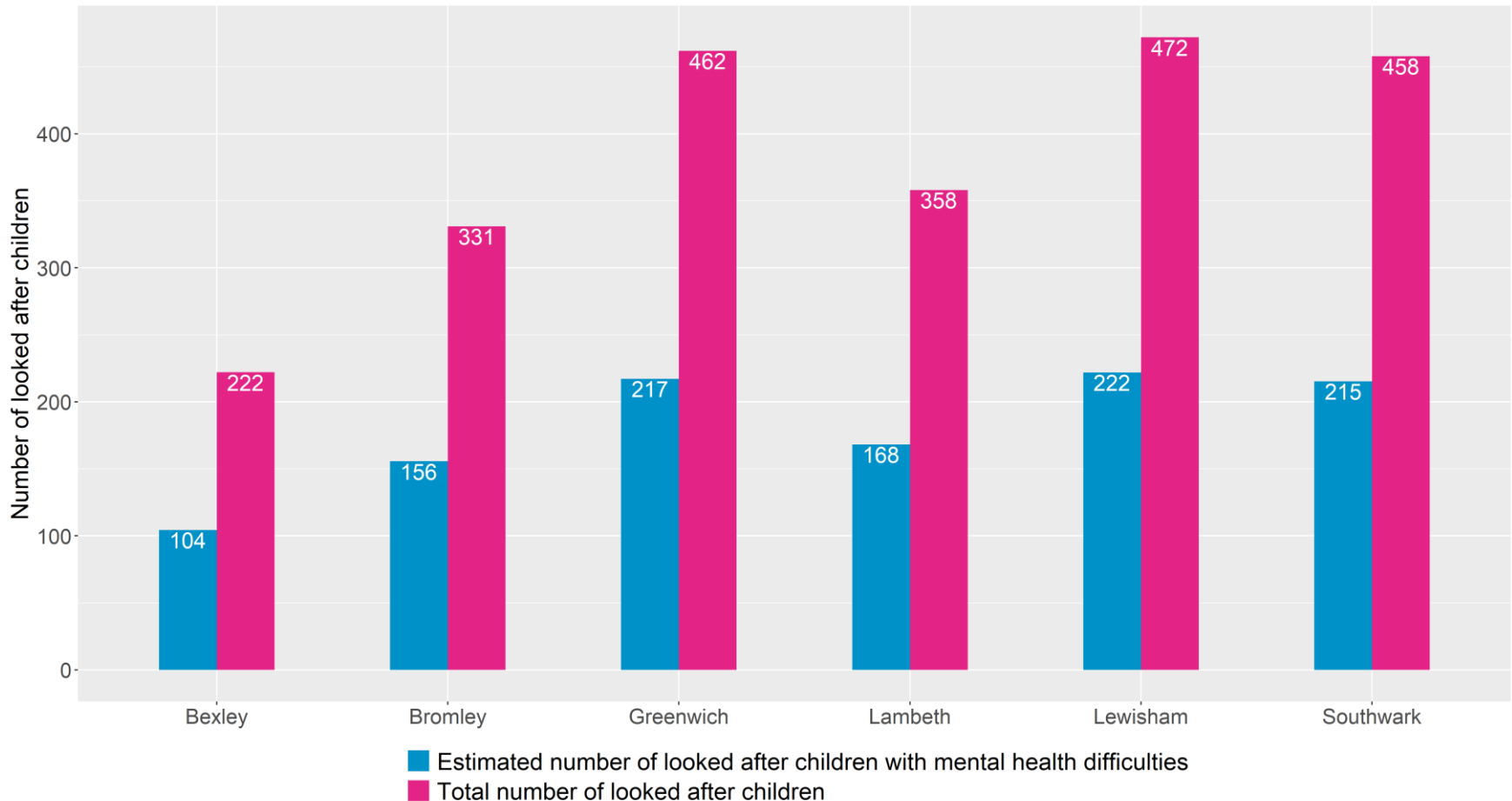

London Permanent exclusion rate by ethnicity

Source: [9] Gov UK Permanent and fixed-period exclusions in England (2018/2019)
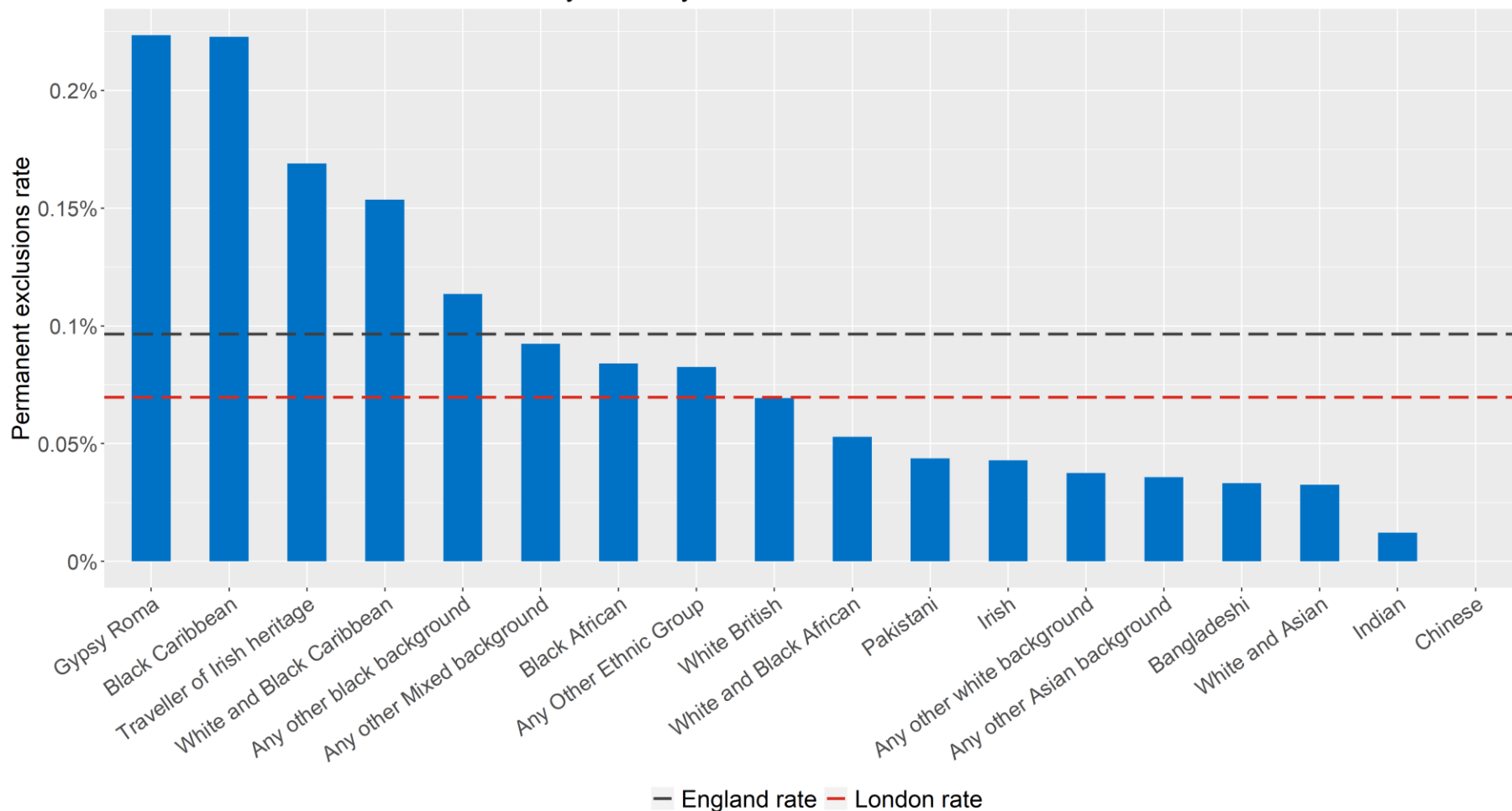
SEL – Looked After Children

Looked after children are considered a group at heightened risk of experiencing inequalities. A 2004 prevalence survey of looked after children concluded that **47%** of looked after children are estimated to have mental health difficulties. We can apply this figure to the population of looked after children in SEL to understand what this would mean were it true.

SEL Estimated number of looked after children with mental health difficulties

Legend:
- Estimated number of looked after children with mental health difficulties
- Total number of looked after children

SEL – Looked After Children

A looked after child that frequently moves and starts new placements is often a sign of behavioral and/or mental health difficulties. A metric for looking at this is the number of looked after children with three or more placements within the year. Mapping the rate of occurrence of this metric can help in identifying where support is needed. In SEL (in 2019/2020), Southwark had the highest occurrence rate (**17%**) and Lewisham the lowest (**6.1%**).

SEL Percentage of looked after children with three or more placements during the year

Source: [9] Gov UK Looked after children dataset (2019/2020)
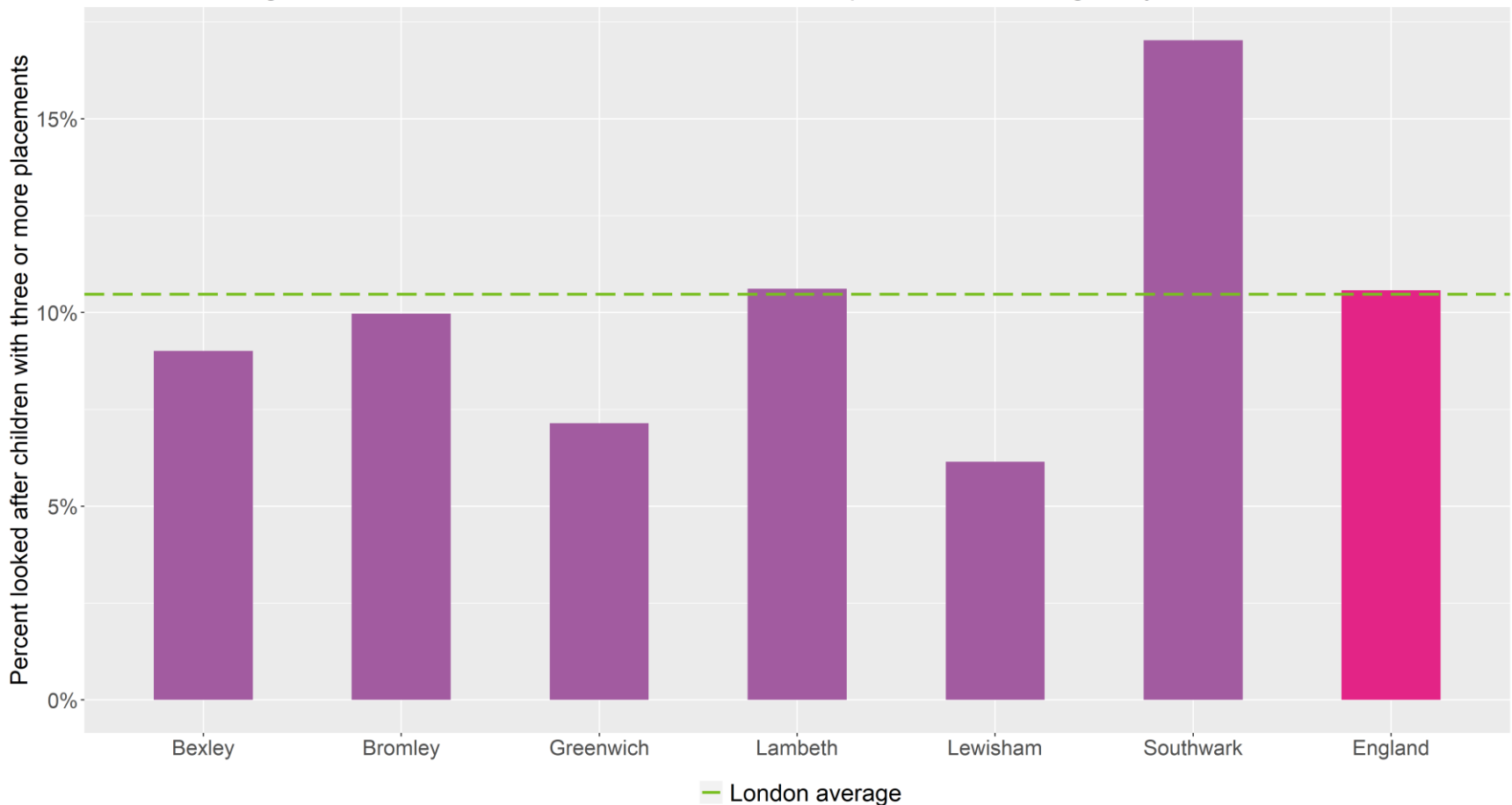
SEL – Proportion of Children Who Receive a 2-2.5 year Review

All families and children should receive a health review when the child is around 2-2.5 years old. This review allows for an assessment of a child's development and is an important opportunity to discuss the support available to parents. In SEL, on average, **84%** of children receive one. This is above both the London (**73.6%**) and England average (**79%**).

SEL Proportion of children (age 2-2.5) who receieved a 2-2.5 year review
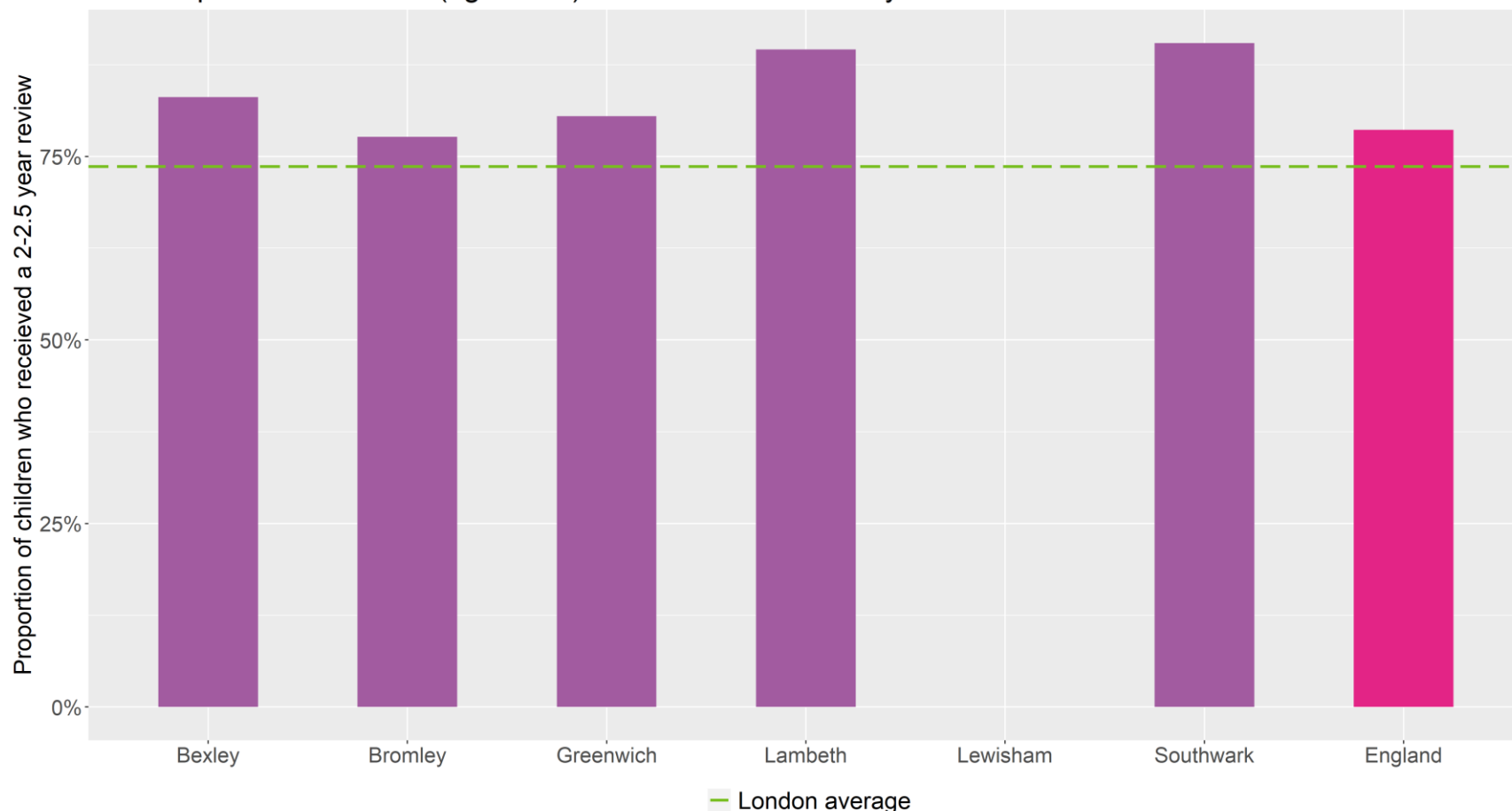
Note: Data from Lewisham has not been published due to data quality
Source: [10] PHE Fingertips CHIMAT

# SEL – Youth Justice, Reoffending Rates by Gender

The youth justice system is often an end point for children and young people in need of support and those with difficulties in accessing services for mental or behavioral problems. Repeat offenders are often those most in need of support and as such, the reoffending rate maps where support is most needed. Between 2008-2018 in SEL, the average juvenile reoffending rate was **47%** for males and **28%** for females.

SEL Juvenile reoffending rate by gender
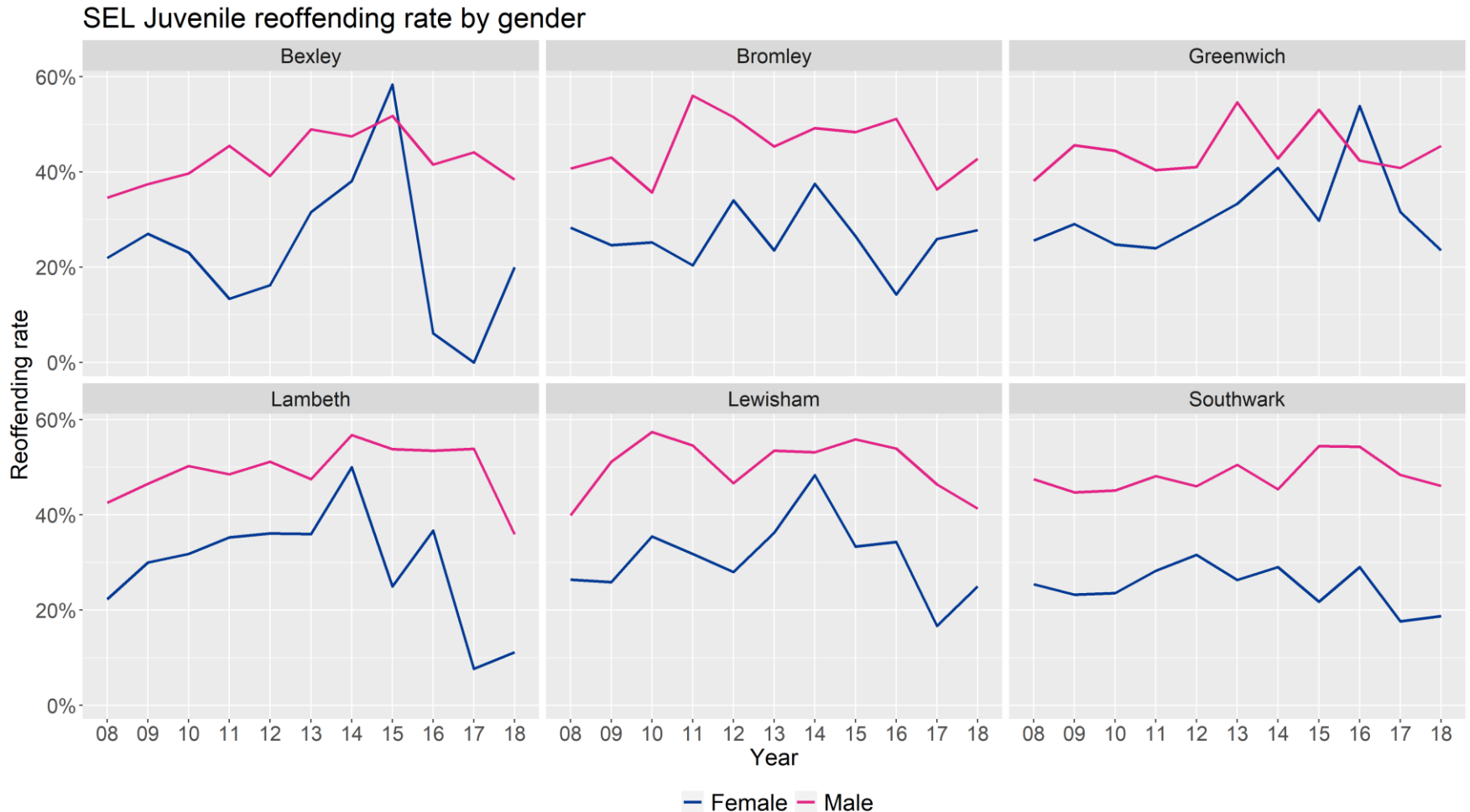
SEL – Youth Justice, Reoffending Rates by Ethnicity

Youth justice reoffending rates broken down by ethnicity also serve to highlight vulnerable communities. The figure below maps reoffending rates by ethnicity between 2008-2018. In SEL, young Black people had the highest reoffending rates (**44%**) followed by young White people (**41%**).


SEL Juvenile reoffending rate by ethnicity (2008-2018)
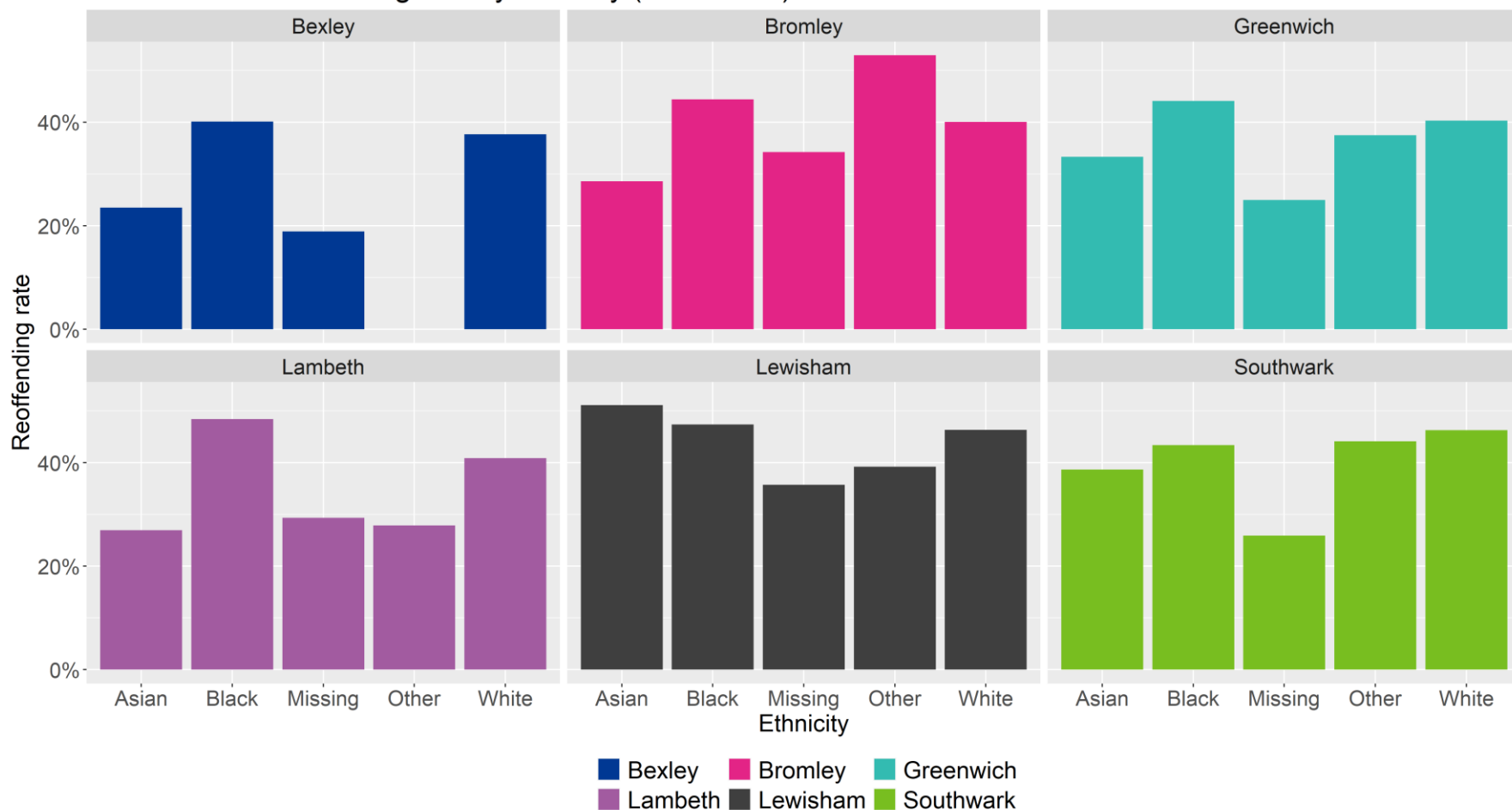
London – Youth Custody by Age and Ethnicity

The number of youths in custody is another key youth justice metric. The figure below shows the number of youths in custody (as a monthly average across the year) in London between 2012-2020. In 2020 in London, the number of young males in custody in an average month was **228**, compared to just **8** for females. In the same period **131** young Black people were in custody, compared to **48** young White and **29** young Mixed-race people. There has been a significant reduction in the number of youths in custody since 2012.

London Number of youths in custosy (monthly average) by gender
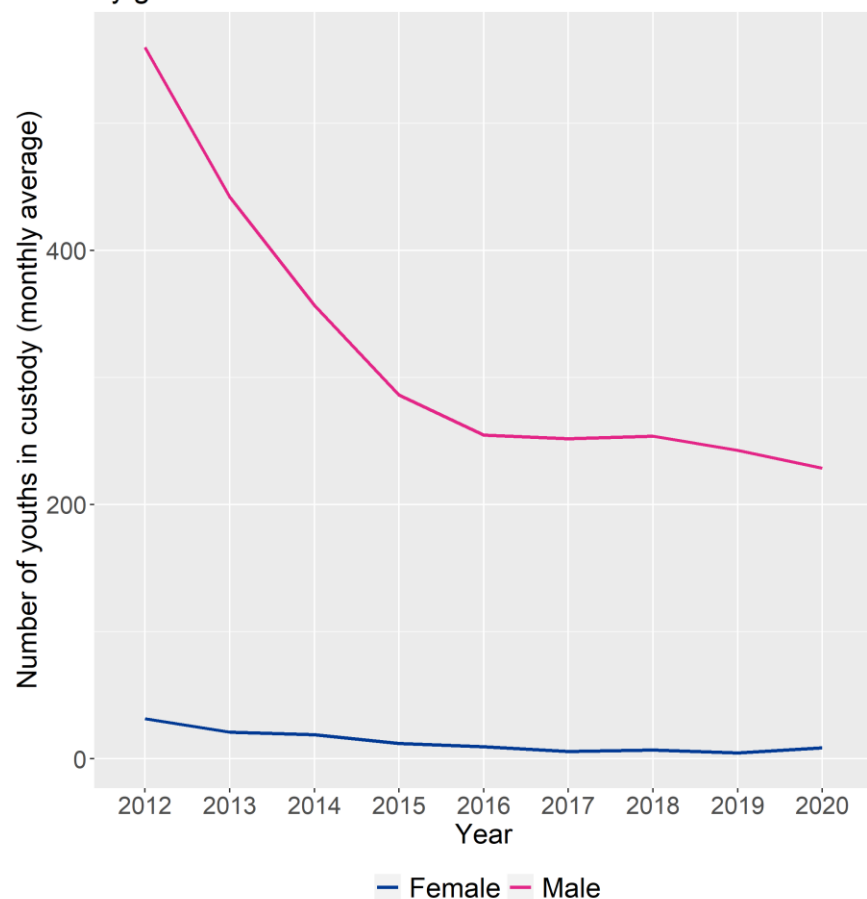
London Number of youths in custosy (monthly average) by ethnicity
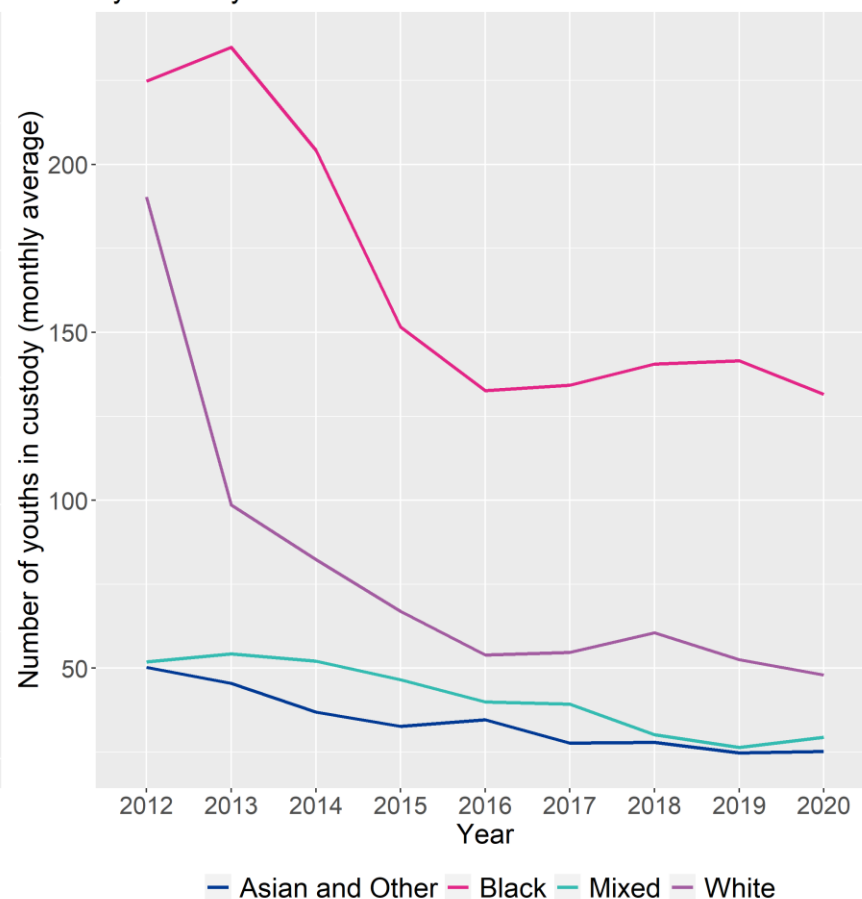
SEL – Young Parents, Teenage Pregnancies

Young parents, their mental health needs and the support available to them are an important aspect of CYPMH and understanding the local populations needs. Mapping the conception rate of the local population can help in highlighting this need. In SEL in 2018, the conception rate per 1,000 women (under 18) was **18.5**, above the England (**16.7**) and London (**13.9**) average. In the last reporting period, Greenwich, Lambeth, Lewisham and Southwark all had conception rates in women under 18 above the London and national average. Another important part of understanding the needs of young parents is understanding the population of young fathers (there is less available data to map this population).

SEL Conception rate in women under 18

Source: [12] ONS Conceptions in England and Wales (2018)
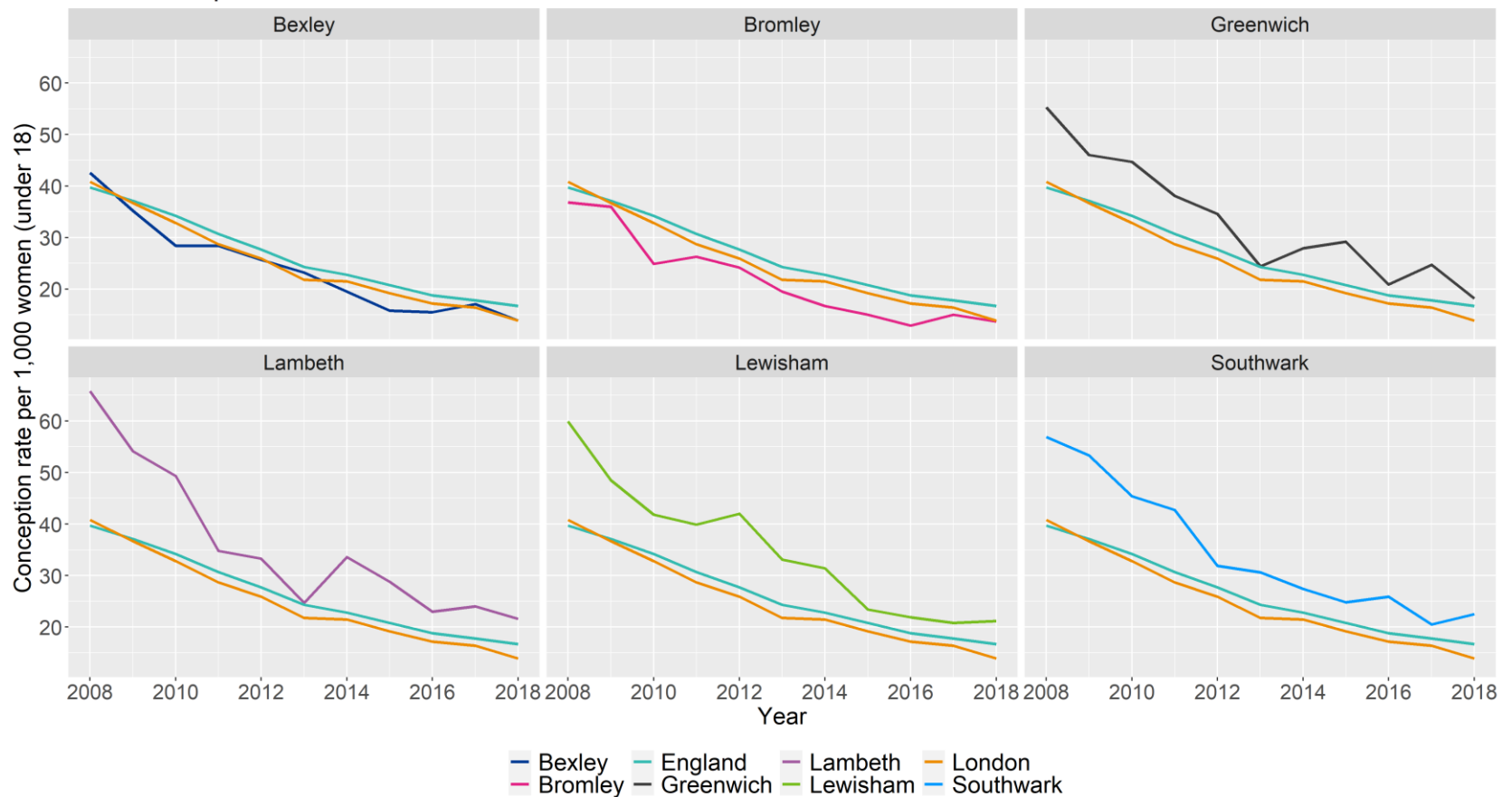
LGBTQ+ Population

The proportion of the UK population aged 16+ identifying as lesbian, gay or bisexual (LGB) was estimated to be **2.2%** in 2018. Research has highlighted that **rates of suicide attempts** in LGBT youth can be **between four and seven** times those of their heterosexual and cisgender peers. A more comprehensive understanding of the LGBTQ+ community in terms of the demographics and their needs is fundamental to providing better mental health services.

Reports from the LGBT rights charity Stonewall highlight the immense difficulties faced by the LGBTQ+ community:

In LGBT people aged 18-24

- **13%** had tried to take their own life in the previous year and **52%** had though about it.

- **48%** said they had deliberately self-harmed in the previous year.

In schools (pupils aged 11-19)

- **64%** of young trans people and **45%** of young LGB people were bullied for being LGBT at school.

- **84%** of young trans people and **61%** of young LGB people had self-harmed.

- Only **29%** reported that teachers intervened when they were present during the bullying.

Impact of COVID-19

We know that COVID-19 has had a disproportionate impact on vulnerable communities. In the younger LGBTQ+ community, more time spent in homophobic/transphobic households, isolated from usual support networks and mental health services has exacerbated mental health difficulties with **79%** saying their mental health has been negatively affected.

Sources: Queer Futures - Exploring LGBT youth self-harm, suicidal feelings and help-seeking (2016); Stonewalls – The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017; LGBT in Britain Health Report (2017); Outlife – Lockdown wellbeing report (2020)

SEL – What else to consider?

Understanding the local population and their needs is crucial in designing and delivering inclusive and effective services. There are areas where data is lacking particularly as it pertains to the CYP population. Where a higher-level understanding of these areas doesn't exist, local intelligence may serve to fill in the gaps.

Areas to consider:

- **LGBTQ+ community**

- **Faith communities**

- **Ethnic minorities**

  - With a particular focus on the disproportionate impact that COVID-19 has had on these communities.

- **Language**

  - Language was highlighted when looking at SEN needs but a broader understanding would help to address the barriers that language presents.

- **Refugee and asylum-seeking populations**

Summary

Greenwich has the largest percentage of CYP in its population with **24%** under 18 and **32%** under 25.

In SEL, **4/6** boroughs are above the London and England IDACI score.

Social, Emotional and Mental Health (SEMH) needs in the school aged CYP population are highest in Lambeth. Pupils that are Travellers of Irish Heritage as well as Gypsy Roma and White and Black Caribbean pupils have the highest rates of SEMH needs in SEL.

The rate of permanent exclusions in London is lower than the national rate. In London, 14-year-olds have the highest rates of exclusions. Male pupils have a permanent exclusion rate over twice that of their female counterparts.
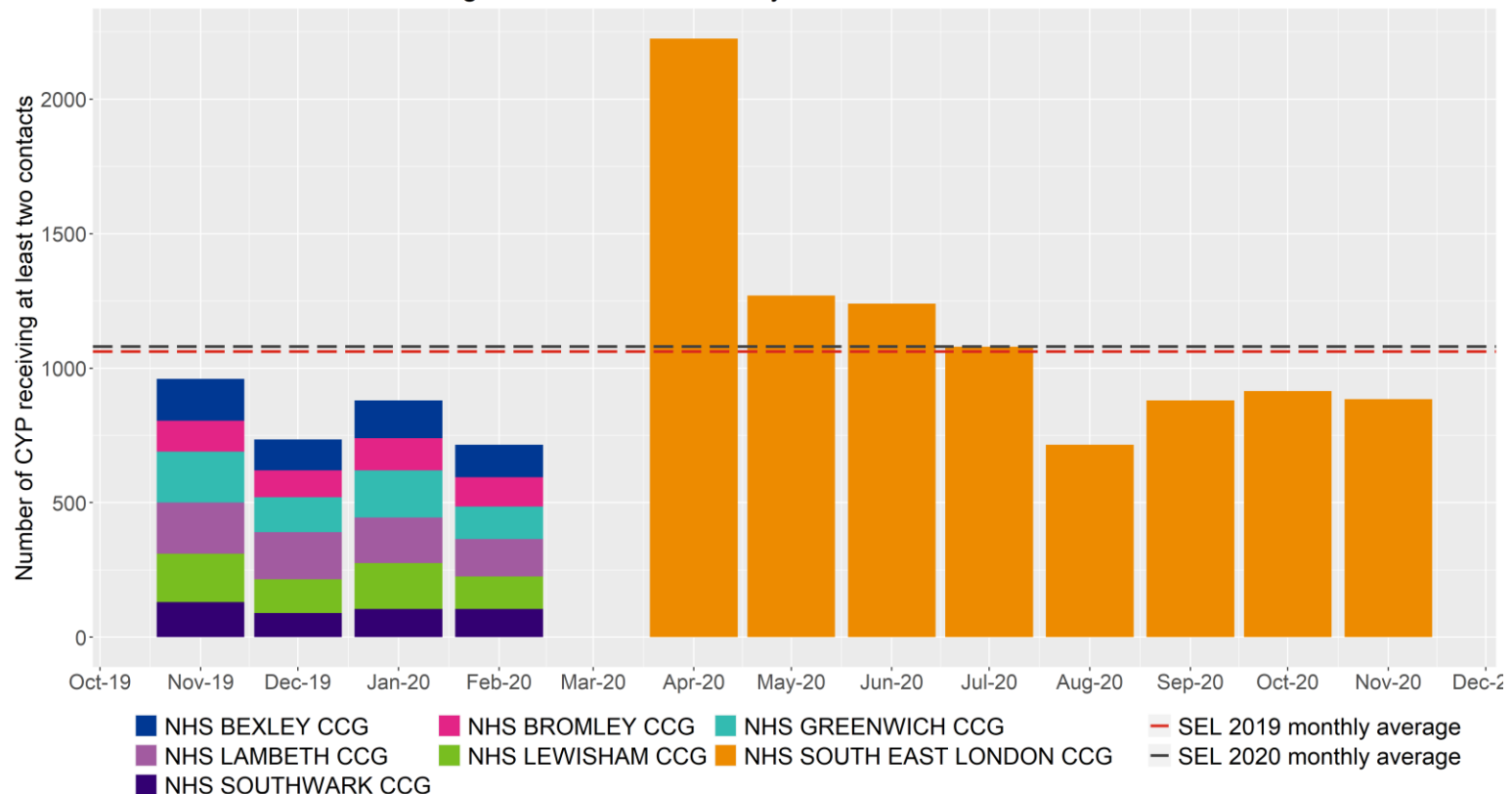
02

Access to CYPMH services in SEL

SEL - CYP Accessing Services

A key measure of access in CYPMH services is the **number of CYP receiving at least two contacts** from NHS funded community services. In SEL, this peaked at **2225** in April-20 with the lowest number at **715** in February-20. Seasonal trends are expected in the data due to the way in which contacts are recorded. The SEL 2020 monthly average is slightly above that observed in 2019, however, this average does not include reporting from March-20 or December-20.

SEL Number of CYP receiving at least two contacts by CCG

Legend:
- NHS BEXLEY CCG
- NHS BROMLEY CCG
- NHS GREENWICH CCG
- NHS LAMBETH CCG
- NHS LEWISHAM CCG
- NHS SOUTH EAST LONDON CCG
- NHS SOUTHWARK CCG
- SEL 2019 monthly average
- SEL 2020 monthly average

Note: The Mar-20 data has been redacted and is not included in this figure
Source: [13] NHS MHSDS Monthly Statistics
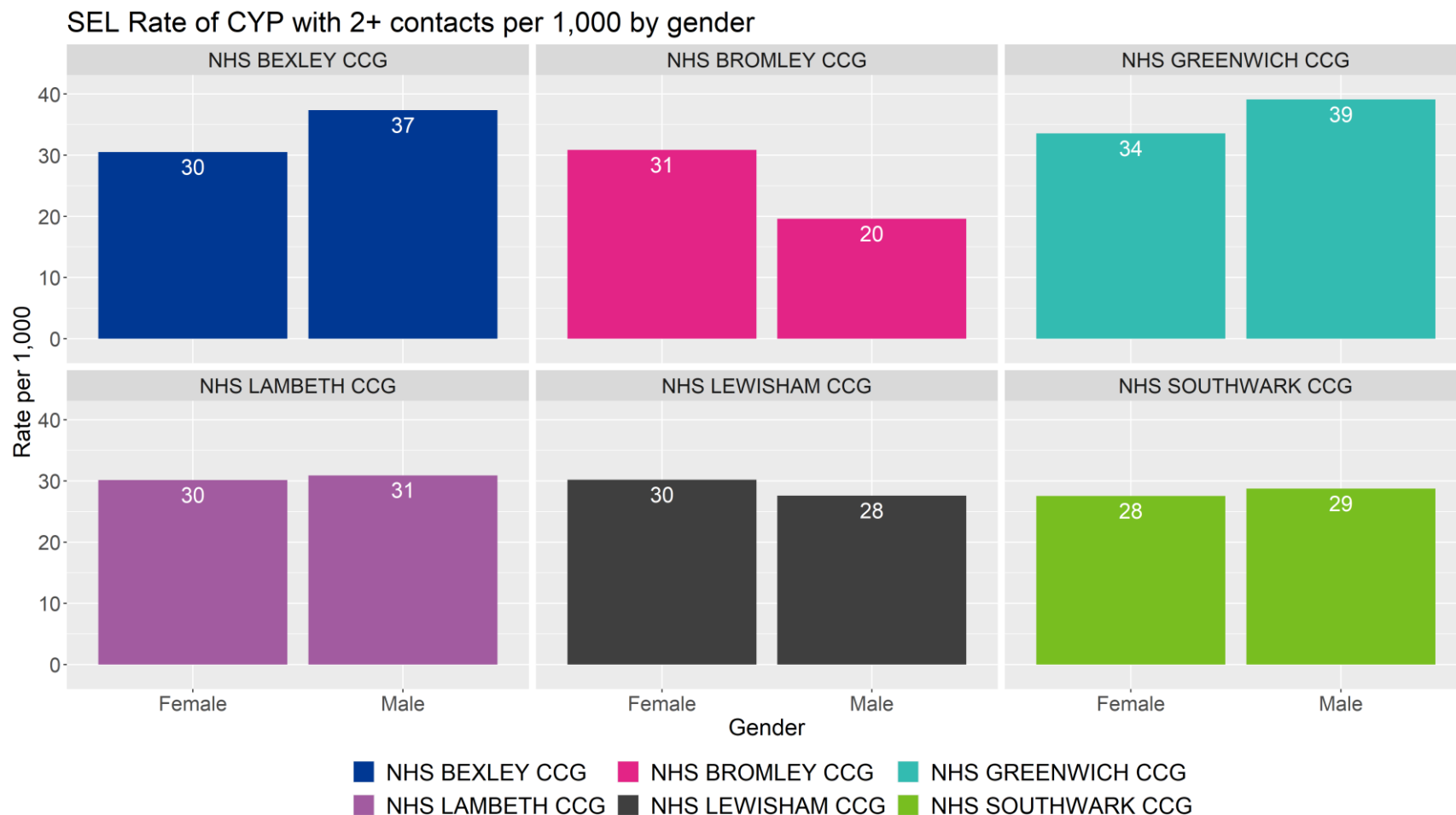
SEL - CYP Accessing Services by Age

Access in terms of the number of CYP (**aged 0-18**) receiving at least two contacts from NHS funded community services can be broken down to start understanding who is and who is **not** accessing CYPMH services. The figure below shows the number of CYP accessing services by age group, against their local population in **2019/2020**. This yields a figure which allows for comparison across age groups. In SEL, the rate of CYP accessing services per 1,000 was highest in 16-year-olds (**79 per 1,000** on average). The source data is limited to these age groups. The employed metric is recorded for children who receive their first contact with NHS funded community services before their 18th birthday (their second may occur afterwards) which is likely the reason for a low rate observed for 18-year-olds.

SEL Rate of CYP with 2+ contacts per 1,000 in the age group
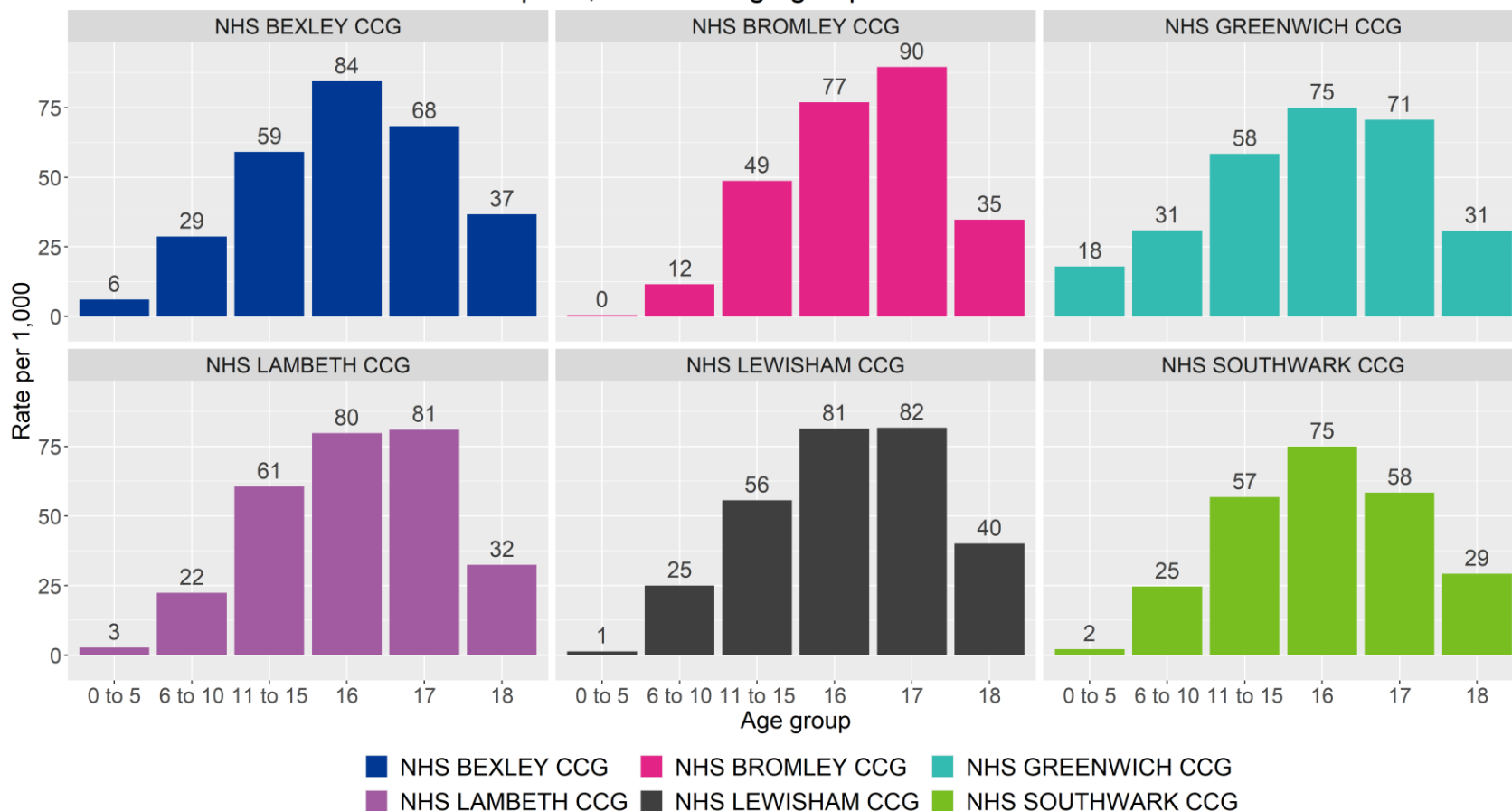
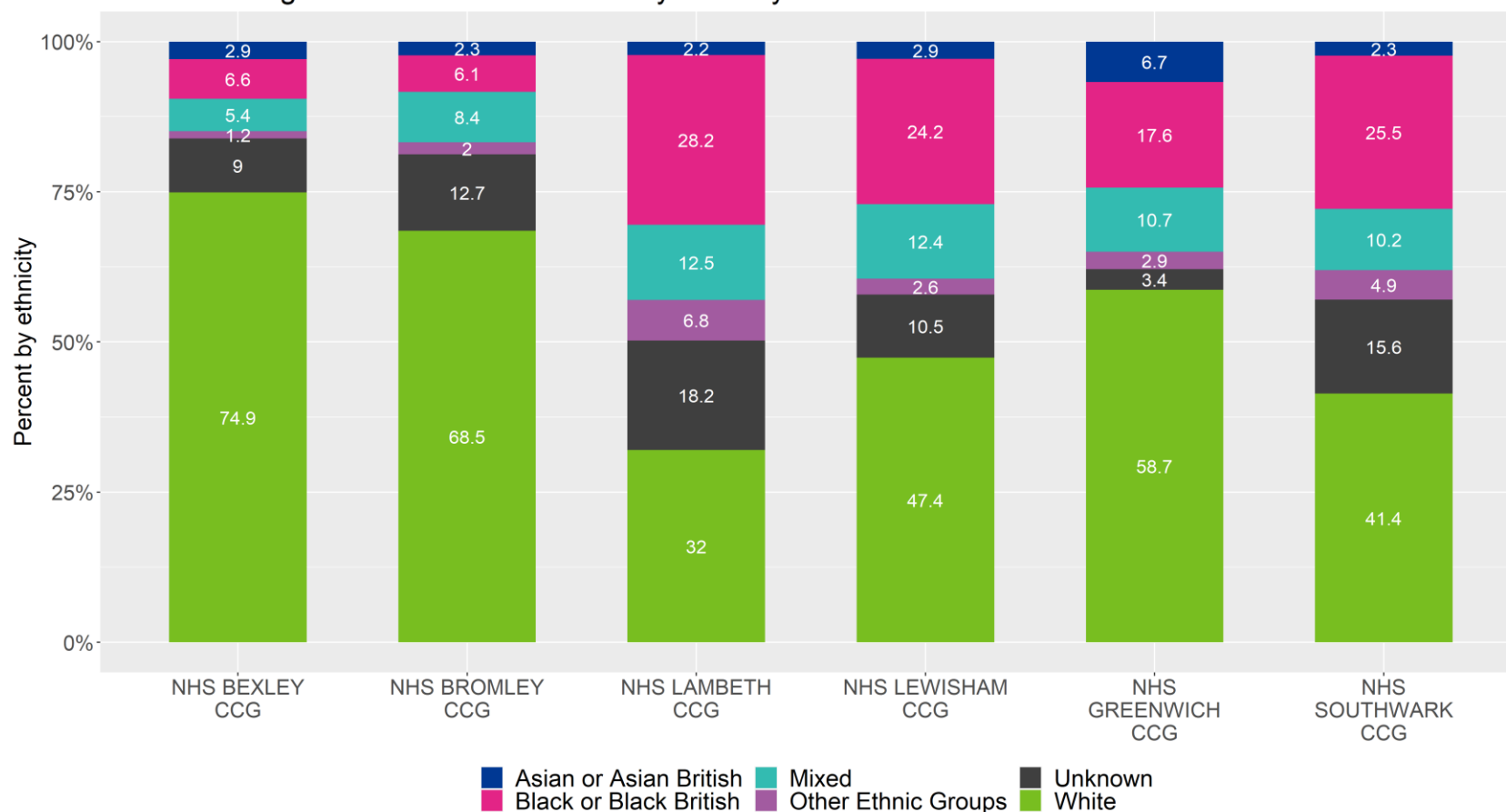# SEL – CYP Accessing Services by Gender

In SEL, the rate of CYP accessing services is even between young males (**30 per 1,000**) and young females (**30 per 1,000**). There are fairly significant differences between access rates in males and females in some boroughs, namely, in Bexley (**37 and 30 per 1,000** respectively) and Bromley (**20 and 31 per 1,000** respectively).

SEL Rate of CYP with 2+ contacts per 1,000 by gender

Source: [14] NHS MH Bulletin: 2019-2020 Additional Analysis; [1] ONS Population estimates (2019)

SEL – CYP Accessing Services by Ethnicity

There is no recent data which maps areas by age (0-18) and ethnicity, so it is difficult to work out rates that allow a comparison between areas in terms of access to services for different ethnic groups. The figure below allows an understanding of the proportions of CYP of different ethnicities that access services. In SEL, on average, young White people make up the largest proportion of CYP accessing services (**54%**) and young Asian / Asian British people and young people of Other ethnicities make up smallest proportion (**both 3%**). Note also that on average, **11%** of cases have no corresponding ethnicity.


SEL Percentage of CYP with 2+ contacts by ethnicity

SEL – CYP Accessing Services by Deprivation

The same is true for deprivation. There are difficulties in mapping the deprivation quintiles by area. The figure below highlights the proportion of CYP accessing services by the deprivation quintile they reside in. In SEL, the highest proportion of CYP accessing services are in the second most deprived quintile (**30%**). The lowest proportion are from the least deprived quintile (**9%**). Note, this data is limited by our understanding of the CYP population that live in these quintiles, the proportions are partly a reflection of the local population. Local intelligence and knowledge should be applied to better interpret these findings.

SEL Percentage of CYP with 2+ contacts by deprivation (IMD quintiles)

Source: [14] NHS MH Bulletin: 2019-2020 Additional Analysis
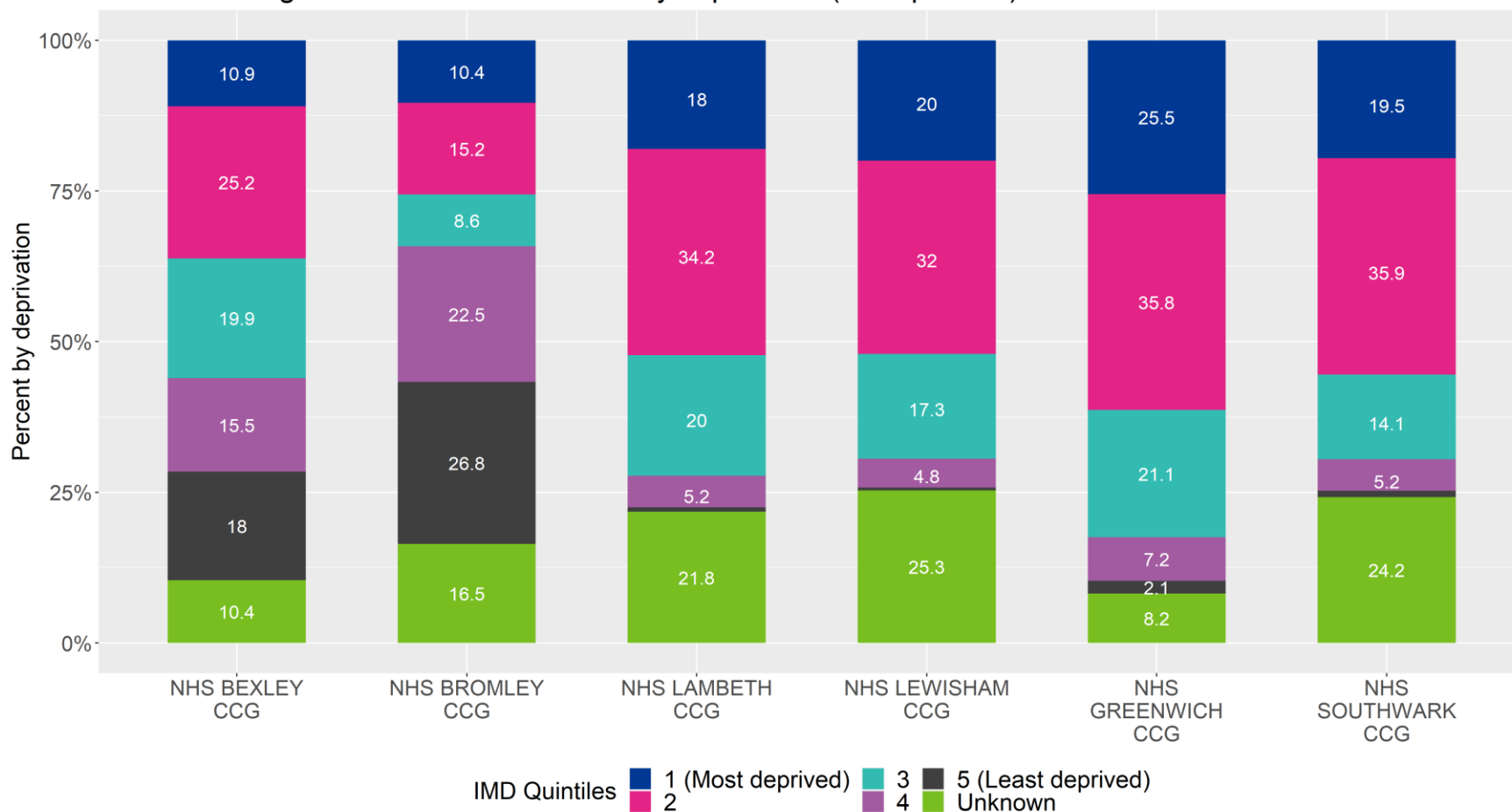
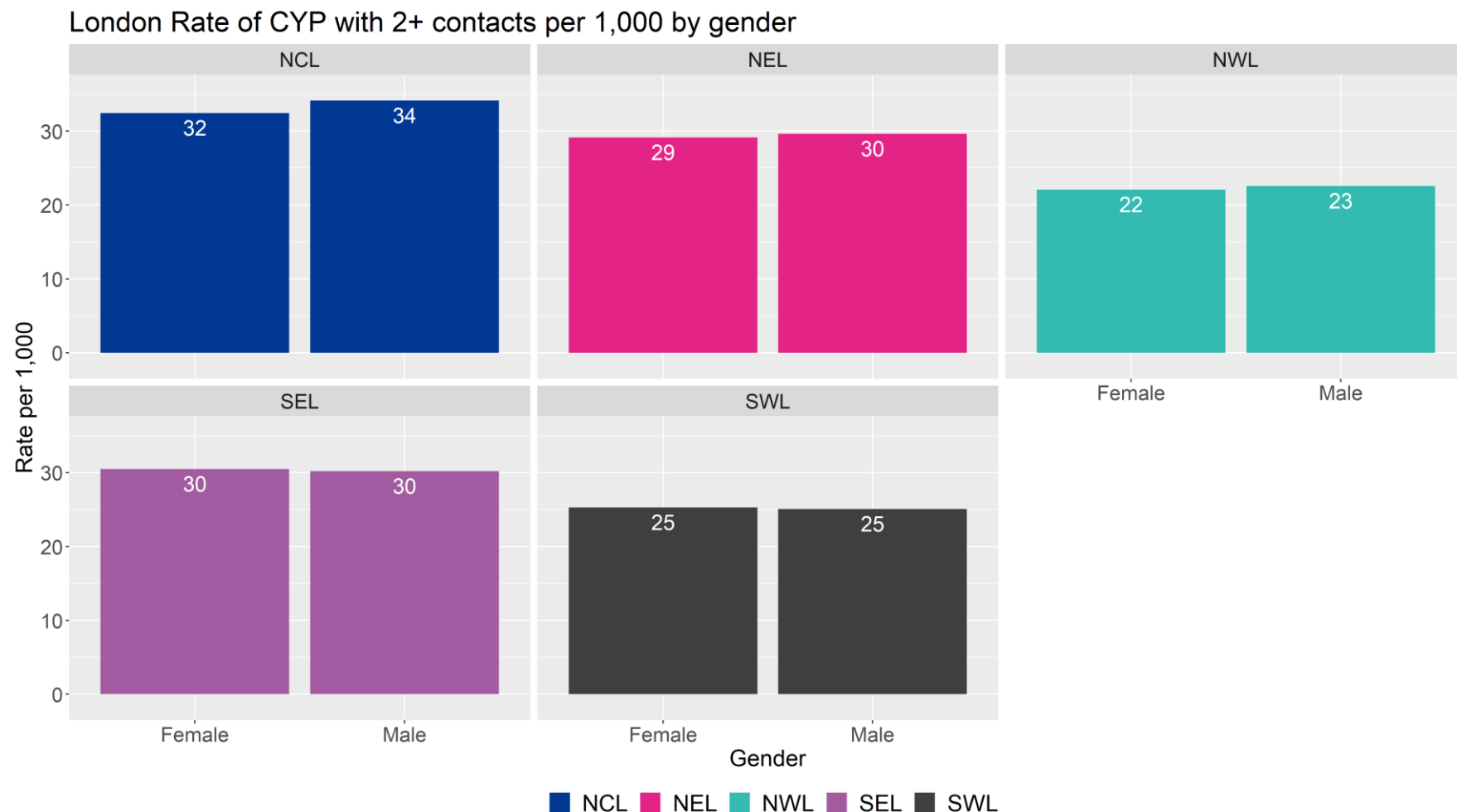# London - CYP Accessing Services by Age

Looking at access across London, all ICSs apart from NWL have the highest access rate in 16-year-olds (NWL has its highest access rate in 17-year-olds). In London, the access rate in 16-year-olds is **70 per 1,000** followed by **66 per 1,000 in 17-year-olds.** The source data is limited by age group, a breakdown by single-year age groups would allow a better understanding (particularly in the 11-15 age group).

London Rate of CYP with 2+ contacts per 1,000 in the age group
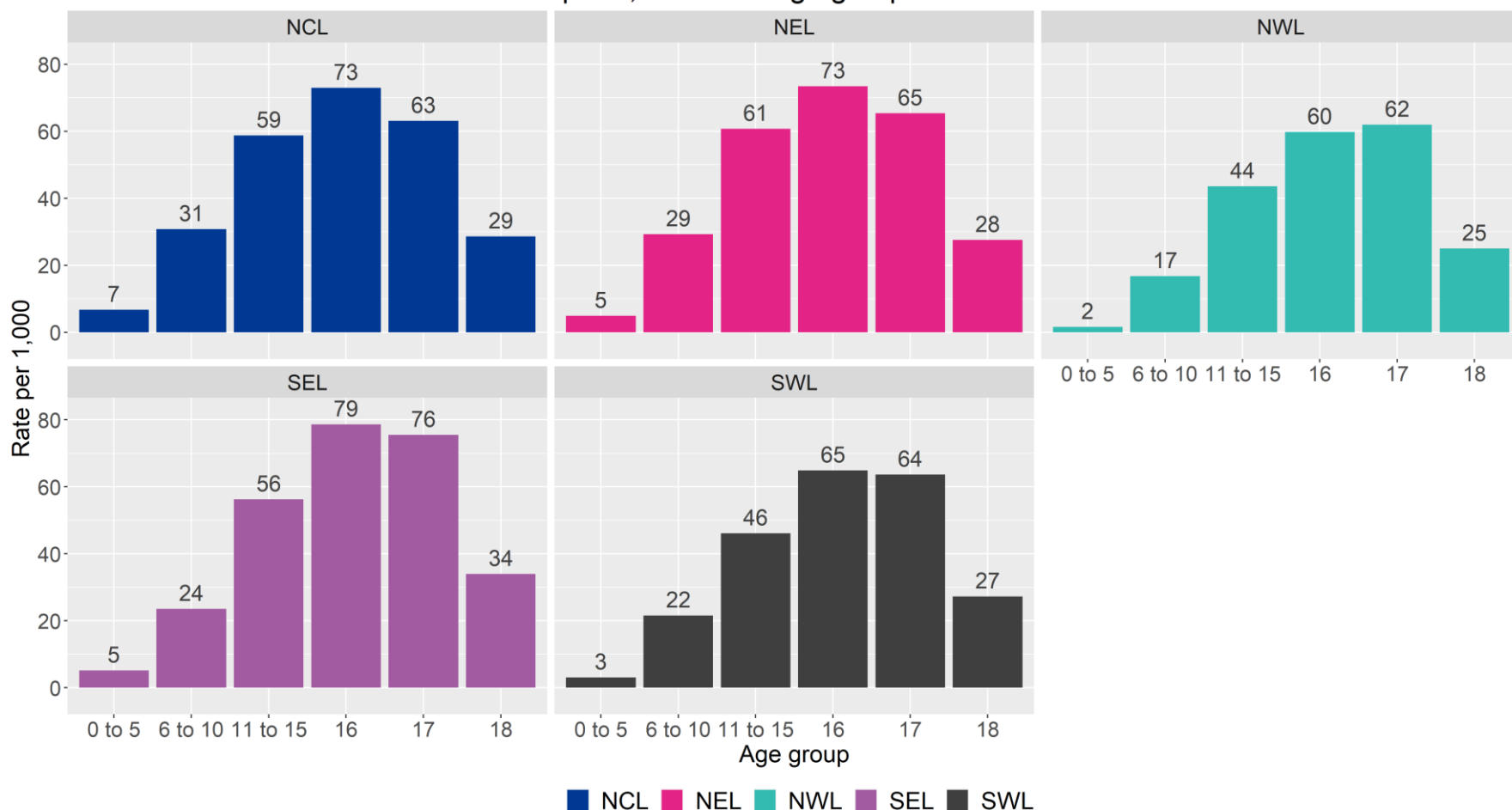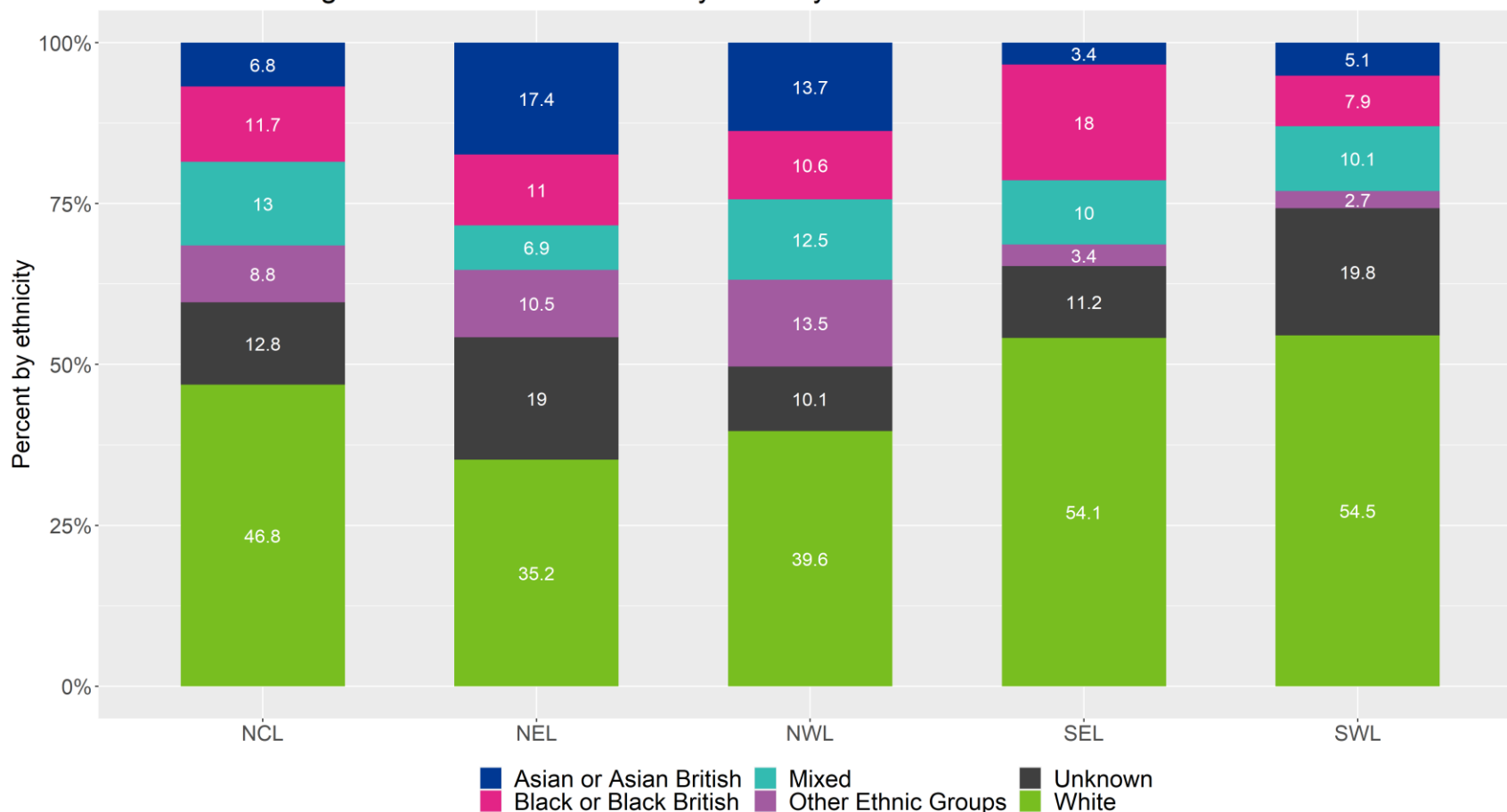
London – CYP Accessing Services by Gender

In London, the rate of access in different genders is fairly even. The highest rate for both males and females is in NCL (**34 per 1,000** and **32 per 1,000** respectively). The lowest rate is in NWL (**22 per 1,000** and **23 per 1,000** respectively).

London Rate of CYP with 2+ contacts per 1,000 by gender

Source: [14] NHS MH Bulletin: 2019-2020 Additional Analysis

London – CYP Accessing Services by Ethnicity

The figure below allows an understanding of the proportions of CYP of different ethnicities that access service. On average, across London, young White people form the largest proportion of CYP accessing services (**45%**), followed by young Black people (**12%**), young Mixed-race people (**10%**), young Asian people (**10%**) and young people from Other ethnic groups (**8%**). Note that in **15%** of cases, ethnicity is not known. In order to understand how one area compares to another, we would need an understanding of the young (0-18) population and their ethnicities. There is census data from 2011 which maps the population by age (0-24) and ethnicity but would provide a poor representation. Future census and population estimates may allow for further analysis of this data.

London Percentage of CYP with 2+ contacts by ethnicity

	NCL	NEL	NWL	SEL	SWL
Asian or Asian British	6.8	17.4	13.7	3.4	5.1
Black or Black British	11.7	11	10.6	18	7.9
Mixed	13	6.9	12.5	10	10.1
Other Ethnic Groups	8.8	10.5	13.5	3.4	2.7
Unknown	12.8	19	10.1	11.2	19.8
White	46.8	35.2	39.6	54.1	54.5

Legend: Asian or Asian British | Mixed | Unknown | Black or Black British | Other Ethnic Groups | White

London – CYP Accessing Services by Deprivation

There are also difficulties in mapping the deprivation quintiles by area. The figure below highlights the proportion of CYP by the deprivation quintile in which they reside. On average across ICSs in London, the highest proportion of people accessing services are in the second quintile of the index of multiple deprivation (**32%**), followed by the first, most deprived quintile (**21%**). The lowest proportion are in the least deprived quintile (**9%**). This data is limited by a lack of understanding around the proportion of the London population that reside in these quintiles (i.e. access of CYP in the second quintile may be highest simply due to the fact there are more people living in this deprivation quintile).
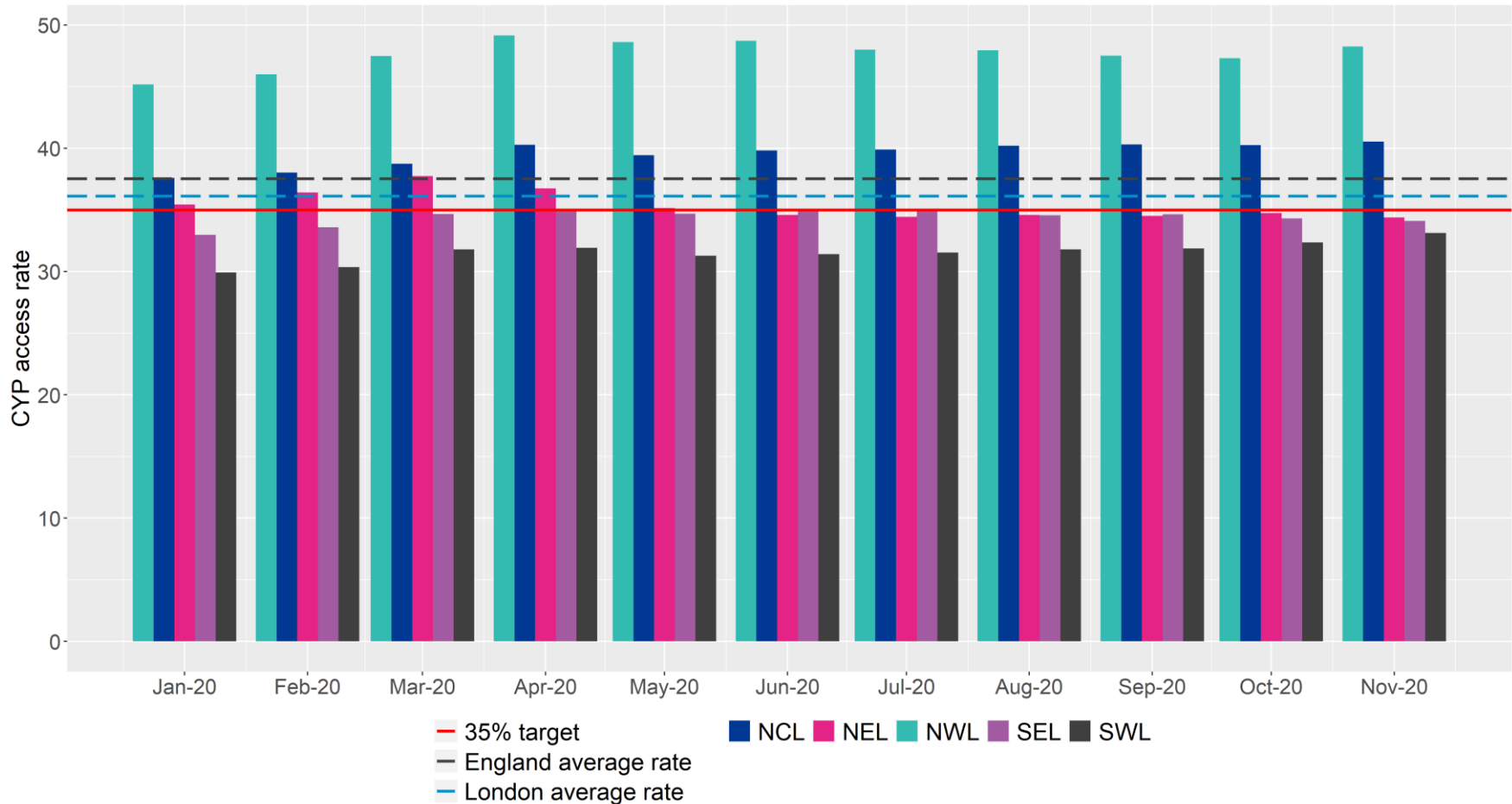
London Percentage of CYP with 2+ contacts by deprivation (IMD quintiles)
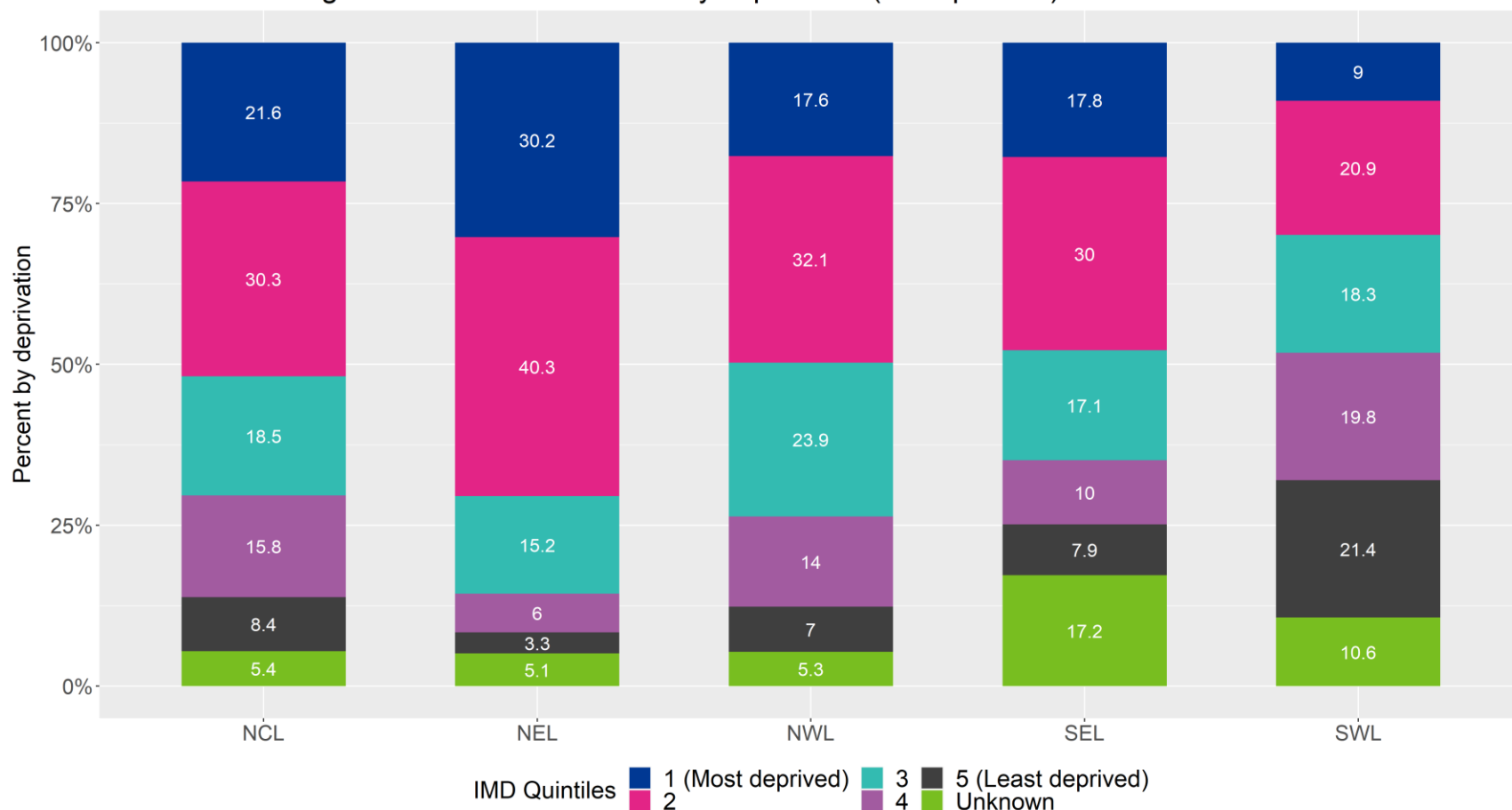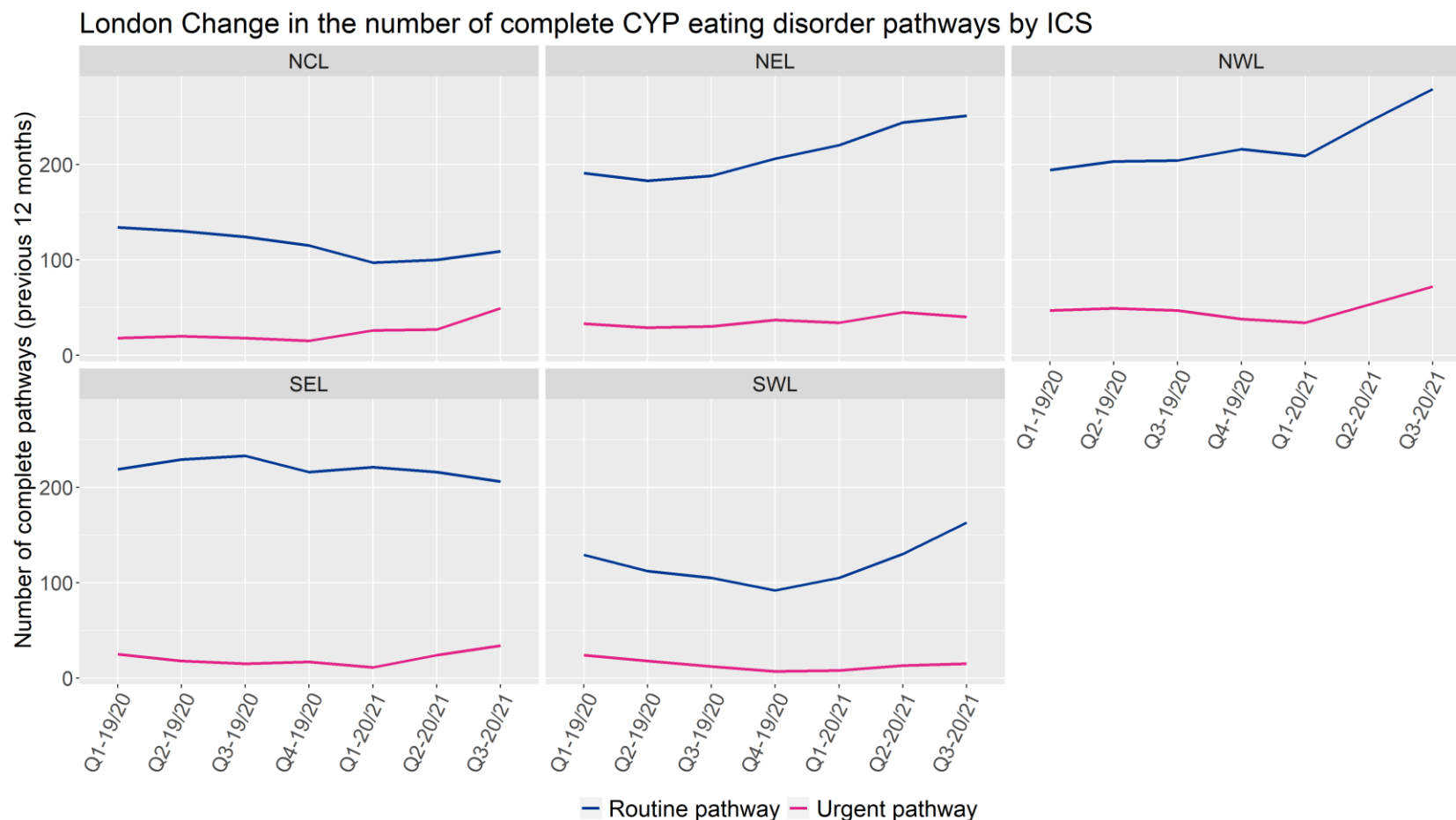
London - CYP Access Rate

The access rate is based on the number of CYP receiving at least two contacts from NHS funded community services, as well as estimates of the local population with mental health needs. It allows for an approximation of the proportion of people with mental health needs that are accessing the services they need. In SEL in the latest reporting period, the access rate was at **34%.** This puts it below the **35% target** as well as the London and England average rate.


London CYP access rate by ICS

London has seen an increase in the number of referrals to CYP eating disorder services by **85%** between Q3 2019/2020 to 2020/21. Over this same period, the number of completed CYP eating disorder pathways in SEL **decreased by 12% for routine referrals** and **increased by 127% for urgent referral**.
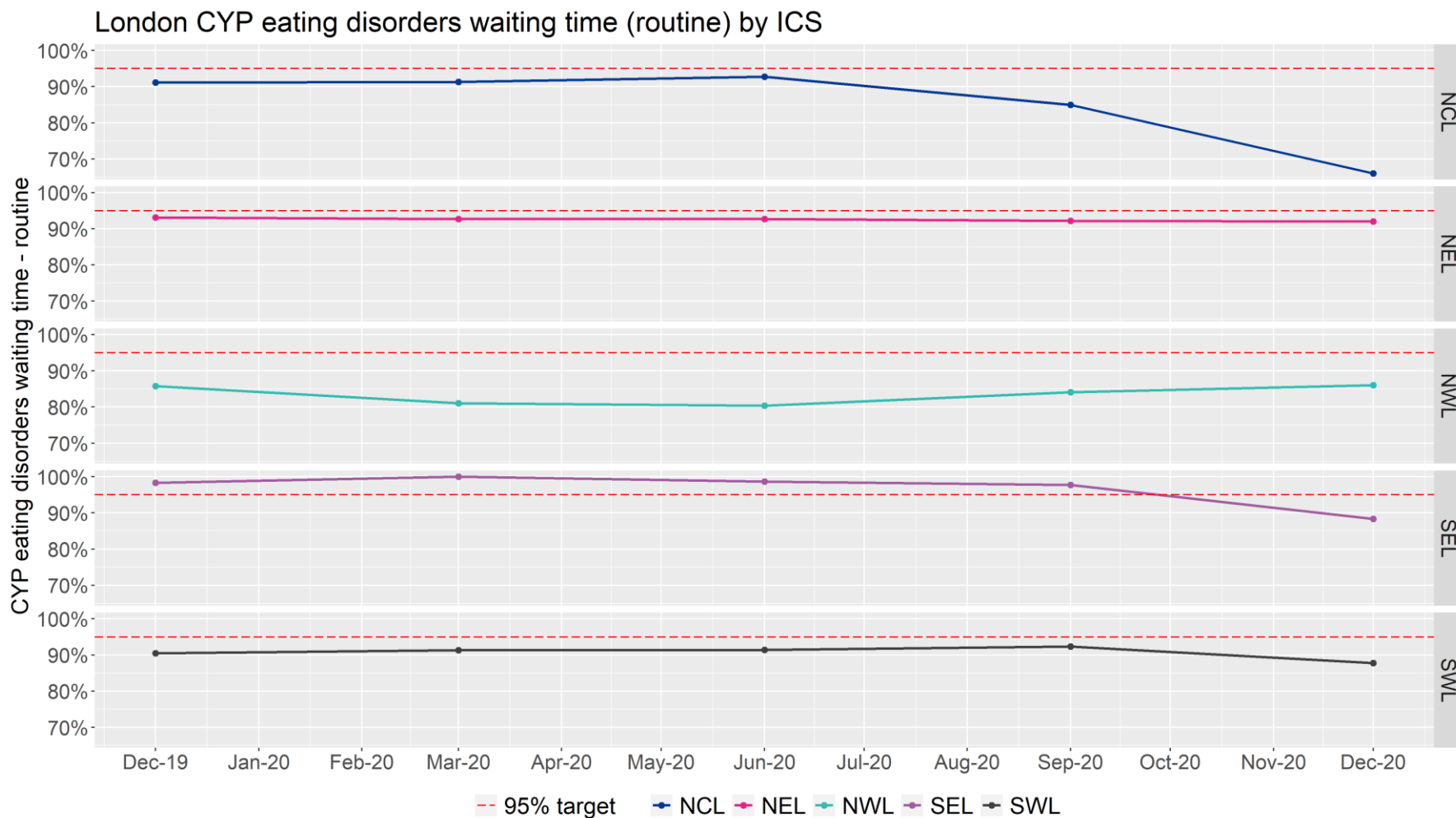

London Change in the number of complete CYP eating disorder pathways by ICS

Source: [16] NHS Statistics, CYP with an eating disorder waiting times (2019-2021)

In the latest reporting period, none of the ICSs in London met the **95% target** for access to services within 1 week as set out for **urgent** CYP eating disorder cases. SEL reported **56%** of urgent referrals accessed services within 1 week. This was the lowest across ICSs in London.

London CYP eating disorders waiting time (urgent) by ICS
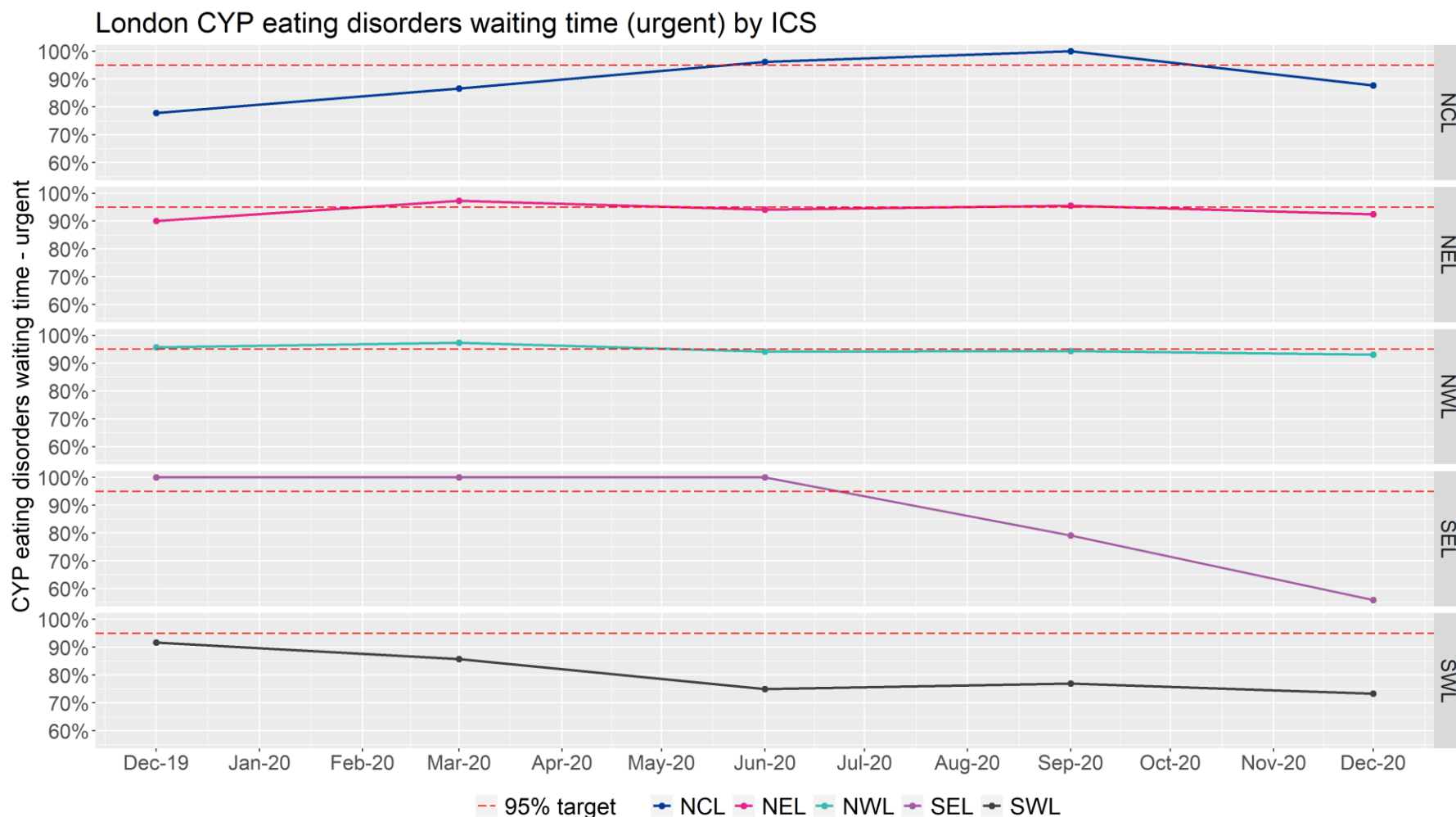
London – Eating Disorder Access and Waiting Times (Routine)

In the last reporting period, none of the ICSs in London met the **95% target** for access to services within 4 weeks as set out for **routine** CYPED cases. SEL reported **88%** of routine referrals accessed services within 4 weeks.


London CYP eating disorders waiting time (routine) by ICS

Referral routes allow an understanding of where need is being identified and how CYP enter CYPMH pathways. In SEL, internal referrals constitute the highest proportion of referrals (**44%**) followed by primary care referrals (**22%**) and local authority referrals (**17%**).
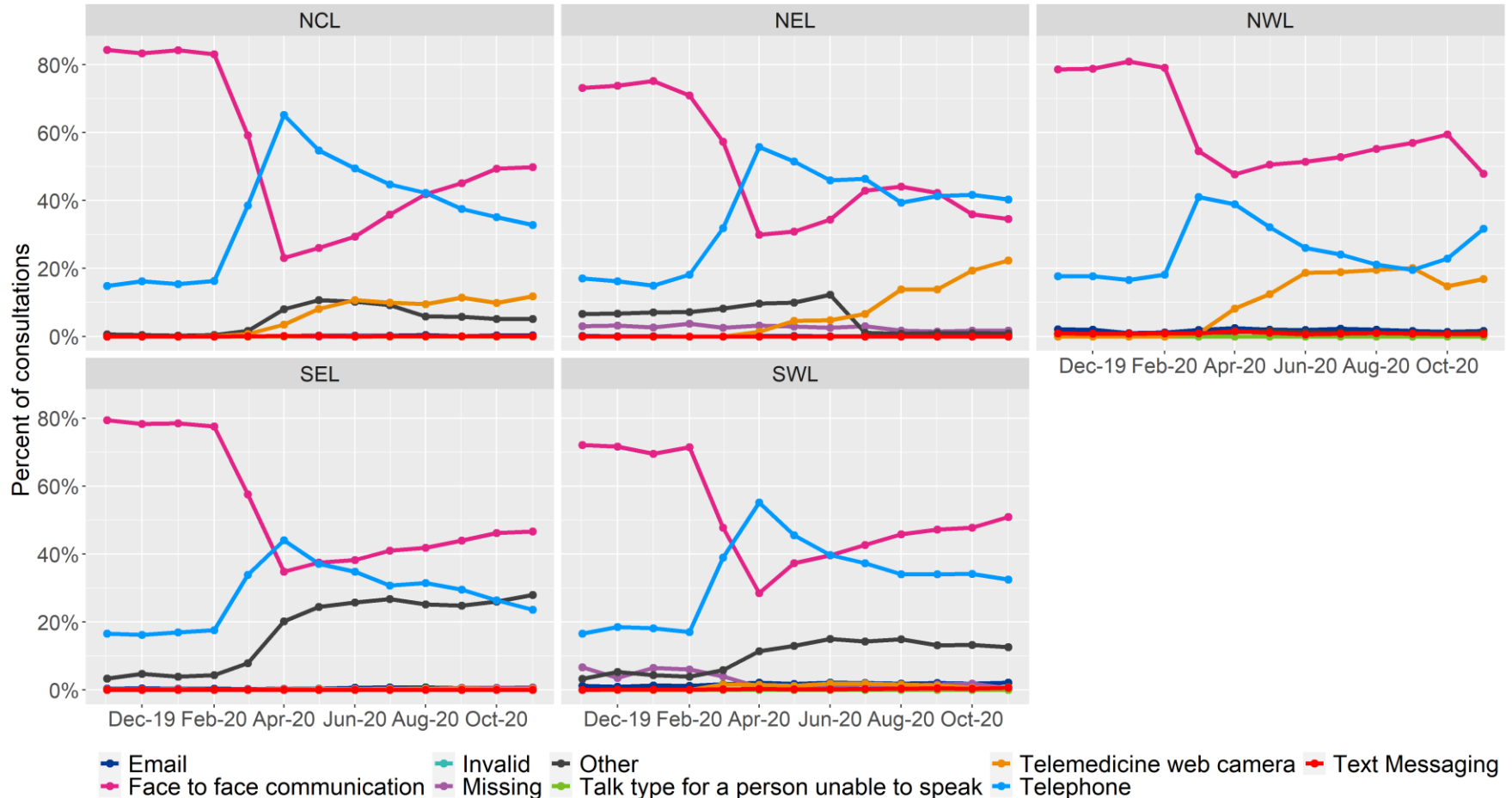

London CYPMH referral route by ICS

Percent of CYP referrals (12 month average)

NCL ■ NEL ■ NWL ■ SEL ■ SWL

49
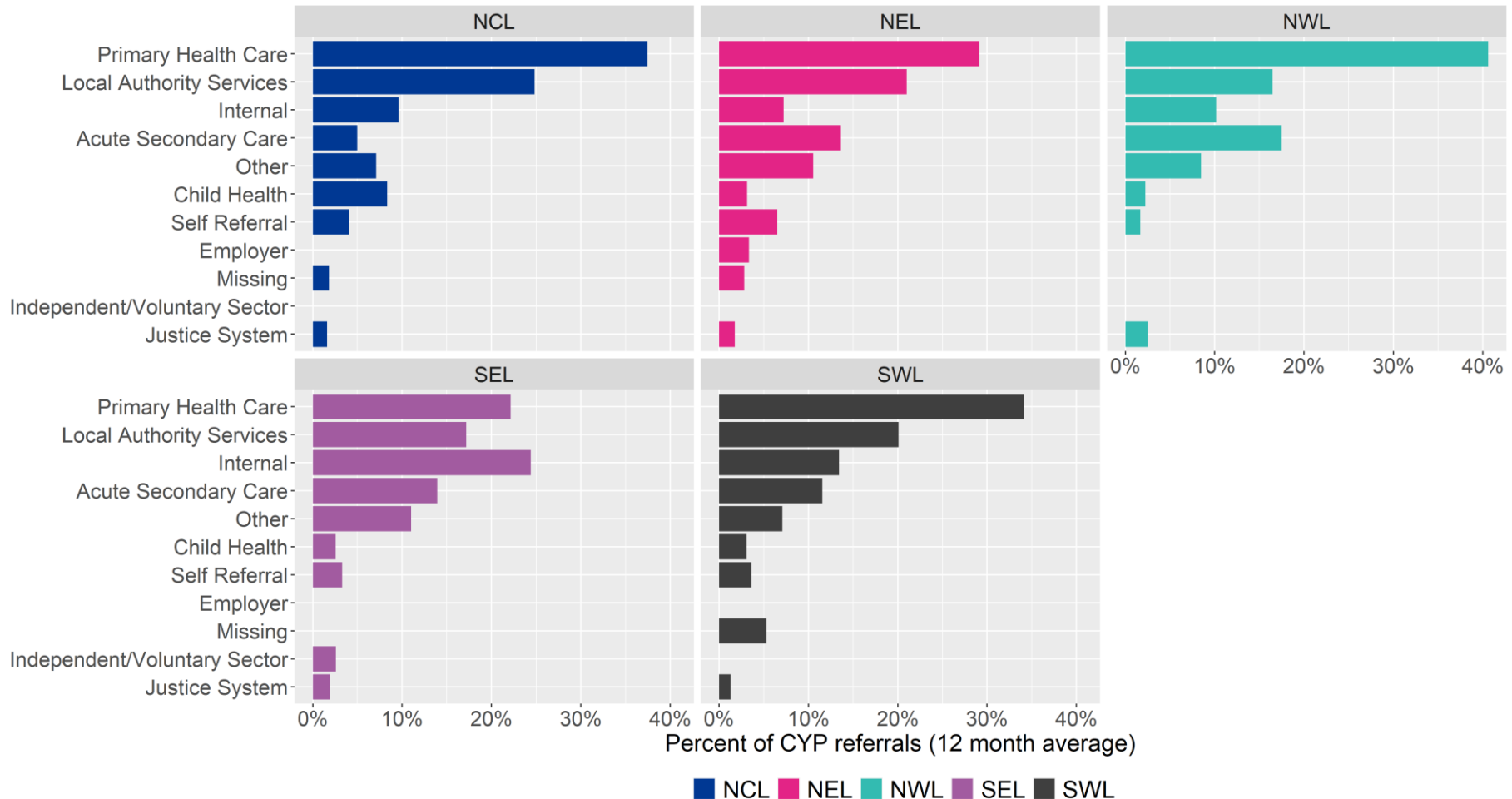
COVID-19 has forced changes in the medium of CYPMH consultations. In SEL, **telephone** consultations spiked in April-20 (**44%**). In the latest reporting period, **face-to-face** consultations constituted most appointments (**47%**) in SEL, followed by **other methods** (**28%**) and **telephone** (**24%**) appointments.

London Change in CYPMH consultation medium by ICS

Legend:
- Email
- Face to face communication
- Invalid
- Missing
- Other
- Talk type for a person unable to speak
- Telemedicine web camera
- Telephone
- Text Messaging

SEL – Sexual orientation

Sexual orientation is not recorded as part of CYPMH services. It is however, recorded for services provided to those aged 16+, as part of the improving access to psychological services (IAPT) data. This provides some insight into access to mental health services for different sexual orientations across London. In SEL, on average, **4.3%** of those receiving their first treatment are gay or lesbian, **3.3%** are bi-sexual and **72%** are heterosexual. Note also that, on average, **21%** have no stated value / sexual orientation is not known. This data cannot be broken down by age group due to the aggregated nature of the IAPT data set.

SEL First treatment (IAPT) by sexual orientation (age 16+)
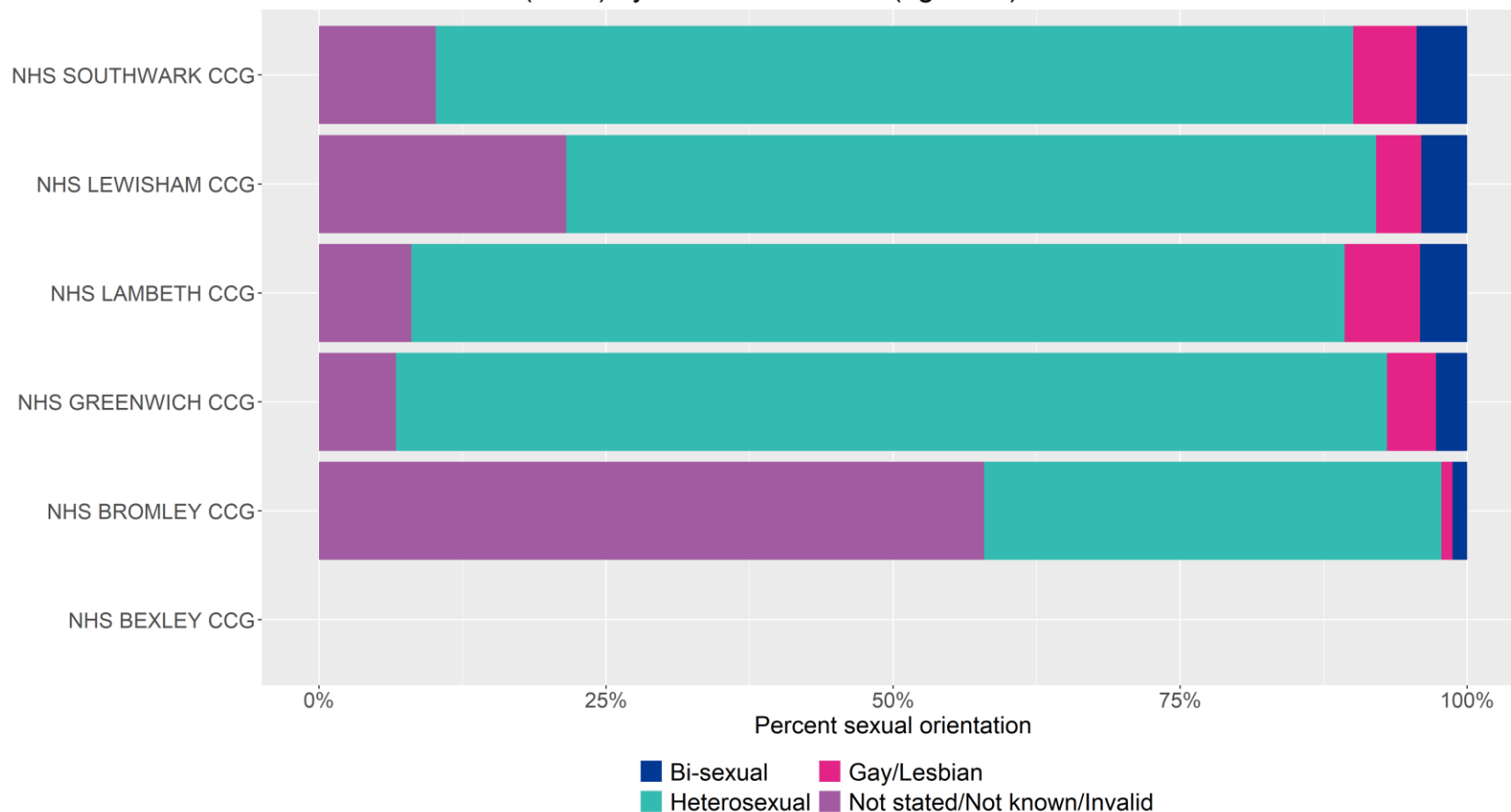
Note: No sexual orientation data was included in the IAPT dataset for Bexley

Source: [17] NHS IAPT Annual Statistics (2019-2020)

SEL – What else to consider?

LGBTQ+ Community

Mental health services available to CYP must be designed to be inclusive for all communities. Sexual orientation is not recorded as part of CPYMH services and thus is not reported on. The difficulties faced by the LGBTQ+ community in terms of access to services is highlighted in reports by the LGBT charity Stonewall:

- **18%** of LGBT people aged 18-24 have experienced difficulty gaining access to healthcare services.

- **16%** of LGBT people aged 18-24 have avoided treatment for fear of discrimination.

- **62%** of trans people have experienced a lack of understanding of specific trans health care needs.

Intersectionality

It's important to recognise that even within a certain community, experiences of services can be vastly different. Another part of this is intersectionality, where people accessing services may exist in more than one vulnerable group.

Research in this area indicates that the intersecting inequalities can have both a positive or negative overall effect on the prevalence of mental health difficulties. A better understanding of how these intersecting inequalities affect access to CYPMH services would enable a better understanding of how best to design services. The access data that is currently published is aggregated and therefore difficult to breakdown to understand these intersecting inequalities.

Faith communities

Language

Refugee and asylum-seeking populations

Sources: LGBT in Britain Health Report (2017); Languishing in the crossroad? A scoping review of intersectional inequalities in mental health (2019)

Summary

The CYPMH access rate in SEL fell below the 35% target as well as the London and England average rates in the latest reporting period at **32%**.

The number of completed urgent CYP eating disorder pathways has increased in SEL by **127%** between Q3-2019/2020 and Q3-2020/2021.

None of the ICSs in London met the CYP eating disorder waiting time targets in the last reporting period (Q3-2020/2021). In SEL **56%** of urgent referrals accessed services within one week and **88%** of routine referrals accessed services within four weeks.

A significant shift in the consultation medium of CYPMH services over the past year has taken place. In the last reporting period, **24%** of consultations were delivered via telephone.

# 03

Outcomes and Experiences of CYPMH services in SEL

London - CYPMH Outcomes

CYPMH services record outcomes with the aim of measuring improvement or deterioration with paired scores. Outcomes recorded since June-20 suggest that in SEL, **7.7%** of closed CYP referrals (with 2+ contacts) have **at least one child-rated assessment**. Of these, **31%** have a **child-rated paired score** that would allow a measurement of change. This means, in SEL, only **2%** of pathways (with 2+ contacts) can measure change. Note: Outcomes are recorded for the child, parent and clinician but all have a similarly low level of reporting and there is work being done around the completeness and quality of this data. The child rated assessments are predominantly the Revised Children's Anxiety and Depression Scale (RCADS) and the Strength and Difficulties Questionnaire.

London Closed CYP referrals (2+ contacts) with at least one assessment

...of these - the percentage with a paired score
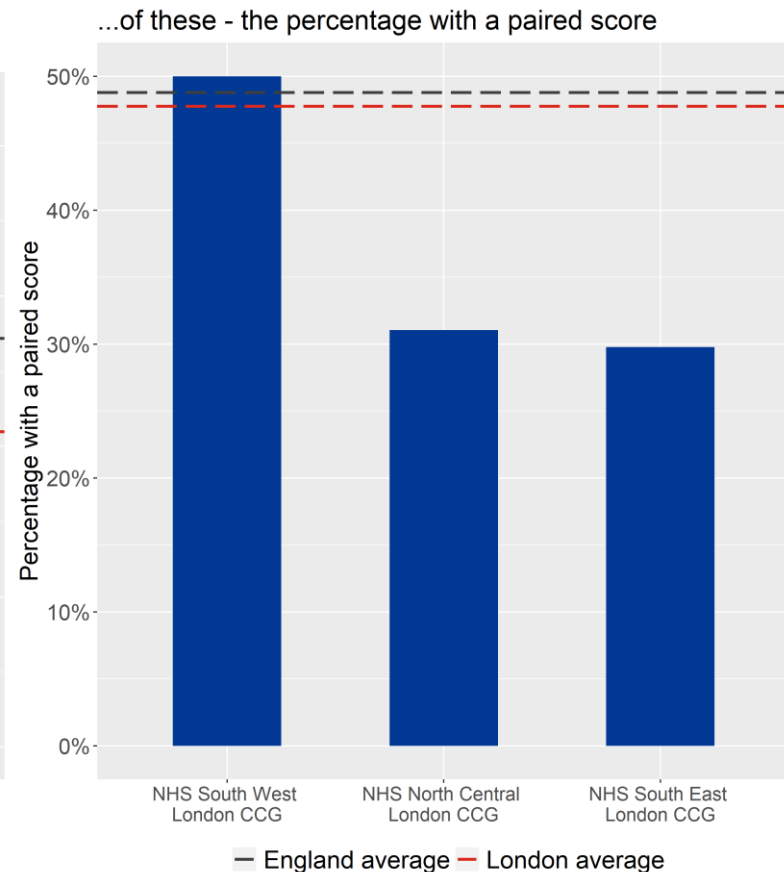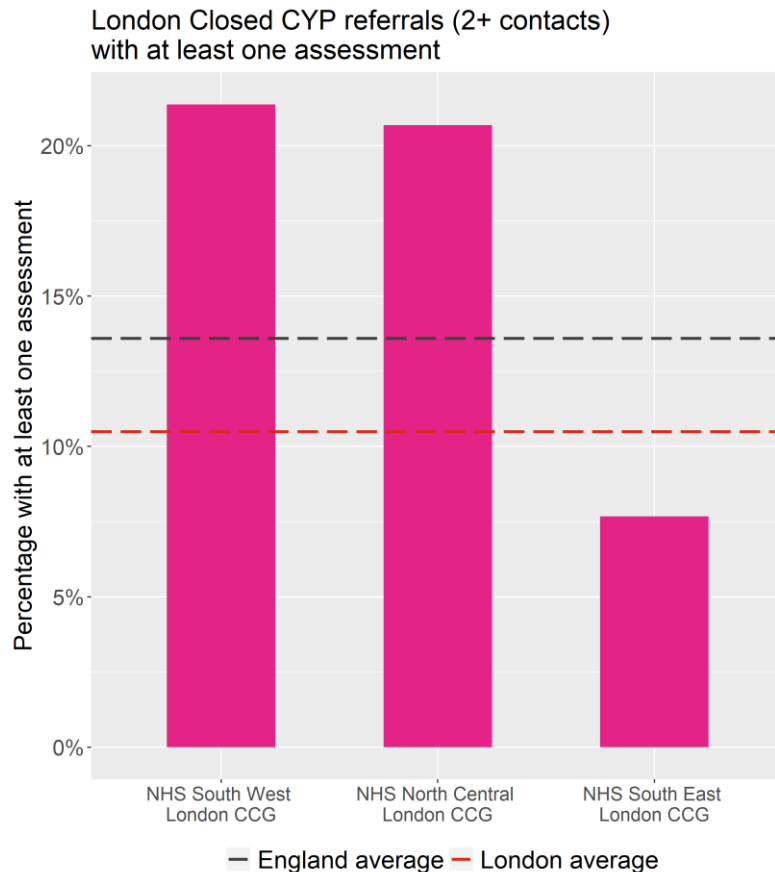
London - CYPMH Outcomes, Measurable Change

In SEL, of the closed referrals with a paired score, **14%** saw a **measurable improvement**. This is below the national (**23%**) but above the London (**13%**) average. **No measurable change** accounted for **80%**.

London Outcome of CYPMH closed referrals with a child-rated paired score
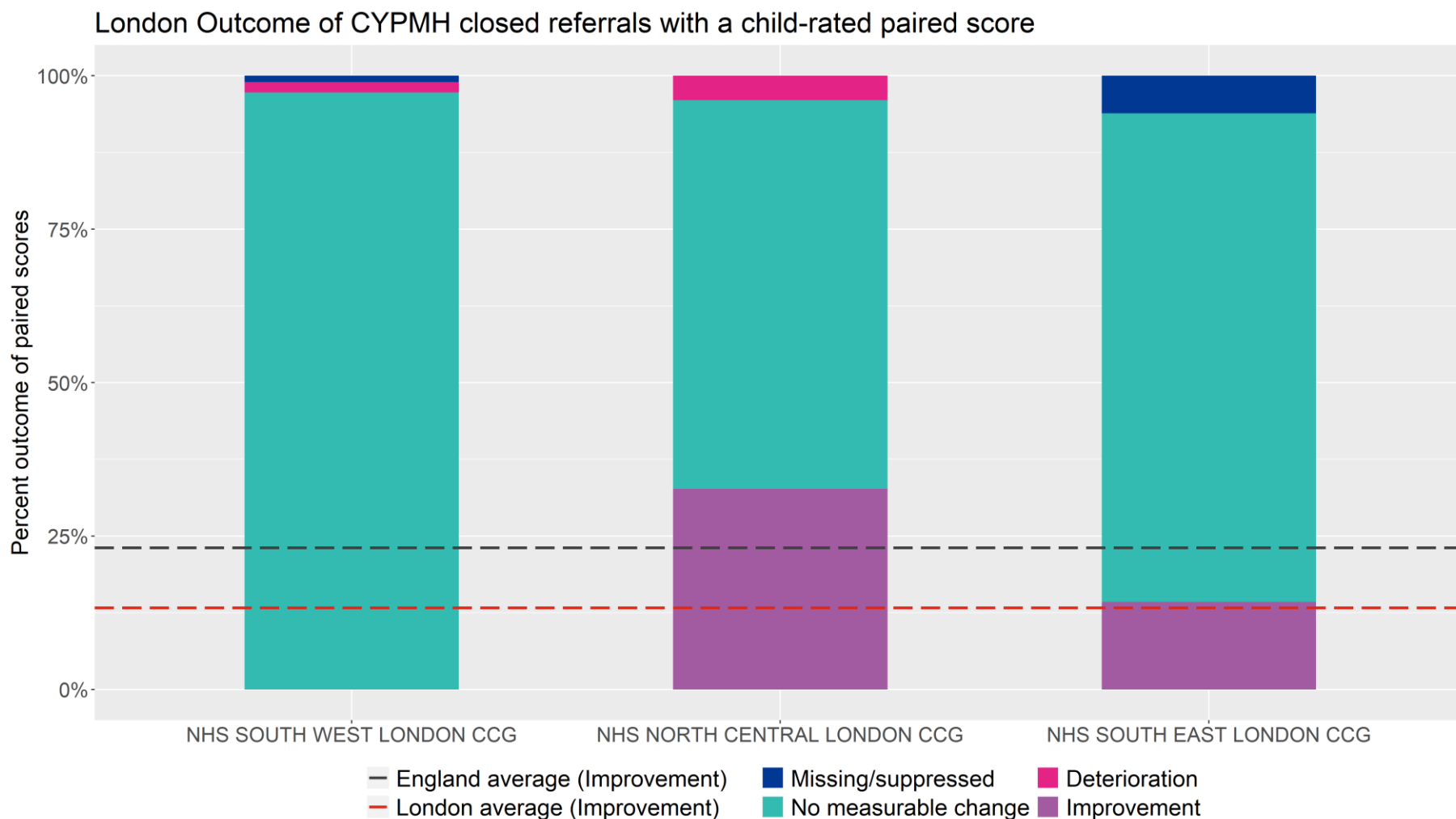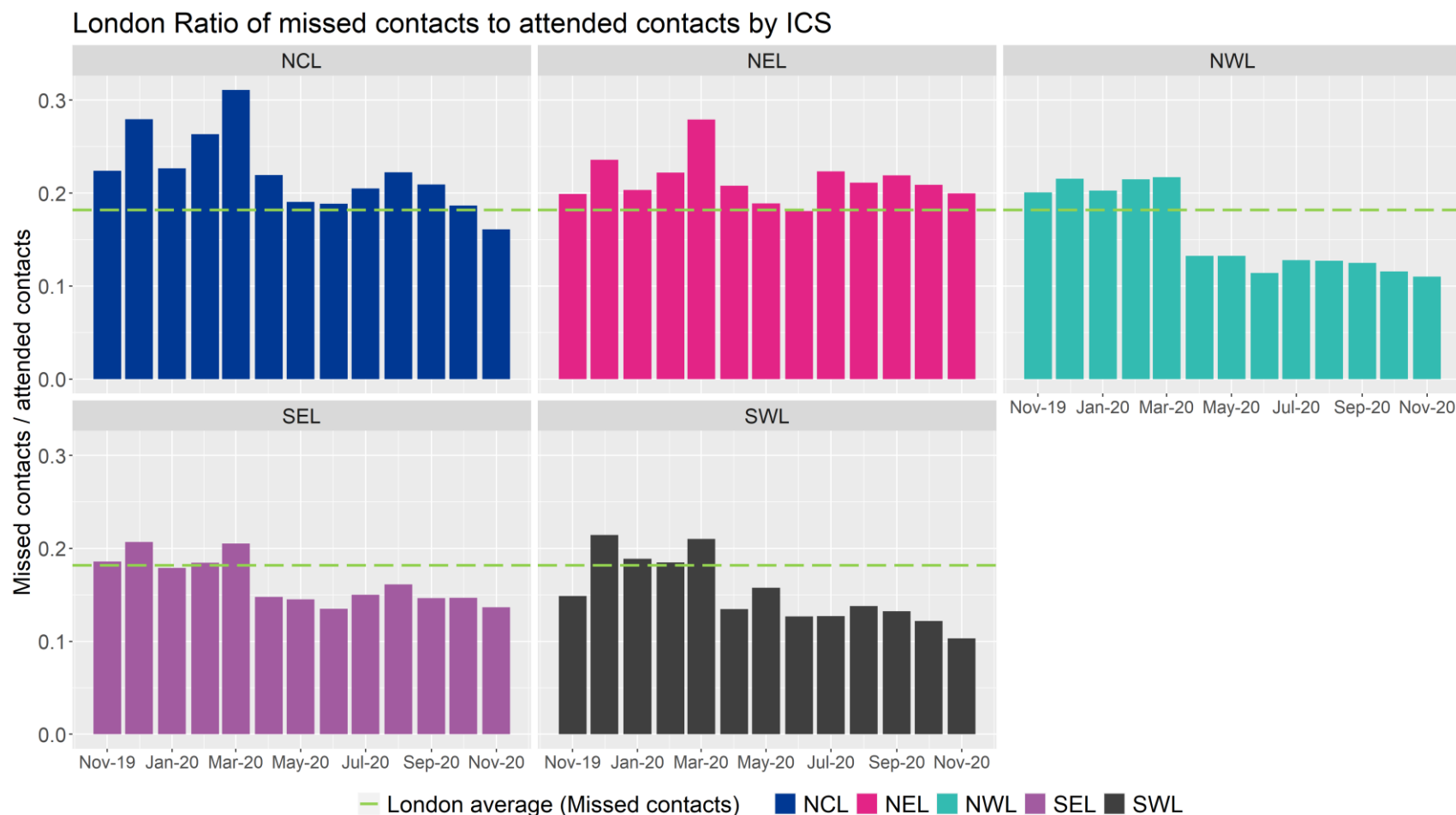
London – CYPMH Services Attendance

The mental health services data set (MHSDS) reports on missed care contacts for children and young people aged 0-18 and provides the reason for the missed contact. This allows for an assessment of the services provided and an understanding of changes in the levels of access over time. On average over 12 months, **14%** of appointments in SEL were missed. This is compared to NCL (**18%**), NEL (**17%**), SWL (**13%**) and NWL (**13%**). The London average is **15%**.

London CYPMH services missed and attended contacts by ICS
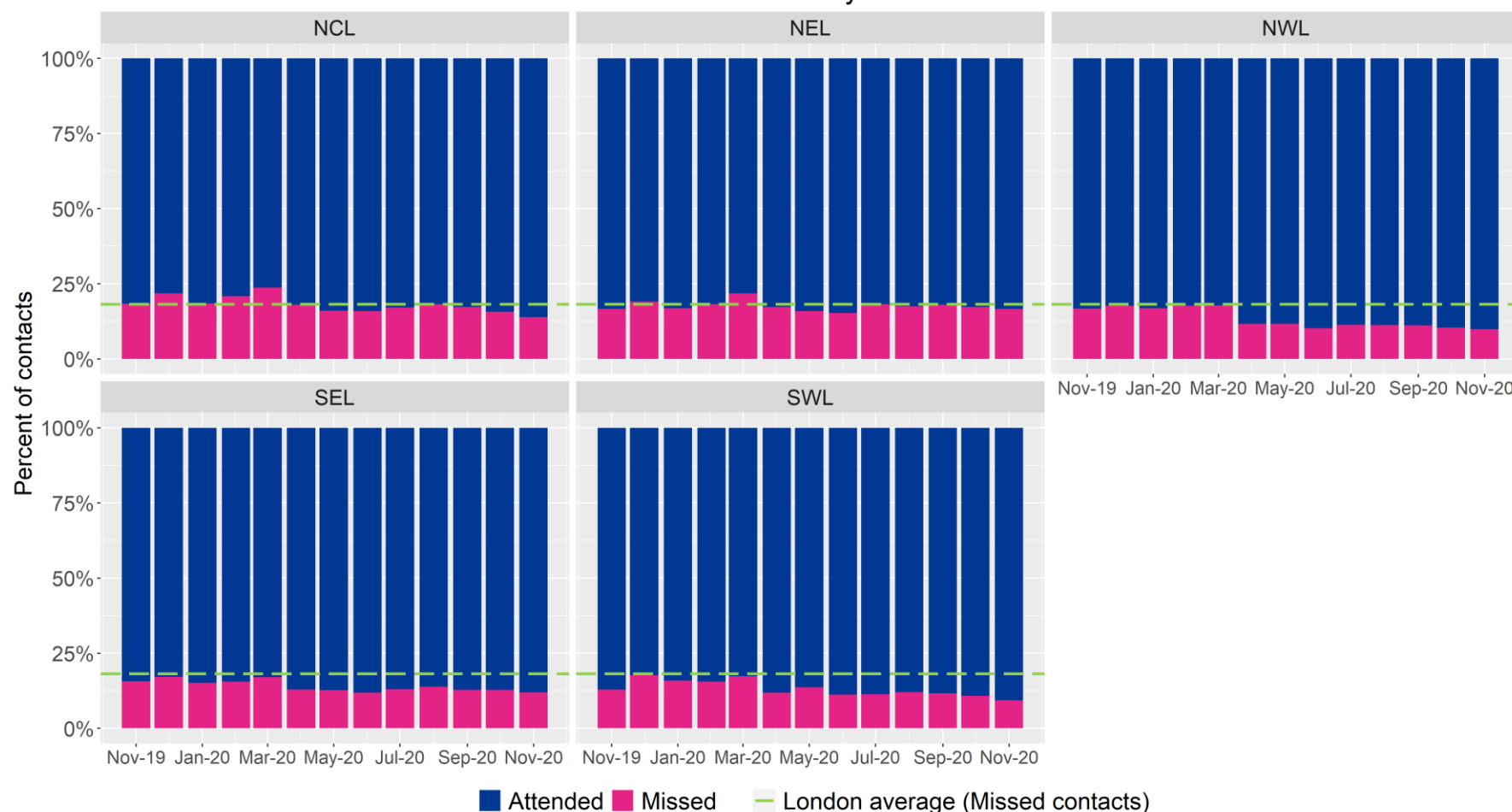
London – CYPMH Services Attendance

Taking the ratio of missed appointments (DNAs) to attended appointments allows an understanding of the variation in missed appointments over time. In SEL, the ratio of missed appointments to attended appointments has fallen by **27%** between November-19 and November-20 (i.e. people were more likely to attend appointments in November-20 than in November-19). This may be a result of a change in the medium of consultations with increasing telephone and telemedicine consultations increasing accessibility.

London Ratio of missed contacts to attended contacts by ICS

London – CYPMH Services Did Not Attends by Reason

The figure below highlights the reason for missed care contacts (for those aged 0-18) across time. On average over 12 months, DNAs in SEL were most commonly missed appointments where no advanced warning was given (**49%**). SEL had a relatively high proportion of appointments cancelled / postponed by the health care provider (**37%**).

London Breakdown of DNAs by the reason for each ICS

SEL – Self Harm Hospital Admissions

Self-harm hospital admissions may be used as a proxy measure for outcomes of mental health services. Nationally, self-harm hospital admissions increased by over **95 admissions per 100,000** between 2011/2012 and 2018/2019. In SEL in the last reporting period, Lambeth, Lewisham and Southwark were all above the London average rate. Bexley, Bromley and Greenwich were below the London rate. Note that local self-harm hospital admissions data are estimates based on national and regional self-harm admissions rates and population data. They are, therefore, limited in how useful they are.

SEL Self-harm hospital admissions for CYP aged 10-24
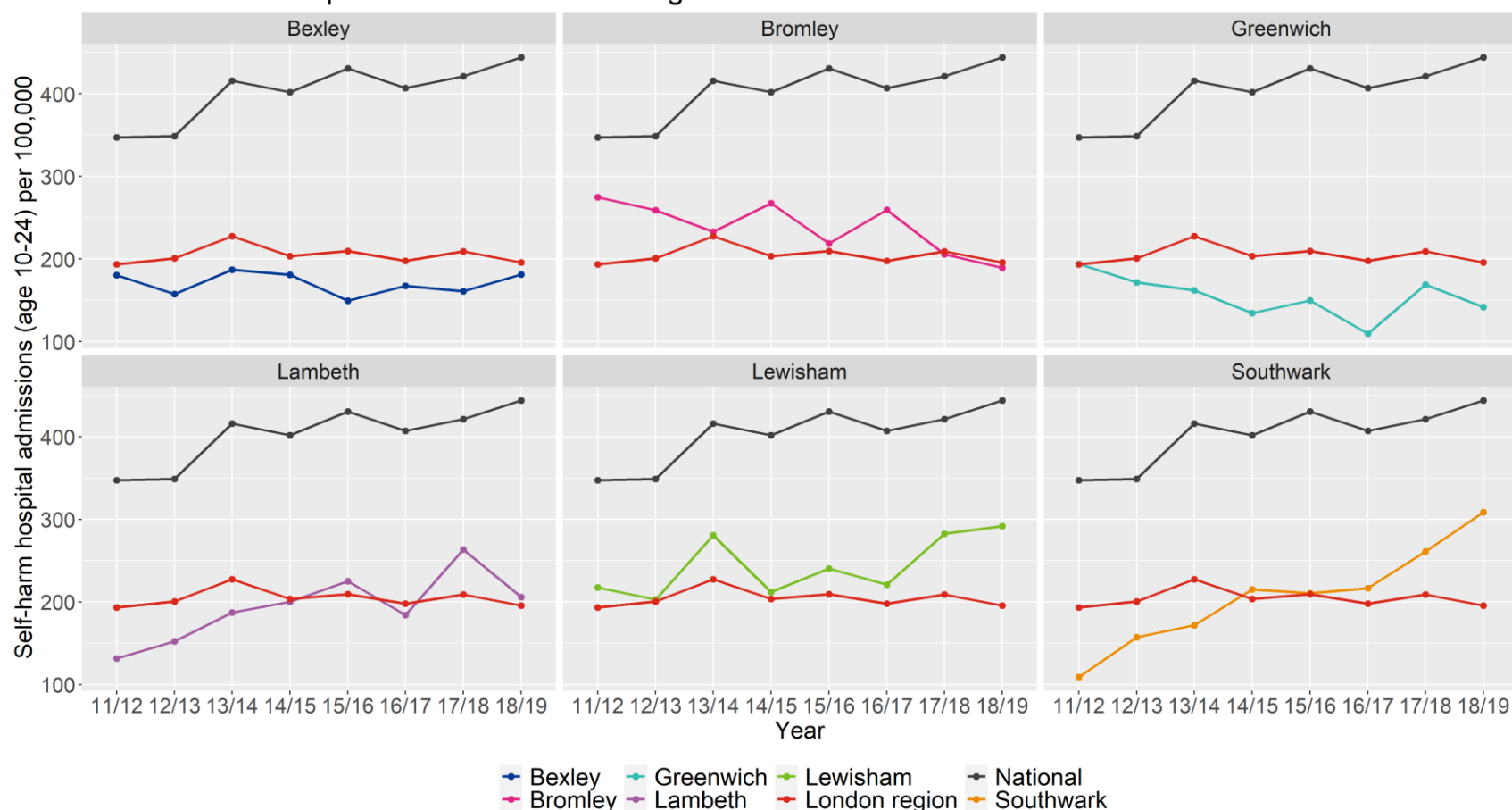
Summary

There is room for improvement for CYPMH outcome metrics. In SEL, **7.7%** of closed CYP referrals (with 2+ contacts) have at least one child-rated assessment. Of these, a further **31%** have a child-rated paired score. For the available paired score referrals, **14%** show improvement.

DNAs relative to attended appointments have decreased by **27%** in SEL between November-2019 and November-2020.

Nationally, self-harm rates have increased by **95 admissions per 100,000** between 2011/2012 and 2018/2019. The self-harm rate is significantly lower in London and SEL than the national rate.

04

Appendices

Appendix A – NHS Benchmarking CYP MH Data / Analysis

The Cavendish Square Group, CYPMH Inpatient Provider Collaboratives and HLP CYPMH Programme have agreed a joint initiative to fund NHS Benchmarking to undertake a CYPMH data/analysis project resulting in the publication of data analysis reports for system partners (e.g. providers, commissioners).

NHS Benchmarking have provided a proposal with the following broad scope:

- Analysis of community CAMHS provision including referral demand, thresholds/acceptance rates, caseloads, activity levels, workforce levels and disciplines and financial metrics

- Inpatient CAMHS provision including bed usage, length of stay, workforce levels and disciplines and financial metrics

- Content from Local Authorities on wider data relating to CYPMH morbidity and service provision, this may also include reference to national data available from the Education sector

- Investment levels and trajectories for CYPMH expenditure by the NHS.

- Covid-19 impact data for London including changes in referral rates, community caseloads and bed provision

- Future projections of needs and access informed by available data from NHSBN, Local Authorities, Mayor's Office , and NHS England and NHS Improvement.

- Consideration of any high level gap in current plans comparing future needs against current strategies.

Appendix B – Snapshot Datasets

Source reference	Dataset	Date
1	ONS mid-year population estimates	2019
2	ONS Ethnic groups by Borough	2018
3	ONS Census	2011
4	Gov UK English indices of deprivation (IDACI)	2019
5	Gov UK (Dept. of Education) SEN dataset	2020
6	PHE Fingertips (CYP mental health and wellbeing)	Varied
7	Gov UK children in need and child protection dataset	2019/2020
8	Gov UK Permanent and fixed-period exclusions in England	2018/2019
9	Gov UK Looked after children dataset	2019/2020
10	PHE Fingertips (CHIMAT)	Varied
11	Gov UK Youth Justice statistics	2019/2020
12	ONS Conceptions in England and Wales	2018
13	NHS MHSDS Monthly statistics	November-2019 – November-2020
14	NHS MH Bulletin: 2019-2020 Additional Analysis	2019/2020
15	NHS Future Collaboration Platform (STP Evidence and Analysis)	Varied
16	NHS Statistics, CYP with an eating disorder waiting times	2019/2020
17	Improving access to psychological therapies (IAPT) annual statistics	2019/2020
18	NHS Future collaboration platform (MH outcomes)	Varied

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www.healthylondon.org

england.healthylondon@nhs.net

@healthyLDN