Children and Young People's Mental Health and Wellbeing

Joint Strategic Needs Assessment

A Life Course Approach

November 2021

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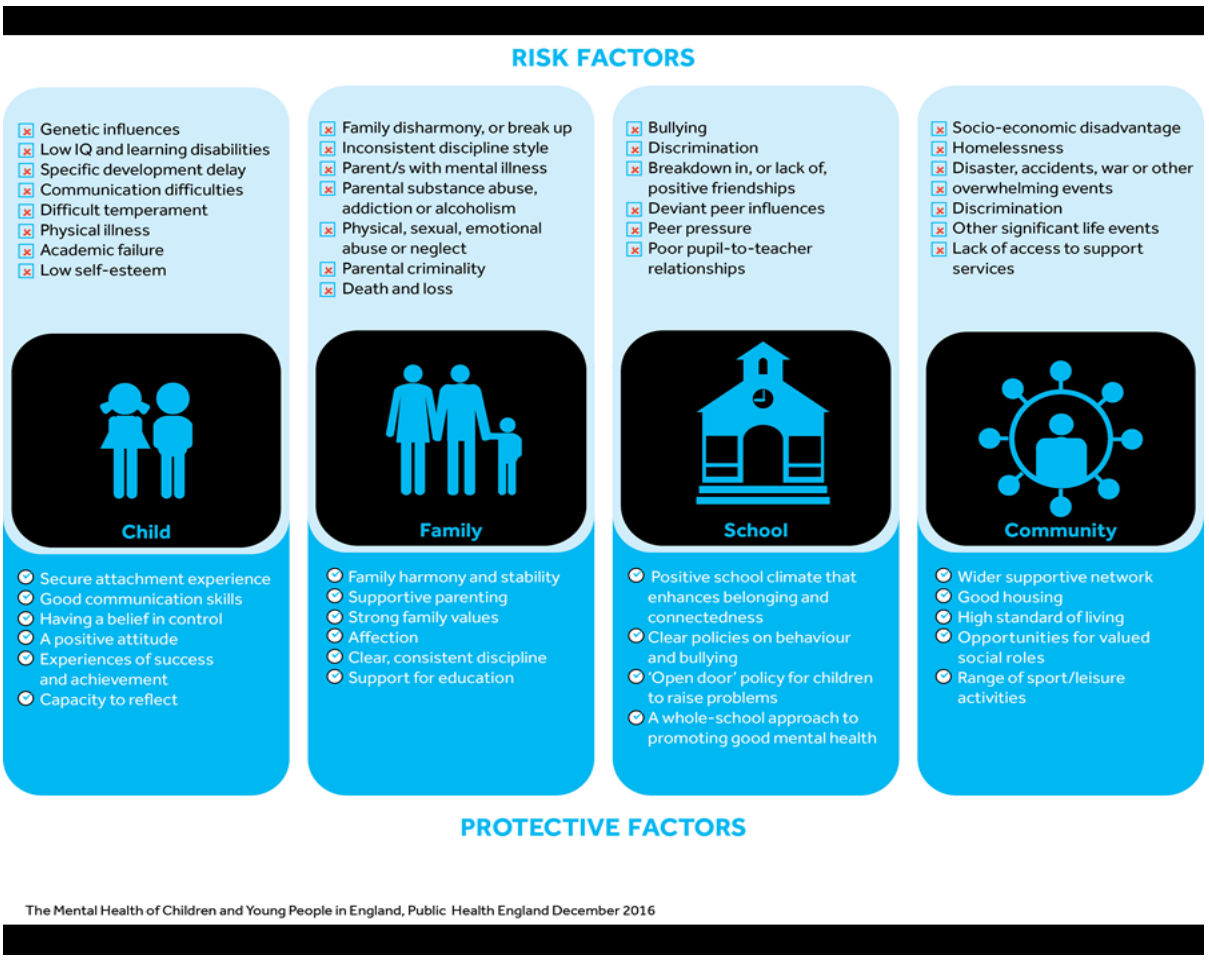
Executive Summary

The emotional health and wellbeing of children is as important as their physical health and wellbeing. Mental health affects all aspects of a child's development, including their cognitive abilities, social skills, and their emotional wellbeing. With good mental health, children and young people have a greater chance of success, are able to enjoy their childhood, and are better equipped to deal with stress and difficult times. They are also more likely to have good mental health as an adult, able to take on adult responsibilities.

Children and young people in Lambeth experience a variety of risk and protective factors for mental health and wellbeing. The World Health Organisation suggests our health is shaped by:

- Social and economic environment
- Physical environment
- Individual characteristics and behaviours

The diagram below shows important protective and risk factors that influence children and young people's mental health and wellbeing across the course of their lives and particularly at critical transition points, when they may be more vulnerable and need enhanced support (e.g. adolescence).



Multiple stakeholders are required to work together to protect and improve mental health and wellbeing. This includes:

- mental health providers
- schools
- voluntary and community sector organisations
- maternal health services
- primary care (e.g. GP's)
- different council departments (e.g. education, planning, enforcement)

In designing and delivering services, commissioners and providers of services for children and young people must consider how the sociodemographic characteristics, culture and exposure to discrimination may influence children and young people's mental health and wellbeing. Action needs to be taken to provide culturally relevant services that are dynamic, person centred and overcome potential

barriers to access (e.g. to language, digital skills or disabilities) and to develop solutions that address any root causes of inequality.

The Covid 19 pandemic induced fear, worry, and concern in adults, children and young people alike. The subsequent quarantines have affected many people's usual lives through school closures, job loss/furlough, disruption of routines, and isolation which has led to increased feelings of loneliness and depression, in some cases leading to suicidal behaviour and self-harm. The pandemic has had a psychological impact on many people, potentially reducing resilience and people's ability to cope. The COVID-19 Mental Health and Wellbeing Recovery Action Plan (2021)[1] sets out three core objectives to support recovery and place prevention of mental ill health at the heart of plans:

1. Support the general population to take action and look after their mental wellbeing
2. Prevent the onset of mental health difficulties, by taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children
3. Support services to expand and transform to meet the needs of people who require specialist support

This document sets out our ambitions for the wellbeing of all children and young people in Lambeth and puts forward a number of recommendations, based on our assessment of local need and the best evidence available, acknowledging that some are likely to be outcomes to be achieved in the longer term. Detailed actions underpinning each recommendation are provided in the Recommendations section of this Joint Strategic Needs Assessment (JSNA).

This JSNA assesses how current resources are used to support the mental wellbeing of children and young people and will inform how resources available can be allocated in the future acknowledging the challenges ahead and how we can work together to address the mental health needs of our children and young people.

Summary of Recommendations

Determinants of Mental Health	
1	Improve the **economic and social environment** by supporting enhanced employment and participation initiatives that contribute to the delivery of the Lambeth Economic Resilience Strategy
2	Promote and facilitate access to specialist perinatal mental health care and early years support, including exploring the underlying reasons for disproportionate poor outcomes for Black, Asian, and Minority Ethnic women and children and to implement interventions to narrow the inequalities gap
3	Promote **healthy living**, including supporting programmes to reduce obesity and tackle food poverty
4	Improve **home and family environment** by renewing our focus on actions to reduce child poverty and increasing support available to Lambeth children/young people and families to reduce the impact of child poverty.
5	Expand the capacity, capability and inclusivity of schools to better understand and respond to emerging mental health needs, including improved reach to disadvantaged pupils.
6	Promote safe and equitable use of **online activities** and explore their potential to improve wellbeing
7	Invest in and contribute to programmes that aim to improve the **community and wider environment** which facilitate early intervention support, including services that seek to tackle discrimination and racism and those designed to encourage and support self-help and mobilisation.
8	Support work to improve the **physical environment,** including air quality, green infrastructure, waste, and climate change while addressing any negative impact on disadvantaged communities.
Mental Health and Wellbeing Services	

9	Embed consistent inclusive and culturally appropriate practices across **all services**, reflecting the findings from the Patient and Carer Race Equality Framework initiative at South London and Maudsley NHS Foundation Trust and which deliver Equitable access, experience and outcomes
10	Adopt a trauma-informed approach across **universal services** that enables professionals and practitioners to understand each child's context or environment, including development of anti-stigmatising interventions
11	Review our **targeted provision** to invest in prevention and early intervention, specifically addressing unmet mental health need
12	Strengthen our **specialist (CAMHS) provision** to focus on: - Inter-agency, multi-disciplinary partnerships - Co-production with children and young people and families - Areas of need, including transitions, children placed out of area, parental mental health, unaccompanied asylum-seeking children, and our care leavers - Reducing waiting times and waiting lists

1. Background

1.1 What is the Rationale for this JSNA?

Mental wellbeing influences children's cognitive development, learning, physical health, as well as mental wellbeing in adulthood.[2] Around 50% of all lifetime mental health challenges are established by age 14, and 75% established by 25 years, although treatment typically does not start until a number of years later.

This Joint Strategic Needs Assessment (JSNA) seeks to better understand and respond to the mental health and wellbeing needs of children and young people in Lambeth. For the purpose of this JSNA, children and young people are defined as individuals aged 0 to 25 years (although some datasets only capture 0-24 years), which aligns with the NHS Long Term Plan ambition to create a 0-25 year mental health service offer. This also aligns with the SEND Code of Practice 2014.

This JSNA was shaped and driven by a multi-agency Task and Finish Group made up of key health, social care, education, and voluntary sector organisation partners across Lambeth as well as representatives from the Lambeth Parent Forum. This group helped define the scope of this JSNA and the key questions that it should aim to answer:

1. How can we best improve the social, economic, physical environment and individual factors, boosting protective factors and minimising risks to promote mental health across the life course?
2. What is the local prevalence of different mental health conditions among children and young people and how does it compare with other similar areas?
3. Is there evidence of inequalities in the distribution of mental health conditions?
4. What (if anything) is special about the local population that might require a different approach to local mental health service provision?
5. What provision is available in schools, colleges, and universities to support a whole system approach to promoting mental health and wellbeing, and where are the gaps?
6. Are preventive interventions available and taken up by those who need them most?

7. What mental and emotional health and wellbeing services are available locally, and what does the profile of service users look like? What are the barriers to accessing services and are these experienced by particular groups of people?
8. Are there appropriate links between relevant services, particularly between universal and specialist healthcare services?

1.2 National and Local Context

In February 2021, the Department of Health and Social care published the White Paper 'Integration and Innovation: Working Together to improve Health and Social Care for All'. At the heart of the paper is the establishment of integrated care systems (ICS) as statutory bodies which will be made up of two parts – an ICS NHS body and an ICS health and care partnership. This dual structure recognises the need for integration within the NHS (between different organisations) and between the NHS and local government (and wider partners). This new arrangement will have implications for where and how the strategic and financial planning and decision-making of services to meet local need is undertaken.

There has been significant effort in recent years to make a difference for children and young people, with a national emphasis on widening access to mental health services closer to home, reducing unnecessary delays, and delivering specialist mental health care; the aim being 70,000 more children and young people are able to access treatment each year by 2020/21. Most recently, the NHS Long Term Plan[3] made the commitment that at least 345,000 more children and young people under 25 will have access to support through either NHS-funded mental health services or school/college mental health support teams by 2023/24. It is part of a drive to offer a comprehensive model of care that covers children and adults and comes with the commitment to invest in new mental health support teams across 20% to 25% of schools and colleges nationwide and to ensure that crisis care is universally available 24/7 by 2023 to 2024.

The Department for Education (DfE) will also be introducing guidance for schools on relationships education, sex education and health education, which became statutory

in September 2021.[4] As a part of this, mental health will be addressed, with targets for what children should understand by the end of primary and secondary school. Schools are also key settings for implementing the Healthy Child Programme (5 to 19), which includes objectives related to building resilience and emotional wellbeing.

In 2017, “Transforming children and young people’s mental health: a green paper” was jointly published by the Department for Health and Social Care (DHSC) and the DfE.[5] It proposed designated mental health leads in all schools, new mental health support teams working with children experiencing mild to moderate mental health problems, and trialling reduced waiting times of four-weeks for specialist mental health services in particular areas.

All of the above has built upon “The Five Year Forward View for Mental Health”,[6] which made a push for parity of esteem between mental and physical health for people of all ages and provided the grounding for the NHS Long Term Plan’s targeted ambitions and commitment to improving children and young people’s mental health. It argued that this should be supported by a workforce ambition to train 3,400 existing staff members in evidence-based treatment and recruit a further 1,700 staff in CAMHS. It also all builds on “Future in Mind”,[7] which emphasised resilience and the importance of prevention, early identification, coordinated support and the promotion of good mental health among children and young people.

This JSNA reflects Lambeth’s ambition to become a UNICEF Child Friendly Community which is a three to four year process aimed at putting children’s rights and voices at the forefront and helping to put more of the borough’s resources at their service, especially the most vulnerable. This work will build on the range of strategic plans that have recently been published or are in the pipeline, including the Child Poverty Strategy (in development) which will seek to do more to address poverty as a key predeterminant of ill health and potentially limiting opportunities for children to thrive. Also relevant is the Lambeth Made Safer for Young People Strategy (2020-2030) which seeks to reduce violence against young people in the

borough – this is relevant as children may be vulnerable to experiencing and witnessing violence which is a significant risk for mental health.

Ensuring Lambeth is a borough in which residents do not have to be fearful of, or experience, gender-based violence is a key goal of Lambeth's Violence Against Women and Girls service. It recognises the importance of identifying, preventing, and responding to gender-based violence and acknowledges that trauma increases the risk of experiencing mental health challenges. There is an important role for mental health professionals in identifying gender-based violence to reduce the likelihood that women and girls who are affected are better supported to engage in services and benefit from treatments and support available.

2. Introduction

2.1 What is Mental Health and Wellbeing in Children and Young People?

"Mental health is a lot of things, including self-care and how you're impacted by your surroundings"

Testimonial from young person in Lambeth[11]

The World Health Organisation defines mental health as "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".[8] This description is echoed in the Foresight Report, which defines mental wellbeing as "a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community".[9] Mental wellbeing is enhanced when an individual has a clear sense of their own purpose and value within their own society.[10] Mental wellbeing is, thus, commonly described as a combination of an individual's experience (such as happiness and satisfaction) and their ability to function, both as an individual and as a member of society. In short, mental wellbeing can be defined as "feeling good and functioning well".[11]

2.2 Why is Mental Health and Wellbeing a Priority?

Positive mental wellbeing enables children and young people to flourish and lead rich and fulfilling lives. It enables them to cope with key life events, such as stress,

trauma, and illness, increases life expectancy, and reduces the likelihood that they will engage in behaviours that may put their health at risk.[12] Poor wellbeing can have a negative impact on quality of life, physical health, and affect a person's ability to carry on with their normal daily activities. It can also affect relationships and interactions with family, friends, and the wider society, and compromise emotional and social development, which may have long-lasting effects into adulthood.

Mental wellbeing is particularly important in childhood as experiences in infancy and the first five years of life have a profound impact on mental wellbeing during later life. Many children will have appropriate support and resilience to maintain their positive wellbeing. However, any significant negative life events can lead to mental, emotional, and physical distress, with negative consequences that can persist for life.[13-15] These adverse childhood experiences can range from domestic abuse and parental separation or divorce, to having a parent with a mental health condition or being the victim of abuse or neglect. There is much that can be done to offer hope and build or enhance resilience in children and young people who have experienced adversity in early life. Factors such as supportive environments within services accessed by children and young people, access to a strong and stable relationship with a supportive parent, carer or other adult,[16] and the development of emotional intelligence, have been found to mitigate the negative/long-term effects of adverse experiences. A trusted adult can help children process traumatic events, restore a sense of predictability, and protect them from further harm. Emotional intelligence can be described as the ability to recognise and regulate emotions in oneself and others and involves being able to handle difficult and powerful emotions and redirect them in a positive manner, to accurately perceive emotions being felt, and have empathy. Research is beginning to suggest that emotional intelligence is associated with positive life outcomes, including mental wellbeing,[17] indicating that a focus on enhancing emotional intelligence may deliver tangible improvement across their whole life course.

Adolescence is a period in which mental wellbeing can have a marked impact on future life.[18] Several studies suggest a U-shaped curve in mental wellbeing during

adolescence with the lowest point around the ages of 14 to 15 years (see **Figure 1** below). Recent work by Nat Cen Social Research has found that rather than being the result of physical or hormonal changes often experienced at adolescence, this dip in mental wellbeing may be dependent on a variety of social and environmental factors, which are amenable to change.[19,20]

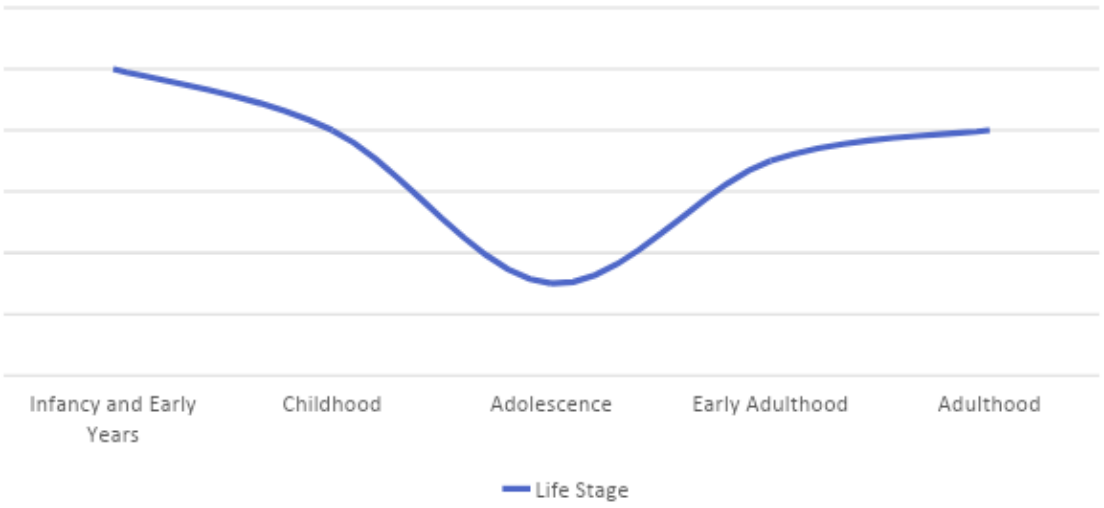


Figure 1: Mental Wellbeing across Life Course Stages

Figure 1 demonstrates the need to act early and throughout the entire development to prevent or flatten the curve and improve mental wellbeing and prevent mental illness. Effective prevention and early intervention can provide significant benefits for individuals and society. This preventative activity can be universal – seeking to bring benefit to everyone – and some can be targeted towards those who are identified as having greater need or being at greater risk.[21] It should focus on

- Maximising resilience – factors that increase the capacity for individuals, families and communities to thrive and deal effectively with challenges to mental health (e.g. social skills, ability to cope with stress, emotional intelligence), relationships and financial resources.
- Minimising vulnerabilities – factors that increase the likelihood or potential severity of mental ill-health, including socio-economic issues and risk-taking behaviours, such as inequalities, discrimination, exclusion, and adverse childhood experiences.[21]

Improving the mental wellbeing of children and young people can improve life satisfaction and feelings of worth in individuals involved, whilst also improving the economic prospects of an area by reducing the overall burden of ill health and pressure on public services, such as health, social care, and police.[22]

There are modifiable risk and protective factors which can improve mental health and wellbeing outcomes and which have a lasting impact. These include improved parenting skills and education programmes, presence of mentors, and positive physical and academic development. Positively influencing the mental wellbeing of children and young people can enhance their ability to:

- Develop psychologically, emotionally, creatively, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying inter-personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve problems and setbacks and learn from them.

2.3 What is a Life Course Approach and why Adopt it in this Context?

The wider determinants of health influence our mental health and wellbeing throughout life. These determinants encompass a broad range of social, economic, environmental, and behavioural factors and can be categorised as protective factors or risk factors (see **Figure 7** and **Figure 8**).[23] Addressing the wider determinants of health and wellbeing will help improve overall health by optimising the conditions in which people are born, live, work and socialise. A life course approach considers the critical stages, transitions, and settings where a significant difference can be made in promoting or restoring mental health and wellbeing, rather than focusing on a single condition at a single life stage. Adopting the life course approach means identifying key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages, from preconception to early years and adolescence, working age, and into older age.

Ongoing exposure to risk factors can lead to inequalities in mental health and wellbeing. These inequalities often relate to socioeconomic status and protected characteristics such as disability, ethnicity or sexual orientation. Members of particular communities may experience discrimination, stigma, exclusion, and social disadvantage due to their social identities. Individual trajectories and outcomes in mental health and wellbeing are influenced by protective and risk factors over the course of a person's life, particularly at key points, such as life transitions or adverse life events (e.g. bereavement). In this JSNA, we discuss how protective and risk factors at each stage can influence mental health and wellbeing in children and young people (**see Figure 2**), including the potential impact on inequalities.

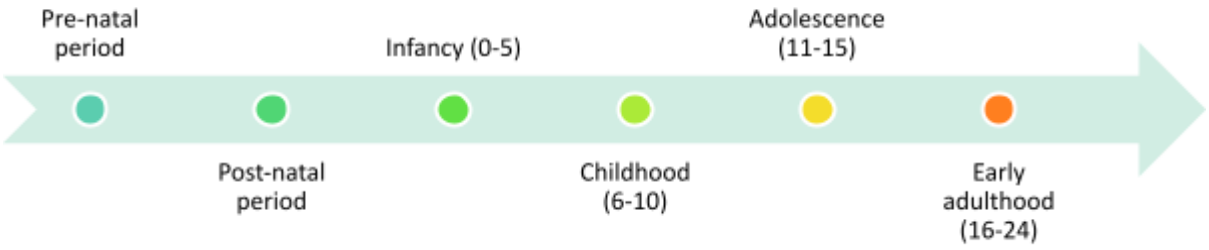


Figure 2: A life course approach to mental health and wellbeing

3. Children and Young People in Lambeth

3.1 Lambeth's population

Lambeth has a young population (mean age in Lambeth is 33 years, in comparison to 36 years for London and 40 years for England). There were 3,905 births in Lambeth in 2019 and this equated to a birth rate of 12 per 1,000 population, which is in between the rates of 13 per 1,000 in London and 11 per 1,000 in England.

Overall, Lambeth ranks 42nd most deprived local authority in England (of 326) and 9th most deprived local authority in London, according to the index of multiple deprivation, but some of the lower super output areas (LSOAs) are among the 10-20% most deprived areas in England (**Figure 3**)[24]; namely 80% of the LSOAs in Coldharbour ward rank among the 20% most deprived LSOAs in England, 55% of LSOAs in Ferndale ward, and 44% in Gipsy Hill and Vassal wards.

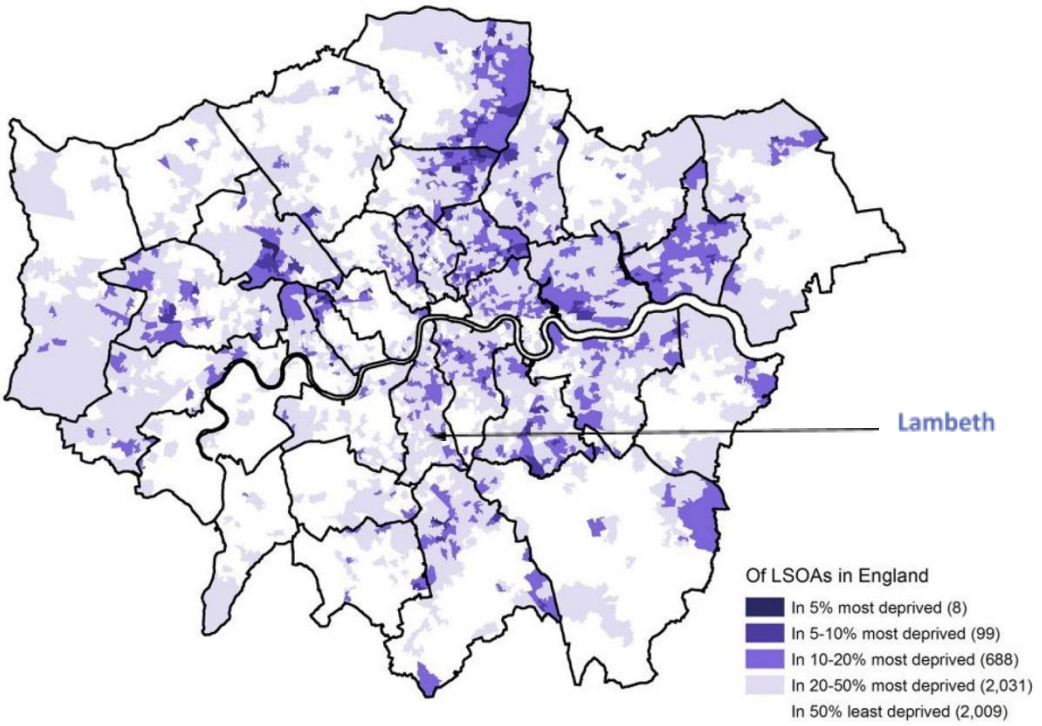


Figure 3: Deprivation levels in London boroughs by lower-level small output area (LSOA)

Just under 92,000 children and young people aged 25 years and under resided in Lambeth in 2019. Although the age and gender distribution in Lambeth is broadly comparable to that of London and, to a lesser extent, of England, there are some differences (**Figure 4**). The proportion of boys and girls aged 0 to 4 in Lambeth is similar to England but lower than London. The proportion of those aged 5 to 14 is slightly lower, and those aged 15 to 19 is substantially lower than in London and England. Despite these slight differences, demand for services remains high. Lambeth has a higher proportion of individuals aged 20 to 25 than in London and England, particularly for females. This emphasises the importance of developing the 0-25 year mental health service offer as part of young people's transition to adulthood, to ensure the needs of this cohort are being met. Attention should be given to considering equality issues for girls and young women in service provision, which should include consideration of whether gender stereotyping and injustices may shape their experience and interaction with services. .

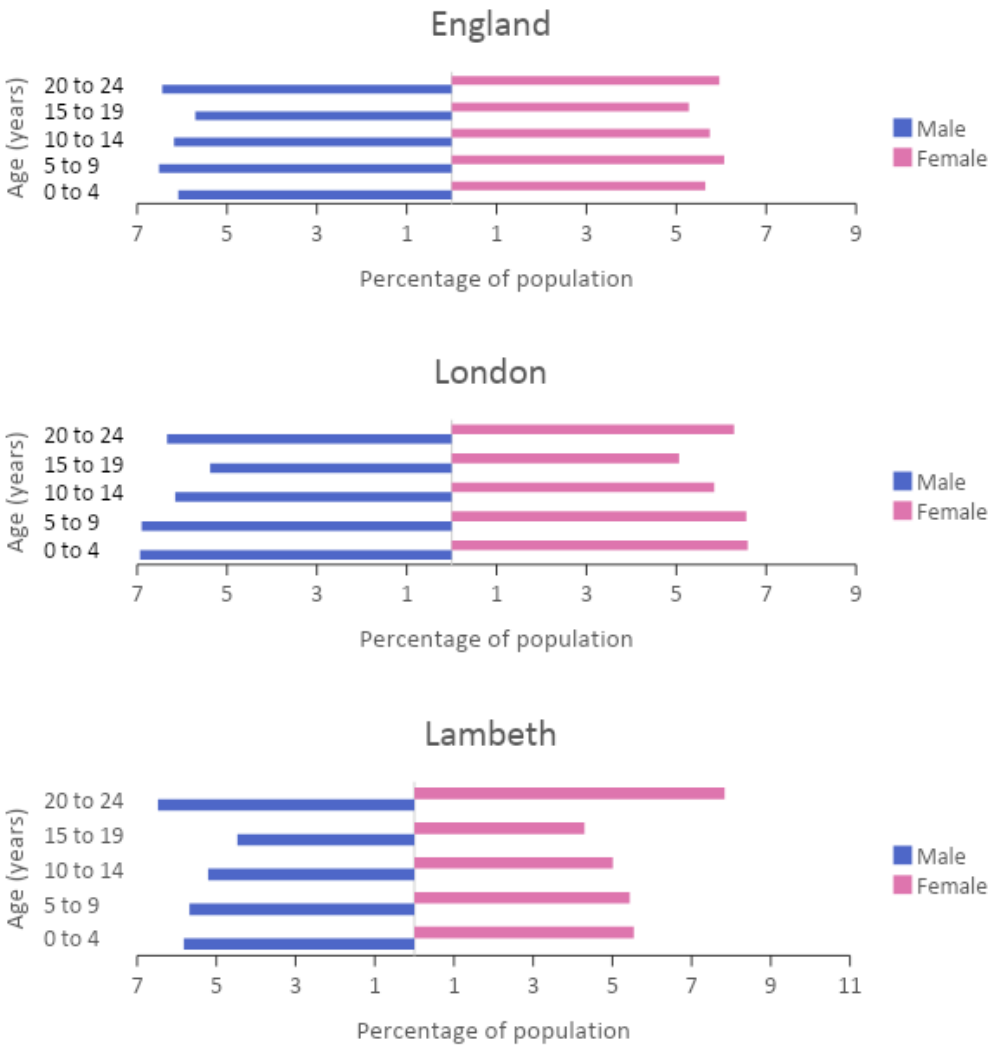


Figure 4: Population pyramids for children and young people aged 0 to 24 in England, London and Lambeth (ONS mid-year population estimates, 2020)[1]

Lambeth has a multi-ethnic population, and this is reflected in the ethnic distribution of children and young people (**Figure 5**).[25] The ethnic diversity in Lambeth is much larger than that of England, for instance about 40% of the children in Lambeth are of Black ethnicity, compared to only 4% in England (**Figure 6**). There are approximately 150 different languages spoken in Lambeth and the most common languages after English are Portuguese, Spanish, Somali, French, Yoruba, Akan, Polish, Arabic and Bengali. In addition, 322 in every 1,000 residents were born outside the UK. The ethnic makeup of children and young people in Lambeth requires health systems to consider how they design and deliver culturally

[1] Percentages of entire population are presented

appropriate services. Black, Asian, and multi-ethnic children may experience and or witness structural and direct racism at some point in their lives that is harmful to mental health as it can lower self-esteem, increase stress hormone responses, negatively impact physical health and lead to worse economic outcomes. Children and young people's needs and responses may differ according to their racialised experience, as there are inequalities in the distribution of risk factors for mental health and wellbeing according to ethnicity (as explored in following sections), as well as cultural differences on how people perceive and understand mental health and wellbeing.[26] Culturally appropriate approaches that are tailored to the specific needs of children and young people are required to achieve the equitable access, experience and outcomes within services.

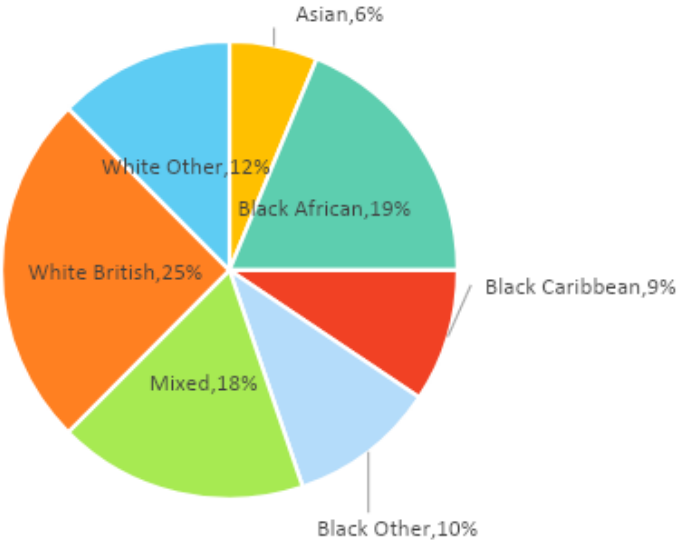


Figure 5: Ethnic distribution of CYP (aged 0 to 24) in Lambeth

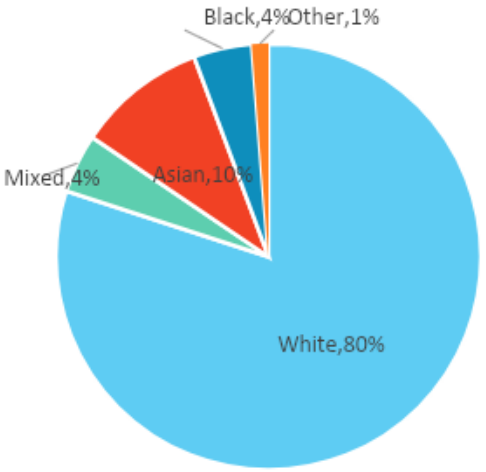


Figure 6: Ethnic distribution of CYP (aged 0 to 24) in England (CENSUS 2011)

Overall, spend in Children's Services was substantially higher in Lambeth than in London and England in the most recent year for which data is available (**Table 1**).[27] This may reflect increased vulnerability to poor mental health and wellbeing among children and young people in Lambeth and/or investment by Children's Services to target children and young people in the community who are more likely to experience poorer mental health and wellbeing, such as those who have lived experience of being looked after, attend special schools and/or have contact with the youth justice system.

Table 1: Spend on Children's Services in Lambeth, London and England

Indicator	Year	England	London	Lambeth
Spend (£000s) on Local Authority children and young people's services (excluding education): rate (£) per 10,000 aged 0-17	2017/18	8,003	8,729	10,866
Spend (£000s) on Sure Start Children's Centres and early years: rate (£) per 10,000 aged 0-17	2017/18	560	741	1,199

Spend (£000s) on Children looked after: rate (£) per 10,000 aged 0-17	2017/18	3,823	3,815	4,779
Spend (£000s) on Safeguarding children and young people's services: rate (£) per 10,000 aged 0-17	2017/18	1,978	2,429	2,959
Planned spend (£000s) on special schools: rate (£) per 100,000 pupils	2018/19	10,712	11,004	14,427
Spend (£000s) on Youth justice: rate (£) per 10,000 aged 0-17	2016/17	230	269	499
Spend (£000) on CAMHS services in CCG (Lambeth)	2019/20			£4,500
Spend (£000) on emotional wellbeing services in CCG	2020/21			£521
Spend (£000) on healthy weight services for children and young people, including breastfeeding	19/20			£264
Spend (£000) on CCG commissioned health services	19/20			£469

3.2 General Mental Health and Wellbeing of Lambeth's Children and Young People

Mental health problems in childhood can lead to reduced life chances by disrupting education and limiting attainment, impacting social participation and reducing the ability to find and sustain employment. Seventy-five percent of mental health problems are established by age 25, and 50% by age 14.[28] National estimates suggest one in ten school-age children have a clinically diagnosable mental health problem, including depression, anxiety or psychosis, which is likely to be an underestimate. A recent English study on children with severe behavioural problems reported that about 5% of children aged 5–10 years have a 'conduct disorder' – i.e. they display severe, frequent and persistent behavioural problems [13] – and a further 15–20% display concerning behaviours. Conduct disorder is twice as high in boys as in girls. Rates of conduct disorder are higher among children from disadvantaged

backgrounds. For about half of these children, serious problems will persist into adolescence and adulthood.

In Lambeth, it was estimated that 5,168 children aged 5 to 17 years had a mental health illness in Lambeth in 2017/18, (roughly 6% of the population under 25 years). More recent estimates of Lambeth children and young people with any mental health disorder are in the region of 9.9% with estimated prevalence of emotional disorders and conduct disorders at 3.8% and 6.1%, respectively. The rate of hospital admissions due to mental health illness was much higher than regional and national average (Table 2).29 Lambeth children and young people also report lower satisfaction with life than regional and national averages.

A large study (over 4,300 participants) of adolescent mental health in Lambeth and Southwark provides detailed and high-quality (i.e. based on validated questionnaires) evidence on the extent and nature of mental health problems among adolescents aged 11 to 14 from diverse backgrounds.69 It showed that 19% of adolescents had mental health problems, 15% had depression, 14% had anxiety and 15% had self-harmed at some point in their lifetime. This equates to about one in five adolescents having a mental health problem compared with around one in seven to eight nationally, which means that, on average, 6 pupils in a class of 30 in Lambeth schools have a mental health problem.

Mental health problems were more common in girls than in boys, particularly in older adolescents (13-14-year-olds), suggesting this may be a critical point at which lifelong differences emerge (i.e. mental health disorders affect about one in five women and one in eight men).70,71 Among those receiving free school meals, the risks of mental health problems were around 30% higher than in those not receiving free school meals. However, risks of anxiety and depression were similar between the two groups. Mental health problems were broadly comparable across ethnic groups, with slight differences (other than for depression, which was similar in all ethnic groups). Mental health problems were more common among those from other mixed ethnic backgrounds and less common among those from

Indian/Pakistani/Bangladeshi backgrounds. A similar pattern was observed for anxiety, although there was some evidence of higher prevalence of anxiety in those from Latin American and non-British white backgrounds, compared with the overall sample. For self-harm, risk was lower among black African backgrounds compared with the overall sample, and there was some evidence for increased risk among those from other mixed ethnic backgrounds.

These similarities in mental health need across ethnic backgrounds do not appear to be consistent with trends in adults. Adults from Black or Ethnic Minority backgrounds seem more likely to face particular mental health concerns. For example, the risk of psychosis in Black Caribbean groups is estimated as nearly seven times higher than in the White population[113] and although the White Caucasian population experienced the highest rates of suicidal thoughts, suicide rates are higher among young men of Black African and Black Caribbean origin.[29] These differences may be attributed to the data source (e.g. community, self-reported data for children and young people compared to acute admission data) or to less openness about such feelings and actions .

A survey conducted in Lambeth schools provides supplementary evidence on mental wellbeing of children and young people.[30] It showed that about 30% to 50% of school pupils in primary and secondary school have high self-esteem, with girls scoring lower than boys on self-esteem (**Table 2**). Tests and exams, schoolwork and family were common worries for both primary and secondary pupils (**Table 3 and 4**).

An area of growing concern is the unknown level of unmet mental health need in Lambeth children and young people. Ascertaining the scale, scope, and locality of unmet need would enable Lambeth to target its early intervention efforts towards these individuals, creating a more tailored approach to improving outcomes. One way this could be achieved is by reviewing and following up on the CAMHS rejected referrals to determine what/whether any services were accessed following the rejection.

Table 2 : Mental Health and Wellbeing of Lambeth's Children and Young People comparison with London and England

Indicator	Year	England	London	Lambeth
Mean score of the 14 Warwick Edinburgh Mental Wellbeing Score statements at age 15	2014/15	47.6	47.8	47.9
Positive satisfaction with life among 15-year-olds: % reporting positive life satisfaction	2014/15	63.8	59.9	55.2
Estimated prevalence of emotional disorders: % population aged 5 to 16	2015	3.6%	3.8%	3.6%
Estimated prevalence of conduct disorders: % population aged 5 to 16	2015	5.6	5.7	6.0
Estimated prevalence of hyperkinetic disorders: % population aged 5 to 16	2015	1.5	1.5	1.7
Prevalence of potential eating disorders among young people: % population aged 16 to 24	2013	NA	0.27	0.28
Prevalence of ADHD among young people: % population aged 16 to 24	2013	NA	0.28	0.29
Hospital admissions as a result of self-harm (10 to 24): rate per 100,000	2019/20	439.2	191.7	232.0
Hospital admissions for mental health conditions (under 18): rate per 100,000	2019/20	89.5	64.5	104.7
Hospital admissions due to substance misuse (15-24 years)	2018/19	83.1	60.1	80.8
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	2020	2.7	2.49	3.14
Primary school pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	2018	2.2	2.2	2.7
Secondary school pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	2018	2.3	2.5	2.8
Percentage with a diagnosed long-term illness, disability, or medical condition at age 15	2014/15	14.1	12.6	14.2

Percentage of looked after children whose emotional wellbeing is a cause for concern	2019/20	37.4	32.1	36.9

Table 3 : Self-esteem in primary and secondary schools in Lambeth

School year	Score	Boys	Girls
Year 4	High	34%	30%
	Low	4%	7%
Year 6	High	44%	33%
	Low	4%	5%
Year 8	High	48%	29%
	Low	2%	4%
Year 10	High	49%	29%
	Low	3%	5%

Table 4 : Main worries of primary school pupils (years 4 and 6)

	Boys	Girls
Tests and exams	28%	31%
Schoolwork	20%	17%
Problems with friends	16%	24%
Family problems	17%	15%
Your safety	18%	17%
Crime	18%	19%
What other people think of you	15%	18%
Being lonely	11%	17%
The way you look	11%	17%

Table 5 : Main worries of secondary school pupils (years 8 and 10)

	Boys	Girls
Tests and exams	49%	66%

Schoolwork	25%	44%
Family	48%	53%
The future	41%	47%
Family safety	41%	45%
The way you look	20%	38%

4. Wider Determinants of Mental Health and Wellbeing

There are a myriad of factors that can either improve or worsen mental wellbeing in children and young people. These range from individual level factors; their relationships with immediate family members, and the wider community in which they live (**Figures 7 and 8**).[12]

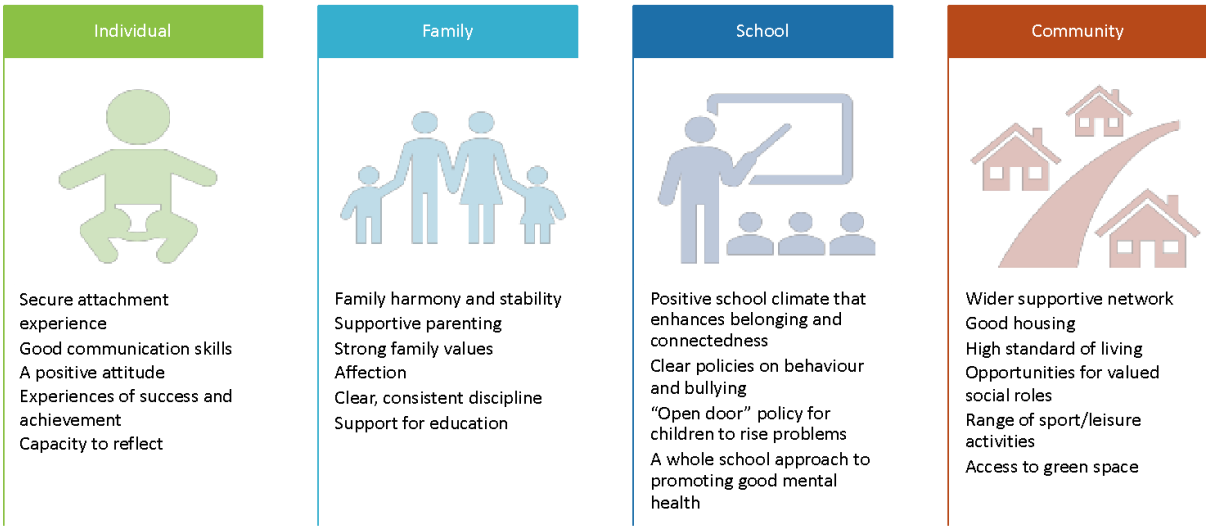


Figure 7: Protective factors for poor mental health and wellbeing

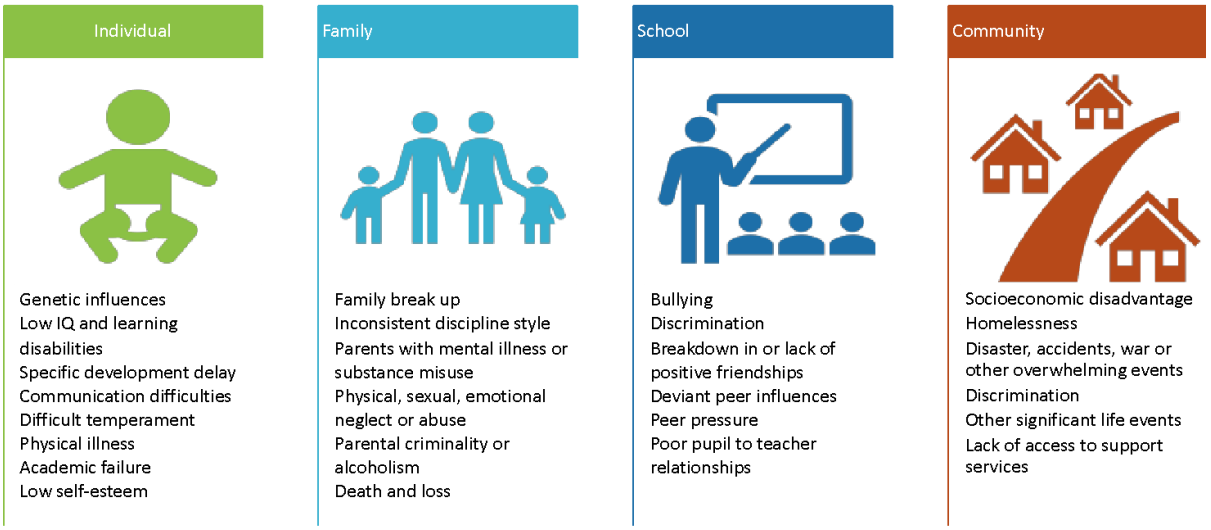


Figure 8: Risk factors for poor mental health and wellbeing

Factors that influence mental health and wellbeing vary over time and depend on the type of mental health disorder. This is illustrated by a comprehensive survey of children and young people in England although it must be recognised that those considered more vulnerable are less likely to respond to such surveys. (**Table 6**).[31] Data revealed that boys of primary school age were more likely to have any diagnosis of mental disorder (12.2%) than girls of the same age (6.6%). Diagnosed emotional disorders were equally likely in boys and girls, but behavioural disorders were more common in boys than girls (6.7% compared to 3.2%). In secondary schools, boys and girls are equally likely to have any diagnosed mental disorder but girls are more likely than boys to have a diagnosed emotional disorder (10.9% and 7.1%, respectively) and boys more likely to have a diagnosed behavioural disorder (7.4% and 5.0%, respectively).[31]

Primary aged children of a White ethnic background were found to be more likely to have a diagnosed mental disorder (11.2%) than children identifying as Black or multi-ethnic backgrounds (4.2%), which was also found for emotional disorders and behavioural disorders. In secondary school, rates of any diagnosed mental disorder were higher in children identifying as White (16.9%) compared to children from Black and multi-ethnic backgrounds (6.5%); which was also the case for emotional and behavioural disorders. Eating disorders are more common in girls.[31]

Data also shows poor parental mental health and receipt of welfare benefits are consistently associated with an increased risk across all age groups, irrespective of the type of mental health illness. Family factors, such as having stepchildren in the household, appear to be more important precursors for poor mental wellbeing in younger children than in adolescents, in whom household income and parental occupation are predictors of mental illness.[31] However, evidence from national data may not be generalisable to Lambeth, due to differences in the wider environment and population (e.g. much larger representation of minority ethnic groups).

Table 6: Factors associated with mental, emotional and behavioural disorders in England across life course

	Any mental disorder			**Emotional disorder**		**Behavioural disorder**	
Age (years)	2 to 4	5 to 10	11 to 16	5 to 10	11 to 16	5 to 10	11 to 16
Sex[1]							
White ethnicity[2]							
Unhealthy family functioning							
Poor parental mental health							
No parental qualifications							
Lone parent (previously married)							
Stepchildren in household							
Receipt of welfare benefits							
Social or privately rented house							
Middle or low household income							
Managerial and professional occupations of parents[3]							
Neighbourhood deprivation							

[1] Boys at increased risk for mental and behavioural disorders and girls at increased risk for emotional disorders

[2] Versus minority ethnic group

[3] Versus intermediate or routine and manual occupations

Individual factors (blue), family factors (green) and socioeconomic factors (orange)

Although distinct age groups can be identified within the broad definition of children and young people, it is not possible to produce sets of indicators explicitly for each age group, due to restrictions in available data. Whilst some protective and risk factors affect children only during a certain time (e.g., perinatal period), other factors are important at all stages (e.g. healthy diet). even those factors to which children are transiently or briefly exposed (e.g. bullying in school) can have long-lasting effects because adverse childhood experiences and the subsequent poor mental health can endure into adulthood.

Therefore, the influencing factors for mental wellbeing have been described under the broad headings of:

- Individual: factors which are experienced by an individual rather than as part of a group
- Home and Family: influencing factors which relate to a child's family and home environment
- Learning Environment: factors which influence how a child learns, both within and outside of a formal learning environment
- Community: elements of the wider social and geographic environment, which influence their mental wellbeing.

Whenever appropriate, specific age groups to which certain factors are more relevant are highlighted, as well as the carry-over effects throughout life.

Most indicators displayed in the following tables were obtained from the 'Children and Young People's Mental Health and Wellbeing Profiling Tool' published by Public Health England, which is the most comprehensive and reliable source of data at local, regional and national level.[27] Whenever appropriate, further local data has been obtained from surveys and other sources of routinely collected data to provide a more thorough understanding of the local need. All sources are adequately referenced in this JSNA, even though some data may not be publicly available.

Lambeth has a broadly comparable level of mental health and wellbeing to London and England across several indicators. However, there are certain indicators that are reportedly higher in Lambeth, such as children in low-income families or families out of work, children in need due to parent disability, first time entrants to youth justice system, and children and young people with special educational needs and disabilities. These indicators are presented in key tables within each section and are all colour-coded to illustrate the benchmark of Lambeth against London and England (green for better, amber for similar, red for worse, and blue for absolute values).[32]

4.1 Perinatal environment

Maternal health and risk factors, such as diet, physical activity and poor mental health, can pre-set individual's mental wellbeing and health and can have a profound and persisting influence on a child's mental wellbeing and health throughout their life.[33,34] Perinatal mental health problems affect up to 20% of women at some point during the perinatal period (pregnancy and one year after birth). This can include ante- and postnatal depression, anxiety, psychosis, and post-traumatic stress disorder. In addition to the adverse impact on the mental health of the woman, perinatal mental health problems can compromise a child's emotional, cognitive, and physical development, with serious long-term consequences. Around half of perinatal cases of depression and anxiety are detected.[35] There is also emerging evidence citing racial/ethnic disparity in perinatal outcomes. For example, during the peak of the COVID-19 pandemic, a large UK study on the outcomes of 427 pregnant women and their babies found that 55% of pregnant women admitted to hospital with coronavirus were from a Black, Asian or other minority ethnic background, despite the fact 13% of the UK population identify themselves as Black, Asian or multi-ethnic.[36] Given Lambeth's large Black, Asian and Minority Ethnic population this is especially important and we must ensure women and children get the support they need during this vital period.

Recent evidence produced by the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK programme has also found that Black women are four times more likely to die in pregnancy or childbirth in the UK,

compared to White women; Asian women face twice the risk. The report demonstrates that almost all of those who died had multiple issues such as mental or physical health problems, were victims of domestic abuse, were living in a deprived area, and were overweight or obese. The Five X More campaign was launched in 2019 to help change Black women's maternal health outcomes in the UK – specifically, improve maternal mortality rates and health care outcomes for Black women by empowering Black women to make informed choices and advocate for themselves throughout their pregnancy and after childbirth. In November 2021, Black Thrive are launching a Culturally Appropriate Peer Support and Advocacy service for people 18 years and over, aimed at supporting them to navigate the mental health system and access health and social prescribing offers within the borough. This service will be extended to this cohort of women.

Adolescent mothers appear particularly vulnerable to poor mental health. The under 18 conception rate is higher in Lambeth than regional and national averages, despite substantial improvement over the past two decades (from 85.3 per 1,000 in 1998 to 21.6 in 2018).[37] There is a need to ensure Lambeth young women, particularly those of Black or multi-ethnic backgrounds, can access specialist perinatal mental health care. Best practice recommends mental health checks are undertaken for partners of those accessing specialist perinatal mental health services with signposting to local services.[38]

Low-birth weight and intra-uterine growth restriction, which can be increased by smoking in pregnancy, are risk factors for poor mental health in children and young people,[39] and rates in Lambeth are similar to those seen in London (**Table 7**).[27]

Table 7: Indicators associated with Perinatal Environment[2]

Indicator	Year	England	London	Lambeth
Low birth weight of term babies: percentage	2019	2.9	3.2	2.8
Severe depressive illness in perinatal period: estimated number of women	2017/18	14,766	2,886	96

[2] Note: table is colour-coded to illustrate the benchmark of Lambeth against London and England (green for better, amber for similar, red for worse, and blue for absolute values)

Mild-moderate depressive illness and anxiety in perinatal period: estimated number of women	2017/18	49,219 to 73,828	9,621 to 14,431	320 to 480
Chronic severe mental illness in perinatal period: estimated number of women	2017/18	984	192	6
Under 18s conception rate per 1,000	2018	16.7	13.9	21.6
Teenage mothers (%)	2019/20	0.7	0.4	0.4
Early access to maternity care (%)	2018/19	57.8	47.8	48.0
Obesity in early pregnancy (%)	2018/19	22.1	17.8	17.6
Smoking in early pregnancy (%)	2018/19	12.8	6.0	4.7
Smoking at time of delivery (%)	2019/20	10.4	4.8	3.2
Premature birth (under 37 weeks of gestation) rate per 1,000	2016-18	81.2	79.2	72.6
Admissions of babies under 14 days: rate per 1,000	2019/20	78.1	68.6	71.1
Proportion of infants receiving a 6-8 week review (%)	2019/20	85.1	75.8	70.2

4.2 Healthy living

Physical and mental health are deeply intertwined. In fact, positive mental wellbeing has been identified as an influencing factor for healthy lifestyle choices and may in turn be affected by physical illness and disability.[40,41] Evidence is developing on the protective effect of a healthy diet and physical activity, and the harmful effect of smoking, alcohol, and substance misuse on mental health.[42] It is evident that an inadequate income or low socioeconomic circumstances can affect healthy living as this environment makes it more difficult to adopt and maintain healthy behaviours. For example, evidence shows that eating healthily can be more expensive. Poor access to shops, limited time, and inadequate storage and cooking facilities are a factor for those on a low income rather than nutrition knowledge.[43]

Other than for physical activity and obesity which are worse in Lambeth, children and young people in Lambeth have comparable risk factors to regional and national averages (**Table 8**).

Table 8: Indicators associated with Healthy Living

Indicator	Year	England	London	Lambeth
Percentage with 3 or more risky behaviours at age 15	2014/15	15.9	10.1	9.0
Percentage of regular drinkers at age 15	2014/15	6.2	3.1	2.5
Percentage who has taken drugs (excluding cannabis) in the last month at age 15	2014/15	0.9	1.0	0.7
Smoking prevalence at age 15 – current smokers (WAY survey) (%)	2014/15	8.2	6.1	5.8
Admission episodes for alcohol-specific conditions (under 18s): rate per 100,000	2017/18 – 19/20	30.7	15.4	16.0
Percentage who eat 5 portions or more of fruit and veg per day at age 15	2014/15	52.4	56.2	54.0
Percentage with a mean daily sedentary time in the last week over 7 hours per day at age 15	2014/15	70.1	69.8	72.2
Percentage physically active for at least one hour per day seven days a week at age 15	2014/15	13.9	11.8	10.9
Children in need due to child disability or illness: rate per 10,000 children aged under 18 years	2018	29.7	38.5	30.2
Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15	2014/15	14.1	12.6	14.2
Prevalence of obesity (including severe obesity) at Reception (5 years old) (%)	2019/20	9.9	10	10.4
Prevalence of obesity (including severe obesity) in year 6 (10-11 years old) (%)	2019/20	21	23.7	23.7

4.2.1 Physical Activity

Evidence supports a causal association between higher levels of physical activity and cognitive function and positive wellbeing in children.[44] Local primary and secondary school surveys undertaken by the School Health Education Unit (SHEU) found that primary school children in Lambeth are not meeting recommended levels of physical activity. 62% of primary school pupils reported that they usually walk to school and 18% use a bicycle or scooter; 34% of them have done something active

every day after school in the week before the survey and 53% said that they had done something active on both days on the weekend. Activity levels are lower for secondary school pupils, with only 9% of pupils doing physical activity on 7 days in the previous week, for at least 60 minutes, over the course of the day and 23% of pupils on five or more days.[30]

Sport England have found a link between levels of physical activity and socioeconomic circumstances. Roughly 40% of children from low-income homes are engaging in the recommended 60 minutes of exercise a day, which rises to 54% of children from wealthier homes, as found in a survey of more than 130,000 5–16-year-olds. This survey also found Black and Asian children were less likely to do enough exercise and fewer girls than boys.[45]

4.2.2 Food Poverty and Nutrition

An inability to access sufficient, quality food is another risk factor for poor wellbeing, which is an issue locally as about 36% of children reportedly lived in food poverty in 2019 - a higher rate than the national average of 31%.[46] It is estimated that COVID-19 has exacerbated this situation, considering the local increase in demand for food bank support and application for income-related benefits.

This finding is supported by Lambeth's school survey conducted by the School Health Education Unit in 2018, which reached 1,808 primary school pupils and 808 secondary school pupils, and provided an in-depth insight on health-related behaviours and risk factors in children and young people attending schools in Lambeth.[30] It found that 9% of primary school pupils had no portions of fruit and vegetables the day before the survey and 27% had 5 or more portions. 3% of primary school had nothing to eat or drink for breakfast on the day of the survey and 6% went to bed hungry at least once a week due to lack of food at home. Among secondary school pupils, 22% did not eat or drink anything before going to school and 4% went to bed hungry at least once a week due to lack of food at home.

For secondary school students, 33% of boys and 45% of girls said they would like to lose weight; 29% of pupils said if they wanted to lose weight, they would use a health service to help them; and 3% said they had already used a health service to help them lose weight.[30] This may demonstrate awareness of the detrimental health consequences of being overweight, but it may also reflect increased vulnerability to eating disorders.

4.2.3 Risk Taking Behaviours

Regarding alcohol, smoking and drugs, findings from the Lambeth SHEU Survey showed that 11% of year 6 pupils reported that they have had at least one alcoholic drink and 99% said they have never had a cigarette.

Among secondary school pupils, 11% had at least one alcoholic drink in the week before the survey. Although 88% of pupils have never smoked at all, 27% have used an e-cigarette and 33% have smoked shisha (waterpipe/bong). 32% of year 10 pupils have been offered cannabis and 16% have used drugs.[30]

4.2.4 Sleep

21% of secondary school pupils reported having more than 8 hours sleep the night before, and 23% slept for 6 hours or less. Sleep was also the biggest issue identified by a survey conducted by school nurses among year 7 pupils in Lambeth. Sleep is another protective factor against poor mental health and wellbeing [47a]. This survey found that given the COVID pandemic, whole school approaches to support and raise awareness around mental health and sleep hygiene tips would be of value specifically, the delivery of universal interventions in groups to raise awareness followed by opportunities to self-identify need.[47b]

4.3 Family and Home Environment

4.3.1 Family Relationships and Behaviours

For the majority of children, the most influential group to which they belong will be their family. Positive feelings about family are highly correlated with feelings of life satisfaction and happiness overall, although the degree to which family impacts upon

an individual may vary depending upon their age.[48] Family relations refers to the quality of interactions with parents and other family members, including parenting styles, attachment, interpersonal relationships and family functioning. It can have either a positive or negative influence upon a child's mental wellbeing. Some important aspects which influence positive mental wellbeing are loving and trusting relationships, support, and a sense of connection. These qualities can build secure attachments and are fundamentally important for buffering the effects of stressors and coping with them. Aspects which harm mental wellbeing are family discord such as hostility, inter-parental hostility or detachment, and family breakup.[49] Particularly damaging is exposure to neglect, direct physical and psychological abuse, and being raised in families where there is domestic violence. The Lambeth SHEU Survey in 2018 showed that 20% of secondary school pupils had been exposed to shouting and arguing at home, at least once or twice in the previous month, that had frightened them, and 5% witness domestic violence.[30]

The health behaviours and wellbeing of family members has an impact on the wellbeing of children and young people. Having a parent with a mental health problem is a risk factor for children's mental health and wellbeing. UK research has identified that parental mental health problems are a significant factor in around 25% of new referrals to social service departments.[50] The presence of any mental disorder is higher in primary and secondary aged children whose parent had poor mental health (23.4% and 29.6%, respectively) than in primary and secondary aged children whose parent had good mental health (7.0% and 10.9%, respectively). This was also the case for emotional and behavioural disorders.[31] Lambeth children who live in households with a parent with a severe mental health condition is significantly higher than that reported nationally (**Table 7**).

Parental behaviours, such as smoking, drug, and alcohol use, can also have a detrimental impact on mental wellbeing.[51] Other indirect effects include taking on the role of carer to other siblings, emotional abuse or neglect, chaotic family life with poor parent-child bonding, inadequate accommodation, and disrupted education and socialisation.[12]

COVID-19 has changed the home environment for some children and young people, which in turn, may have influenced their mental health. Whilst some families have reported strains in family relationships during the pandemic, others experienced an improvement in family relationships.[52]

4.3.2 Poverty and Deprivation

Poverty increases the risk of mental health problems and can be both a causal factor and a consequence of mental ill health.[53] The impacts of poverty can be cumulative. Anyone can experience poverty or mental health problems during their lifetime, and often the duration of mental health problems, the severity, and the recovery time can depend on the availability of sufficient high quality support services.

People experiencing homelessness are more likely to experience high levels of mental health problems and homelessness is more prevalent amongst particular communities such as Black and Black African. A 2011 census survey indicated that high levels of histories of neglect, abuse and traumatic childhood experiences were found in 1,286 participants living in urban homelessness communities.[54] A review of child and family homelessness recognises the importance of screening for psychosocial stressors at routine child health appointments and referring for support, minimising the harm to mental health while families are in temporary accommodation, and ensuring ongoing support to address psychological harm caused by the experience of homelessness when a family's situation stabilises through appropriate case management.[55]

Having severe mental health problems can also be strongly related to parental education, parental occupation, and family income. Seventeen percent of 11-year-olds in 2012 nationally from families in the bottom fifth of income distribution were identified as having severe mental health problems compared to 4% in the top fifth.[56] Seventy percent of conduct problems are in the bottom two income groups.

This income related gradient in prevalence seems to be much steeper among children than among adults.

In line with these findings, the Chief Medical Officer for England identified a number of groups of young people as being at risk of developing mental health problems, including[57]:

- Children with parents who have mental health or substance misuse problems
- Looked after children
- Teen parents
- Young lesbian, gay, bisexual, and transgender people
- Children living in socio-economic disadvantage

A literature review found that young people aged 10 to 15 years from low socio-economic backgrounds had a 2.5 times higher prevalence of anxiety or depressed mood.[58] Children growing up in poverty feel more pessimistic and hopeless about their future than their more affluent peers, which can contribute to problems such as depression, or problems being demonstrated through anti-social behaviour, such as aggression or hyperactivity.[59] Almost 15% of children and young people in Lambeth live in low-income families, which is higher than in London but lower than England levels (**Table 7**).[27] The uptake of free school meals is also higher than regional and national average, which helps evidence the extent of the problem of food poverty among children in Lambeth (**Table 7**).

Given that households living in poverty are exposed to preventable risk to mental health, attention needs to be paid to addressing mental health problems that are a consequence of this situation.[60] To effectively support children and young people who live in poverty requires a systems-wide response which is integrated into mental health delivery plans. There should be a focus on minimising the immediate impact of children and young peoples exposure to poverty as well as addressing the systemic barriers Lambeth residents face in accessing employment support, training, and opportunities as is clearly outlined in the Lambeth Skills and Employment Strategy.

4.3.3 Young Carers

Some children are in situations where they are looking after the needs of their parents. Where that situation is known about, they are considered to be "young carers". Children who care for a parent with mental health problems may experience social isolation by spending increased periods of time alone. Children who assume a caring role may find this affects their educational experience, including attendance, participation, and attainment (although some may see school as a refuge); these children may also have increased emotional and mental health needs.[61] In 2019/20, a total of 478 young carers in Lambeth aged 5-18 years accessed Lambeth Carers Hub services for support, including emotional wellbeing and practical support. Young carers come from a variety of backgrounds reflecting the ethnic mix of children and young people in Lambeth with 78% of young adults (15-25 years) from Black African, Black Caribbean, Asian, and multi-ethnic backgrounds (similar proportions in the younger aged cohort); additionally, over 60% are female.

A survey conducted in Lambeth schools in 2018 showed that 12% of primary school pupils and 6% of secondary school pupils said that they look after someone at home on a regular basis who is unable to care for themselves because they are disabled or have a long-term illness, and this stopped many of them from doing things that they want to enjoy.[30] The COVID-19 pandemic seems to have aggravated the burden for young carers, with over two-thirds complaining of feeling lonelier and more anxious and stressed than previously.[62]

The Mental Health Foundation's study of young carers found that more intervention was needed to address difficulties experienced around school, including regular lateness or absence, completing schoolwork on time, and behavioural issues such as disruption in class, being bullied, or having difficulty developing friendships. For young carers of parents with mental health problems, as well as support for those for whom they are caring, interventions for them could include having more information

about mental health, support to cope with their feelings, and additional assistance to ensure they attain educational qualifications.[63]

4.3.4 Children that are Looked After and Care Leavers

Children that are looked after are significantly more likely to experience a mental health problem and are one of the most vulnerable groups in terms of emotional wellbeing and mental health which is unsurprising in view of the traumas that many of them have experienced. In 2015, the Department for Education and Department for Health estimated that nearly 50% of children in care will meet the criteria for a mental health disorder and two thirds had special educational needs.[64] Supporting these estimates, is a survey by Barnardos which found that 46% of care leavers were identified as having mental health needs and that of that group, 65% were not receiving any form of statutory support.[65] Children from Black backgrounds and children with mixed ethnicity are disproportionately over-represented within the looked after children population both nationally and locally.[66]

Between 2010 and 2020, Lambeth saw a gradual decline in the number of children in care. However, in 2020 there was a slight increase to 359 children, which was matched by an increase in the number of care leavers (**Figure 9 and 10**). The profile of Lambeth's children in care is predominantly those aged 6-10 years old (however the 16-17 year cohort is increasing) and are mainly of Black or Black British ethnicity (51%). The total number of children in care is projected to grow to 360 - 400 children over the next three years.[67] Traditional mental health services have not always best addressed the needs of looked after children and care leavers due to their unique circumstances, such as number of placement moves or being placed out of borough where their responsible authority and CCG have less influence or control over service provision. For example, in 2020, 74% of our looked after children were placed out of borough which can mean they are placed in communities unfamiliar with their cultural needs adding to their already high stress levels ; an increase from 72% in 2018.[67] Lambeth's revised Fostering Strategy is expected to have an impact on number of out of area placements, given its focus on recruiting local carers, however this may take some time to bear fruit.

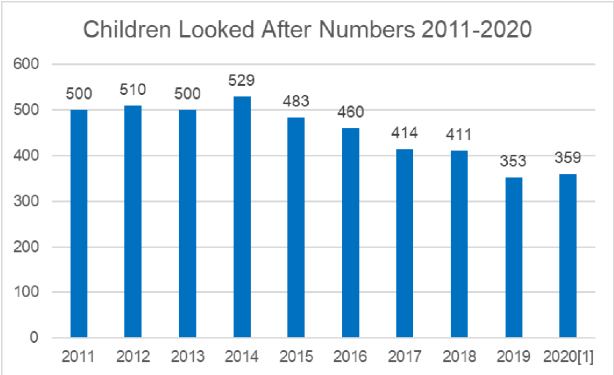


Figure 9: Numbers of Children Looked After 2011-2020

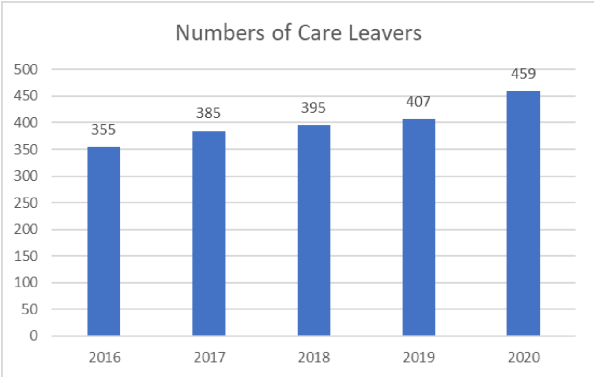


Figure 10: Numbers of Care Leavers 2016-2020

Given the current pandemic, it is clear more needs to be done to support this cohort of young people in a culturally appropriate way. Already, many children in care are likely to have experienced Adverse Childhood Experiences that are likely to require emotional support so there needs to be greater availability of mental and emotional health services – regardless of where the young person is placed. There also needs to be a defined transitions offer for care leavers aged 18-25 years who typically are discharged from specialist mental health services upon turning 18 years and are unable to access Adult Mental Health Services owing to differential thresholds and criteria.

Table 9: Indicators associated with Family and Home Environment

Indicator	Year	England	London	Lambeth
Children in low-income families: % of under 16s	2018/19	15.3	14.1	14.9
Free school meals: % uptake among all pupils	2019	15.0	23.1	24.6
Domestic abuse-related incidents and crimes: rate per 1,000 over 16s	2018/19	27.4	32.9	32.9

Estimated number of children living with adults with alcohol dependence: rate per 1,000	2018/19	16-17		20-22
Children in households where a parent has a severe mental health problem: rate per 1,000	2019/20	135		177
Marital breakup: % of adults (over 18)	2011	11.6	10.6	11.1
Homelessness – households with dependent children owed a duty under Homeless Reduction Act: rate per 1,000	2019/20	14.9	18.7	27.0
Children in need due to parent disability or illness: rate per 10,000 children under 18	2018	8.8	14.0	17.7
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2017	93.8	97.9	129.7
Children on child protection plans: rate per 10,000	2019/20	42.8	34.9	36.9
Lone parent families: % of households	2011	7.1	8.5	10.4
Sole registered births: % births registered by one parent only	2017	5.1	5.4	7.6
Children in care: rate per 10,000	2020	67	49	58
Hospital admissions caused by unintentional and deliberate injuries in children (0-14 years): rate per 10,000	2019/20	91.2	67.3	81.6

4.4 Learning Environment

Learning covers the continuous process of learning and development, including that which takes place outside the formal education system. It includes participation in all forms of learning, both taught and non-taught, and includes play. Children and young people's experience of the learning environment has a major impact on their mental wellbeing, life satisfaction and happiness.[68,69] The education and health sectors together have central roles to play in preventing mental health problems from developing and escalating, and supporting recovery. Participating in learning is associated with a range of mental wellbeing benefits, such as protecting against depression, building resilience to stress and adverse life events, and promoting social inclusion and cohesion.[70] The learning environment encompasses a broad

range of determinants, such as opportunity for participation and engagement, relationships with teachers and other adults, and peer relationships (**Table 10**).

Table 10: Indicators associated with Learning Environment

Indicator	Year	England	London	Lambeth
Fixed period exclusions: rate per 100 school aged pupils	2018/19	5.5	4.4	3.1
Permanent exclusions: rate per 100 pupils	2018/19	1.4	0.07	0.06
Persistent absentees – Primary school (%)	2018/19	8.2	8.2	8.7
Persistent absentees – Secondary school (%)	2018/19	13.7	12.0	13.1
School readiness: percentage of children achieving a good level of development at the end of Reception (5 years old)	2018/19	71.8	74.1	71.5
School readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (5 years old)	2018/19	56.5	64.1	61.5
Educational attainment (attainment 8 score measures pupils' results in 8 GCSE-level qualifications)	2018/19	46.7 out of 90	48.4 out of 90	44.1 out of 90
Average attainment 8 score of children in care	2019	19.2	20.3	16.0
16-17-year-olds not in education, employment or training (NEET) or whose activity is not known (%)	2019	5.5	4.2	7.9

Schools play a crucial role in supporting young people's mental health and can also enable intervention with young people displaying early symptoms. Schools provide opportunities to reach large numbers of young people simultaneously and staff spend significant time with young people which provides them with an opportunity to develop a trusting and supportive relationship. School staff are well placed to notice changes in young people and to intervene early in relation to mental health or behavioural concerns. The delivery of interventions in secondary schools provide opportunities to enhance a range of outcomes and prevent or reduce emotional and behavioural problems in young people, especially as the prevalence of disorders increases with age across secondary school.[71]

4.4.1 Bullying

Bullying is a key risk factor in the learning environment, with far-reaching effects on children's mental health, and it has been associated with depression, low self-esteem, poor self-concept, loneliness, and anxiety.[72] It is a common behaviour of people with severe behavioural problems and has a negative impact on the development of inter-personal relationships and academic attainment. The Lambeth SHEU survey[30] conducted in primary and secondary schools in 2018 showed that:

- 26% of primary school pupils felt afraid to go to school because of bullying in the last month, at least sometimes, and 3% of them very often
- 13% of secondary school pupils felt afraid of going to schools at least sometimes because of bullying in the previous month, with 15% stating they had been bullied in the last 12 months
- 53% of primary school pupils said that their school dealt with bullying quite or very well, 12% said bullying wasn't a problem in their school and 17% said their school dealt with bullying badly or not very well
- 36% of secondary school pupils said that their school dealt with bullying quite/very well, 8% said bullying wasn't a problem and 29% said their school dealt with bullying badly/not very well
- Overall, 5% of pupils reported they had bullied someone else in the last 12 months.

4.4.2 Children and Young People who are Out of Education

Children with mental health problems often experience disrupted education. A study on the mental health of children and young people in 2005 found that children with mental health problems are more likely to have time off school, with findings revealing 17% of those with emotional disorders, 14% of those with conduct disorders, and 11% of those with hyperkinetic disorders had been away from school for over 15 days in the previous term; this compares to 4% of other children.[73] Homeless children, young offenders, members of the Gypsy and Traveller communities, and refugee and asylum seeking children may not consistently be in formal education either, emphasising the important role other spaces such as community, health, and criminal justice areas have to play in delivering education and mental health and wellbeing curricula. As seen in **Table 6**, Lambeth primary

school pupils have a higher proportion of persistent absenteeism than that reported regionally and nationally; secondary school absenteeism is higher than London levels, but less than England levels.

4.4.3 Exclusions

Lambeth has a relatively similar number of pupils with permanent exclusions to that seen in its statistical neighbours in 2018/2019. The borough however compares favourably with neighbours when assessing the number of fixed-term exclusions, reporting a markedly lower number in comparison (**Table 12**).

Table 11: Overall Fixed Exclusions in Lambeth

	2019/20	**2018/19**
Mainstream	186	165
SEN	77	51
Unknown	8	0
Total	271	216

Table 12: Permanent and Fixed-Term Exclusions in statistical boroughs in 2018/19

Borough	**Permanent Exclusions**	**Fixed-Term Exclusions**
Lambeth	21	1,144
Lewisham	22	1,847
Hackney	44	2,450
Southwark	36	1,852
Haringey	22	1,479

Rates of permanent exclusions have largely remained stable in recent years, although it is unclear what impact Covid-19 and lockdown will have in future. Fixed term exclusions do appear to be increasing across the country, with national statistics confirming that this trend has continued nationally since 2013/14.[74] This is important because evidence suggests children with poor mental health may be more likely to experience school exclusions, which, if not properly managed, can further compromise their mental health and wellbeing.[75] Breaking this cycle requires multipronged action, acknowledging school exclusions are multifactorial and driven

by a complex interplay of individual and structural factors.[76] Early and proactive intervention in schools, for instance by identifying mental health problems in pupils, as well as supporting both children, the whole family, and school staff, are among the interventions that have been shown to be effective at preventing school exclusions.[76] There may also be some value in developing targeted wellness services towards clusters of children identified as being at high risk of multiple poor behaviours.

One area of concern highlighted by local communities has been in relation to managed transfers as another form of exclusion, potentially explaining the comparatively low numbers of exclusions reported. However, Lambeth education data reports that only two managed transfers have taken place since December 2019; this process involves parental consent for a transfer to take place directly to a Pupil Referral Unit and is not an approach promoted by the local authority. Differentially, there are cases where pupils have undergone managed moves; this is where a child or young person transfers to another school or education setting, as a recourse to exclusion. Since December 2019, there have been 21 successful managed moves in Lambeth.

Off-rolling has also received much interest in recent years. This is the practice of removing a pupil from the school roll without using a permanent exclusion, when the removal is primarily in the best interests of the school, rather than the best interests of the pupil. This includes pressuring a parent to remove their child from the school roll. Managed moves are not considered off-rolling if in the pupil's best interests with the agreement of all involved. Vulnerable students with special educational needs or other needs are more likely to be affected, although local data is not readily available as it is not a legitimate practice (and there is mixed understanding of its definition).[77]

4.4.4 Children and Young People with Special Educational Needs and/or Disabilities

Lambeth ranks 25th among 343 local authorities in England for percentage of residents aged up to 25 years with an Education, Health, and Care Plan (EHCP). It ranks 3rd among local authorities for percentage of residents attending school with an

EHCP. Lambeth ranks 30th among local authorities in England for percentage of school children with special educational needs (SEN) support (**Table 13 and 14**).[78,79]

Table 23: Children with SEN in Lambeth and England (all CYP)

Indicator	Year	England	Statistical Neighbours	Lambeth
Number of residents with an EHCP	2021			2741
% of 0-25 residents with an EHCP	2021	2.58%	2.72%	3.04%
% of EHCP population who are under 5	2021	3.8%	4.2%	3.7%
% of EHCP population who are between 5 and 10	2021	33.0%	34.9%	32.5%
% of EHCP population who are between 11 and 15	2021	35.2%	33.5%	36.0%
% of EHCP population who are between 16 and 19	2021	21.1%	19.9%	21.6%
% of EHCP population who are between 20 and 25	2020	6.9%	7.5%	6.2%
Looked after children with EHCP	2020	27.7%	29.2%	37.3%
Looked after children with SEN support	2020	28.1%	27.8%	27.2%
Children on a Child Protection Plan with EHCP	2020	8.9%	9.8%	12.6%
Children in Need with EHCP	2020	26.7%	30.7%	27.3%
Children in need with SEN support	2020	21.8%	20.4%	20.7%

Table 34: Children with SEN in Lambeth and England (in school population)

Indicator	Year	England	Statistical Neighbours	Lambeth
Pupils with an EHCP	2020	3.3%	4.0%	4.7%
Pupils with SEN support	2020	12.1%	13.0%	13.7%
Primary pupils with an EHCP	2020	1.8%	2.6%	3.2%
Primary pupils with SEN support	2020	12.8%	13.3%	13.0%
Secondary pupils with an EHCP	2020	1.8%	2.4%	3.3%
Secondary pupils with SEN support	2020	11.1%	12.7%	14.6%
Moderate learning difficulty	2020	19.1%	11.6%	9.4%
Severe learning difficulty	2020	2.7%	1.8%	2.0%
Speech, language and communication needs	2020	21.9%	30.6%	29.7%
Autistic spectrum disorder	2020	11.9%	14.7%	14.9%
Social, emotional and mental health	2020	17.8%	16.2%	17.3%
Hearing impairment	2020	1.8%	1.6%	1.1%
Visual impairment	2020	1.0%	0.7%	0.4%

Physical disability	2020	2.9%	2.1%	2.0%

Similar to regional trends, there has been a gradual increase in the number of children and young people with Education, Health and Care plans (EHCPs) in Lambeth, and this is partly due to an increase in the number of young people presenting with Autism Spectrum Disorders (ASD) and Social Emotional Mental Health (SEMH) needs. Lambeth is also seeing a marked increase in the number of looked after children with EHCPs. The increase in Lambeth has been higher than that observed in neighbouring boroughs and London average, although the underlying reasons are yet to be understood. This, has understandably led to an increased demand for local mental health services – both in terms of specialist provision but also local community provision.

4.5 Online environment

The rapid development and dissemination of platforms that enable digital communication has brought about many benefits but also potential risks for mental health and wellbeing.[80] These platforms offer opportunities to engage and socialise with children and young people from different cultural backgrounds, with different lived experiences, which can enhance their personal development. They can also increase the level of interaction in mental and emotional wellbeing services through fun apps or games. On the other hand, there are serious risks associated with the use of social media and other digital platforms, such as radicalisation, grooming, bullying etc. In addition, evidence is accruing on the association between mental health disorders and problematic internet usage.[81]

A survey conducted among children and young people in Lambeth schools in 2018 showed that 91% of primary school pupils had access to the Internet on a mobile device (e.g. mobile phone/tablet) and 77% used a computer at home to access the Internet.[30] Despite substantial local efforts to improve digital connectivity during the Covid-19 pandemic, the proportion of pupils with access to laptop, tablet, smartphone or internet at home, remains about 80%.[82] The main activities that were done online by primary school pupils were watching videos (86%), playing games (79%), listening to music (65%), schoolwork (60%), and chatting (58%). Although

95% of those pupils said that they have been told how to stay safe when using the Internet, 18% also said that they chat online to people they have never met and 16% have met someone in real life who they first met online.

The pattern of use among secondary school pupils may be riskier than that of primary school pupils. About 86% of secondary school pupils said they have used the Internet for chatting – 62% to chat to friends or family, 51% to chat to friends of friends, and 25% to chat to other people they don't know. Although 93% of secondary pupils said they have been told how to stay safe while online, and 62% said they always follow this advice, many are still exposed to potential harm. For instance, 20% of pupils said that someone they don't know in person has asked to meet with them, and 9% said that this person (as far as they know) was quite a bit older than them; 10% of pupils said that they have received a message or picture that scared or upset them; 8% of pupils said that hurtful comments have been posted about them on a social networking site; and 6% said someone had used/changed a picture of them to humiliate them. The COVID-19 pandemic and associated restrictions has required children and young people to spend more time online, which, unless adequately supervised or without appropriate controls in place, may have exacerbated the risk of harmful exposures and behaviours.[83] Although social media and the Internet in general can be a force for good, they can have detrimental effects, such as disruption of sleep patterns and body image, cyberbullying, grooming, and 'sexting'. Furthermore, children and young people with SEND may be more vulnerable to exploitation and exposure to harmful content in the online environment.[84]

4.6 Community and Wider Environment

Community and the wider environment comprise elements of the wider social network and geographic neighbourhood. These include aspects that are personally experienced by children and young people, such as physical environment, social inclusion, and safety, and aspects that relate to the community as a whole, such as equality and culture. When analysing theth impact of community factors, it is critical

to understand whether there are inequalities related to gender, socioeconomic status, ethnicity, or disability.

4.6.1 Environmental Considerations

There is a growing body of evidence about the impact of air pollution on mental health. For example, in 2010, London air pollution was linked to over 3,000 hospital admissions.[85] A longitudinal study including over 2,000 children has shown a link between exposure to nitrogen oxides and particulate matter (e.g. through heavy traffic) in childhood and adolescence, and the development of disorders such as anxiety and depression at age 18; also that persistent exposure increases liability to psychiatric illness by young adulthood, independent of other individual, family, and neighbourhood influences on mental health such as poverty and familial history.[86]

As an inner-city borough, Lambeth is busy and often congested with large areas of the borough breaking annual limits for nitrogen dioxide pollution and particulate matter from vehicle emissions and other traffic related causes. Pollution has been identified as an aggravating factor for poor heart and lung health and ailments of the central nervous system; there is now a clear association with mental illness – particularly for children whose brains are still developing up until the age of 25. Improving air quality is a priority for Lambeth and given the implications for mental health, continued emphasis on promoting public and active travel (thus reducing emissions), use of clean transport for deliveries, and energy-efficient buildings is required. Residents should be encouraged to adopt cleaner transport, making use of the additional cycle hangar spaces, protected cycle lanes, and roll out of the 'Try before you Bike' scheme. The borough is also supporting a shift to electric vehicles with installation of new electric vehicle charging points.

4.6.2 Green Space

Availability of green space is a protective factor against poor mental health and wellbeing.[87] Green landscapes can help protect residents from the impact of climate change and contribute to improving air quality. The growth of London over time has resulted in a reduction in natural habitats and green open spaces, which has directly

and indirectly impacted level of air, noise, and light pollution and exacerbated changes caused by climate change.[85]

There is evidence of inequalities in access to green space across London, with those in deprived areas and from racialised backgrounds having less access to private and public gardens. In Lambeth, about 20.7% of the land is open space, which is lower than the London average of 39.1% (according to data from 2014). A survey of primary school pupils showed that 80% have been to parks or open spaces in their local area in the past 4 weeks, but 5% said they do not have any.[30] Inequalities in access to green space were evident during COVID-19 and may have contributed to the heterogeneous impact of the pandemic on emotional health and wellbeing.[88] These issues should be considered when regeneration and planning decisions are being made.

4.6.3 Crime and Community Safety

Neighbourhood crime and security influences the ability of children to play, socialise, and engage in healthy activities, such as sport and games. There are a number of factors that influence children and young people's sense of safety in their local environment/neighbourhood.

Lambeth has a rate of violent offences per 1,000 population of 27.9, which is higher than London (24.9).[29] The rate of hospital admissions for violence, including sexual violence, is also higher than London average (53.5 versus 46.2 per 1,000 population).[27] Crime and personal and family safety feature high in children and young people's list of worries, with 27% of secondary pupils and 19% of primary pupils reporting to be very concerned about crime in their local area. Furthermore, 8% of secondary school pupils said that they had been the victim of violence or aggressive behaviour in the last 12 months and 24% said they knew someone who carried a weapon because of gangs or for self-defence.[30]

Children and young people who are in contact with the criminal justice system may be at increased risk of experiencing mental health challenges. Black and other

racialised groups are over represented in the criminal justice system. A 2016 report on the youth justice system in England and Wales found over 40% of children were from Black or Ethnic Minority backgrounds (substantially more than the 19% of children and young people from Black, Asian, and multi-ethnic backgrounds across England) and more than one third had a diagnosed mental health problem.[106] The vulnerability of racialised and or disabled groups may not be being recognised when they experience challenges with their mental health, when there are examples where rather than providing mental health intervention, they are managed through more punitive systems. There is also growing concern over unmet mental health needs among Black and Ethnic Minority young people within the youth justice system.

Evidence is accumulating on racial disparities experienced by black people as they journey through the youth justice system. For example a report from the Youth Justice Board for England and Wales (2016)[89] found that:

- Black and multi-ethnic people are more likely to be stopped and searched by the police, and this disparity is particularly stark where young black men are concerned.
- Black children and young people are arrested at three times the rate of their white counterparts
- The rate of Black and multi-ethnic young people remanded to custody who are subsequently found not guilty is disproportionately higher than white children and young people
- Black young people are eight times more likely to be sentenced to a long term custodial sentence than their white counterparts
- Managing and Minimising Physical Restraint data shows that the number of restraints per 100 young people in the secure estate was 1.3 times higher for Black young people than white young people

There is a clear rationale for a partnership-driven health and justice pathway that maps local services and outlines potential opportunities for action, to address discriminatory activity within systems and to support and divert children and young

people who are at risk of entering the youth justice system. There is significant work taking place locally as part of the Lambeth Made Safer workstream which this pathway could feed into, building on the liaison and diversion programme which helps to identify mental health and learning disability-related needs of young people coming through the criminal justice system, by adopting an early intervention approach, also considering the needs of siblings of young people already in the criminal justice system.

Table 15: Indicators associated with community and wider environment

Indicator	Year	England	London	Lambeth
First time entrants to the youth justice system: rate per 100,000	2019	208.0	260.2	299.9
Children aged 10-14 years in the youth justice system: rate per 1,000	2015/16	2.5	2.5	3.5
Young people in the youth justice system (per 1,000) aged:	2015/16			
- 15 years		9.8	11.9	23.2
- 16 years		12.3	15.8	25.8
- 17 years		15.6	20.7	32.1

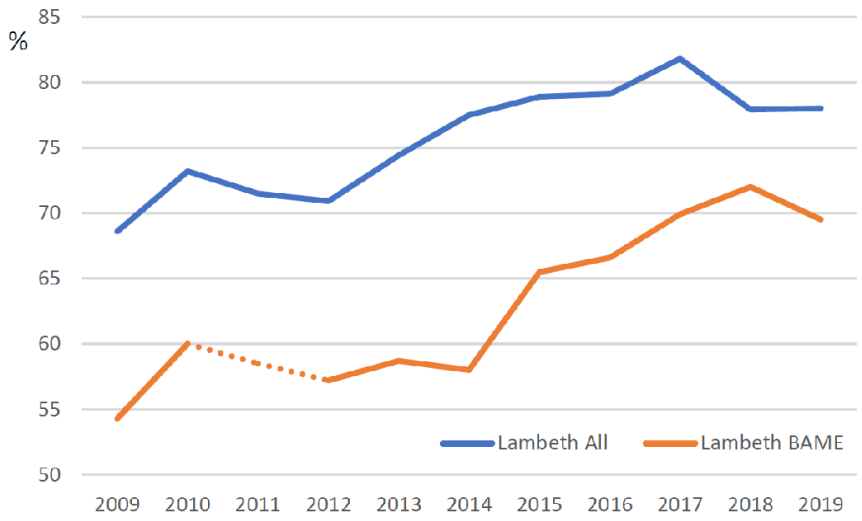
4.6.4 Employment and Welfare Benefits

Unemployment and receipt of welfare benefits is strongly associated with poor mental health and wellbeing in children and young people. For example, the rates of diagnosable mental health problems are higher among children:

- in families with neither parent working (20%) compared to families in which both parents work (8%)
- in families with a gross weekly household income of less than £100 (16%) compared with those with an income of £600 (5%)
- in households in which someone receives disability benefit (24%) compared to those that receive no benefits (8%)[90a]

Lambeth's unemployment rate of 5.5% is above the rate across London of 4.6%, and the borough has a higher proportion (8.7%) of the working-age population on

out-of-work benefits, compared to London average (7.9%).[90b] This proportion is higher among those aged 18 to 25 years (11.3%), similar to the London average (10.7%). This shows that young adults may be particularly vulnerable to poor mental wellbeing due to the negative consequences of unemployment on mental health.[91] We can also see inequalities experienced by different groups of people. For example, 47% of disabled residents are in employment.[92] The State of the Borough Report (2016) highlighted the gap in employment rates and incomes between White residents and Black and Ethnic Minority residents. Lambeth's Economic Resilience Strategy (2020) also stated that Black residents are four times more likely to be unemployed than White residents. While the gap has been closing over the last five years, the pattern indicates structural disadvantage for minority communities in the borough (**Figure 11** below). In addition, COVID-19 caused a deep economic downturn, the effects of which are yet to be fully understood. The unemployment rate is expected to grow in 2021 across the country and specifically in Lambeth. By December 2020, there were 14,300 workless households in Lambeth, with about 10% of children living in workless households. The Claimant Count, which is the number of people claiming unemployment related benefits (e.g., Universal Credit, Job Seeker's Allowance) was expected to increase from about 21,800 in December 2020 to 25,000-30,000 by March 2021, in Lambeth. As receipt of welfare benefits is a risk factor for poor mental health and wellbeing across all age groups, this suggests that the need for mental health support is likely to increase over the coming months and perhaps years.



Note: dotted line indicates an estimate due to missing data.

Figure 11: Employment Rate for All and Black, Asian, and Minority Ethnic Group Residents in Lambeth from April 2009 – March 2019[117]

4.6.5 Housing

Homes are where people expect to be safe, comfortable, and healthy. But this is not the case for many children who are at risk of poor health outcomes because of problems with housing quality, housing instability, overcrowding, and unaffordability. Poor or overcrowded housing can be destructive to children's emotional, psychological, and behavioural health and development. For example, children who live with leaking roofs, damp, exposed wires, limited privacy, pest infestation, and other problems are more likely to exhibit anxiety and depression, and inappropriate behaviours in others.[93] This may be linked to parental psychological distress as poor-quality housing creates stress for parents. Additionally, poor or cramped living conditions can prevent children from engaging in playful and social activities which are beneficial to their cognitive, social, and emotional development and wellbeing.

The Mapping Young Londoners report (2021) found that young Londoners faced setbacks with their housing and employment. 40% found that Covid massively impacted their housing situation with Care Leavers and Disabled young people being disproportionately affected. Black and Asian young people were twice as likely to seek support with their housing from the local council. Data gathered by Black Thrive found that in 2018, Black households were nearly 13 times more likely to be

statutorily homeless and living in temporary accommodation compared to White British households. Homeownership is low amongst Black communities when compared with their white counterparts.

Over the past few years, house prices have risen by 47% in Lambeth, putting home ownership out of reach for an increasing number of local residents. Private rents have risen by 27% meaning many families are finding themselves with limited options or are priced out of their known community. The number of homeless families needing temporary accommodation has risen to over 1,800, including almost 5,000 homeless children. Furthermore, Lambeth's waiting list for housing is long and has grown to over 23,000 people with fewer homes becoming available each year and overcrowding getting worse with 1,300 families severely overcrowded in their current home.[94] The ripple effects when children live in substandard home environments extend to health and schools. Alleviating the harmful effect of such housing on children requires mutual advocacy with a strengthened infrastructure targeted towards parental support with regeneration programmes taking account of cultural differences.

4.6.6 Ethnicity and Cultural Issues

In Lambeth, 26% of the population identify as Black African or Caribbean. However, 50% of patients in high secure and 67% of the patient population in low and medium secure psychiatric wards are from Black backgrounds. This is not solely a Lambeth phenomenon and high detention rates are observed nationally. Additionally, mental health services do not deliver the same positive outcomes for Black people when compared with their White counterparts. For example, data held by Black Thrive shows that in Lambeth, Black people accessing Talking therapy were 1.4 times less likely to meet national recovery thresholds. There is a clear risk that the lack of access to culturally appropriate therapy and Covid-19 will exacerbate these inequalities. Lambeth also has one of the largest populations of lesbian, gay, bisexual, transgender, questioning, and non-binary (LGBTQ+) residents in the UK. The UN Convention on the Rights of the Child ensures the right not to be discriminated against in any way, including the right not to be discriminated against

for one's race, sexual orientation, and disability. . It is important that Lambeth recognises the needs of its population and ensures that measures are in place to eliminate any apparent discrimination or episodes of unconscious bias.

Black and minority ethnic people experience a wide number of inequalities related to mental health. This ranges from particular ethnic communities having a higher risk of being detained in secure institutions to more general difficulties for all Black and multi-ethnic communities in accessing appropriate care and support for their mental health needs. The evidence suggests that Black and racialised/minoritised communities are at comparatively higher risk of mental ill health, and are disproportionately impacted by social detriments associated with mental ill health. From accessing treatment to receiving mental health support, through to assessment and treatment, inequality and discrimination remains a reality for some Black and multi-ethnic communities.[95]

Evidence shows Black and multi-ethnic communities are less likely to access mental health support in primary care (i.e. through their GP) and are more likely to need crisis care. Black and multi-ethnic people are 40 percent more likely to access mental health services via the criminal justice system than white people. There is a wide range of different barriers for Black and multi-ethnic communities accessing mental health care. Some of these include a lack of knowledge around mental health care, different cultural attitudes or ideas about mental health, and relationships with healthcare practitioners in the local area. However, it has been shown that services based in the community (and particularly in the voluntary, community and social enterprise sector) are more likely to develop the relationships of trust that promote access and awareness of mental health services for diverse communities.[95] This can often be enhanced when practitioners are from similar racial groups to those for whom they are providing a service.

Lambeth's demography is ethnically diverse; the borough's child population is even more so. There is therefore an impetus to ensure our young have the same opportunities to succeed and are able to live a life free of discrimination. Emerging

evidence shows young Black and minoritised populations have unique issues as a result of various marginalised identities and often face systemic inequalities (e.g. poverty, exposure to domestic violence, social deprivation), discrimination, and racism as part of their day-to-day reality. This can negatively affect their mental health and wellbeing, affecting quality of life and short and long-term prospects and chances of success. These experiences may take the form of:

- low teacher expectations and subsequent underachievement in education
- exposure to racial discrimination and racial microaggressions – subtle slights and indignities experienced by racial minorities which negatively impact the mental and physical health of black and ethnic minority children and families
- increased likelihood of school exclusion (particularly Black boys), increasing their risk of criminal exploitation and as victims of serious youth violence
- increased exposure to multiple stressors due to residing in gang-affected neighbourhoods, such as county lines, absconding, and risk of sexual exploitation
- increased risk of welfare exclusion for families with uncertain migration status who have no recourse to public funds[96]
- Over policing/surveillance by law enforcement increases experiences of hypervigilance which can negatively impact mental wellbeing

Lambeth is fortunate to have in place the Black Thrive Partnership which is supported by a local third sector organisation, Black Thrive Lambeth, dedicated to reducing inequality and injustices experienced by Black people in mental health services. This partnership brings together individuals, communities, statutory agencies, and voluntary organisations to address the structural barriers that prevent Black people from thriving. Any future model focusing on achieving equity in service access, experience, and provision for this section of the community should call on the levers within the partnership and involve Black Thrive and other Black-led organisations to ensure local community views are captured and embedded in system change.

Establishment of the Patient and Carer Race Equality Framework (PCREF) was a recommendation from the national Mental Health Act Review aimed at eliminating the unacceptable racial disparity Black and multi-ethnic communities experience in accessing, experiencing, and seeing improved outcomes from SLaM services, and to significantly improve the trust and confidence of Black communities in SLaM's care. The ambition is for the framework to be rolled out across all mental health trusts by 2022 as part of the journey towards anti-racism and equity.

This programme is a partnership between SLaM and Black Thrive and Croydon BME Forum, seeking to bring together SLaM staff and Black service users, their carers and communities to help develop the framework. The second phase of the programme focuses on identification of organisational competencies that SLaM need to focus on to improve the way they offer and deliver mental health services so equity is achieved. This will be informed by co-design and engagement activity, feedback questionnaires targeting Black and multi-ethnic communities, and local events to help gather information on experiences of care and improve understanding of what positive practice looks like in mental health. It is critical that Black and multi-ethnic young people, their families and carers also feed into this process to ensure their needs and perspectives on care are reflected and to help develop confidence in CAMHS provision.

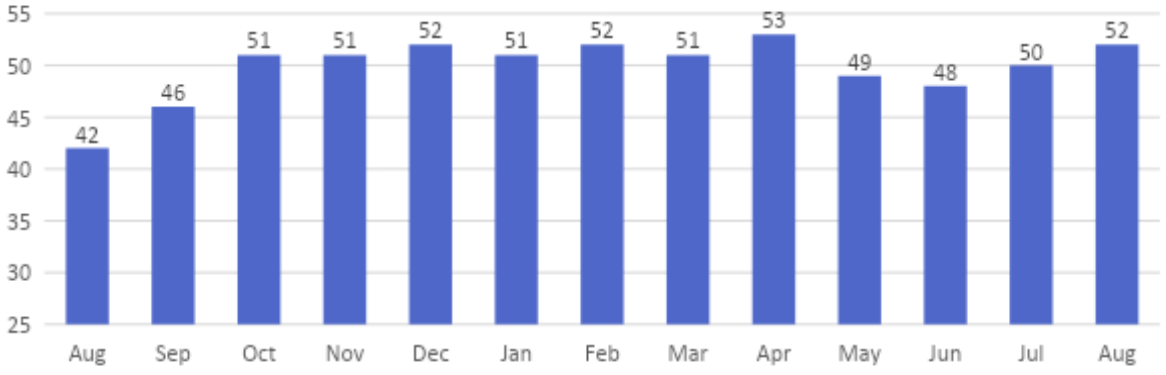
Refugees and asylum seekers may experience exclusion, marginalisation, and inequalities of access to services. They are more likely to experience mental health problems than the general population, including higher rates of depression, post-traumatic stress disorder (PTSD), and other anxiety disorders. This increased vulnerability may be linked to pre-migration experiences (e.g. war trauma) and post-migration experiences (e.g. racism) and conditions (e.g. separation from family, poor housing).[97] Many refugee families also do not have any recourse to public funds which can exacerbate stress and disadvantage.

At 31 March 2018, London boroughs were looking after 1,500 unaccompanied asylum-seeking children – a third of all unaccompanied children seeking asylum in

England. There has been an increase in numbers over the past three years in Lambeth. As of October 2020, Lambeth had 97 unaccompanied children in their care, making up 27% of the total population of children in care (**Figure 12)** depicts the increase in referrals of unaccompanied children since August 2019).[67] Thirteen percent of the referrals

received by the Looked After Children service in 2019 were for unaccompanied asylum seeking children (UASC); 15% of UASC have declined treatment and further work should be undertaken to find out why. This cohort of young people are typically adolescents and predominantly male. They frequently present with symptoms of PTSD as well as social difficulties in adapting to life in the UK, which is consistent with national research and trends. Currently there is no integrated pathway for unaccompanied children, meaning assessments for infectious diseases, sexual, and emotional health may be delayed.

Figure 12: Number of Looked After Unaccompanied Asylum-Seeking Children from Aug 2019 – Aug 2020



Local authorities have a clear duty to provide support for asylum seeking and refugee children who are looked after. This includes taking responsibility for coordinating educational provision as well as facilitating appropriate healthcare services, including mental health support. Specialist mental health practitioners are needed to help refugee and asylum-seeking children cope with potential trauma, feelings of loss, separation, or guilt. The South London and Maudsley (SLaM) trauma, anxiety and depression (TAD) guidelines for Asylum-Seeking children state

that UASC need at least three months planning for transition to adult mental health care. This cohort of young people need dedicated attention to ensure successful post-18 intervention.

4.6.7 Lesbian, Gay, Bisexual, Transgender, Questioning, and Other Sexual Identities (LGBTQ+)

Regional data from the Annual Population Survey suggests that around 3.5% of people in London are Lesbian, Gay, Bisexual, Transgender, Questioning, or have another sexual identity (LGBTQ+). Recent health estimates also suggest that Lambeth has the highest LGBTQ+ population in the UK, with an estimated 5.5% of the borough identifying as either gay, lesbian, or bisexual, according to Office of National Statistics data between 2013-15. There is limited information regarding the number of young LGBTQ+ people in the borough, although we could extrapolate estimates based on the 5.5% identification rate, totalling approximately 5,000 LGBTQ+ young people.

Children and young people identifying as LGBTQ+, growing up in households with LGBTQ+ parents, or who are even perceived to be LGBTQ+, are subject to many forms of discrimination in most countries around the world. Additionally, the sexual rights of children and youth are often not addressed, which can lead to further discrimination of children. Evidence suggests LGBTQ+ children and youth are more likely to be bullied, harassed, isolated, or subjected to violence. In many communities they are outcast and prevented from participating in most aspects of society. LGBTQ+ children and youth are more likely to commit suicide and self-harm than their heterosexual peers[98]; Black LGBT+ young people are three times more likely to contemplate suicide[99].

The pandemic has created additional challenges for LGBTQ+ young people who have reported being twice as likely to be lonely and worry daily about their mental health.[99] This may be due to having to hide their identity from family members over series of national lockdowns in the past year, to having to live in challenging or fraught environments with little access to support networks or safe spaces.

Emerging research has also highlighted significant differences across the LGBT+ young people population, with Black LGBT+ young people, disabled LGBT+ young people, and LGBT+ young people who are eligible for free school meals most likely to have negative outcomes:[99]

- Black LGBT+ young people are more likely to experience depression (61%), anxiety disorders (58%), and panic attacks (42%) compared to white LGBT+ young people (48%, 52%, and 39%, respectively.
- 65% of disabled LGBT+ young people worry daily for their mental health
- More than 1 in 3 LGBT+ pupils eligible for free school meals report experiencing daily tension in the place they are living, since the pandemic began

Local and national research and needs assessments of LGBTQ+ communities have also repeatedly demonstrated higher levels of risky behaviours, such as smoking and drug and alcohol use. LGBTQ+ people are less likely to engage with health interventions and screening programmes, and gender-specific screening can present particular challenges for trans and non-gendered individuals. LGBTQ+ communities therefore have higher levels of need for intervention and targeted support related to these indicators.[99]

Inclusive education is the most effective way to prevent the discrimination of LGBTQ+ children and families. Freedom of thought, opinion, and expression is threatened when a child is not taught about LGBTQ+ issues and rights, and when an LGBTQ+ child is not able to express their identity. Educating children in an open, informed manner, no matter their sexual orientation, on the variety of gender identities and orientations, leads to acceptance and prevents discrimination. This should also include tackling homophobic bullying, celebrating LGBT+ events and days, championing the voices of LGBT+ pupils, and building a school culture that celebrates diversity. This is borne out in research demonstrating that in schools with positive messaging about being LGBT+, all pupils wellbeing and safety is notably improved – regardless of whether they are LGBT+ or not. In addition, LGBT+ pupils who receive positive messaging are less likely to report being suicidal.[99]

4.6.8 Disabled Children and Young People

Children with special educational needs and disabilities are a vulnerable cohort who are particularly at risk of stigma and discrimination, and are often segregated. They can face multiple rights violations from a lack of early detection or diagnosis, to exclusion from education and participation in their communities, or an increased risk of exploitation. This impact is exacerbated when they belong to another disadvantaged group, such as living in poverty or having refugee status with their race and culture also contributing to their vulnerability. The Lambeth Children and Young People's Disability JSNA (2016/17) reported just under 7,000 disabled young people aged 0-25 years. In terms of type of disability, among 0-25 year olds the majority are diagnosed with a learning difficulty. Hyperkinetic disorders (e.g. ADHD) and neurological diseases rank second.

There is evidence demonstrating that for Black people the intersection of their race with a long-term condition(s) or disability further exacerbates their experiences of discrimination. A report commissioned by Black Thrive Lambeth reviewed employment support for Black people with long-term conditions, highlighting that interventions must acknowledge the intersecting nature of inequalities related to race and disability and health.[100]

Culturally appropriate outreach services to families with young disabled children are needed to identify and respond to disabilities at an early age, giving children a chance to reach their potential. Home-visiting and parenting programmes spanning health, nutrition, and early childhood development that give families support and enable them to connect with other families with disabled children would be of benefit.

4.6.9 Women and Girls

The culture of misogyny (a dislike for, contempt of, or belief in, the inferiority of women) and sexist stereotyping on children and young people – both female and male – can be significant in hindering personal and social development. Whether used knowingly or as a means of fitting in, the attitude it promotes among the

perpetrators and the impact it has on the targets can be both long lasting and serious. This can take the form of overt sexual bullying, assault, to casual sexist comments which some seek to trivialise as humour, and can be demonstrated verbally, non-verbally, and physically. The threat this form of bullying poses to victims' health and wellbeing and on their educational outcomes is undeniable. This needs attention given women and girls make up just under 50% of Lambeth's overall population.

Although there has been much progress in society's journey towards gender equality, there remains significant ground to cover. There is a need to look at the prevalence of such attitudes within our schools, colleges, and early years settings as misogyny begins to take root in the early years of a child's development – much of which is influenced by the home environment. Such attitudes if unchallenged at home or at school/college and beyond can become firmly embedded. There subsequently needs to be regular and open discussion with children and young people on issues related to gender equality (e.g. use of language which is derogatory to women), peer to peer anti-sexism education, and tackling of gender issues as they relate to body image, size, self-esteem, and confidence.

4.6.10 Stigma associated with Mental Health

The experiences of mental health are characterised and impacted by social and self-stigma. Stigma is a barrier to improving care for people with mental health problems and is linked to limited life chances across a number of areas, including social isolation, low self-esteem, and delayed help-seeking. Stigma can silence people and prevent them from seeking and receiving support, undermining their sense of self (such as self-esteem and confidence), and limiting the horizons of their expectations for health, education, employment, and relationships. Identified approaches to addressing mental health stigma include ensuring targeted messages for different audiences and using social contact to change perceptions and recollections about mental health; combining social contact and education.

Any future work around mental health and wellbeing needs to be reflective and understand the different forms of oppression that exist for different ethnic groups. Culturally sensitive models must be developed with Black and multi-ethnic communities representatives to ensure practitioners and professionals working with and supporting children and families are able to identify and examine their own racial biases to increase their overall awareness of how their beliefs might impact their work with different racial and ethnic groups. These models should focus on strengths, valuing the attributes, resources, and assets of families whilst keeping a focus on the rights of the child.[96] This approach is consistent with and reflects Lambeth's ambition to become a UNICEF Child Friendly Community which supports areas to realise the rights of children and ensures their voices, needs and priorities are heard and reflected in programmes and decisions.

5. The Impact of COVID-19

The COVID-19 pandemic and associated interventions, such as social distancing and stay at home guidance including blended learning (i.e. children learning at home with key worker and vulnerable students learning at school), may have had an adverse effect on the mental health and wellbeing of some children and young people.[104] Some have been adversely affected by traumatic experiences including social isolation, a loss of routine, uncertainty about their futures, or a breakdown in formal and informal support structures.[103a] Bereavement in particular, has been an increasing issue with findings from Lambeth's school nurse survey indicating more young people were making contact with school nurses to raise the impact of a recent death on themselves and others. However, there is also increasing evidence that many children are coping well overall and some have reported benefits for their mental health. Those who are connected to strong and diverse social networks had much better access to relationships and resources that supported them during the COVID-19 pandemic.[101]

One of the most significant public health measures implemented during the COVID-19 pandemic has been the extended periods of 'lockdown', and associated

school closures.[102] These have had a direct impact on mental health and wellbeing, with increased levels of distress, worry, and anxiety, which may be due to increased feelings of loneliness and worries about school, family members, and the future.[103b]

Engagement with the curriculum has been disrupted for most children and young people, particularly those without sufficient digital access, physical space, and other resources to support their learning. In recognition of the IT and wifi poverty that exists across the borough, Lambeth Council delivered roughly 5,000 laptops and IT equipment to schools across the borough to boost online access amongst vulnerable children. This was part of an initiative launched by the Department of Education to ensure children and young people were able to continue their learning over periods of lockdown. Despite these efforts, there remain many families who lack essential access to technology; a key source for education, advice, and support.

Returning to school was a cause of worry and anxiety among pupils.[104] A nationwide survey among children and young people who had a history of mental health needs and had looked for some form of mental health support previously, showed an increase from 58% to 69% in those reporting poor mental health before, and after, returning to school.[105] Furthermore, 61% said that returning to school had a negative effect on their mental health, and only 27% reported a positive effect. Respondents highlighted seeing friends, seeing teachers, and returning to a routine as being positive for their mental health; negative factors included renewed academic pressure, concerns about the virus, social distancing measures, and reduced mental health support. Almost a quarter of respondents (23%) said that there was less mental health support in their school than before the pandemic, while only 9% agreed that there was more mental health support; 60% reported there was a school counsellor available to support students in their school. Some children mentioned they felt anxious about restarting school due to being around a lot of people for the first time in months, not feeling safe at school, or being worried about travelling by public transport - either because of concerns about their own health or fears of passing the virus on to others. Bullying and problems with relationships with friends were also common reasons for pupils to be unhappy about returning to school. In

addition, the lockdown and return to school may have exacerbated pre-existing mental health conditions and negative coping mechanisms, such as self-harm and eating disorders.

In Lambeth, a survey conducted in September 2020 among primary and secondary school pupils reported respondents were feeling bored, lonely, worried, and confused, especially in the beginning of the lockdown.[82] At the end of summer, more of them were feeling relieved, hopeful, grateful and happy, perhaps due to the waning of the pandemic and easing of restrictions.

It is clear that the education sector at primary and secondary levels can make substantial contributions to addressing mental health need by providing greater access to culturally appropriate mental health supports, such as mental health trained school nurses, psychological therapies, and peer support programmes, as well as access to materials and relational resources associated with mental health and wellbeing (e.g. physically and psychologically safe spaces). With appropriate support and education, teachers and school staff can also play important roles in helping identify potential mental health or environmental need of their pupils. There would also be value in supporting schools to develop children's life skills, such as problem solving and building self-esteem and resilience to peer and media pressure.

Fully determining the impact of the pandemic on the mental health and wellbeing of our young is difficult as evidence is still being compiled and is limited in terms of scope and comparative data. Emerging evidence suggests that some young people may have been disproportionately affected by the pandemic, such as those from minority ethnic backgrounds, those with pre-existing mental illnesses or special educational needs and disabilities, children in care, or those living in economically disadvantaged families or areas. [106] These children and young people may have had less access to technology to communicate with friends and have been more likely to have lost their routine, sleep, and support networks. Disruption of those protective factors may then have exacerbated socioeconomic inequalities in wellbeing.[104]

Loneliness has been a particular challenge for children and young people, with some less able to cope with not being able to physically see their friends than with other aspects of life during the pandemic. Experiences of loneliness appear to increase with age and young people themselves associate feelings of loneliness with feeling anxious and having lower satisfaction with life. Although some young people can keep in touch with friends to some extent (e.g. through social media), those in low-income families struggle the most, as they lack access to devices to communicate with friends. Besides loneliness, depressive symptoms have increased substantially for primary aged children (7 to 11 years old),[107a] relative to before lockdown. Among those aged 13 to 25, high levels of anxiety seem more common than depression.[107b] Analysis of mental health measures collected prior to and during the COVID-19 lockdown by the UK Household Longitudinal Study showed that the mental health of young people aged 16 to 25 deteriorated more than any other adult age group.[108/109]

A qualitative, in-depth study conducted with seven young people (16 to 21 years-old) in Lambeth in late 2020 indicated that young people's mental and emotional wellbeing has fluctuated during the pandemic.[101] Some young people felt "trapped at home" navigating formal and informal caring responsibilities, with not much time or space for themselves, especially in overcrowded households. Some also felt unheard or left behind, without adequate resources or guidance to learn and connect, particularly during the initial school closure. The Black Lives Matter protests in the Spring of 2020 affected a large proportion of Black young people in Lambeth, as it brought to light lived experiences of racism. Taken together, those findings demonstrate that the COVID-19 pandemic has more likely than not, caused harm to mental health and wellbeing and exacerbated pre-existing inequalities, particularly those related to socioeconomic and ethnic factors. There is thus, an increased need for enhanced mental health support to avoid the potential consequences of poor mental health in the future.

6. Current services

Many different organisations have responsibility for commissioning, delivering, and overseeing services that support children and young people's mental health – from local authorities, schools and health services, to voluntary and community organisations. These services include specialist child and adolescent mental health community services (i.e. CAMHS) and inpatient wards, counselling provided through schools or GP practices, youth services that foster good mental health, and health visitors and school nurses.

In 2017, the Care Quality Commission (CQC) reviewed the quality and accessibility of mental health services across the system for children and young people. It found that the system as a whole is complex and fragmented. That mental health is funded, commissioned, and provided by many different organisations that do not always work together in a joined-up way, and that as a result, many children have a poor experience of care and some are unable to access timely and appropriate support.[110]

The CQC is currently undertaking provider collaboration reviews to look at how health and social care providers are working together in local areas, across all Integrated Care systems. They aim to help providers learn from each other's experience of responding to the pandemic, support them to work together more effectively, and improve people's experience and outcomes. The final phase of the provider collaboration reviews will look at children's and young people's mental health services during the pandemic. This report will reflect work and findings from the Patient and Carer Race Equality Framework.

The current mental health and emotional wellbeing offer for children and young people in Lambeth is extensive; it may no longer be entirely fit for purpose given recent changes in landscape and levels of mental and emotional wellbeing need. Current services can be explained in tiered provision:

- Tier 1: Universal services, which can be accessed by everyone, including early intervention and prevention services, provided through schools and children's centres, health visitors, and primary care;
- Tier 2: Targeted services aimed at those with a higher level of need, over and above what is available to them through the universal service offer, including early help and emotional support services, such as counselling or mentoring in schools, education psychologist support, and family support.
- Tier 3: Specialist services for those with complex to severe mental health needs who require specialist assessment and treatment
- Tier 4: Acute services for those who are in crisis and need urgent, emergency mental health support

As highlighted in the Care Quality Commission service review, good care is characterised by collaboration with services and between different organisations, which may be an area for further local development.[110] The providers and the characteristics of their services are described in detail in this section. All data in this section was obtained from routine commissioning reports and direct contact with providers when further clarification or data were required.

Table 16 summarises the mental health and wellbeing services available to children and young people in Lambeth and Appendix A to this report outlines more detail and statistical information about each of these services.

Table 46: Summary of mental health and wellbeing services available to children and young people in Lambeth

Universal Wellbeing Services	**Targeted Emotional Health and Wellbeing Services**	**Specialist Mental Health Services**
The Lambeth Early Action Partnership (LEAP) is a ten-year programme, delivered in Stockwell, Coldharbour, Vassal, and Tulse Hill, that aims to support the social and emotional development of babies and children, as well as parents' wellbeing. Although only available in four wards, it is open to anyone from those wards.	Targeted community health services delivered by Evelina London, including community paediatrics and therapies, which provide early intervention and ongoing support by identifying and supporting developmental conditions or disabilities, including ASD and ADHD, and providing community therapy such as speech and language	Lambeth Community CAMHS service is made up of the following teams which together meet mental health and wellbeing needs of children and young people: ● Spring (Early Intervention) Service offer short term interventions for those with low-risk mental health and behavioural difficulties (e.g. CBT) ● River (Community Adolescence) Service provides assessment, treatment, and care for children and young people experiencing moderate to severe mental health and learning difficulties ● Neurodevelopmental Service for children and young people with a significant learning disability and/or complex neurodevelopmental disorders ● Rapids (Crisis/Enhanced Treatment) Service who deliver mental health outreach support for those at significant risk or presenting at A&E (or recently discharged) ● Children Looked After Mental Health Service (CLAMHS) provides assessment, care, and intervention to children that are looked after and support to foster carers
The Empowering Parents, Empowering Communities (EPEC) programme delivered by SLaM trains local parents to run parents' groups for parents who experience difficulties with their children	Lambeth's Educational Psychology Service delivers emotional wellbeing support including direct interventions such as CBT	
An Emotional Wellbeing/PSHE Coordinator who ensures schools in Lambeth have a consistent and informed approach to mental health	Parent and Infant Relationship Service (PAIRS) provided by SLaM is an early intervention programme focused on attachment and emotional understanding between parents and their children, aged under 6 months	
Evelina London School Nursing Service provide a health service to children and young people in and out of schools, including carrying out holistic health assessments, providing advice, making referrals, and signposting to services. SLaM have previously upskilled School Nurses to enable them to deliver brief interventions to children with low level emotional health and wellbeing needs.	Kooth supports young people aged 10 – 25 years with free, anonymous online counselling sessions with a qualified practitioner. There are no referrals or waiting list to use this service and it is open 7 days per week. Kooth is linked to CAMHS for wrap around support, onward referral, or crisis escalation if needed, and is commissioned across the whole of South East London	

Chat Health – free text messaging service operated by school nurses for children and young people to access and ask for advice on physical and emotional health needs	Lambeth's Early Help Service works with children up to the age of 19 (or 25 where the child or young person has a SEND) and families, ensuring they can access additional support (e.g., substance misuse, mental health services) as early as possible.	• Youth Offending Service (YOS) CAMHS works with young people known to YOS who have mental health difficulties, offering range therapeutic interventions • AIM project is part of YOS CAMHS and provides assessment and intervention for young people who are perpetuators of sexually harmful behaviour and families and professionals
Parentline – free text messaging service operated by school nurses for parents/carers to access and ask for advice on issues relating to their children	Refuge provides a support service for young people affected by domestic abuse and sexual exploitation at the Gaia Centre.	
Evelina London community health services for children and young people, including health visiting, healthy eating advice, and maternity services	The Young Carers Hub provides emotional and practical support for young carers (including 1-1 support), creative arts and activities, mentoring, advice, and wellbeing calls	
Lambeth's Youth and Play Team currently fund year-round services from a number of organisations of which 19 focus on improved mental health and wellbeing	Oasis UK provides local support in times of vulnerability by providing weekly youth groups to bespoke mentoring services for young people at risk of violence and abuse.	OASIS is delivered by SLaM for young people aged 14 – 25 years old, providing support in the form of talking therapies, medical consultation, and practical advice for young people who are struggling with experiences like hearing voices or feeling paranoid
	Lambeth Social Workers in Schools/Child Wellbeing Practitioners – a team of social workers and a team of mental health practitioners who work in 12 primary and secondary schools to reduce the need for social work intervention and improve wellbeing	
	Lambeth Cruse deliver a bereavement service for children and young people and their families affected, and struggling with the loss and grief	
	SLaM and the Lambeth YOS manage a Liaison and Diversion post who undertakes mental health	

	assessments for young people who come into custody and refers onwards or signposts to community services as needed	
	Mosaic LGBTQ+ deliver support, advocacy, and awareness sessions to young people who identify as LGBTQ+	
	Safer London delivers an emotional support and advocacy service for children and young people who have been sexually abused.	
	St. Giles Trust work with vulnerable young people in Lambeth who are involved with or at risk of criminal exploitation and gang involvement, seeking to take a 'whole family' approach.	
	Well Centre brings together primary care and wellbeing, offering holistic assessments spanning physical and emotional health	
	Centrepoint provide therapeutic support and counselling for young people aged 16 – 25 years, with a particular focus on those that are homeless or Looked After	
	Mosaic Clubhouse supports people living with a mental health condition by providing volunteering opportunities, access to education and employment, and crisis support and information for people 16 years and over.	

7 Conclusions and Recommendations

Children and young people in Lambeth experience a variety of risk and protective factors for mental health and wellbeing which include social and economic, environmental and individual factors. This JSNA has highlighted important protective and risk factors that influence mental health and wellbeing across the life course and at particular critical transition points, when they may be more vulnerable and need enhanced support. An approach involving multiple stakeholders is required to protect and improve mental health and wellbeing. This should span mental health providers, schools, voluntary and community sector organisations, maternal health services, primary care, and council departments (e.g. education, planning, enforcement).

In addition, the sociodemographic characteristics of children and young people in Lambeth need to be acknowledged by mental health service providers and considered when making recommendations to improve mental health and wellbeing. Children in Lambeth are diverse and come from a wide range of ethnic and cultural backgrounds, with a high proportion of Black and multi-ethnic groups. Research has emphasised the importance of a diverse workforce that is representative of the local population and the communities they serve; this approach can facilitate development of trusting relationships with service users and bring different perspectives to discussions. This is an ongoing priority for Lambeth CAMHS who recognise the need for greater workforce diversity.

There is substantial deprivation in certain areas of Lambeth. This is worth highlighting as ethnic discrimination and deprivation often overlap, meaning our children may experience multiple negative effects on their mental health and wellbeing. The largest group of children and young people is that of older adolescents and young adults (aged 16 to 25 years). This emphasises the need to consider mental health and wellbeing in the transition to adulthood, which is an especially vulnerable period for poor mental health. It is also important to bear in mind that the transition to adulthood is variable in terms of age and duration. Evidence suggests that this age group has been the most severely affected by COVID-19 in terms of poor mental health and wellbeing.[108] Taken together, these

facts call for enhanced targeted actions to improve the mental health and wellbeing of young people in transition to adulthood.

The impact of COVID-19 on mental health and wellbeing cannot be overlooked. The consequences are evident not only through the increase in need for support but also on the changes to service delivery. Positively, many children retained some access to support for their mental health during the pandemic, as service providers moved to remote delivery using digital platforms. For others, lack of access or disruption to support during the pandemic was associated with worse mental health and wellbeing for those with pre-existing needs. The pandemic revealed the potential for digital platforms to enable extending the reach and scope of mental health services, with the provisio that inequalities in access to technology are addressed. The full implications of the COVID-19 pandemic on services and on mental health and wellbeing are yet to be fully understood. Nonetheless, services need to remain flexible and have capacity to step up support to accommodate an expected surge in demand as we recover from the pandemic.

Our mental health and wellbeing services, including black-led and community groups across the voluntary and community sector, are critical partners in helping us to address these emerging needs and improve outcomes for children and young people. Our host of providers assess and treat young people with emotional, behavioural, or mental health difficulties as well as playing a key role in promoting emotional wellbeing, building resilience, and providing effective support. People who work with our children and young people do not always have the skills or capacity to identify mental health problems. They may not be able to help children and young people access the right support at the right time.[110] Further areas for future attention include:

- More targeted action required to reach those communities with poorest outcomes (e.g. Black and multi-ethnic communities, young people who identify as LGBTQ+, young carers, and children that are looked after and care leavers)

- Improved awareness and knowledge of the issues highlighted in this JSNA to ensure service models are framed around identified local need
- Reduced reliance on specialist mental health services by improving signposting to alternative services and increasing universal and targeted service mental health capability to identify and tackle emerging mental health needs
- Enhanced collaboration and cross-sector working across all services, ensuring providers work in tandem towards common goals and needs

Altogether, the evidence presented in this JSNA shows that - although there remains an urgent need to significantly improve access, experience, and outcomes of support and treatment – this alone is insufficient. We must shift the focus towards maximising young people's resilience and minimising the risks to their mental health. What is required is a whole system prioritisation of prevention and early action in childhood and adolescence, broadening the focus beyond those who are involved in providing treatment and support.[21]

The following recommendations adopt a whole system approach and are based on our assessment of local need and the best evidence available, acknowledging that some may be more aspirational than achievable in the short-term. We believe that the ultimate aim should be to ensure that each and every child in Lambeth is enabled to achieve the best possible mental health and wellbeing as this will have co-benefits for the entire society in terms of improving quality of life and reducing the health and economic burden of physical and mental illness for current and future generations.

7.1 Recommendations based on a Life Course Approach

Recommendations

Determinants of Mental Health	
Economic and Social Environment	Consult on a new Council Tax Relief scheme that lifts a further 7,000 families out of paying any council tax

	Contribute to delivery of Lambeth's Economic Resilience Strategy 2020 and Skills and Employment Strategy 2020, supporting creation of an inclusive and resilient economy that creates opportunities for local people
	Ensure excellent employment, education, training, social security and other financial advice
	Support the Living Wage with all organisations involved in providing support encouraged to gain Living Wage Trust accreditation
	Using social value procurement, flexible roles, training and widening participation initiatives to employ, train and procure locally with a special emphasis on parents, Children Looked After, Care Leavers racialised, disabled and other vulnerable people
	Support our residents into employment pathways, with a particular focus on our Black, young, and disabled residents
Perinatal Environment	Widen access and reinforce the importance of good perinatal care to promote good diet, physical activity, no smoking or alcohol among parents
	Facilitate access to specialist perinatal mental health care for women who need ongoing support up to 24 months after birth, including mental health checks for partners and peer to peer support
	Improve understanding of adolescent mothers vulnerability to poor mental health, linking with PCREF consultation
	Enhance provision of perinatal care provided to Black women to address disparities in care
Healthy Living	Promote healthy living in children and young people and families in school and community settings, with a focus on increasing physical activity and improving nutrition
	Support efforts to reduce and prevent food poverty through Lambeth Food Poverty and Insecurity Action Plan (2021 – 2024)
	Promote importance of good sleep for children and young people to ensure physical and mental development
Home and Family Environment	Help tackle worklessness by increasing number of employment and enterprise opportunities and support for Lambeth families and maximising access to welfare benefits
	Support delivery of the Lambeth Child Poverty Strategy (under development) to improve health and wellbeing and positively impact children's life chances

	Increase offer of health and wellbeing support available to Lambeth children in need
	Strengthen health and wellbeing support available to Lambeth's young carers
	Widen local parenting skills training and support programmes to have a whole-family focus, enabling parents to increase knowledge of child development and improve relationships and confidence
Learning Environment	Pilot targeted inclusive education programmes focusing on specific groups in the community, including: ● Understanding cultural competence and pro-actively pinpointing and addressing racism, discrimination, and disadvantage in schools ● Tackling bullying and discrimination of LGBTQ+ young people and their families, focusing on issues and rights, freedom of sexual and gender identity and expression, celebrating and championing diversity, and acceptance ● Gender equality, peer-to-peer anti-sexism education, and gender issues that relate to body image and self-esteem
	Support ongoing implementation of trauma informed practices across Lambeth schools and community providers
	Support and expand mental health capacity and capability in Lambeth schools, including supporting school staff to identify, contextualise, and respond to behaviour and need
	Review support services available to better support children and young people with neurodevelopmental conditions
	Support development of social, emotional, and behavioural competencies (e.g. emotional identification, conflict resolution, empathy) at a universal level, for implementation in schools
	Continue to prioritise bullying prevention intervention programmes that prevent and tackle bullying in schools
	Reduce number of young people not in employment, education, or training by removing any barriers to accessing or going back to education/meaningful employment
Online Environment	Promote online safety and digital literacy to children and young people and families
	Explore application of digital/online tools and interventions as means of improving emotional health and wellbeing

	Ensure equality of access to adequate IT equipment and the internet to reduce digital divide and facilitate inclusion
Community and Wider Environment	Support delivery of the Lambeth Made Safer Strategy (2020 – 2030) to continue reducing crime and violence in community
	Support Youth Justice programme to encourage medical assessments of young people that are detained to ensure undiagnosed learning disabilities are addressed
	Accelerate work to map the Health and Justice pathway in Lambeth to identify gaps in local provision and improve early intervention support
	Ensure availability of safe and secure spaces for young people to socialise and develop personal skills
	Establish networked peer support and mentoring programme for young people
	Support delivery of the Lambeth Made programme, with a particular focus on increasing availability of employment, education, and training opportunities for young people, linking with Jobs Fair
	Take an anti-racist approach given the disproportionality of our black residents in poverty, acute mental health settings and the criminal justice system
	Enhance mental health and wellbeing provision for LGBTQ+ young people, with a particular focus on suicide prevention
	Explore provision of outreach services to families with young disabled children to support them to identify and respond to disabilities at an early age
Physical Environment	Support access to better housing, and green, community, and play spaces
	Support sustainability agenda through promotion of public and active travel and reduction of car usage
	Support work to improve the energy efficiency of houses, public sector organisations, and businesses
	Support efforts to minimise waste and increase recycling
Mental Health and Wellbeing Services	
General Provision	Improve data collection systems for mental health and wellbeing across all tiers of service provision, particularly in relation to: ● Ethnicity and demographics ● Prevalence and incidence of mental health conditions (including demographic breakdowns) ● Outcomes of interventions

	Address racial disparities in service access, experience, and outcomes by applying the SLaM Patient and Carer Race Equality Framework findings and standards to all Lambeth providers to ensure consistency of approach, standards, and language
	Support capacity building of existing mental health service provision to ensure cultural competence models are well embedded in services
	Promote inclusion and diversity in the workforce by ensuring practitioners reflect the population they serve
	Reflect and embed learnings from the Provider Collaboration Review focusing on children and young people's mental health services
Universal Provision	Adopt a trauma-informed approach across all mental health and wellbeing services that enables professionals and practitioners to understand a child's context or environment
	Integrate anti-stigma interventions around mental health that acknowledge racial trauma, using social contact approaches within education such as role play, social stories, and social skill and cue development
	Increase mental health capability across our primary care and school nurse provision so practitioners feel more equipped to identify, assess, and treat low level mental health needs
Targeted Provision	Carry out detailed review and analysis of individual rejected CAMHS referrals to understand what services were accessed following rejection; helping determine unmet mental health need
	Review targeted mental health and emotional wellbeing offer with a focus on mobilising multi-agency early intervention efforts towards reviewing and addressing unmet health need
	Scope opportunities for more community-based, voluntary and community sector services that focus on reaching hard-to-reach communities including investment into organisations led by and representative of minoritized communities.
	Invest in preventive services and early intervention to stem the increase in need for high-tier services
Specialist (CAMHS) Provision	Strengthen inter-agency and multidisciplinary partnerships involving community, primary, and secondary healthcare, as well as voluntary organisations, council-led services and schools as part of Lambeth's Integrated Care System.

	Improve understanding of barriers to accessing mental health services to enable targeted work to overcome issues to take place
	Improve co-production with children and young people by collecting detailed feedback from users to tailor services to their needs and preferences, taking into consideration co-production principles set out by Black Thrive
	Create an online referral platform that links CAMHS with other children's wellbeing services to facilitate direct and cross-referrals
	Reduce waiting times and waiting lists, with a particular focus on those waiting for 39 weeks or more
	Improve signposting to complementary services for children and young people that do not meet CAMHS thresholds
	In partnership with Adults Services, develop a robust transition pathway that facilitates early handover of care or better prepares young people for independence and adulthood
	Develop a robust mental health and wellbeing service offer for children that are looked after who are placed out of area
	Establish a mental health and wellbeing service offer for Lambeth's care leavers (aged 18-25 years) in recognition of their protected status and level of need
	Establish an integrated parental mental health service between Adults and Children's Services aimed at supporting practitioners working with children, whose parents present with complex and challenging mental health needs
	Create a shared, streamlined Lambeth wide ADHD pathway between CAMHS and Evelina London that meets increasing demand
	Establish a specialist and integrated physical and mental health service and pathway to meet the needs of Lambeth's Unaccompanied Asylum-Seeking Children
	Promote Lambeth Cruse - local bereavement support service for children and young people - to primary and secondary care given impact from COVID-19

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