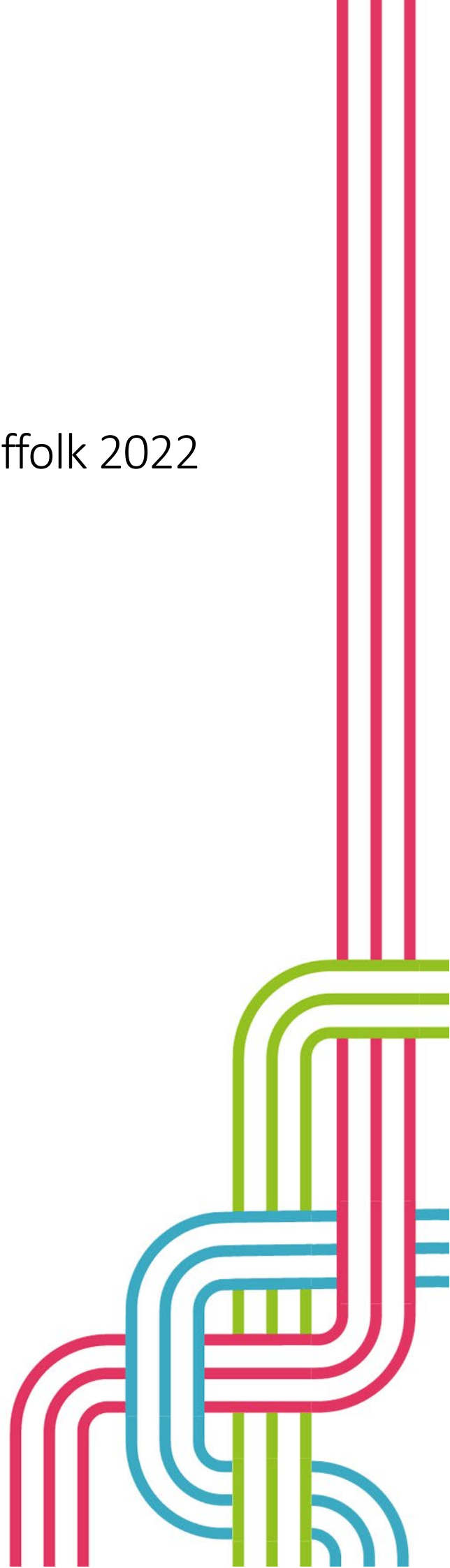


The State of Children in Suffolk 2022

Mental health



Mental health

Key points

1. Most people who experience mental ill health as adults had a first episode before the age of 24. Mental ill health in childhood can affect educational attainment and socialisation, further impacting adult life.
2. In 2021, in England, one in six (17.4%) of both 6 to 16 year olds and 17 to 19 year olds were likely to have a probable mental disorder, an increase (worsening) compared to 2017. This would suggest that, in 2021, around 21,000 children and young people in Suffolk (aged 6-19) had a probable mental health disorder. National survey data suggests hyperactivity and behavioural disorders are more prevalent in boys and young men, while girls and young women are more likely to experience emotional disorders.
3. Pre-pandemic national prevalence figures suggest that around 10,140 (between 9,050-11,500) children and young people aged 5-19 in Suffolk could have an emotional disorder (including anxiety, depression, bipolar).
4. Healthwatch Suffolk report that Suffolk young people's wellbeing outcomes consistently appear poorer (lower) than national averages.
5. Suffolk emergency hospital admissions for self-harm in young people (aged 10-24 years) are significantly worse than the England rates, and the Suffolk trend is worsening (increasing). Ipswich and East Suffolk CCG, and Norfolk and Waveney CCG have rates significantly higher than England (West Suffolk CCG is statistically similar to England).
6. Children and young people with a mental disorder are more likely to be bullied and to bully others (online and in person).
7. Suffolk young people who identify as LGBT*Q+ tend to experience poorer wellbeing.
8. Children and young people with additional vulnerabilities (including having a mental health difficulty, receiving free school meals, being a carer or with experience of being in care) are more likely to report low resilience and lower wellbeing.

Language

Public Health and Communities Suffolk usually refers to mental health and mental ill health. However, this report uses information from a variety of sources, where other terms are used, including mental disorders. Other research has also used different ways to describe and group people by gender identity and by sexuality, for example, Healthwatch Suffolk has grouped survey responses for LGBT*Q+.¹ This report uses the terms used by other original research to ensure consistency, and, hopefully, transparency. References are given to sources.

Why is mental health important in Suffolk?

Most people who experience mental ill health as adults have their first episode as children, with research suggesting more than a third start before age 15² and up to 75% before the age of 24.^{3,4} Anxiety disorders that begin in childhood and adolescence frequently persist into adulthood and can reduce quality of life. Hyperactivity in adulthood has been linked to being economically inactive, having no qualifications, and having a substance abuse disorder. Studies suggest over 15% of

children diagnosed with attention deficit hyperactivity disorder (ADHD) retained the diagnosis at age 25, and around two thirds continue to have some symptoms that affect daily life. Depression has been identified as the third largest contributor to the global burden of disease.⁵

For children and young people, mental ill health may negatively affect educational outcomes, which can result in more limited job opportunities. For people of all ages with mental ill health, it can be challenging to carry out everyday tasks.⁶

Surveys in Suffolk suggest young people in Suffolk have poorer (lower) emotional wellbeing than the national average, and that wellbeing has fallen (worsened) between 2019 and 2021.¹

Impact of COVID-19 on data

The impacts of the COVID-19 pandemic in the UK have been felt and experienced by young and old alike, and will affect people's lives both in the short, medium, and long term. One of the many consequences of the pandemic has been its impact on data collection. Across many areas, such as the economy, education, health and wellbeing, the pandemic has affected what data has been collected and what has been published. Even when published, not all data has been comparable with pre-COVID-19 data.

The COVID-19 pandemic has had an impact on the health data used in this report:

- There was an increase in non-submissions for IAPT data in early 2020/21.
- 4,522 students responded to Healthwatch Suffolk's 2021 My Health, Our Future¹ survey. (In 2019 there were 11,950 responses)

Impact of COVID-19 on mental health

Suffolk Public Health and Communities has recognised the COVID-19 pandemic as a collective trauma. The 2021 Annual Public Health Report addresses public mental health for the whole population of Suffolk.

The Local Government Association has identified immediate and long-term impacts of the pandemic for children and young people.⁷ Immediate mental health impacts of COVID-19:

- Isolation from friends (0-5 year olds and school age)
- Impact of parental stress (0-5 year olds and school age)
- Coping with significant changes to routine (0-5 year olds)
- School progress and exams (school age)
- Boredom (school age)
- Anxiety or depression or other mental health problems (school age)
- Carer stress (school age)

Long-term mental health impacts for children and young people:

- Developmental and behavioural issues arising due to isolation or social distancing at key developmental milestones.
- Development of mental health disorders because of the stress.

The percentage of probable mental health disorders worsened between 2017 and 2021:⁸

- From one in nine (11.6%) to one in six (17.4%) among 6 to 16 year olds
- from one in ten (10.1%) to one in six (17.4%) among 17 to 19 year olds

This increase was sharper than the gradual increase in mental health disorders seen in 5-15 year olds from 1999 (9.7%) to 2017 (11.2%).⁸ This would suggest that, in 2021, around 21,000 children and young people in Suffolk aged between 5-15 had a probable mental health disorder.

Adolescent mental health deteriorated during the pandemic, with more adolescents experiencing depressive symptoms, and decreased life satisfaction. Girls appear to have been more affected than boys (survey data from February – April 2021).⁹ Experimental data (November-December 2021) suggests that third year students in higher education had significantly lower life satisfaction and significantly higher anxiety than all students and the adult population of Great Britain.¹⁰ In 2021, the Centre for Mental Health estimated that the pandemic would lead directly to 1.5 million children and young people in England needing extra support for their mental health in the period to 2026.¹¹

Nationally, wellbeing in children and young people, which fell in 2020, appeared to have returned to pre-pandemic levels by April-June 2021.¹²

Some survey data suggests that, while most children’s mental health may have recovered post-lockdown, children with special educational needs and those from low-income households (families earning less than £16,000 per year) continue to have higher rates of mental ill health symptoms.¹³

Post-lockdown (survey from December 2021 – January 2022), pressures on incomes caused by rising fuel and food prices are also having an impact, with nearly half (47%) children from low-income families who responded to an Action for Children survey saying they worried about their family’s finances. 42% of children saw their own mental health as an issue (compared to 29% in 2019), with nearly half (45%) of all parents worried about their child’s mental health (17% in 2019).¹⁴

What is the local picture?

The Royal College of Paediatrics and Child Health groups mental health into four areas.¹⁵

- Emotional disorders (such as anxiety disorders, depressive disorders, mania, and bipolar affective disorder)
- Behavioural disorders (characterised by repetitive and persistent patterns of disruptive and violent behaviour, in which the rights of others, and social norms, are violated)
- Hyperactivity disorders (characterised by inattention, impulsivity, and hyperactivity)
- Others (such as autistic spectrum disorder, tic disorders or eating disorders).

Wellbeing

Healthwatch Suffolk survey young people at Suffolk secondary schools and colleges about emotional wellbeing and other topics. Their latest *My Health, Our Future* report (phase five) was conducted between May and June 2021. The result of this survey shows that in Suffolk, poor wellbeing had increased by 17% since 2019. Warwick-Edinburgh Emotional Wellbeing Scale average scores fell from 44.5 in 2019 to 42.5 in 2021 among older respondents (year 7 to college students and apprentices), compared to an average of 51.7 for 11 to 19 year olds in England in 2017.¹

Emotional disorders

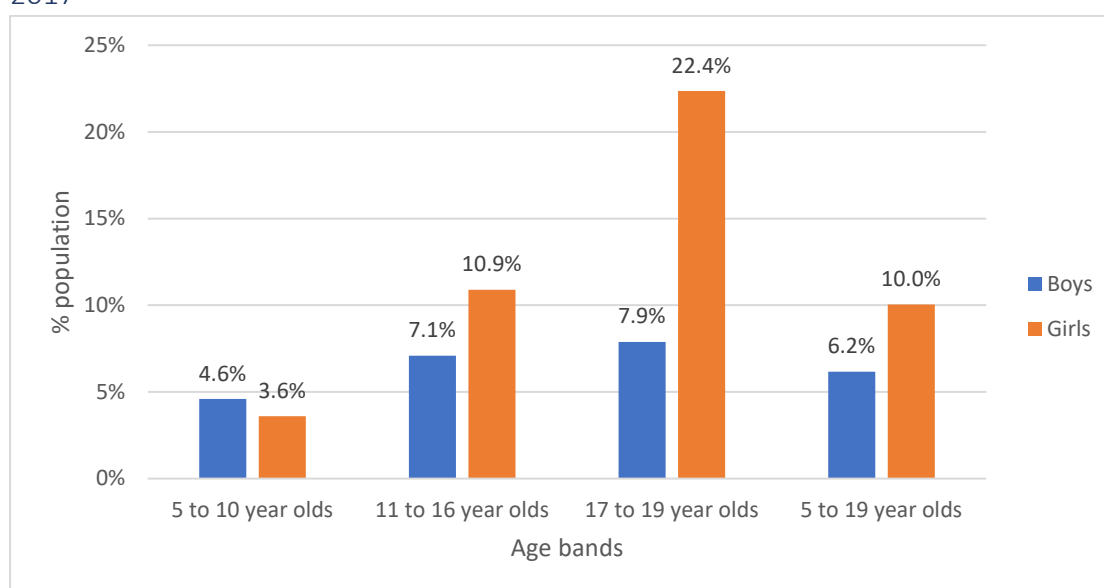
Emotional disorders include anxiety and depressive disorders that manifest themselves in fear, sadness, and low self-esteem. To count as an emotional disorder they have to be sufficiently severe to cause distress to the child or impair their functioning.⁵

- Anxiety disorders: characterised by feelings of anxiety and fear, including obsessive compulsive disorder, phobias, post-traumatic stress disorder, body dysmorphic disorder (preoccupation with an aspect of personal appearance which is hugely out of proportion of any actual defect).
- Depressive disorders: characterised by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Depression can be long lasting, recurrent (throughout childhood and into adulthood), and impair functioning at school and in daily life.
- Bipolar affective disorder /manic episode: characterised by intense mood swings, where mood and activity levels are significantly disturbed.

In 2017, about one in twelve (8.1%) children and young people (aged 5 - 19) had an emotional disorder such as anxiety or depression. Prevalence of emotional disorders increased with age and were more common in girls than boys: just over one in five (22.4%) girls aged 17 to 19 years old had an emotional disorder (Figure 1). Anxiety disorders were more common than depressive disorders (7.2% compared to 2.1%); bipolar affective disorder affected less than 0.1% of children and young people.⁵

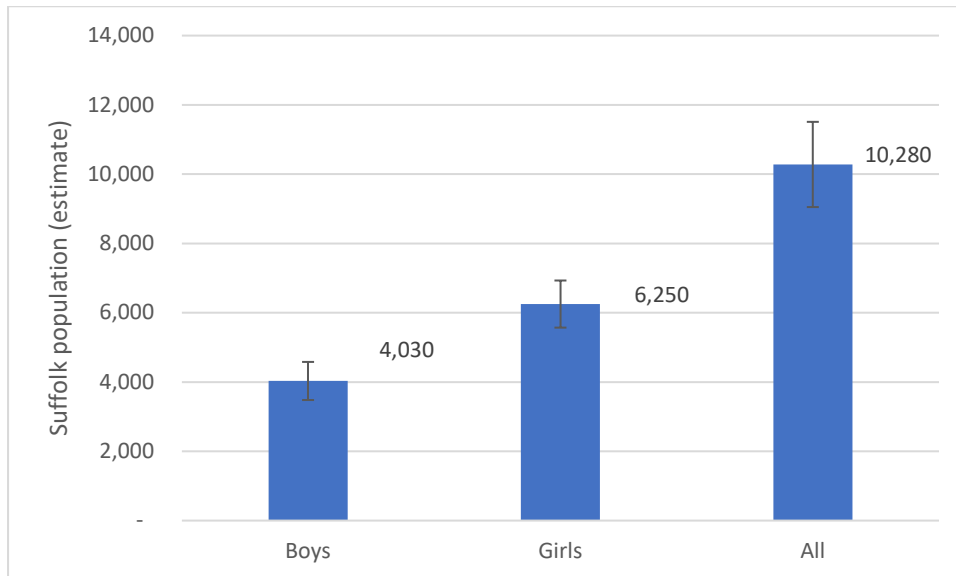
It is likely that around 10,140 children and young people in Suffolk could have an emotional disorder if these percentages (by age and sex, Figure 1) are applied to Suffolk population estimates (2020), however if the published confidence intervals are applied, the number could be between 9,050-11,500 (Figure 2).

Figure 1: Any emotional disorder by age and sex, England, percentage of 5 to 19 year olds, 2017



Source: NHS Digital, Mental Health of Children and Young People in England, 2017⁵

Figure 2: Any emotional disorder by sex, 5 to 19 year olds, Suffolk, 2020 population estimates



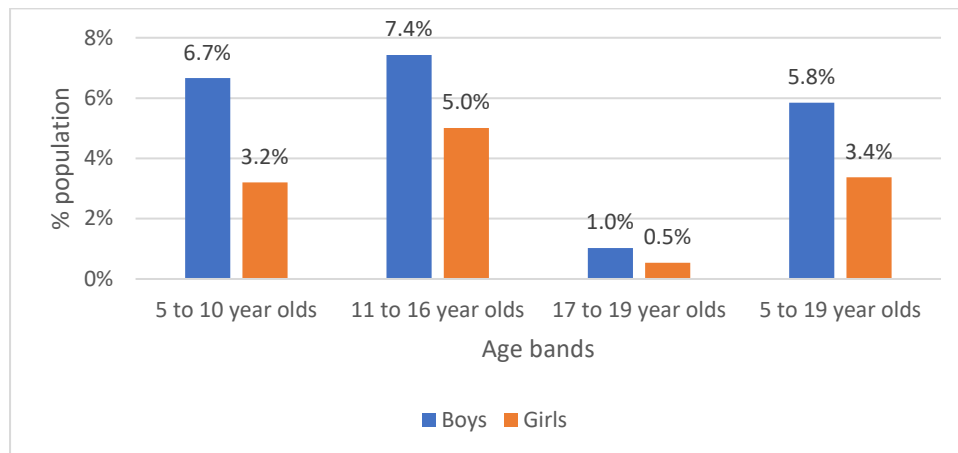
Source: Public Health and Communities Suffolk analysis using NHS Digital, Mental Health of Children and Young People in England, 2017⁵

Behavioural disorders

Behavioural disorders are the most common reason for referral of children and young people to child and adolescent mental health services (CAMHS). They are characterised by repetitive and persistent patterns of disruptive and antisocial behaviour. To count as a disorder, they must be sufficiently severe to cause distress to the child or impair their functioning. Oppositional defiant disorder (characterised by temper outbursts and arguing with adults) was the most common disorder, present in 2.9% of 5-19 year olds. Early intervention can alleviate the damaging effects conduct disorders could have in later life.⁵

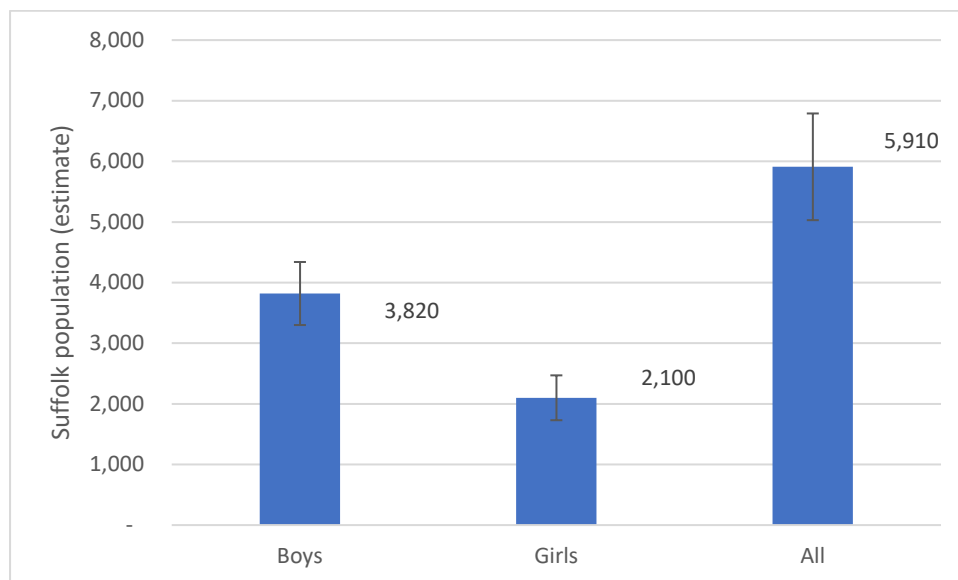
In 2017, behavioural disorders were more common in boys and young men (aged 5 to 19) (5.8%) than girls and young women (3.4%). 17-19 year olds were much less likely to be identified with a behavioural disorder (Figure 3).⁵ It is likely that around 6,100 children and young people in Suffolk could have a behavioural disorder if these percentages (by age and sex, Figure 3) are applied to Suffolk population estimates (2020), however if the published confidence intervals are applied, the number could be between 5,030-6,800 (Figure 4).

Figure 3: Any behavioural disorder by age and sex, England, percentage of 5 to 19 year olds, 2017



Source: NHS Digital, Mental Health of Children and Young People in England, 2017⁵

Figure 4: Any behavioural disorder by sex, 5 to 19 year olds, Suffolk, 2020 population estimates



Source: Public Health and Communities Suffolk analysis using NHS Digital, Mental Health of Children and Young People in England, 2017⁵

Hyperactivity disorders

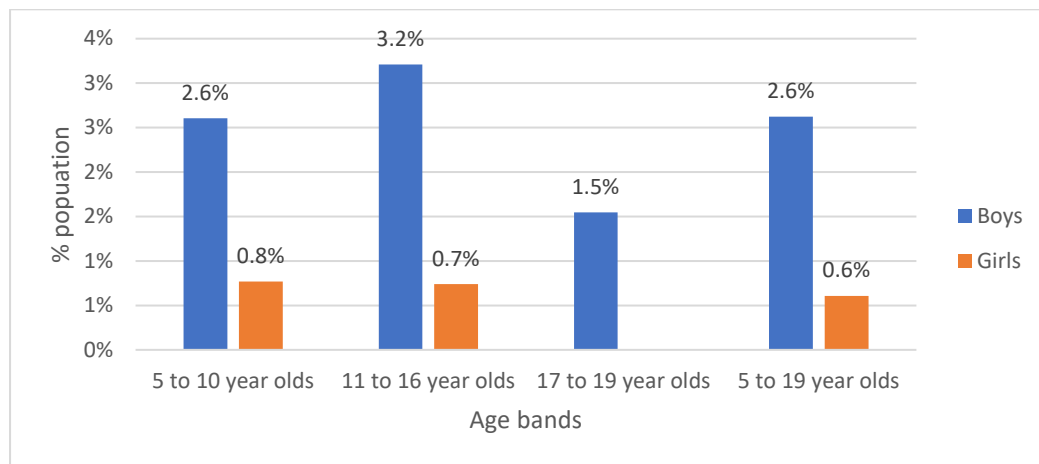
Hyperactivity disorders start in childhood and are characterised by developmentally inappropriate patterns of inattention and impulsivity. Children may find it hard to sit still, may act without thinking, and start but not finish things. Although most children behave like this sometimes, in a hyperactivity disorder the symptoms are marked, persistent and cause problems in different environments. Hyperactivity disorders include attention deficit hyperactivity disorder (ADHD) and hyperkinetic disorder. Symptoms are usually evident by seven years old.⁵

Hyperactivity disorders can disrupt relationships, make everyday life difficult, and increase the risk of developing traits such as antisocial behaviour.

In 2017, about one in sixty (1.6%) children and young people (aged 5 - 19) had a hyperactivity disorder. Hyperactivity disorders were more common in boys (2.6%) than girls (0.6%), and were lower in 17-19 year olds (0.8%) (Figure 5).⁵

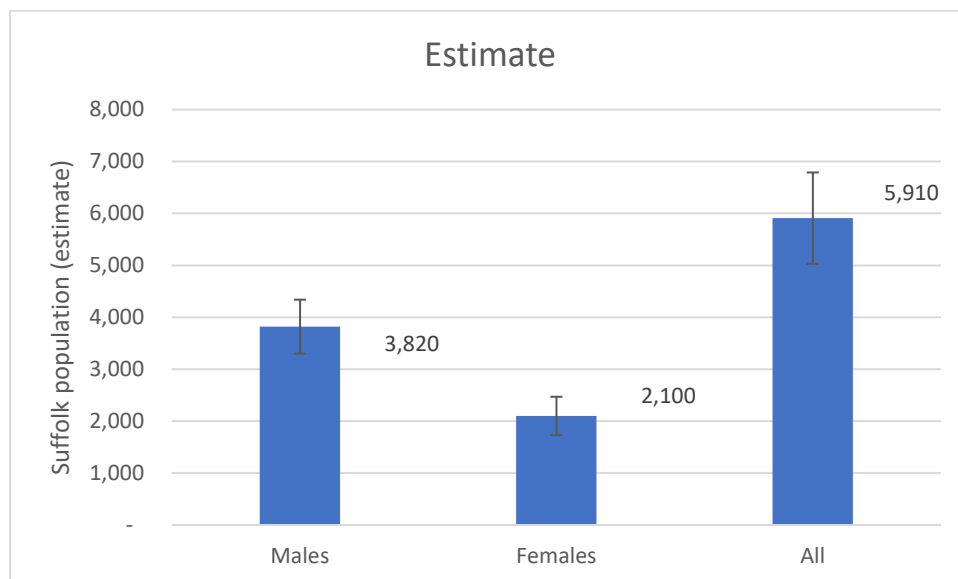
It is likely that around 2,130 children and young people in Suffolk could have a hyperkinetic disorder if these percentages (by age and sex, Figure 5) are applied to Suffolk population estimates (2020), however if the published confidence intervals are applied, the number could be between 1,610-2,090 (Figure 6).

Figure 5: Any hyperactivity disorder by age and sex, England, percentage of 5 to 19 year olds, 2017



Source: NHS Digital, Mental Health of Children and Young People in England, 2017⁵

Figure 6: Any hyperactivity disorder by sex, 5 to 19 year olds, Suffolk, 2020 population estimates



Source: Public Health and Communities Suffolk analysis using NHS Digital, Mental Health of Children and Young People in England, 2017⁵

Other disorders

Perinatal and maternal mental health

In 2020/21, 550 people were in contact with specialist perinatal mental health community services in Suffolk. The highest number (170) were seen in the East Suffolk local authority area, which has the largest population in Suffolk. This indicator was introduced in 2019/20, when there were 450 people in contact; any variation, including the 22.2% increase, may be due to a rise in demand or to changes in data collection, so should be interpreted with caution.¹⁶

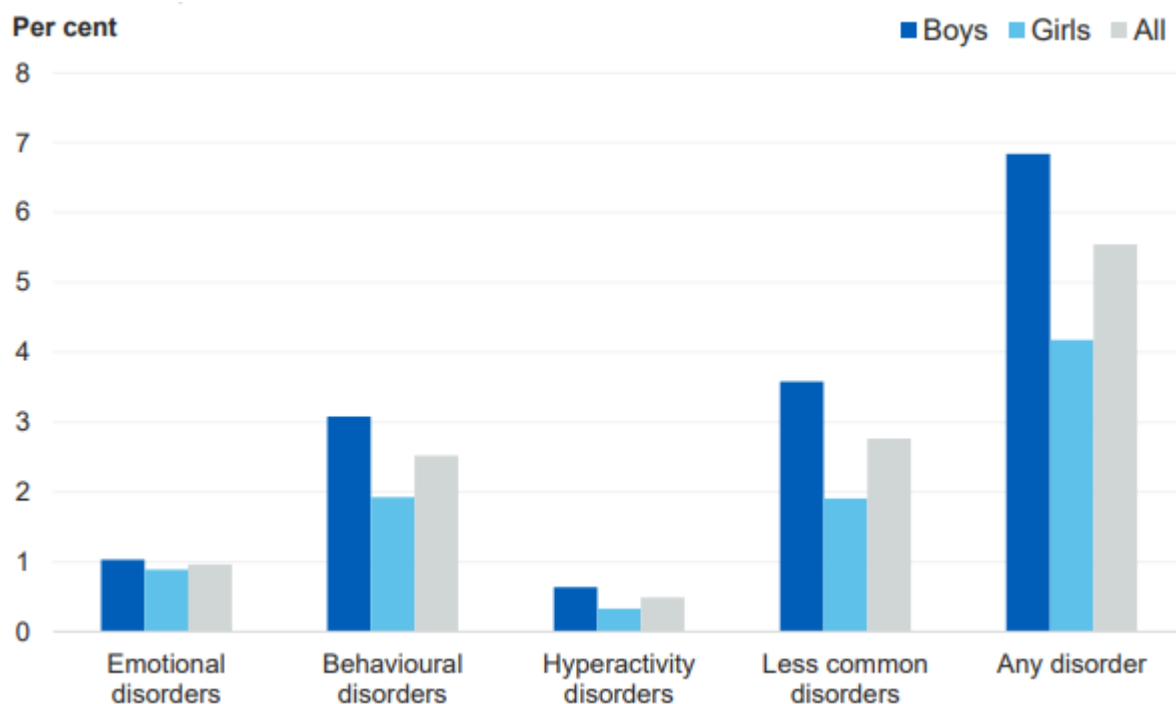
Preschool children (aged 2-4)

Early childhood is an important developmental period for children. Good mental health is a foundation for emotional and physical wellbeing throughout life. It is difficult to measure the extent of mental disorders in preschool children as existing diagnostic tools may not be appropriate, and because children develop rapidly from 0 to 4 years old.⁵

In 2017, the *Mental Health of Children and Young People Survey* examined mental disorders in 2-4 year olds (Figure 7). One in 18 (5.5%) 2-4 year olds had a disorder. Some of the most common specific disorders in preschool children were oppositional defiant disorder (1.9%), autism spectrum disorder (1.4%), and sleeping disorder (1.3%).⁵

This would suggest that around 1,350 (940 – 1,780) 2-4 year olds in Suffolk might have a mental health disorder (2020 population estimates).

Figure 7: prevalence of mental disorders in children aged 2-4 by sex, England, 2017



Source: NHS Digital, Mental Health of Children and Young People in England, 2017⁵

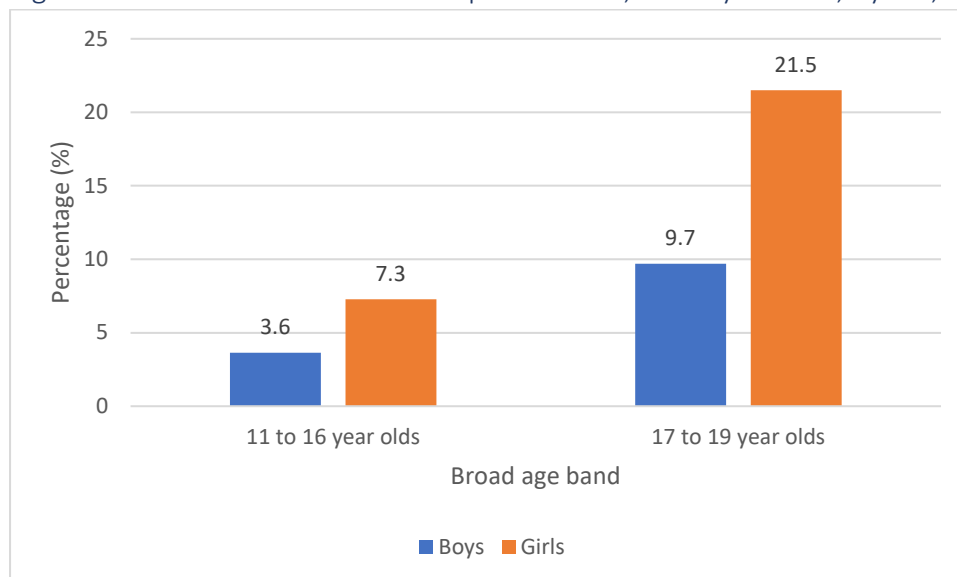
Self-harm and suicide

The NHS describe self-harm as “when somebody intentionally damages or injures their body”.¹⁷ In *My health, Our Future*, Healthwatch Suffolk gave examples: “cutting or burning their skin, punching or hitting things, poisoning themselves with tablets or other dangerous substances, using drugs and alcohol too much, not eating enough or eating too much.”¹

People may conceal self-harm and may not require (or seek) medical treatment, partly due to fear of stigma or discrimination.¹⁷⁻¹⁹ Survey data and hospital emergency admissions data are therefore likely to underreport the issue. People who self-harm are at an increased risk of suicide compared to the general population (estimated at 30-fold).¹⁹

Nationally, in 2017, 5.5% of 11-16 year olds and 15.4% of 17-19 year olds reported having self-harmed or attempted suicide at some point. Figures for both age groups were around twice as high for girls as boys (Figure 9).⁵

Figure 9: Ever self-harmed or attempted suicide, 11-19 year olds, by sex, England, 2017

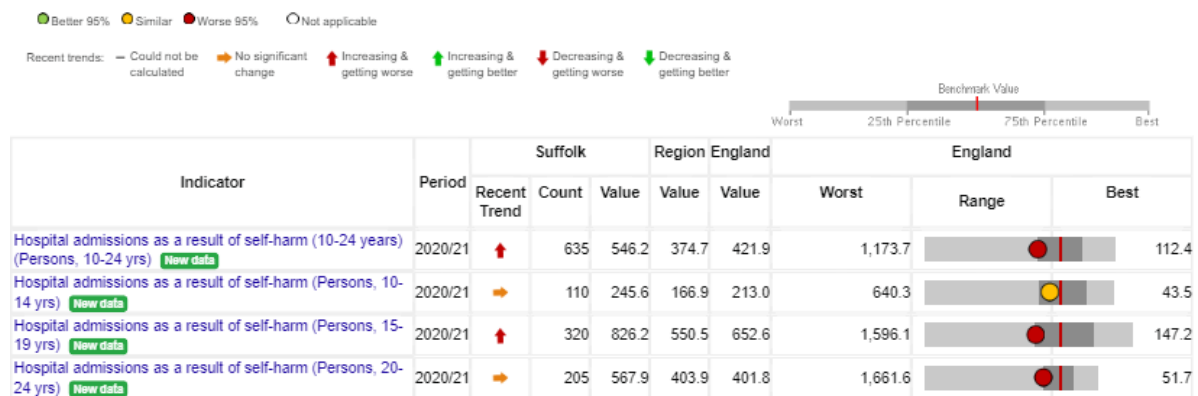


Source: NHS Digital, Mental Health of Children and Young People in England, 2017⁵

In *My Health, Our Future*, 9% of young people in Suffolk said they currently self-harmed (2021). “Young people who preferred to describe their gender in another way” were more likely to self-harm than male or female students (36% compared to 4% male, 11% female).¹

The four indicators on hospital admissions as a result of self-harm show Suffolk is significantly worse than England, except for the 10-14 age band, where rates are in line with England as a whole. Suffolk trends are worsening (rates are increasing), except for the 10-14 and 20-24 age bands, which show no significant change over the past five years (Figure 8).²⁰ Ipswich and East Suffolk CCG, and Norfolk and Waveney CCG have rates significantly higher than England (West Suffolk CCG is statistically similar to England).

Figure 8: Hospital admissions for self-harm, 10-24 year olds, Suffolk



Source: Office for Health Improvement and Disparities: Children and Young People’s Mental Health and Wellbeing²⁰

Across the UK, suicide rates in 15-24 year olds had been falling but rose in 2018 (possibly due to a change in reporting by coroners). Young men are more likely to die by suicide than young women.¹⁵ Analysis of suicide numbers over the past five years by Public Health Suffolk has shown no clear trends in people aged under 25; the numbers are too small to be published. National analysis of suicide numbers during the pandemic (April to December 2020) found no evidence that overall suicide deaths were higher than 2019.²¹

Recent reviews of (pre-pandemic) deaths by suicide in Norfolk and Suffolk (unpublished) and National Child Mortality Database²² found risk factors that included:

- Being bullied at school
- Relationship breakdown or separation with parents, grandparents.
- Adjustment to new or blended family.
- Bereavement due to death or loss of a relationship (such as moving home or school).
- Poor mental health.
- History of attempted suicide or self-harm
- Sexual abuse
- some signs of neurodevelopmental conditions (with or without a formal diagnosis)
- Difficulty accessing diagnostic services or bounced between services.
- Lack of sharing timely info from services (GP) with parents and between services.
- Parental pressure to do well at school
- Adults not recognising signs of poor mental health or being unable to access support.
- Adults not confident at identifying unusual teen behaviour or at communicating with their child, or not knowing what to do and who to contact when concerned.

Eating disorders

Eating disorders are characterised by disturbances in eating behaviour, appetite, or food intake. They include anorexia nervosa, bulimia nervosa, and binge-eating disorder. They usually start in adolescence or young adulthood. Eating disorders can cause heart and kidney problems and even death. On average, people wait three years before seeking treatment.⁵

The Mental Health of Children and Young People in England (2017) report identified eating disorders in 0.4% of 5-19 year olds (95% confidence interval 0.2-0.6%).⁵ This suggests 510 (260-770) children and young people in Suffolk might have an eating disorder (2020 population estimates). Eating disorders were more common in girls than boys aged 5-19, with young women aged 17-19 having the highest levels (1.6%). These figures are considered an underestimate, as eating disorders are often concealed, so looking at possible eating problems may be a more useful approach.

A 2021 follow up to the 2017 survey screened children and young people for possible eating problems.⁸ The proportion of children and young people scoring above the screening threshold (indicating an increased likelihood of problems with eating rather than a clinical disorder) had increased across all age groups since 2017. The group most affected was young women: 76.4% of 17-19 year olds and 75.9% 20-23 year olds screened positive (above the threshold) for possible eating problems. Applying the percentages to Suffolk (2020 population estimates, both sexes) suggests 6,830 11-16 year olds, 48,380 17-19 year olds and 17,540 20-23 year olds might screen positive for possible eating problems.

Nationally there has been an increase in eating disorders, and in waiting times for treatment.²³ In the 12 months ending December 2021, 144 Suffolk children and young people (aged 18 or under) had started treatment for an eating disorder (243 in Norfolk and Waveney) (Tables 1 and 2).²⁴ The percentage of routine patients seen within four weeks (target) was significantly lower in the year ending December 2021 for Ipswich and East CCG than in the previous two years (ending December 2019 and ending December 2020). The percentage of routine and of urgent cases seen within target were significantly lower in the year ending December 2021 than the previous year (ending December 2020) for Norfolk and Waveney CCG. There was no significant difference between years in West Suffolk (Public Health and Communities Suffolk analysis of NHS data).

Table 1: Children and young people with an eating disorder, urgent cases waiting times, Suffolk CCGs, twelve months to December 2022

CCG	Urgent cases seen within 1 week (target)	Total urgent cases	% Within target
Ipswich and East	2	8	25%
West Suffolk	2	8	25%
Norfolk and Waveney	33	61	54.1

Source: NHS England, Children and Young People with an Eating Disorder Waiting Times, 2022²⁴

Table 2: Children and young people with an eating disorder, routine cases waiting times, Suffolk CCGs, twelve months to December 2021

CCG	Routine cases seen within 4 weeks (target)	Total routine cases	% Within target
Ipswich and East	26	72	36.1%
West Suffolk	39	56	69.6%
Norfolk and Waveney	103	182	56.6%

Source: NHS England, Children and Young People with an Eating Disorder Waiting Times, 2022²⁴

Avoidant/restrictive food intake disorder (ARFID) has been defined as “avoidant or restrictive eating behaviours [that] are not motivated by a body image disturbance or a desire to be thinner”²⁵. Prevalence has been estimated at 0.3% - 5.5% amongst children and young people, and 28% in children with autism spectrum disorder (ASD) although problems with eating and feeding may occur

in 50-90% children with ASD²⁶. ARFID can result in weight loss, slowed growth, and nutritional deficiencies (such as scurvy, rickets, or visual impairments)²⁵. Applying these prevalence estimates^{27,28} to 2020 population figures suggest 1,700 to 4,000 children aged 8-15 years old may screen positive for ARFID, and around 450 children aged 4 to 7. Around 40 children aged 4 to 7 with ASD may have ARFID in Suffolk.

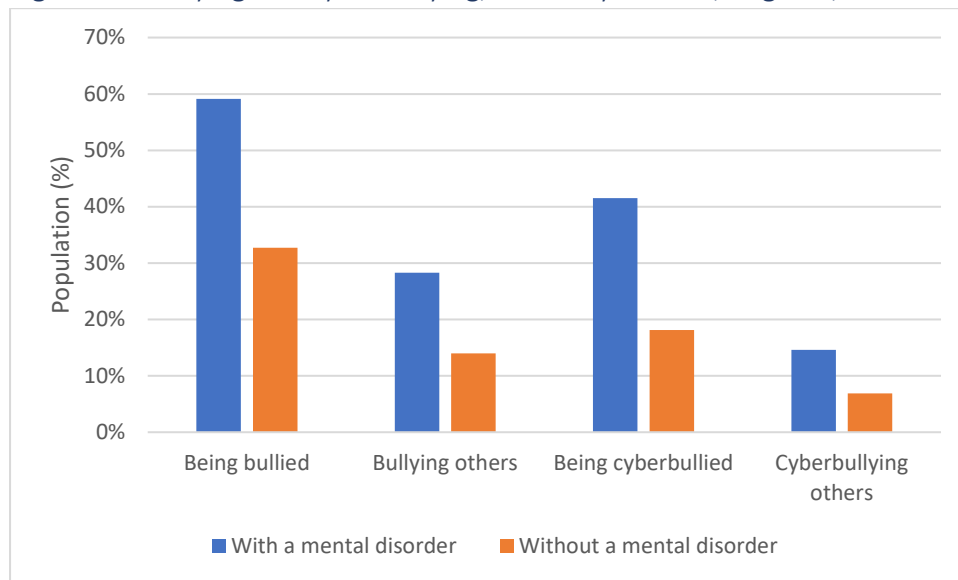
Factors affecting wellbeing and mental health

Bullying

National survey data shows that 11-19 year olds with a mental disorder were around twice as likely to be bullied as those without a disorder, and also more likely to have bullied others than those without a disorder (Figure 10).⁵

More information on bullying is contained in the [State of Children in Suffolk](#) chapter on feeling safe.

Figure 10: Bullying and cyberbullying, 11 – 19 year olds, England, 2017



Source: NHS, Mental health of Children and Young People in England, 2017⁵

Loneliness and social isolation

Children and young people recognise that friendship and feeling connected are good health values.¹⁵ Nationally in 2021, 4.9% of 11 to 16 year olds reported often or always feeling lonely. Girls (7.2%) were more likely to have often or always felt lonely than boys (2.7%), and those feelings were more common in children with a probable (17.1%) mental disorder than in children unlikely to have a mental disorder (1.0%).⁸

In Suffolk in 2021, 19% of respondents to *My Health, Our Future* were at high risk of social isolation.¹ Groups more at risk of social isolation in Suffolk included: those who preferred to describe their gender another way (64%), LGBT*Q+ (41%), and those with a diagnosed mental health difficulty (40%).¹

More information on community is in the [State of Children in Suffolk](#).

Sleep

Chronic lack of sleep may lead to long-term mood disorders such as depression and anxiety. Children need 9-13 hours of sleep a night, with toddlers and babies needing 12-17 hours of sleep each day.²⁹

Sleeping disorder was identified in 1.3% (95% confidence interval 0.7-1.8%) children aged 2 to 4 in 2019.⁵ This suggests 320 (170-440) pre-school children in Suffolk are affected (2020 population estimates).

In 2021 across England, sleep problems (problems getting to sleep, waking in the night, or waking early for at least three nights in the previous seven days) affected over a quarter (28.7%) of 6 to 10 year olds, over a third (38.4%) of 11 to 16 year olds, and over half (57.1%) of 17 to 23 year olds. Children and young people with a probable mental health disorder were more likely to be affected (59.5% aged 6-10, 74.2% aged 11-16, 86.7% aged 17-23).⁸

Over half (52%) respondents to *My Health, Our Future* said they found it hard to sleep.¹

Public Health and Communities Suffolk analysis of hospital episode statistics shows there were approximately 580 admissions for sleep disturbance in Suffolk children and young people aged 0-24 in 2018/19-2020/21. 84% of the diagnoses were sleep apnoea.

Physical health

2017 national survey data reported that children with a mental disorder (when compared to children without a mental disorder) were:⁵

- more likely to have a physical or developmental problem (such as hay fever, eczema, asthma, or sight issues) than children without a mental disorder (71.7% compared to 50.5%),
- about six times more likely to have a limiting long-term illness (25.9% compared to 4.2% without a mental disorder) – the mental disorder may have been the long-term illness,
- about five times more likely to have epilepsy (2.0% compared to 0.4%),
- about three times more likely to be obese (3.5% compared to 1.0%),
- about three times more likely to have migraines and severe headaches (9.7% compared to 3.0%).

See also the chapter on physical health in the [State of Children in Suffolk](#).

Children who might need additional support

My Health, Our Future found that respondents who might need extra support were more likely to report poorer wellbeing.¹

- Low self-esteem was reported by over 50% of respondents who: reported a diagnosed mental health difficulty, were carers, received free school meals, identified as LGBT*Q+, or identified as Irish
- The lowest wellbeing scores were reported by those who identified their gender in another way (not male or female) and those who recorded their sexuality as gay female/lesbian
- Low resilience (where resilience is the perceived ability to recover from stress) was reported in over 75% respondents from the following groups: those who prefer to describe their gender in another way (92%), those with a diagnosed mental health difficulty (86%), LGBT*Q+ (82%), Caribbean students (80%), those with a disability (76%)

- Nearly a quarter (24%) of LGBT*Q+ students, and of students with a mental health diagnosis said they self-harm
- Groups where around a third or more of respondents were at risk of social isolation included LGBT*Q+ (41%), those with a diagnosed mental health difficulty (40%), students from a Polish background (35%), carers (32%), and students with disabilities (30%).

A national survey of children and young people (aged 11-18) who were described as “in care” during the pandemic (2020) shows around 1 in 5 (22%) were at high risk of experiencing mental ill health, significantly higher than the general population, and that 18% had self-harmed during the pandemic.³⁰ 13% of Suffolk children and young people who had been in care said they currently self-harmed (respondents to the Healthwatch Suffolk 2021 survey).¹

2017 national survey data identified the following characteristics that significantly increased the likelihood of a child or young person having a mental disorder - the age bands affected shown in brackets (preschool 2-4 year olds, primary 5 – 10 year olds, secondary 11-16 year olds):⁵

- male (primary and preschool age children)
- respondents aged 14 -19 who did not identify as heterosexual were nearly three times more likely to have a mental disorder than heterosexual 14-19 year olds (34.9% compared to 13.2%).
- White ethnic background (compared to those with a Black or minority ethnic background) (primary and secondary age children)
- families with unhealthy functioning (primary, secondary) – note that the presence of a mental disorder in a child may lead to problems with family functioning
- parents with poor mental health (preschool, primary, secondary)
- parent with no qualifications (primary)
- lone parent (primary, secondary)
- living with stepsiblings (primary)
- parents in receipt of welfare benefits (preschool, primary, secondary)
- lower income household (secondary)
- living in social rented accommodation (primary)

There is more information on adverse childhood experiences (ACEs) in the feeling safe chapter of the [State of Children in Suffolk](#).

One in three children who are carers have mental health issues.^{31,32} In 2020/21, the impact of being a young carer was identified in 418 children social care assessments across Suffolk (6.6% of completed assessments). There is more information in the chapter on children who may need extra support in the [State of Children in Suffolk](#).

In 2019/20, it was estimated that around 10,900 children under the age of 16 in Suffolk had a reported disability. A mental health impairment (31%, n=3,379) was the third most common reported. There is more information in the chapter on children who may need extra support in the [State of Children in Suffolk](#).

Between 2015/16 and 2020/21, the number of pupils receiving special educational needs and disabilities (SEND) support in all schools in Suffolk increased from 10,803 to 12,670 (an increase from 9.9% to 11.4%). This proportion also increased nationally from 11.6% to 12.2%. Although increasing, the current proportion in Suffolk remains significantly lower (statistically) than the England average.

Social, emotional and mental health needs was the third most common primary need among pupils receiving SEND support in Suffolk (17.6%, n=2,060). 13.2% (n=482) of children in Suffolk with an education, health and care plan had social, emotional and mental health needs. In March 2021, the two most common needs identified in Common Assessment Framework (CAFs) in Suffolk were mental health and emotional problems (38.8%). There is more information in the chapter on children who may need extra support in the [State of Children in Suffolk](#).

Use of services

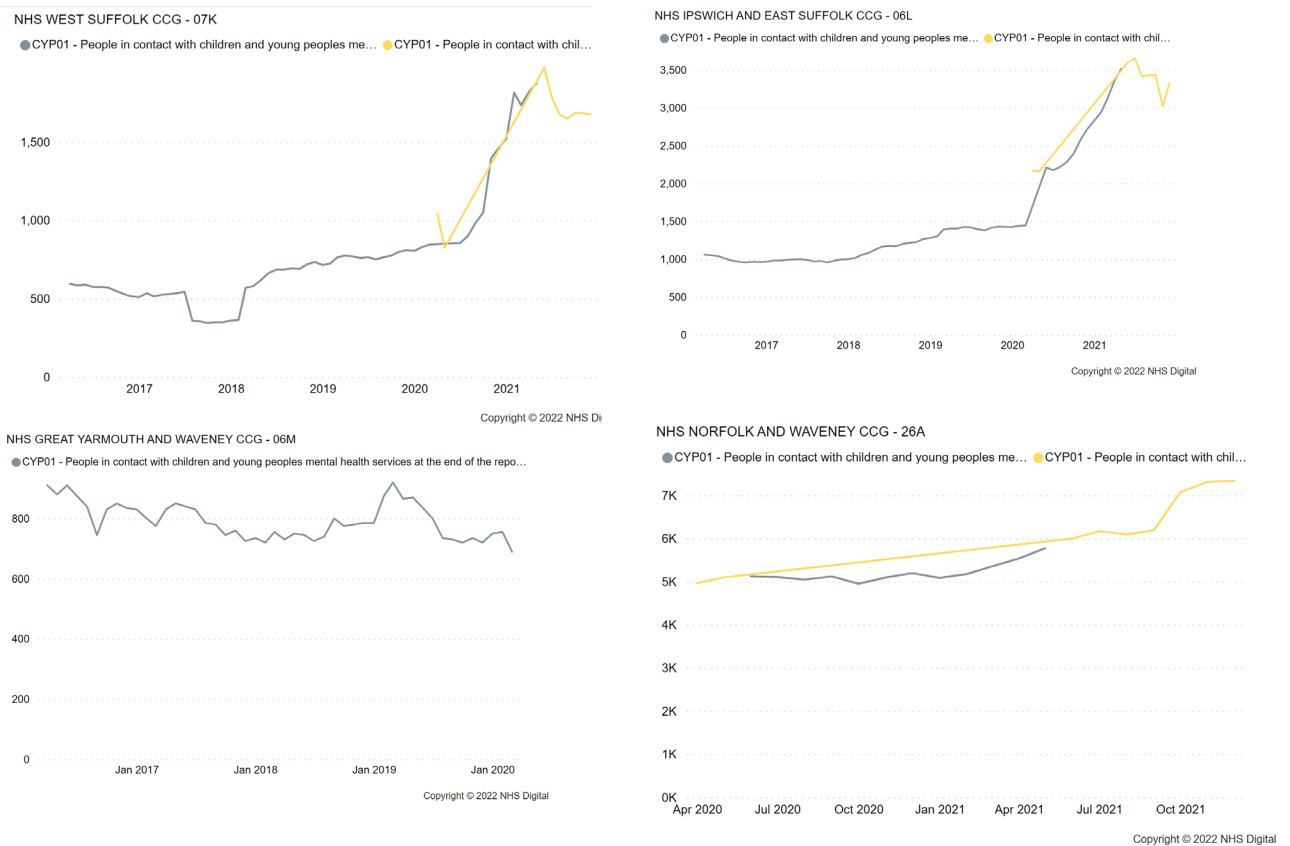
Services were affected during the pandemic, for example the Suffolk Safeguarding Partnership reported that an audit carried out in mid-2021 found that “many hadn’t received any updates or any contact during the average 8 to 10 month waiting period for the Emotional Well-being Hub.”³³ Norfolk and Suffolk NHS Foundation Trust had agreed a plan to reduce waiting lists of 2,000 plus with the Suffolk Safeguarding Board.³³ By December 2021 only 44% of contacts with the Children’s Emotional Wellbeing Hub were discharged within ten days (target), with an average wait under 60 days (the CQC have published concerns about data quality).^{34,35}

Anxiety was reported to be the most common mental disorder among young people who were seeking support from the Emotional Wellbeing Hub (Suffolk County Council, unpublished data, 2022). In January 2022, “a large number” of cases were “attributed to NDD (Neuro Development Disorder).³⁴

In 2020/21, 6,575 children and young people (aged under 18) in Suffolk received at least one care contact in secondary mental health, learning disabilities or autism services. This was an increase on 2019/20 for all lower tier local authority areas in Suffolk except East Suffolk, where the number of children and young people receiving at least one care contact fell from 2,350 in 2019/20 to 2,030 in 2020/21. Variations may be due to levels of mental illness, service provision, or data quality.¹⁶

The numbers of children and young people in contact with children and young people’s mental health services appear to have increased over the past two years in West Suffolk and East Suffolk (Figure 11). Great Yarmouth and Waveney became part of Norfolk and Waveney CCG in April 2020, so trends are difficult to measure. However, NHS Digital point out that variations between CCGs or over time may be due to variations in levels of mental illness, service provision or data quality, specifying “any spikes or step changes may be the result of MHSDS data quality issues”.³⁶

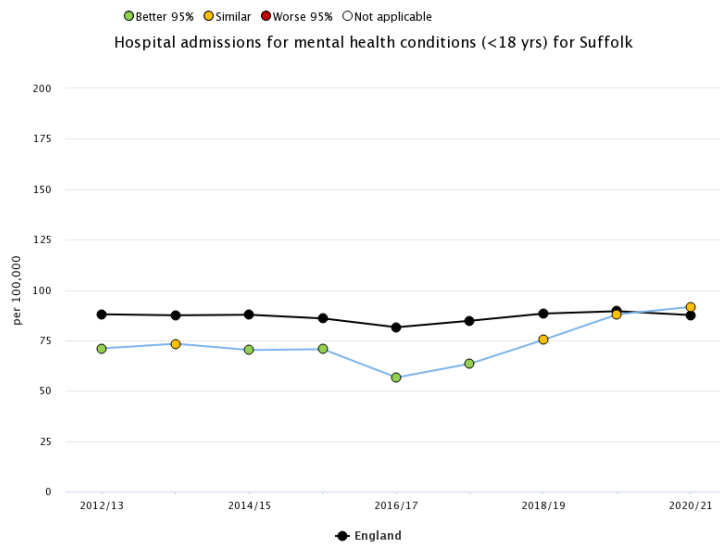
Figure 11: People in contact with children and young people’s mental health services at the end of the reporting period (CYP01), April 2016 to December 2021 (inclusive), by Suffolk CCGs



Source: NHS Digital. Mental Health Services Monthly Statistics³⁷

The rate of hospital admissions for mental health conditions in Suffolk children and young people aged 0-17 is increasing (getting worse), although it is in line with England as a whole (Figure 12). There is no significant difference at Suffolk CCG level: all three are statistically similar to England, however the recent trend in admissions for the Ipswich and East Suffolk CCG has significantly increased (worsened).

Figure 12: Hospital admissions for mental health conditions, Suffolk, 0-18 year olds, 2012/13 – 2020/21

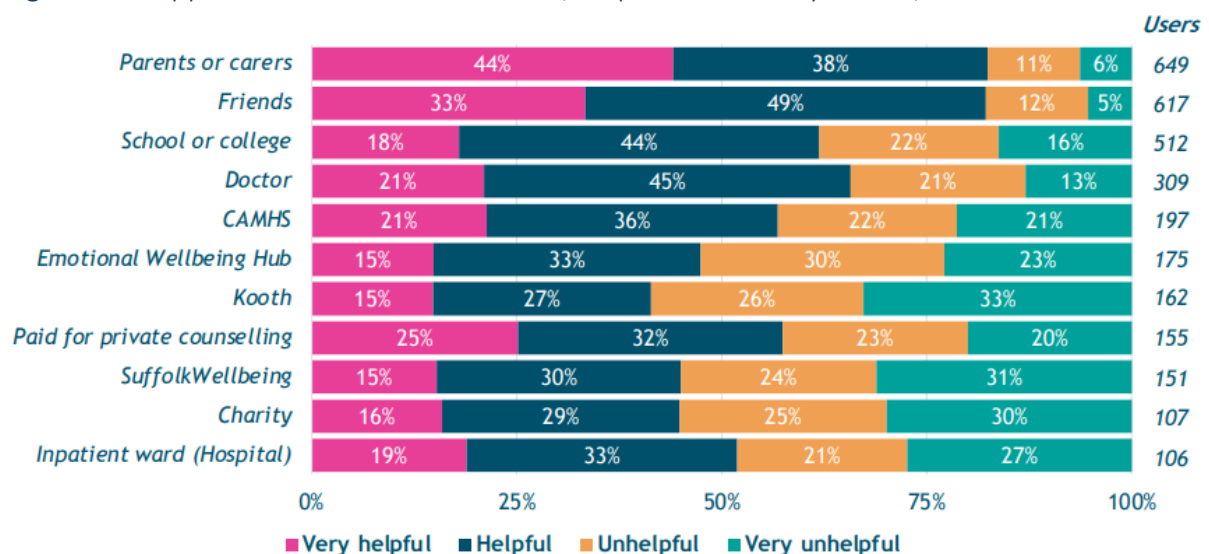


Source: Office for Health Improvement and Disparities: Child and Maternal Health³⁸

Nearly half (47%) of respondents to the *My Health, Our Future* survey (school years 7 to 13 as well as college students / apprentices) said they had experienced poor mental health in the previous 12 months, and 18% of total respondents had sought support for their mental health. Of those who did not seek support, 18% said they “just dealt with it themselves”. Males were most likely to say this (27%).

Children and young people could give more than one answer on what support for their mental health they had accessed in the previous twelve months: the most frequent choice was parents or carers (89.8%), then friends (85.3%), and school or college for support (70.8%) (Figure 13).¹

Figure 13: Support accessed and usefulness, respondents to My Health, Our Future



Source: Healthwatch Suffolk, My Health, Our Future, 2021¹

National survey data from 2021 shows 17-23 year olds with a probable mental disorder were most likely to turn to friends or family first (59.7%) followed by online or telephone support (44.1%), and health services (36.5%). Over a quarter (28.6%) of young people with a probable mental disorder in England had sought help from education services.⁸

References

1. Healthwatch Suffolk. [My Health, Our Future 2021 - Phase Five](#). (2021)
2. Caspi, A. et al. Longitudinal Assessment of Mental Health Disorders and Comorbidities Across 4 Decades Among Participants in the Dunedin Birth Cohort Study. *JAMA Netw. open* 3, e203221 (2020).
3. Kessler, R. C. et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Arch. Gen. Psychiatry* 62, 593–602 (2005).
4. Kim-Cohen, J. et al. Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort. *Arch. Gen. Psychiatry* 60, 709–717 (2003).
5. NHS Digital. [Mental Health of Children and Young People in England, 2017](#) [PAS]. (2019)
6. Public Health Suffolk. [When we get ill: mental ill health 2022](#).
7. Local Government Association (LGA). [Public mental health and wellbeing and COVID-19](#). (2020)
8. NHS ENGLAND. [Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey](#). 1–5 (2021)
9. Department for Education. [The impact of the COVID-19 pandemic on adolescent mental health](#). (2022)
10. Office for National Statistics. [Coronavirus and third year or higher students in higher education](#), England. (2022)
11. Centre for Mental Health & O’Shea, N. [Covid-19 and the nation’s mental health: Forecasting needs and risks in the UK: May 2021](#). (2021)
12. Department for Education. [State of the nation 2021: children and young people’s wellbeing](#). (2022)
13. Office for Health improvement and Disparities. [COVID-19: mental health and wellbeing surveillance report - Chapter 7: Children and young people](#). (2021)
14. Action For Children. [Report: Brighter future ahead?](#) (2022)
15. Royal College of Paediatrics and Child Health. [State of Child Health](#). (2020)
16. NHS Digital. [Mental Health Bulletin annual statistics 2020/21](#).
17. NHS. [Self-harm - NHS](#). (2021) NHS

18. NICE. Self-harm in over 8s: short-term management and prevention of recurrence (CG16). (2004).
19. Royal College of Psychiatrists. [Self-harm, suicide and risk: helping people who self-harm](#). (2010)
20. Office for Health Improvement and Disparities. [Children and Young People's Mental Health and Wellbeing](#).
21. Odd, D., Williams, T., Appleby, L., Gunnell, D. & Luyt, K. Child Suicide Rates During the COVID-19 pandemic in England. medRxiv 2021.07.13.21260366 (2021)
doi:10.1101/2021.07.13.21260366.
22. Sleaf, V. et al. Suicide in Children and Young People National Child Mortality Database Programme Thematic Report. www.ncmd.info (2021).
23. The Nuffield Trust. [Growing problems, in depth: The impact of Covid-19 on health care for children and young people in England](#). (2022)
24. NHS England. [Children and Young People with an Eating Disorder Waiting Times](#).
25. Bourne, L., Bryant-Waugh, R., Cook, J. & Mandy, W. Avoidant/restrictive food intake disorder: A systematic scoping review of the current literature. *Psychiatry Res.* 288, (2020).
26. Nygren, G. et al. Feeding Problems Including Avoidant Restrictive Food Intake Disorder in Young Children With Autism Spectrum Disorder in a Multiethnic Population. *Front. Pediatr.* 9, (2021).
27. Schmidt, R., Vogel, M., Hiemisch, A., Kiess, W. & Hilbert, A. Pathological and non-pathological variants of restrictive eating behaviors in middle childhood: A latent class analysis. *Appetite* 127, 257–265 (2018).
28. Kurz, S., Vandyck, Z., Dremmel, D., Munsch, S. & Hilbert, A. Early-onset restrictive eating disturbances in primary school boys and girls. *Eur. Child Adolesc. Psychiatry* 24, 779–785 (2015).
29. Public Health Suffolk. Sleep disorders in children and young people. (2019).
30. Wijedasa, D. N., Yoon, Y., Schmits, F., Harding, S. & Hahn, R. [A survey of the mental health of children and young people in care in England in 2020 and 2021](#). (2022)
31. The Children's Society. [Facts About Young Carers](http://childrensociety.org.uk). childrensociety.org.uk (2021)
32. The Children's Society. [Young carer resources](#).
33. Suffolk Safeguarding Partnership. [The Appreciative Inquiry into the Impact of Covid on Safeguarding in Suffolk](#). (2021)
34. Ipswich and East Suffolk Clinical Commissioning Group. [Minutes of the Ipswich and East Suffolk CCG Governing Body](#). (2022)

35. Care Quality Commission. [Norfolk and Suffolk NHS Foundation Trust CQC report.](#)
36. NHS Digital. [Mental Health Services Monthly Statistics.](#)
37. [Mental Health Services Monthly Statistics, Performance December 2021, Provisional January 2022](#) - NHS Digital.
38. Office for Health Improvement and Disparities. [Child and Maternal Health Profile.](#) Fingertips Public Health Profiles