

# Bolton Children and Young People’s Mental Health and Emotional Health and Wellbeing Joint Strategic Needs Assessment 2021

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## 1. Introduction

A Joint Strategic Needs Assessment (JSNA) is designed to pull together national and local data on a topic area to provide a picture and analysis of needs that can then be used when developing strategy, planning and commissioning services. Although JSNAs are the responsibility of Public Health teams in local authorities, they examine the wider determinants of health and thus incorporate a range of data relating to the topic. This JSNA will focus on the mental health and emotional wellbeing of children and young people in Bolton (0-25s).

Mental health and emotional wellbeing can be difficult to define, and therefore can be hard to measure. This JSNA will take the approach of presenting quantitative data where available (for example for diagnosed disorders) as well as presenting qualitative data reflecting how children and young people feel about their own wellbeing, as well as what local services who work with children and young people have experienced. In this way, it aims to give as complete a picture of possible about the state of mental health and emotional wellbeing in Bolton, whilst recognising any gaps in knowledge.

## 2. Policy context

The following section outlines the national policy context around children and young people's emotional wellbeing and mental health.

The *NHS Long Term Plan (2019)*<sup>1</sup> committed to at least 345,000 more under 25s having access to support through either NHS-funded mental health services or school and college mental health support teams by 2023 to 2024. The plan promised investment in new mental health support teams across 20% to 25% of schools and colleges in England and to ensure universally available crisis care (24 hours per day, 7 days per week) by 2023 to 2024. The *NHS Mental Health Implementation Plan*

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<sup>1</sup> <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

2019/20 – 2023/24 (2019)<sup>2</sup> outlines a new framework to help achieve the mental health specific commitments from the *Long Term Plan*.

The Department for Education (DfE) have produced guidance for schools on relationships education, sex education and health education (2019)<sup>3</sup>, with specific aims around what should be covered in relation to mental wellbeing by the end of primary and secondary school. Schools are also a key part of the Healthy Child Programme (5 to 19) delivered by school nursing services, in which supporting resilience and wellbeing are specific high impact areas<sup>4</sup>.

*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 in 2017<sup>5</sup>. It proposed designated mental health leads in all schools, new mental health support teams working with children and young people experiencing mild to moderate mental health problems and trialling reduced waiting times for specialist mental health services.

These plans, guidance and proposals followed on from the *The Five Year Forward View for Mental Health* (2016), which emphasised that there should be parity of esteem between mental and physical health for all<sup>6</sup>. It stated that to achieve this, there should be a workforce ambition to train 3,400 existing staff members in evidence-based treatment and recruit a further 1,700 staff in mental health services for children and young people.

The policy developments also followed on from *Future in Mind* (2015), which emphasised resilience and the importance of prevention, early identification, coordinated support and the promotion of good mental health among children and young people<sup>7</sup>.

### 3. Methods

The JSNA will analyse available data on mental health and emotional wellbeing in children and young people. Analyses will look at the lowest level of data possible. Data which is available at the level of Bolton local authority will be compared against other areas as follows:

- The nine other Greater Manchester (GM) local authorities, because this is how the data is often compared for performance management reasons due to service organisation and because of close working relationships at the GM level. GM local authorities are coloured green on bar charts.
- The average of Bolton's Nearest Neighbours, as defined by the Chartered Institute of Public Finance and Accountancy (CIPFA). Nearest Neighbours are calculated based on a range of factors such as population distribution, population density, employment statistics, measures of deprivation and death rates. This allows for meaningful comparisons to be made with similar local authorities, and allows assessment of where Bolton is performing better or worse, with room for improvement indicated if the latter (e.g. if the average of similar areas are significantly better, it can be inferred that Bolton has realistic room for improvement).

<sup>2</sup> <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>

<sup>3</sup> <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

<sup>4</sup> <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/school-aged-years-high-impact-area-1-supporting-resilience-and-wellbeing#associated-tools-and-guidance>

<sup>5</sup> <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

<sup>6</sup> <https://www.england.nhs.uk/publication/the-five-year-forward-view-for-mental-health/>

<sup>7</sup> <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

Bolton's CIPFA Nearest Neighbours (as used by Public Health England in their Fingertips tool) are Derby, Tameside, Oldham, Rochdale, Bury, Wigan, Stockton-on-Tees, Telford and Wrekin, Kirklees, Walsall, Calderdale, Dudley, Stoke-on-Trent, Plymouth and Rotherham. The Nearest Neighbour average is coloured orange on bar charts.

- The England average, to show comparisons across the country as a whole. The England average is coloured yellow on bar charts.

Where important mental health and emotional wellbeing indicators are not available at a Bolton level, regional or national data may be used.

Where available, confidence intervals are included to see whether differences are significant or not.

Increasing understandings about brain development up to the age of 25, subsequent service developments around catering to this age group (aspirations in the Long Term Plan about services going up to 25 in the next five years) and awareness about the importance of transitions are the reasons why this JSNA goes up to the age of 25. Therefore, where possible, data up to the age of 25 will be used. However, much of the available data on mental health is not well disaggregated by age; many single indicators have age ranges from 18 up to 65 (or over) and these are not included because they are too broad to draw conclusions about young people. Equally, some services only currently go up to age 18 (unless a young person has special educational needs or a disability) and so service data often does not pick up on older young people's needs. We are aware of this gap and this forms one of the recommendations of this JSNA.

## 4. Contextual factors

Strong links have been proven between mental health and emotional wellbeing, and the environment and circumstances of people's lives. In particular, poverty and its consequences have major impacts on mental health and wellbeing. This section will look at a number of indicators relating to the contextual factors of children and young people's lives in Bolton.

### 4.1. Risk factors

#### 4.1.1. Child poverty

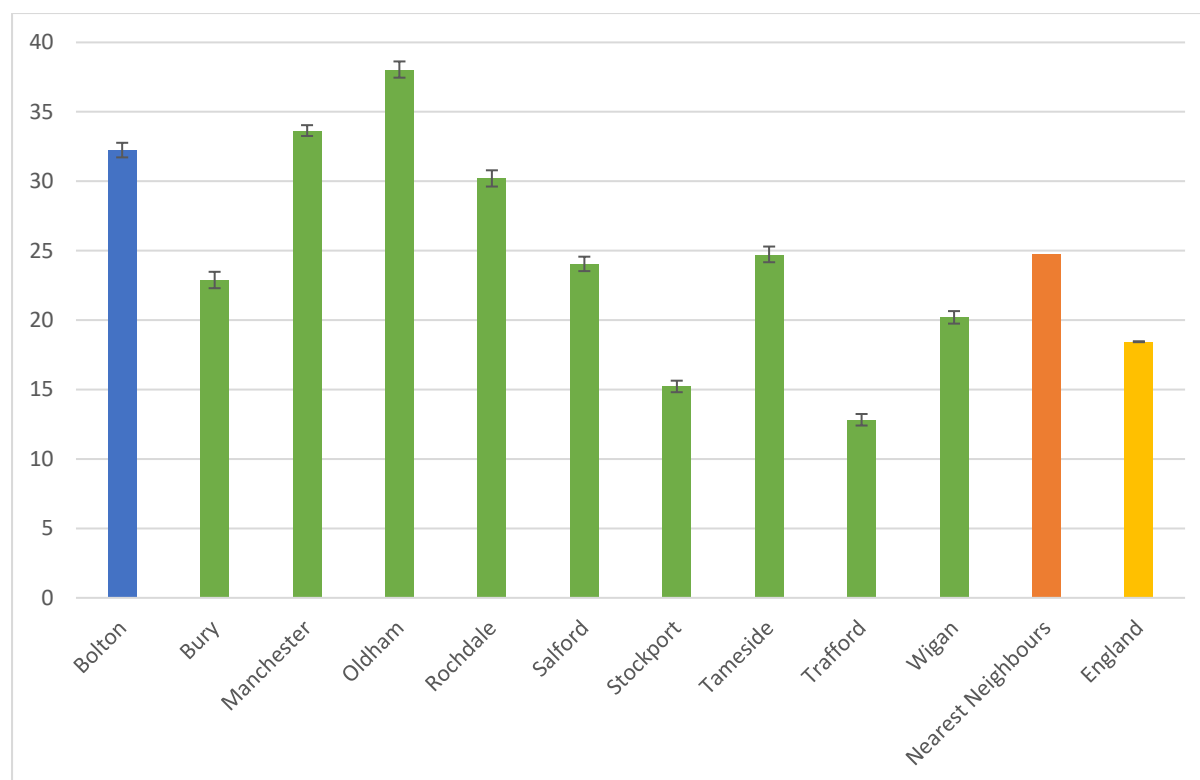
There are different measures of child poverty, most of which show that Bolton has higher levels than the national average. Figure 1 shows one of the most up to date child poverty figures, which is the percentage of under 16s living in relative low income families<sup>8</sup>. Relative low income means 60% or less than the UK median income; nearly 20,000 under 16s in Bolton live in relative low income families, which is almost one-third (32.2%) of this age group, and is the seventh highest figure in the whole country. This percentage is significantly higher than all GM boroughs apart from Manchester and Oldham. It is also significantly higher than an average from Bolton's 15 Nearest Neighbours (24.8%).

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[https://fingertips.phe.org.uk/search/low%20income#page/6/gid/1000041/pat/6/par/E12000002/ati/102/are/E08000001/iid/93700/age/169/sex/4/cid/4/tbm/1/page-options/car-ao-1\\_tre-ao-1\\_car-do-0](https://fingertips.phe.org.uk/search/low%20income#page/6/gid/1000041/pat/6/par/E12000002/ati/102/are/E08000001/iid/93700/age/169/sex/4/cid/4/tbm/1/page-options/car-ao-1_tre-ao-1_car-do-0)

Figure 1: Percentage of children (under 16) in relative low income families, 2018/19

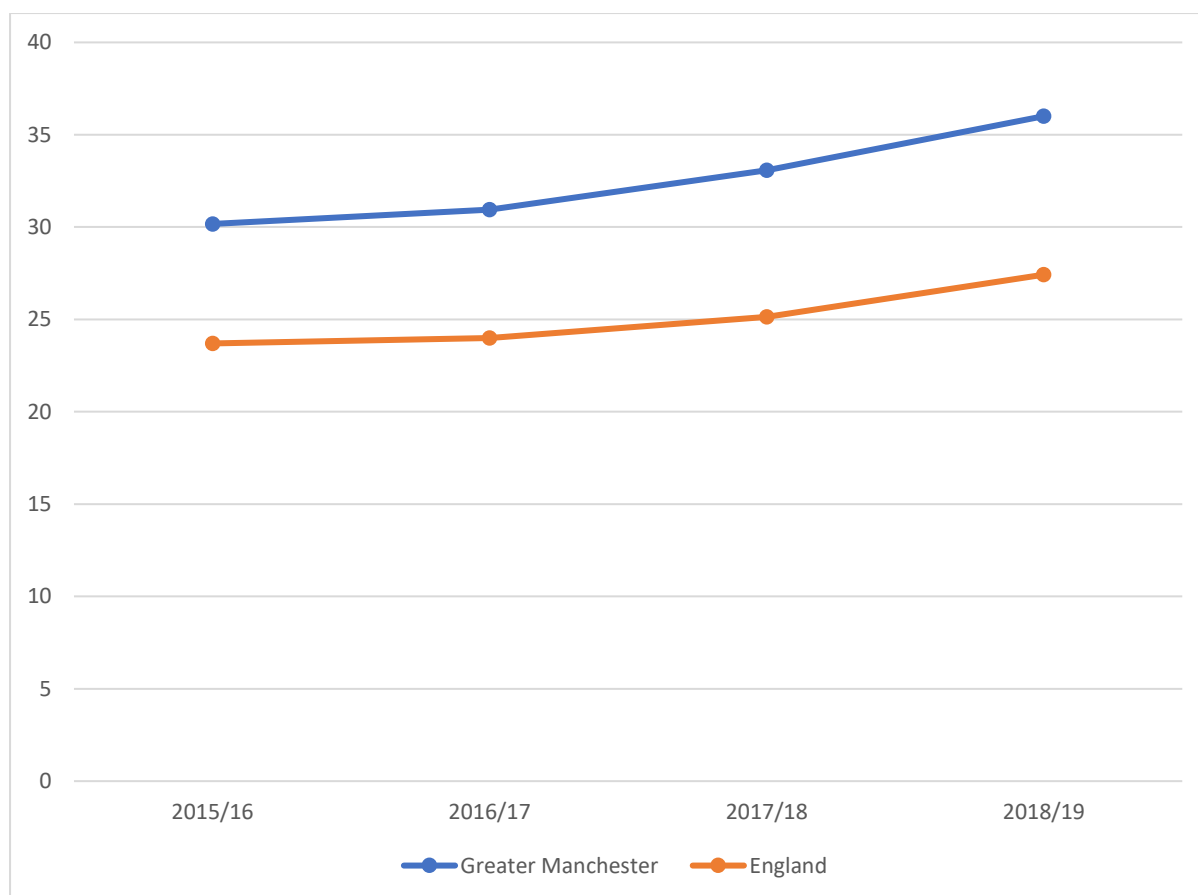


#### 4.1.2. Domestic abuse

Domestic abuse is a well known risk factor for mental health, both for parents and children in families. The domestic abuse data comes from the police area local authorities are located in; because of this, the rate is not specific to Bolton and is unable to be compared to areas other than the England average (because Bolton is within the GM policing patch and so the measure is for the whole area of GM). Therefore for this indicator, a time trend comparing England and GM is presented in Figure 2.

Domestic abuse incidents and crimes appear to be higher in GM compared with the national average, however confidence intervals are not available for the GM data so statistical significance cannot be stated. Each year since the indicator was first recorded (2015/16), there has been a statistically significant rise in incidents and crimes in England, standing at 27.4 per 1,000 in 2018/19. The trend appears to be similar for GM (although statistical significance cannot be ascertained), and the rate stands at 36.0 per 1,000 in 2018/19.

Figure 2: Domestic abuse incidents and crimes, crude rate per 1,000 (over 16), 2015/16 to 2018/19



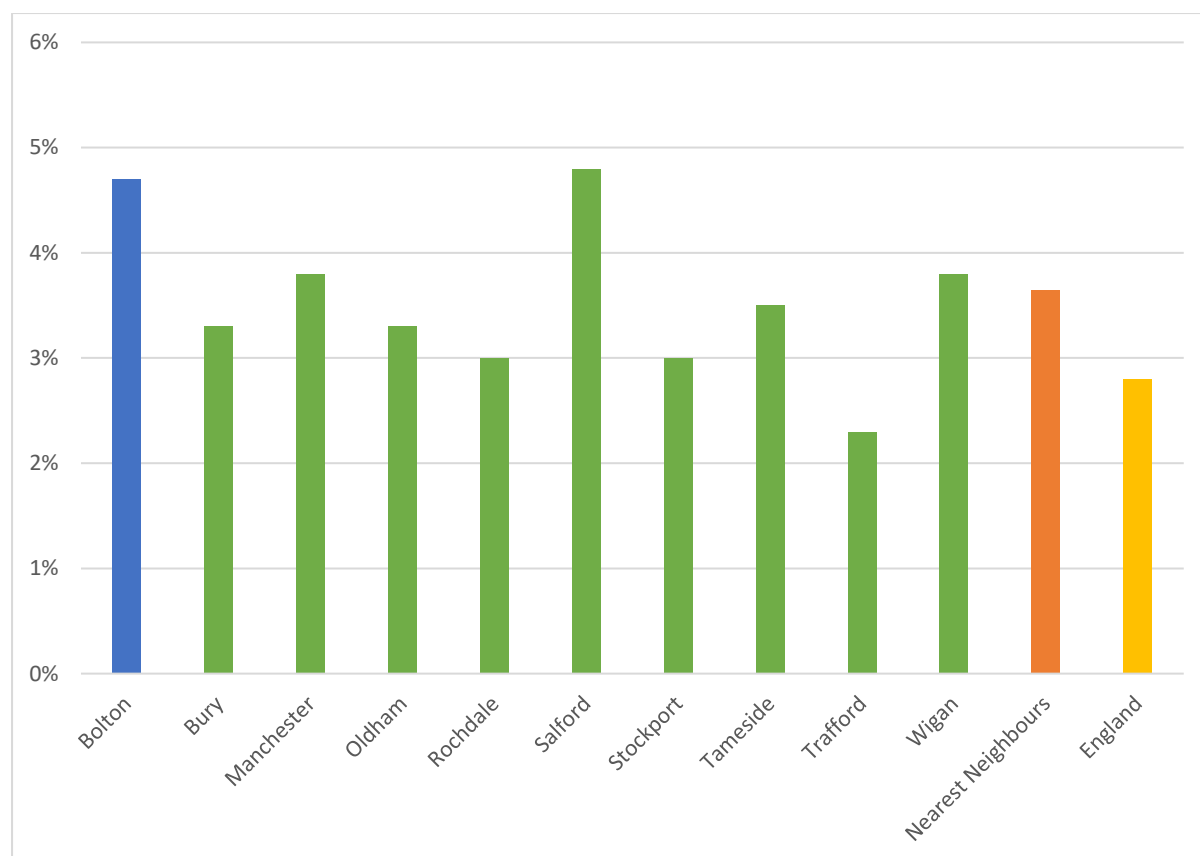
Fortalice is a specialist organisation supporting families affected by domestic abuse in Bolton. They worked with 261 children and young people across the course of 2020, providing 582 one to one sessions or interventions, 37 group sessions and a total of 789 services. The top presenting issues that they recorded in children and young people they worked with were anxiety, self-harm, depression, low self-esteem, aggression and behavioural issues.

#### 4.1.3. Not in employment, education and training (NEET)

Unemployment is a known risk factor for mental health difficulties. Figure 3 shows that the percentage of 16 to 17 year olds not in employment, education or training (NEET) in 2020/21 was 4.7% in Bolton. This figure does not include those recorded as destination 'not known'. The percentage of 16 to 17 year olds NEET in Bolton is higher than the England average (2.8%), the average of Bolton's 15 Nearest Neighbours (3.6%) and is also higher than all other GM boroughs apart from Salford. However, statistical significance cannot be calculated as confidence intervals have not been provided. The national statistics indicate that from the Bolton NEET cohort, there was a higher proportion of boys aged 17. However, local data over the recent months in 2021 are showing a decrease in NEET which is due to additional monitoring and targeted interventions.

Although Bolton has a higher proportion of NEET aged 16 to 17, Bolton does have a lower proportion of those with a 'not known' destination than other comparators. This has seen a further reduction over the last 12 months which is due to revised tracking practices and monitoring.

Figure 3: Percentage of 16 to 17 year olds not in employment, education or training (NEET), 2020/21

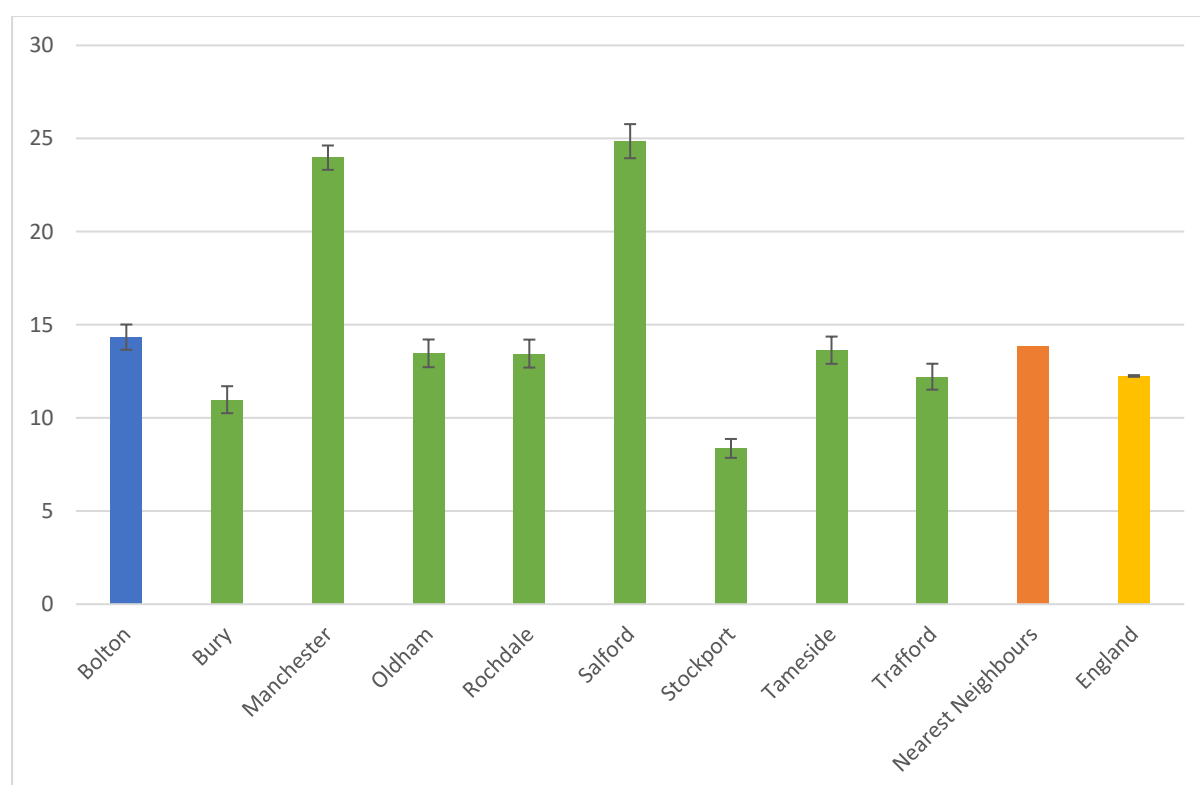


#### 4.1.4. Housing

Poor housing can lead to a range of health issues, including for people's mental health. The indicator showing the rate of households owed a duty under the Homelessness Reduction Act is a measure of housing need. Figure 4 shows data from 2019/20 which found that 14.3 per 1,000 of households in Bolton were owed a duty, which equates to 1,729 households, and is significantly higher than the England average (12.3 per 1,000). In comparison to GM boroughs, there is no significant difference between Bolton and Oldham, Rochdale and Tameside. Manchester and Salford have a significantly higher rate, and Bury, Stockport and Trafford have a significantly lower rate of households owed a duty under the Homelessness Reduction Act. Compared to an average from 14 of Bolton's Nearest Neighbours<sup>9</sup> (13.9 per 1,000), Bolton's proportion is not significantly different, suggesting that this is in line with expectations in Bolton based on the demographics and area.

<sup>9</sup> Data for Wigan unavailable.

Figure 4: Crude rate (per 1,000) of households owed a duty under the Homelessness Reduction Act, 2019/20



#### 4.1.5. Other adverse childhood experiences (ACEs)

An ACE prevalence study has been conducted in Bolton which will report imminently and provide borough-level data on ACEs.

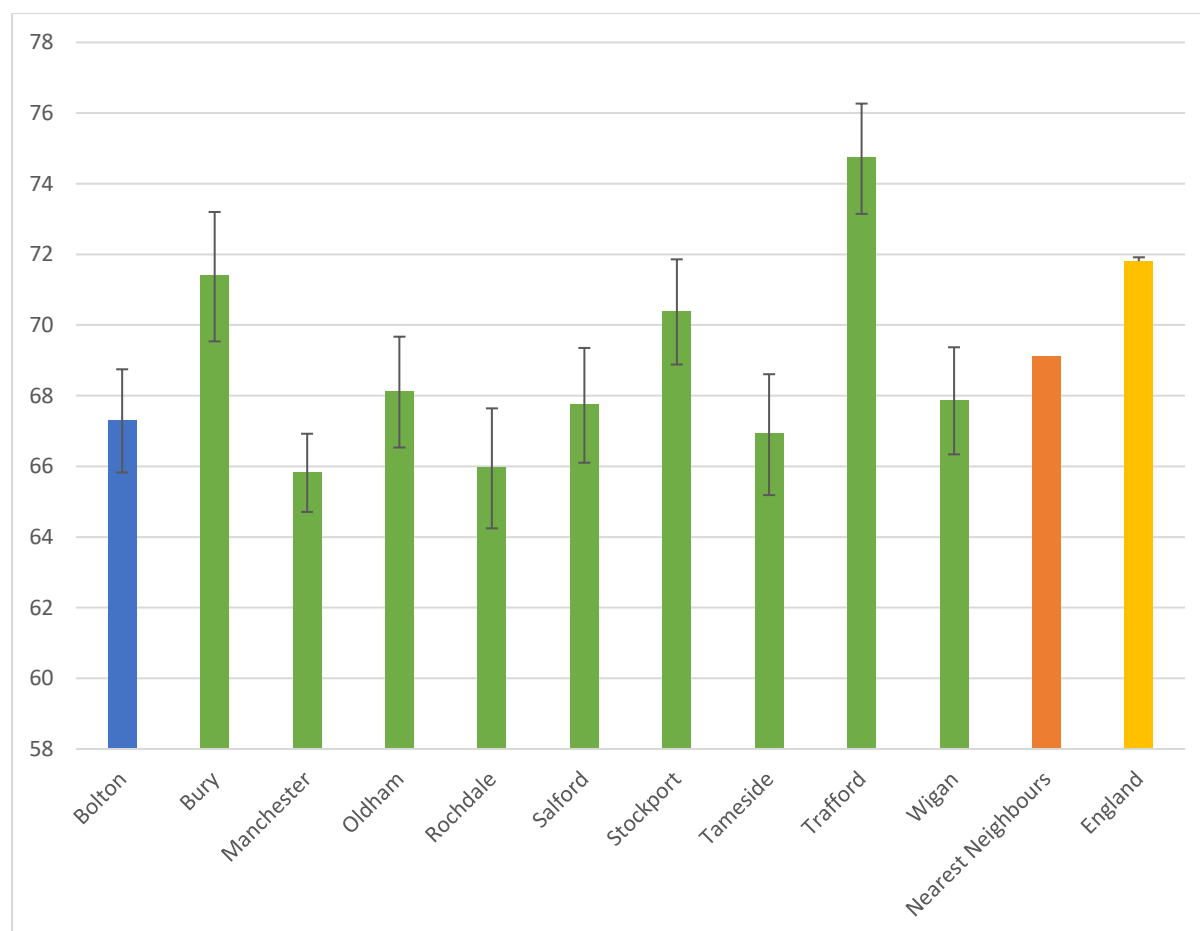
## 4.2. Protective factors

### 4.2.1. Development and education

The percentage of children achieving a good level of development at the end of Reception year is a measure of school readiness and subsequent life chances which have an effect on mental health. Figure 5 shows data from 2018/19 which found that 67.3% of children in Bolton reached a good level of development at the end of Reception year, which is significantly lower than the England average (71.8%). In comparison to GM boroughs, there is no significant difference between Bolton and Manchester, Oldham, Rochdale, Salford, Stockport, Tameside and Wigan. Bury and Trafford have a significantly higher percentage, and no GM boroughs have a significantly lower percentage achieving a good level of development. Compared to an average from Bolton's 15 Nearest Neighbours (69.1%), Bolton's percentage is lower suggesting room for improvement, but it is not possible to calculate whether this is a statistically significant difference.

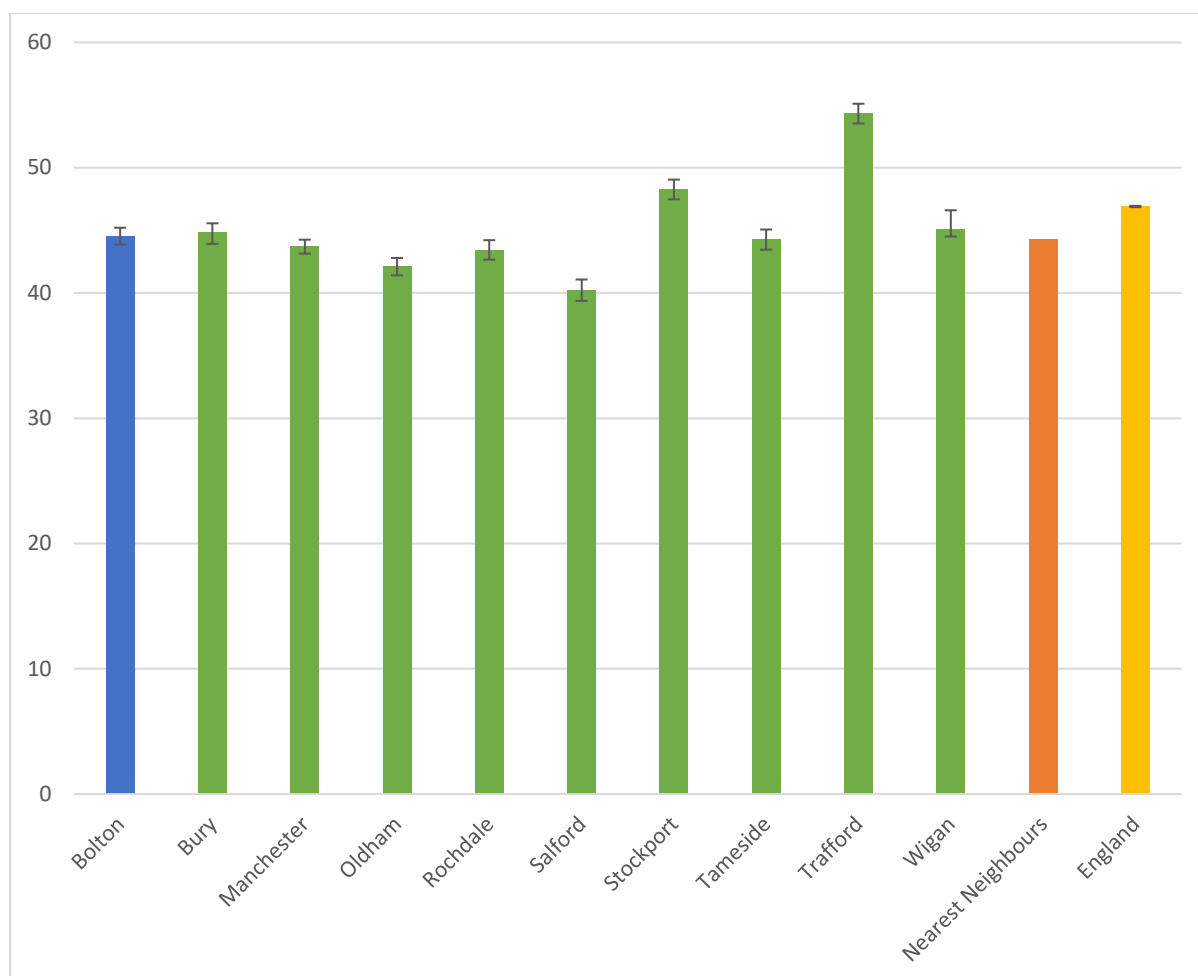


Figure 5: Percentage of children achieving a good level of development at the end of Reception, 2018/19



Attainment 8 score data is a measure of educational attainment at GCSE level. Figure 6 shows data from 2018/19, as the 2019/20 data was affected by exam cancellations due to COVID-19. Data from 2018/19 found that the average Attainment 8 score in Bolton was 44.5, which is significantly lower than the England average (46.9). In comparison to GM boroughs, there is no significant difference between Bolton and Bury, Manchester, Rochdale, Tameside and Wigan. Stockport and Trafford have a significantly higher average score, and Oldham and Salford have a significantly lower average score. Compared to an average from Bolton's 15 Nearest Neighbours (44.3), Bolton's average score is not significantly different, suggesting that this is in line with expectations in Bolton based on the demographics and area.

Figure 6: Average Attainment 8 score, 2018/19



## 5. Perinatal and early years mental health

### 5.1. Outcomes

The Bolton Children's Integrated Health and Wellbeing Service provide a range of services including antenatal support and support for 0 to 5s. In 2020/21 2,557 mothers were screened for perinatal mental health, of which 301 scored above the cut off on the Edinburgh Postnatal Depression Scale (a validated measure), suggesting 12% of mothers in Bolton have perinatal mental health concerns.

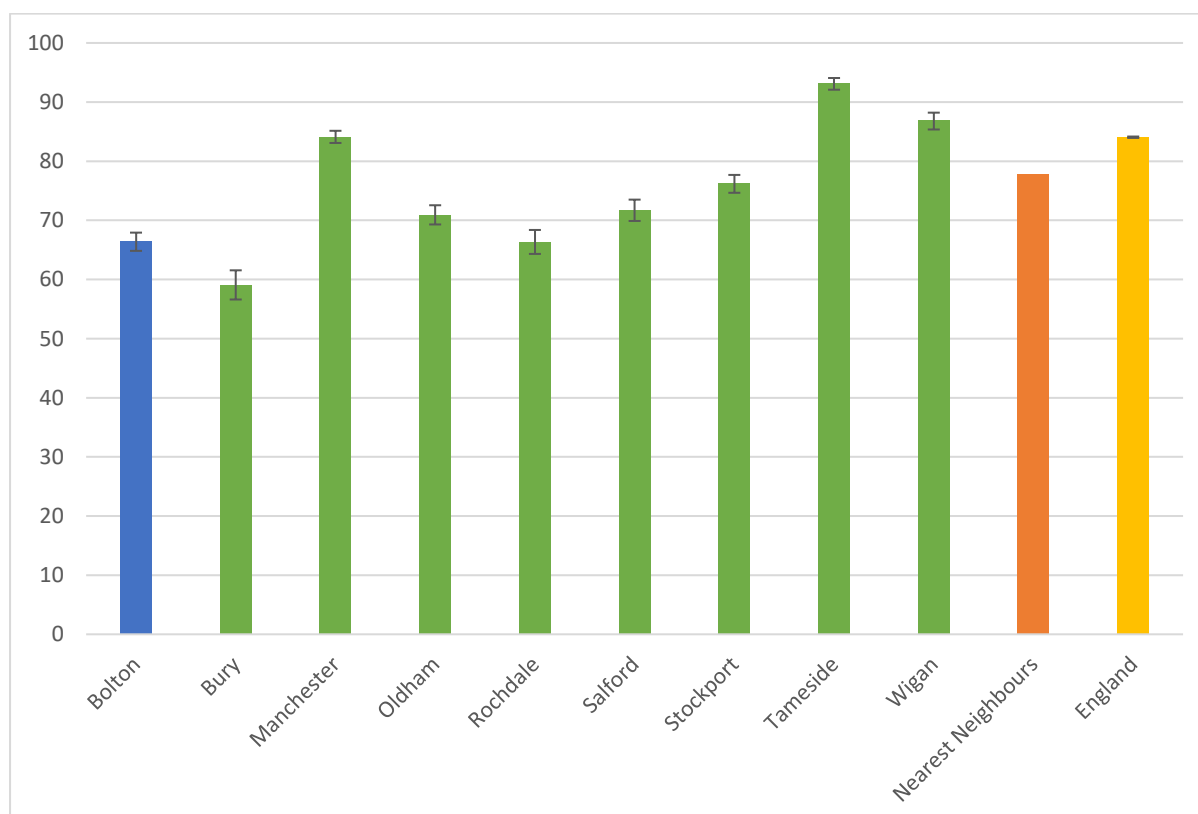
Experimental data from 2018 estimated that 5.5% of 2 to 4 year olds had at least one mental disorder. Rates were higher in males (6.8%) than females (4.2%)<sup>10</sup>. As this is data collected at a national level, comparison cannot be made between local authority areas, however NHS Digital noted that rates were more than twice as high in the North of England (9.2%) than the average (4.2%) of the other regions combined (London; Midlands and East of England; South of England). 2 to 4 year olds in the poorest third of households had more than twice the rates of mental disorders (8.9%) as their peers in the remaining two-thirds of households (4.0%). The five most common disorders identified in this cohort (with prevalence in brackets) were oppositional defiant disorder (1.9%), autism spectrum disorder (1.4%), sleeping disorder (1.3%), feeding disorder (0.8%) and elimination (toileting) disorder (0.2%). Associations between parental mental health and children's mental health were found in this age group; 2 to 4 year olds whose parents were judged likely to

<sup>10</sup> <https://files.digital.nhs.uk/A5/B0F9A8/MHCYP%202017%20Preschool.pdf>

have a common mental disorder were more than three times as likely to have a mental disorder themselves.

Data on good levels of development in children at aged 2 to 2.5 is an indicator of whether children are developing as expected in the areas of communication, gross motor, fine motor, problem solving and personal-social skills; areas which have an impact on school readiness and educational and employment outcomes later in life. In Figure 7 data from 2018/19 has been used, as the 2019/20 data was not available for Bolton. The percentage of children reaching a good level of development at 2 to 2.5 years in Bolton was 66.4%, significantly worse than the average for England (84.1%). In comparison to GM boroughs, there is no significant difference between Bolton and Rochdale. Manchester, Oldham, Salford, Stockport, Tameside and Wigan have a significantly higher percentage, with only Bury having a significantly lower percentage<sup>11</sup>. Compared to an average from 12 of Bolton's Nearest Neighbours<sup>12</sup> (77.7%), Bolton's percentage appears to be quite a lot lower, although confidence intervals are not available so statistical significance cannot be ascertained. However, it suggests that there is potential room for improvement in Bolton around good levels of development in the early years, based on the demographics and area.

Figure 7: Percentage of 2 to 2.5 year olds reaching a good level of development, 2018/19



## 5.2. Service activity

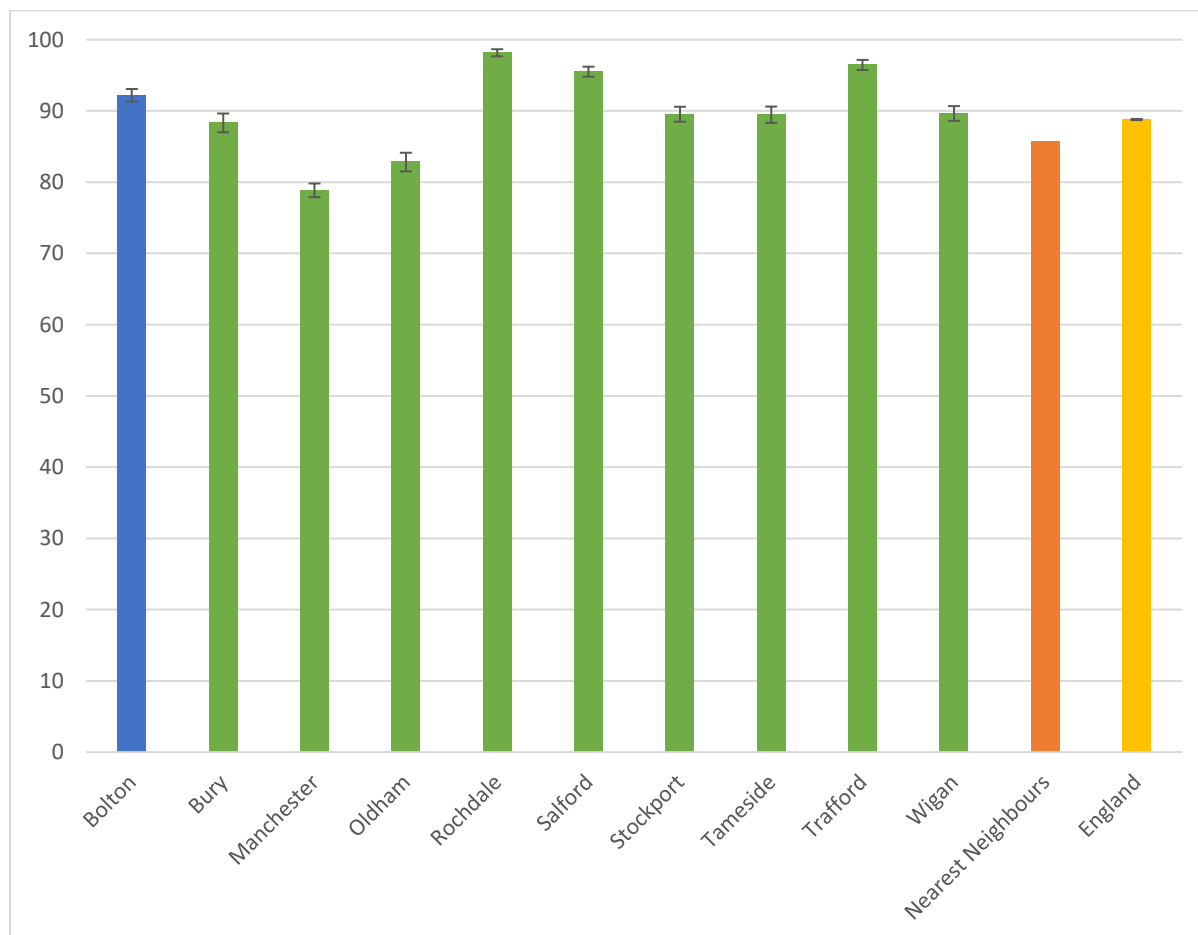
As part of the Healthy Child Programme all families are entitled to receive a new birth visit (NBV) within two weeks of the birth, which focuses on several areas including perinatal mental health, and data on percentage of the population in local areas who receive this is available. In Figure 8 data from 2018/19 has been used, as the 2019/20 data was not available for Bolton. In 2018/19, 92.2% of NBVs in Bolton were completed within 14 days, which is significantly better performance than the

<sup>11</sup> Data for Trafford not available.

<sup>12</sup> Data for Stockton-on-Tees, Kirklees and Calderdale not available.

average for England (88.8%)<sup>13</sup>. In comparison to GM boroughs, Rochdale, Salford and Trafford have a significantly higher percentage meeting the target, and Bury, Manchester, Oldham, Stockport, Tameside and Wigan have a significantly lower percentage meeting the target. Compared to an average from Bolton's 15 Nearest Neighbours (85.8%), Bolton's appears to perform better (although confidence intervals are not available), suggesting that Bolton performs above expectations based on the demographics and area.

Figure 8: Percentage of new birth visits completed within 14 days, 2018/19



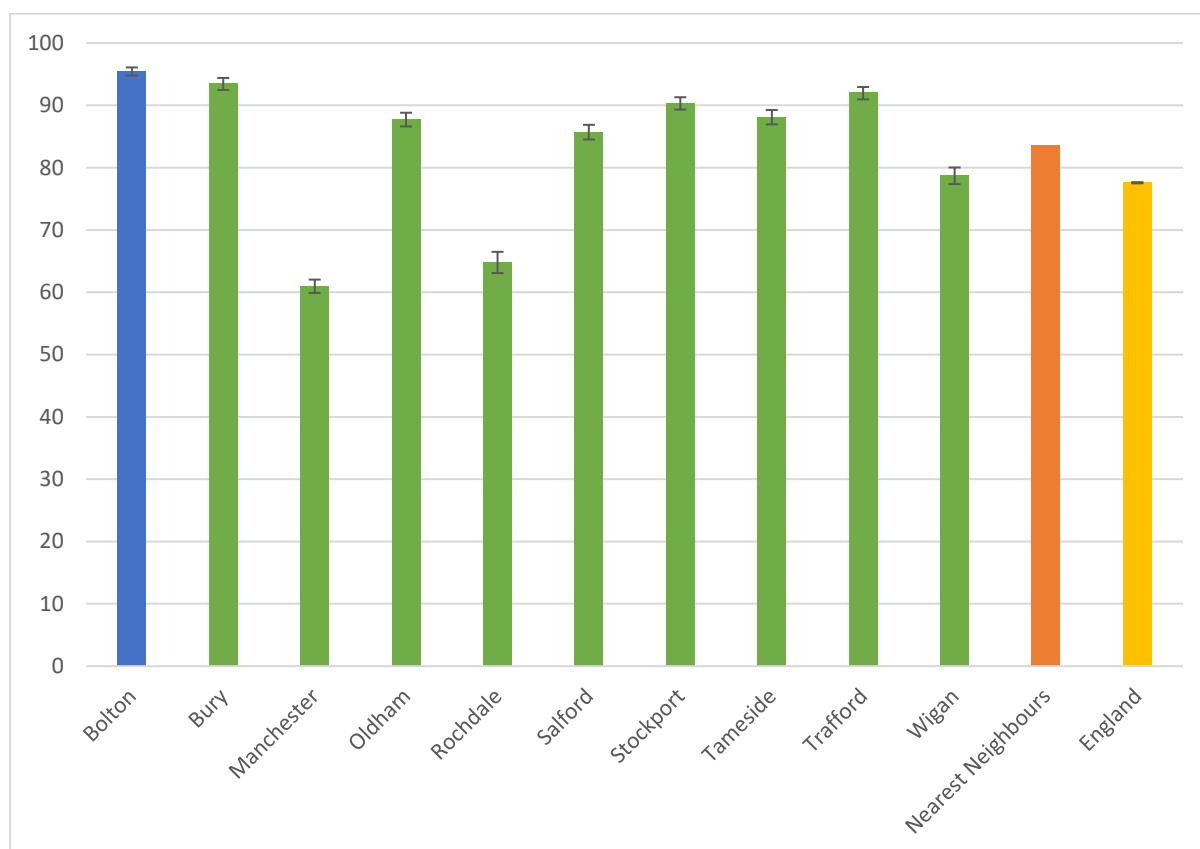
As part of the Healthy Child Programme all children are entitled to a health and development review at between 2 and 2.5, which is also an opportunity to provide support to families, and data on percentage of the population in local areas who receive this is available. In Figure 9 data from 2018/19 has been used, as the 2019/20 data was not available for Bolton. In 2018/19, 95.5% of children received the 2 to 2.5 year review in Bolton, which is significantly better performance than the average for England (77.6%)<sup>14</sup>. In comparison to GM boroughs, Bolton has significantly better performance than all other boroughs. Compared to an average of Bolton's 15 Nearest Neighbours (83.6%), Bolton's performance is also better, although confidence intervals are not available. This

<sup>13</sup> <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133223/pat/6/par/E12000002/ati/302/are/E08000001/iid/93469/age/284/sex/4/cid/4/tbm/1/page-options/car-do-0>

<sup>14</sup> <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133223/pat/6/par/E12000002/ati/302/are/E08000001/iid/93472/age/241/sex/4/cid/4/tbm/1/page-options/car-do-0>

suggests that Bolton is performing very well in reaching 2 to 2.5 year olds for their health and development reviews.

Figure 9: Percentage of children receiving a 2 to 2.5 year old review, 2018/19



### 5.3. Impact of COVID-19

Policy responses to the COVID-19 pandemic such as lockdowns and restrictions on face to face contact have had huge impacts on young families and the crucial early years which are so influential in a child's life throughout the life course. The national *Babies in Lockdown* report found that those who already suffer from health inequalities (young parents, those from a Black, Asian and Minority Ethnic background, and those with lower incomes) have been worst affected by the pandemic<sup>15</sup>. The report details concerns parents have around opportunities for socialisation and behaviour concerns for their child (such as increased crying and clinginess), as well as more than 60% of parents reporting significant concerns about their own mental health, nearly 70% struggling to cope with their pregnancy or baby and just under 90% reporting more anxiety than usual. The report warns of the long-term effects on babies and young children in terms of wellbeing and development nationally.

Locally, some voluntary sector services have been more restricted in running their normal sessions for parents with babies and toddlers at children's centres which they fear has reduced opportunities for language and relationship development of young children, as well as the informal and formal support provided to parents by other parents and support workers. However, services in Bolton

<sup>15</sup> Best Beginnings, Home-Start UK and the Parent-Infant Foundation UK (2020) *Babies in Lockdown: listening to parents to build back better*. Available at: <https://www.bestbeginnings.org.uk/news/the-babies-in-lockdown-report>

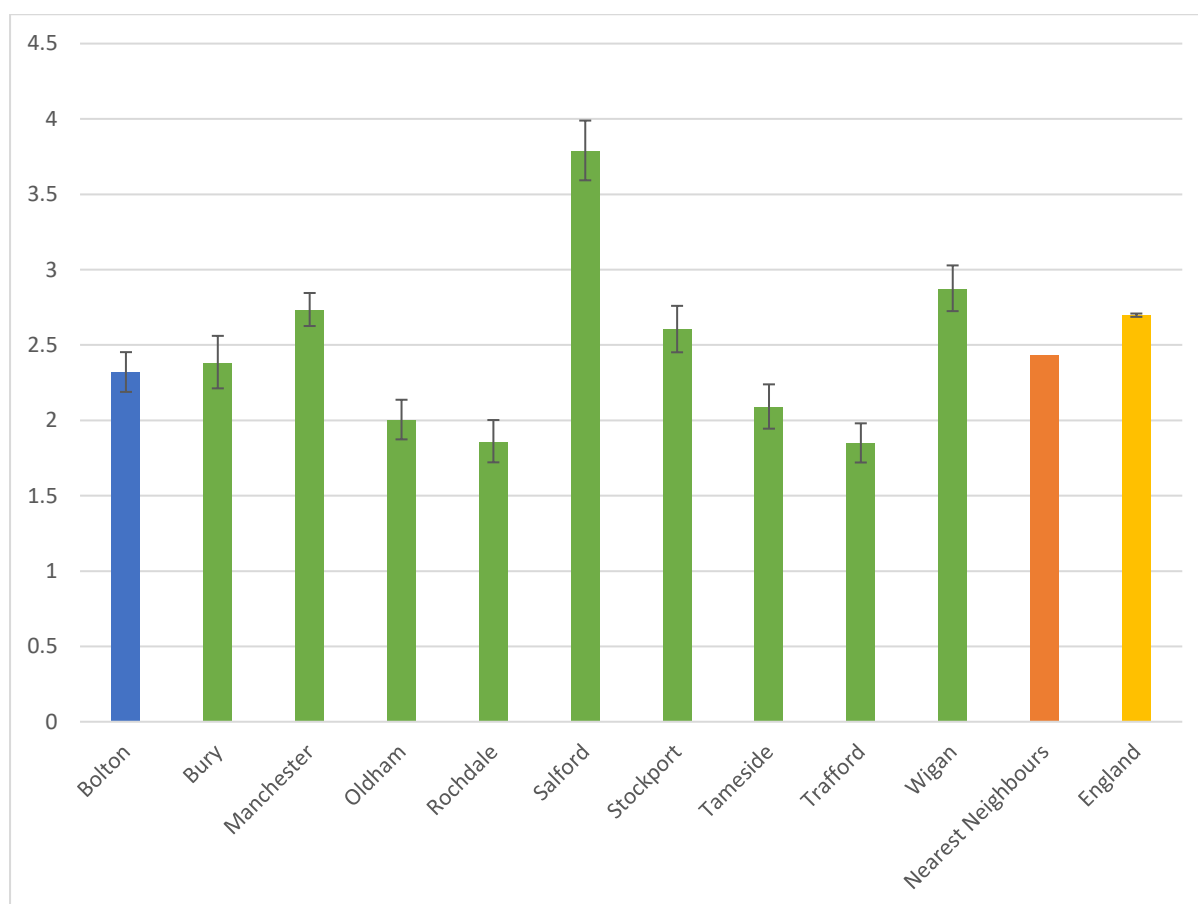
have worked hard to maintain vital contact with new parents, and face to face contact has been prioritised where needed.

## 6. Emotional wellbeing

### 6.1. Prevalence

Figure 10 shows data from 2020 which found that 2.32% of school pupils in Bolton had social, emotional and mental health needs, which equates to 1,158 children and young people, significantly lower than the England average (2.70%). In comparison to GM boroughs, there is no significant difference between Bolton and Bury, Stockport or Tameside. Manchester, Salford and Wigan have a significantly higher percentage, and Oldham, Rochdale and Trafford have a significantly lower average percentage of school pupils with social, emotional and mental health needs. Compared to an average from the 15 Nearest Neighbours (2.43%), Bolton's proportion is not significantly different, suggesting that this is in line with expectations in Bolton based on the demographics and area.

Figure 10: Percentage of all school pupils with social, emotional and mental health needs, 2020



The dataset can be disaggregated by stage of schooling to show a more nuanced picture of need.

Figure 11 shows that 2.22% of primary school pupils in Bolton had social, emotional and mental health needs, which is significantly lower than the average for England (2.45%)<sup>16</sup>. In comparison to GM boroughs, there is no significant difference between Bolton and Rochdale, Stockport, Tameside and Trafford. Bury, Manchester, Salford and Wigan have a significantly higher percentage, and

<sup>16</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/gid/1938133090/pat/6/par/E12000002/ati/102/are/E08000001/iid/91871/age/215/sex/4/cid/4/tbm/1/page-options/car-do-0>

Oldham has a significantly lower percentage of primary school pupils with social, emotional and mental health needs. Compared to an average from the 15 Nearest Neighbours (2.46%), Bolton's proportion appears to be lower, but confidence intervals cannot be calculated so it is unclear whether there is a statistically significant difference. The trend over time has stayed static in Bolton (no significant change since this indicator was first collected in 2016).

Figure 11: Percentage of all primary school pupils with social, emotional and mental health needs, 2020

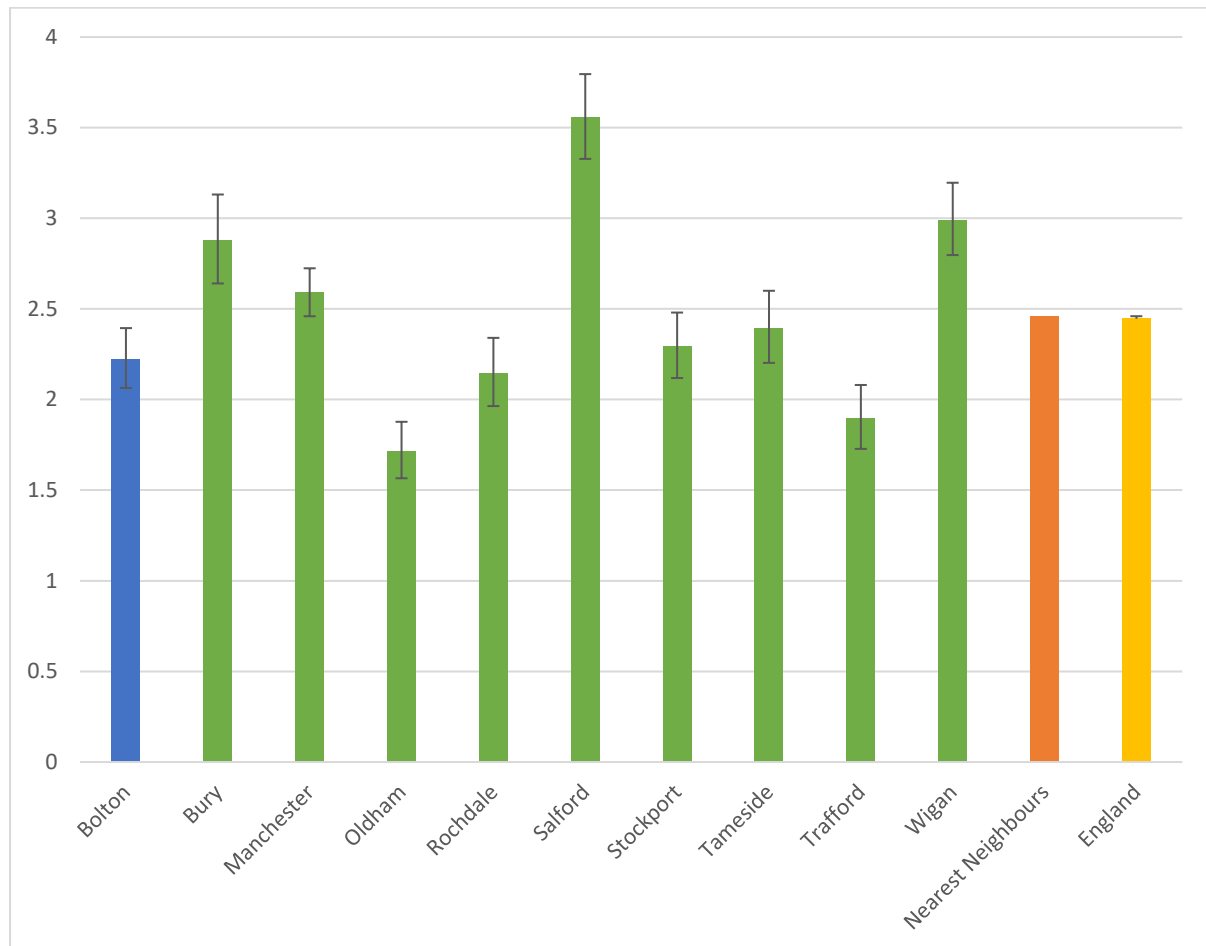


Figure 12 shows that 2.49% of secondary school pupils in Bolton had social, emotional and mental health needs, not significantly different than the England average (2.67%)<sup>17</sup>. In comparison to GM boroughs, there is no significant difference between Bolton and Oldham, Rochdale and Tameside. Bury, Manchester, Salford, Stockport and Wigan have a significantly higher percentage, and Trafford has a significantly lower percentage of secondary school pupils with social, emotional and mental health needs. Compared to an average from the 15 Nearest Neighbours (2.85%), Bolton's proportion appears to be lower, but confidence intervals cannot be calculated so it is unclear whether there is a statistically significant difference. The trend over time has stayed static in Bolton (no significant change since this indicator was first collected in 2016).

<sup>17</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/gid/1938133090/pat/6/par/E12000002/ati/102/are/E08000001/iid/91871/age/216/sex/4/cid/4/tbm/1/page-options/car-do-0>

Figure 12: Percentage of all secondary school pupils with social, emotional and mental health needs, 2020

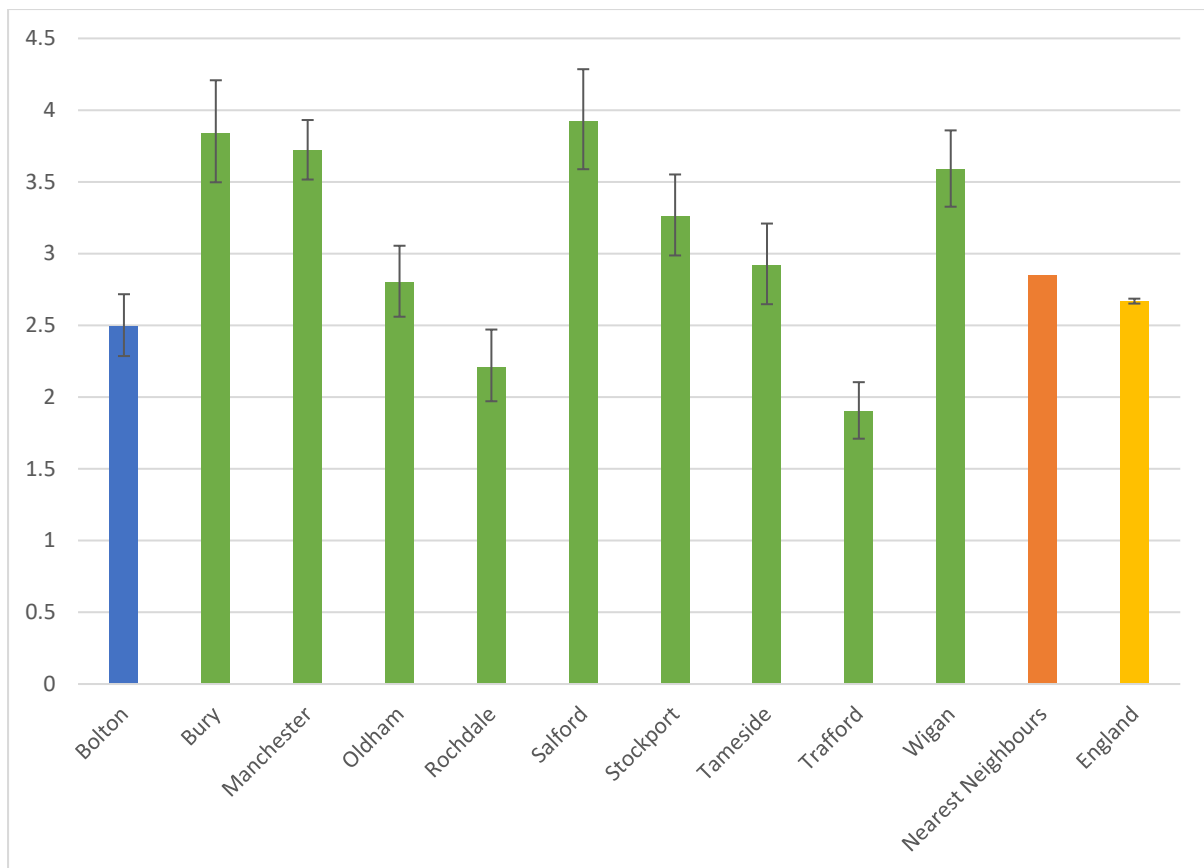
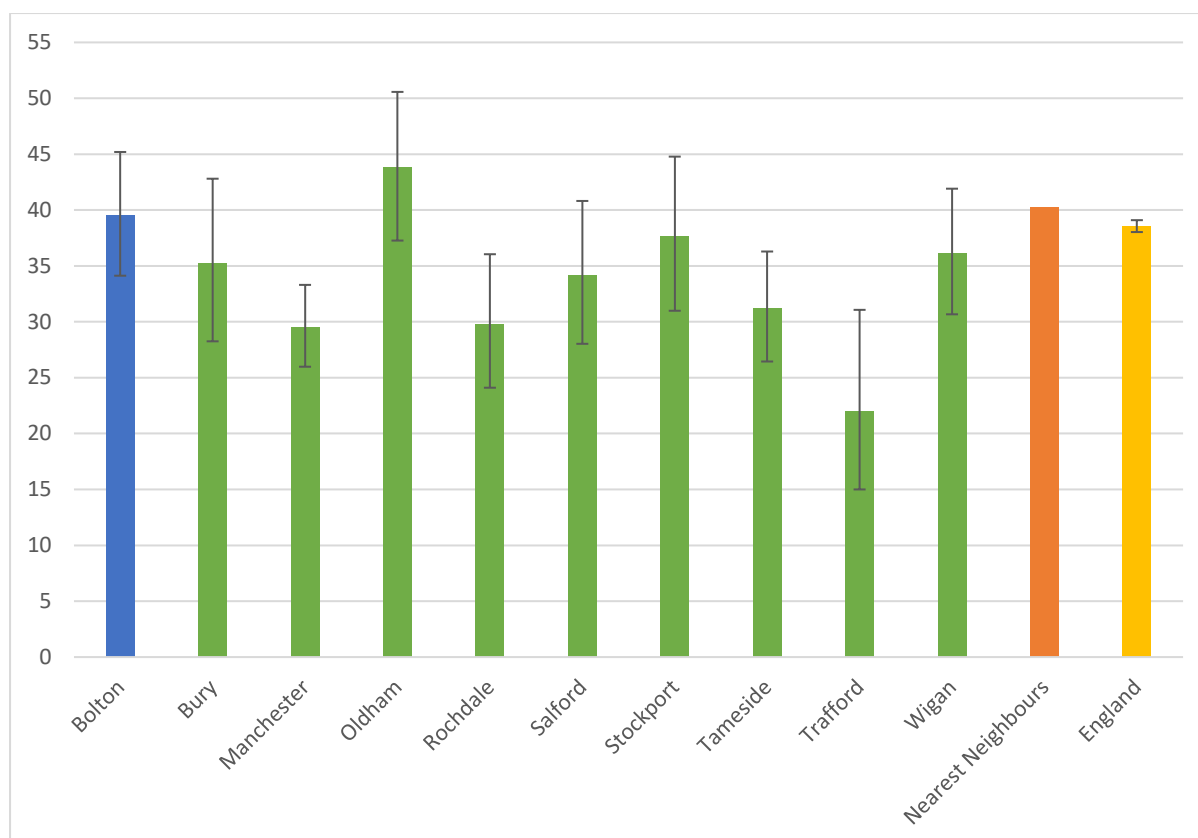


Figure 13 shows that in 2018/19, the emotional wellbeing of 39.5% of the looked after children in Bolton (aged between 5 and 16) was classed as a cause for concern, which is not significantly different to the average for England (38.6%)<sup>18</sup>. In comparison to GM boroughs, there is no significant difference between Bolton and Bury, Oldham, Rochdale, Salford, Stockport, Tameside and Wigan. Manchester and Trafford have a significantly lower percentage of looked after children whose emotional wellbeing is a cause for concern. Compared to an average from the 15 Nearest Neighbours (40.3%), Bolton's proportion is not significantly different, suggesting that this is in line with expectations in Bolton based on the demographics and area. The trend over time has stayed static in Bolton (no significant differences between years since this indicator was first collected in 2015/16).

<sup>18</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/gid/1938133090/pat/6/par/E12000002/ati/102/are/E08000001/iid/92315/age/246/sex/4/cid/4/tbm/1/page-options/car-do-0>



Figure 13: Percentage of looked after children (5 to 16) whose emotional wellbeing is a cause for concern, 2018/19

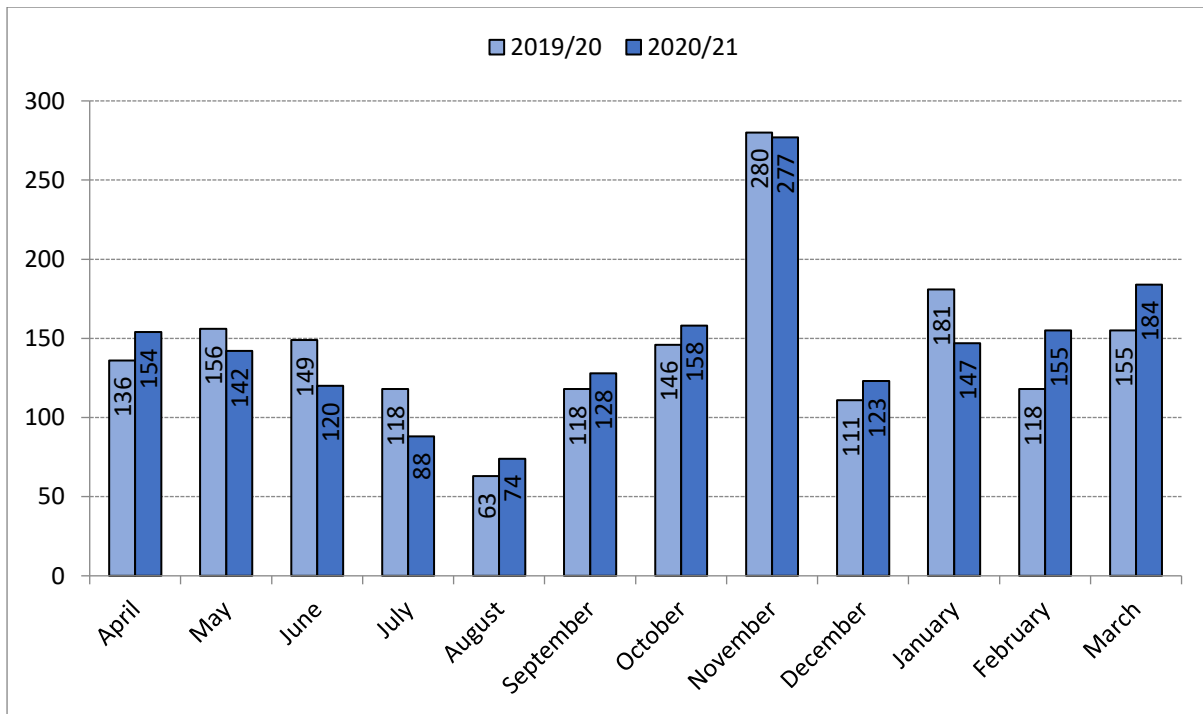


The Bolton Children's Integrated Health and Wellbeing Service undertake wellbeing assessments with children and young people they work with. In 2020/21, 321 children and young people had low health and wellbeing scores. Although this was lower than the figure for 2019/20 (n=596), the service has not seen a decrease of need, but has seen issues due to the pandemic, including access to young people's homes to carry out assessments. However, the number of children and young people referred onto an intervention through the emotional health and wellbeing pathway increased from 2019/20 (n=139) to 2020/21 (n=288), due to both an increase in need and better promotion of the pathway. The Integrated Health and Wellbeing Service have also seen an increase in demand for more specialist mental health services, referring 298 children and young people in 2020/21 compared to 201 children and young people in 2019/20.

## 6.2. Service activity

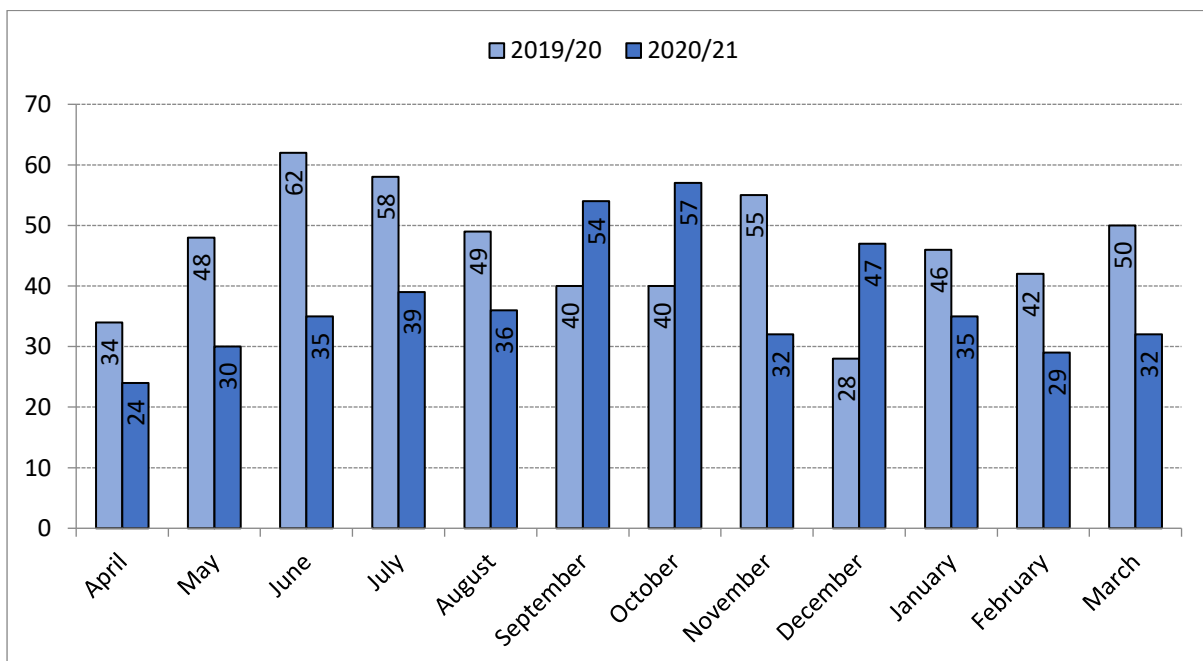
Kooth provides online mental health support for young people in Bolton. Figure 14 shows that overall in 2019/20 1,731 young people in Bolton registered for support with Kooth. In 2020/21 there was a small (1%) increase in the number of young people registering to 1,750. Looking at sign up by month there is a noticeable dip in both years during summer holidays; this could mean a reduction in demand at this time when young people aren't at school or college, or it could be because school and college is where the service is most heavily promoted (school was the most cited place when young people were asked where they had heard about Kooth). In both years, November is the most popular time for sign up (again, this could be related to promotion activity). In February and March there were noticeably higher registrations in 2020/21 than 2019/20 (31% and 19% for February and March respectively); this was when the pandemic was starting in the UK and there was an increase in awareness about COVID-19, although there is no definitive way to tell if the two events are linked.

Figure 14: Number of Kooth new registrations, 2019/20 and 2020/21



Looking at chat sessions using Kooth in Bolton, Figure 15 shows that overall there were more sessions in 2019/20 than 2020/21 (552 compared to 450). Looking at particular peaks by month, these are different between the years. In 2019/20 the most popular months for chats were June, July and November, whereas in 2020/21 October, September and December were the peak months. September 2020 was when many young people returned to school and college in person after months of online lessons and school was the most cited place when young people were asked where they had heard about Kooth, although there is no way to tell for sure if these are linked.

Figure 15: Number of Kooth unique user chat sessions, 2019/20 and 2020/21



Looking at registrations by neighbourhood in Bolton, Figure 16 shows that the two areas with the highest percentage and number of registrations are Crompton and Halliwell (15% of total, n=269) and Farnworth and Kearsley (15% of total, n=257). These areas experience higher levels of deprivation than other parts of Bolton and are thus likely to have higher mental health and emotional wellbeing needs. However, to caveat this, Kooth have an integration and participation team that virtually promoted the service throughout the year so this may have influenced registrations in certain locations. Registrations are noticeably lower in Chorley Roads (8% of total, n=138) and Turton (8% of total, n=140).

Figure 16: Kooth registrations by neighbourhood, 2020/21



Looking at the demographics of new registrants to Kooth, 34% of new registrations were Black, Asian or Minority Ethnic young people. More than twice as many registrants were female as male; 68% were female, 26% were male, 4% were gender fluid and 1% were agender.

Table 1 shows the top presenting issues of service users of Kooth in Bolton in 2020/21. Anxiety and stress was the most common presenting issue, followed by suicidal thoughts and self harm.

Table 1: Top 10 most prominent issues Kooth service users presented, 2020/21

Issue	Number
Anxiety/stress	150
Suicidal thoughts	109
Self harm	103
Family relationship	97
Self worth	53
School/college issues	52
Depression	43

Friendships	36
Sadness	34
Sleep difficulties	20
Eating difficulties	18
Bereavement	9
Bullying	9

## 7. Diagnosed disorders

### 7.1. Prevalence

Data from 2017/18 estimates that 5,810 children between the ages of 5 and 17 in Bolton had a mental disorder (this includes emotional disorders, behavioural disorders, hyperactivity disorders, autism spectrum, eating and other less common disorders)<sup>19</sup>. This figure is the latest available data, and there are some concerns regarding its quality. Nevertheless, it is the most up to date estimate available.

The Office for National Statistics (ONS) modelled the prevalence of a range of mental disorders by local authority, based on age, sex and socio-economic status distributions<sup>20</sup>. It estimates that, in 2015 amongst 5 to 16 year olds in Bolton: 3.7% (n=1,602) had an emotional disorder (anxiety disorders and depression); 6.0% (n=2,589) had a conduct disorder (including defiance, aggression and anti-social behaviour); 1.6% (n=707) had a hyperkinetic disorder. There are some concerns about the quality of this data but it is used as part of Public Health England's reporting.

### 7.2. Service activity

#### 7.2.1. Overall

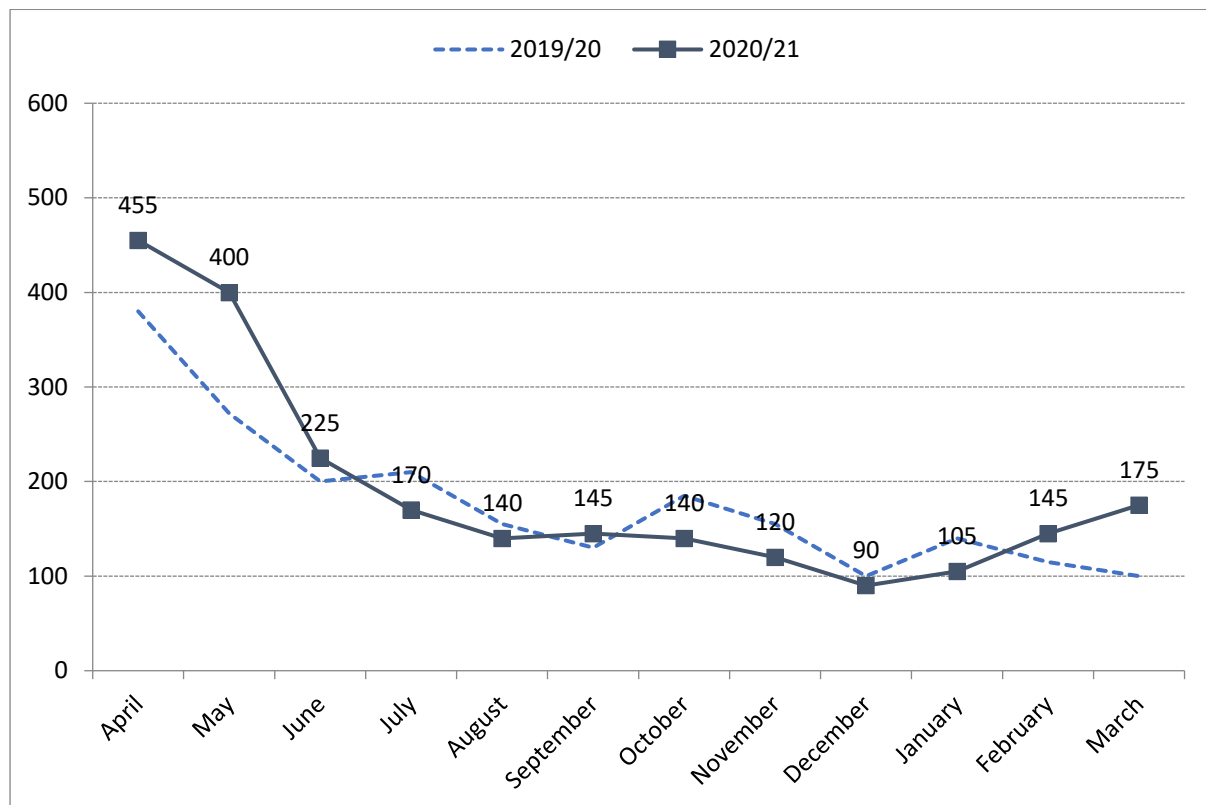
The *NHS Five Year Forward View* and *NHS Long Term Plan* set a key target for local areas to meet; at least 35% of children and young people with a diagnosable mental health condition receive treatment from an NHS funded community mental health service. This was based on an estimate that 6,484 children and young people in Bolton had a diagnosable mental health condition, which is a historic figure but is still used when calculating targets. In Bolton in 2020/21, 35.6% (n=2,310) of children and young people accessed treatment, meeting the target. This was an improvement on 2019/20 where 33.0% (n=2,142) accessed treatment, despite the impact of the pandemic. However, coding for telemedicine was not undertaken until the latter part of 2020/21, and so access is likely to be higher than this when taking online and telephone support into consideration.

Access to treatment is defined as two or more face to face or indirect (not including text messaging) contacts for children and young people. Figure 17 shows the number of children and young people in Bolton receiving treatment by month (the individual is counted in the reporting period their second contact occurred). Access was much higher in the first few months of 2020/21, coinciding with the start of the pandemic.

<sup>19</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938133090/pat/6/par/E12000002/ati/102/are/E08000001/iid/93587/age/221/sex/4/cid/4/tbm/1/page-options/car-do-0>

<sup>20</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938133090/pat/6/par/E12000002/ati/102/are/E08000001/iid/91137/age/246/sex/4/cid/4/tbm/1/page-options/car-do-0>

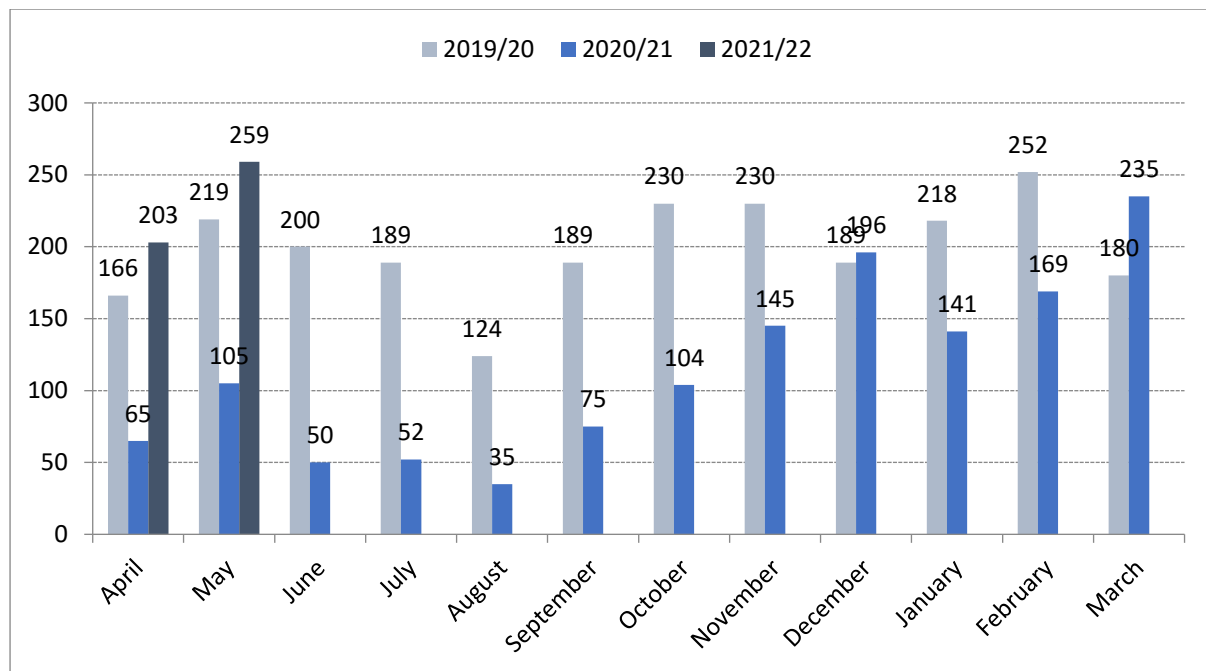
Figure 17: Total number of individual 0-18 year olds in Bolton receiving second treatment by NHS funded community services, 2019/20 and 2020/21



### 7.2.2. Specialist CAMHS

Looking at referrals to specialist Child and Adolescent Mental Health Services (CAMHS) in Bolton can show a measure of demand for higher need mental health services for children and young people. Figure 18 shows referrals by month for 2019/20, 2020/21 and the first two months of 2021/22. Referrals were 43% higher overall in 2019/20 (n=2,605) than 2020/21 (n=1,477). This could suggest less opportunity for oversight of children and young people by professionals, such as when young people were not physically attending school, during lockdowns (and therefore less mental health issues identified and referrals made), rather than an actual reduction in demand, however this can't be confirmed. However, the first two months of 2021/22 show higher numbers of referrals than either of the previous years for that time period, suggesting referrals are picking up again.

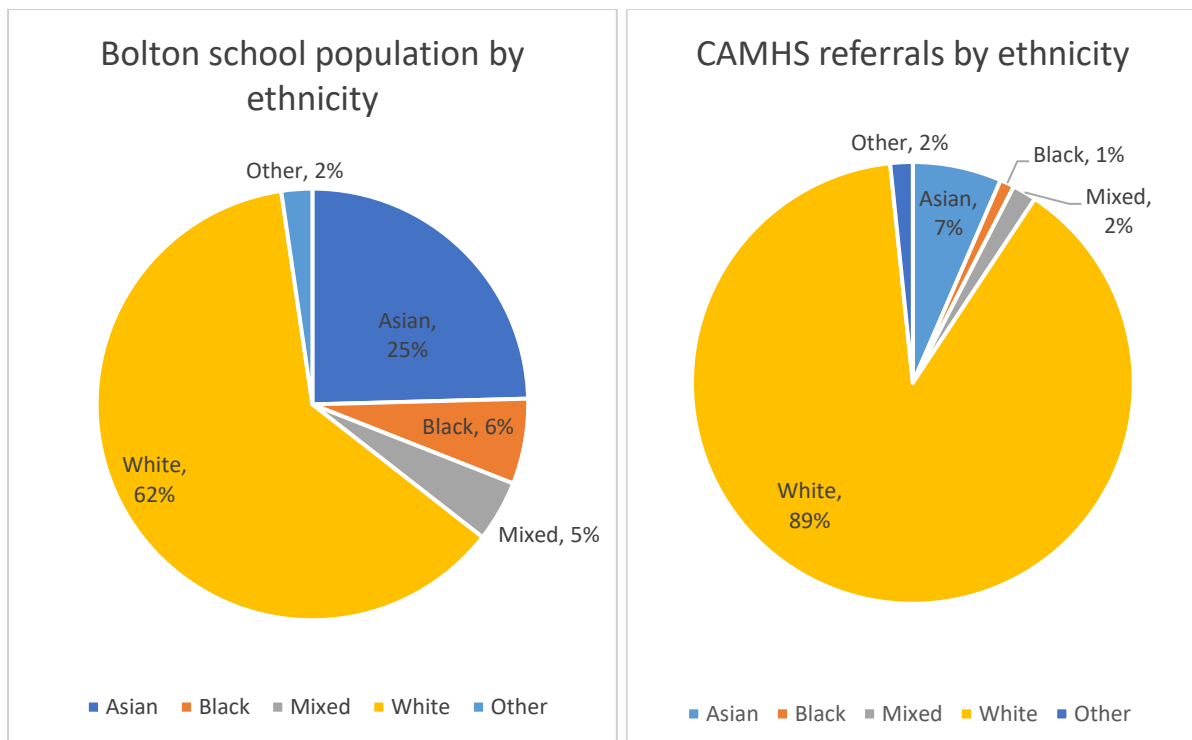
Figure 18: Bolton CAMHS referrals by month, April 2019/20 to May 2021/22



Demographic information on CAMHS referrals shows that just over half (54%) are female, with 45% male, 0.4% non-binary or other, and 0.3% unknown.

Figure 19 shows the latest available data broken down by ethnicity of referrals from CAMHS, compared with all pupils in Bolton from the School Census (excludes unknown). It must be noted that these sources are not directly comparable, due to different age ranges and the fact that the school population of Bolton is not necessarily the same as the population registered to live or with a GP in Bolton (the population eligible for Bolton CAMHS is not exactly the same as the school population). However, it can be used to examine *potential* differences between the general population and the population referred for mental health services. The majority of young people referred to CAMHS are White (89%), 7% are Asian, 2% are Mixed heritage, 1% are Black and 2% are classed as Other ethnic groups (including Chinese). Comparing this with the data for all school pupils in Bolton, it appears that there is a disproportionate proportion of White children referred to CAMHS (they make up 62% of the total school population compared to 89% of the CAMHS referrals). Conversely, Asian children make up a lower proportion of CAMHS referrals (they make up 25% of the total school population compared to 7% of CAMHS referrals). The proportion of Black children referred to CAMHS is 5% lower than the total school population, and the proportion of children of Mixed ethnicity referred to CAMHS is 3% lower than the total school population. There is the same proportion of children of Other ethnicities in the CAMHS referrals data and the total school population.

Figure 19: Bolton school population by ethnicity (2020) compared with CAMHS referrals by ethnicity (2020/21)



## 8. Hospital admissions

### 8.1. Mental health presentations and admissions

Mental health presentation and admissions data are a measure of young people who have high levels of mental health need. Figure 20 shows the number of presentations of children and young people aged 17 and under at the accident and emergency (A&E) department at the Royal Bolton Hospital for 2019/20 and 2020/21. Overall, there were 781 presentations in 2019/20, compared to 711 presentations in 2020/21, a reduction of 9% overall. However, lockdowns and other containment measures reduced the numbers of people presenting at A&Es across the country and reductions were not necessarily need-based. In Bolton services have observed that the complexity of needs of children and young people have increased during the pandemic.

Figure 20: A&E attendances to Bolton NHS Foundation Trust for mental health presenting conditions (0-17 year olds), 2019/20 and 2020/21

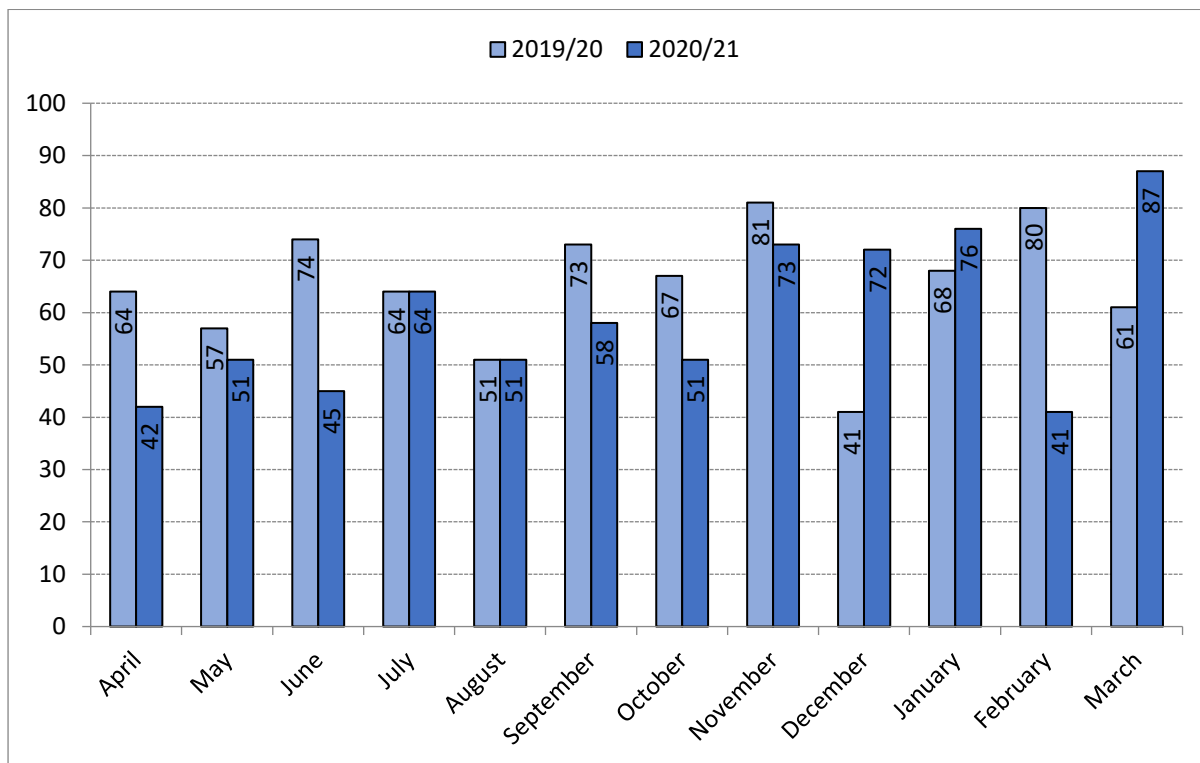
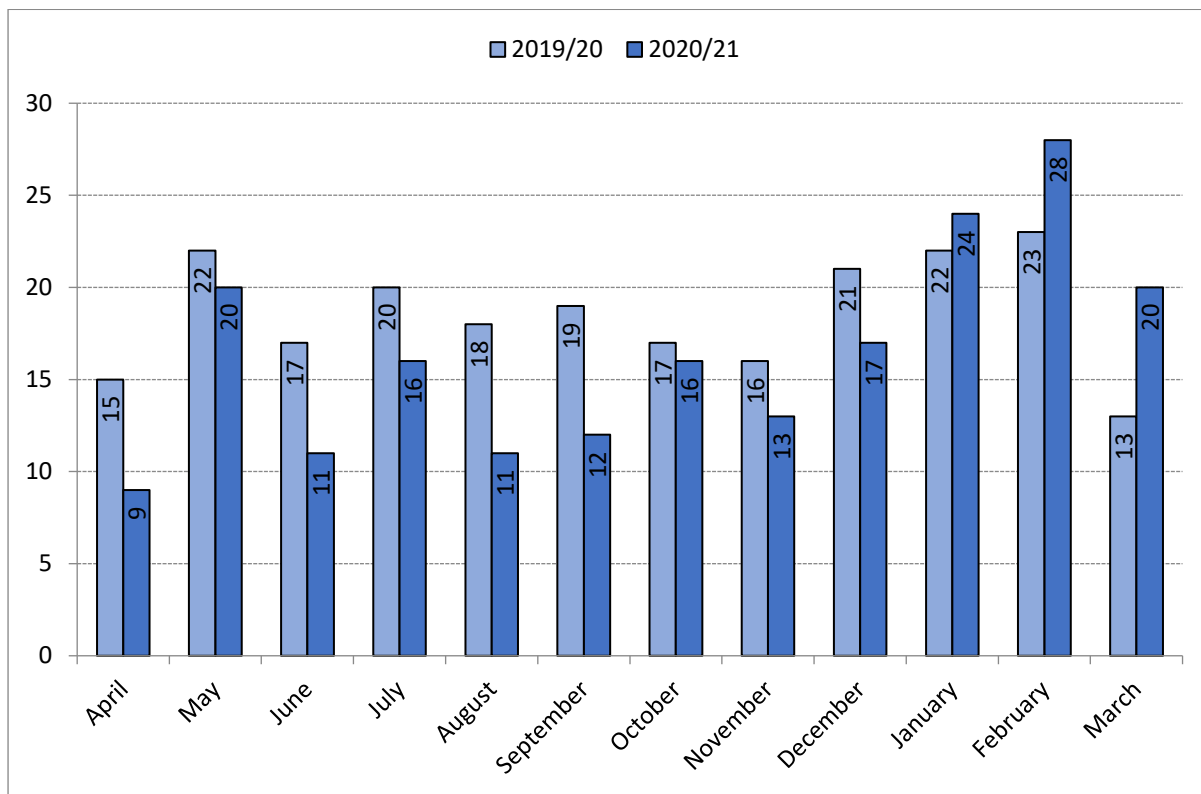


Figure 21 shows unplanned admissions for children and young people aged 18 and under in at the Royal Bolton Hospital for mental health reasons for 2019/20 and 2020/21. Overall, there were 223 admissions in 2019/20, compared to 197 admissions in 2020/21, a reduction of 12% overall. However, as above, services in Bolton have advised that the complexity of needs of children and young people have increased.

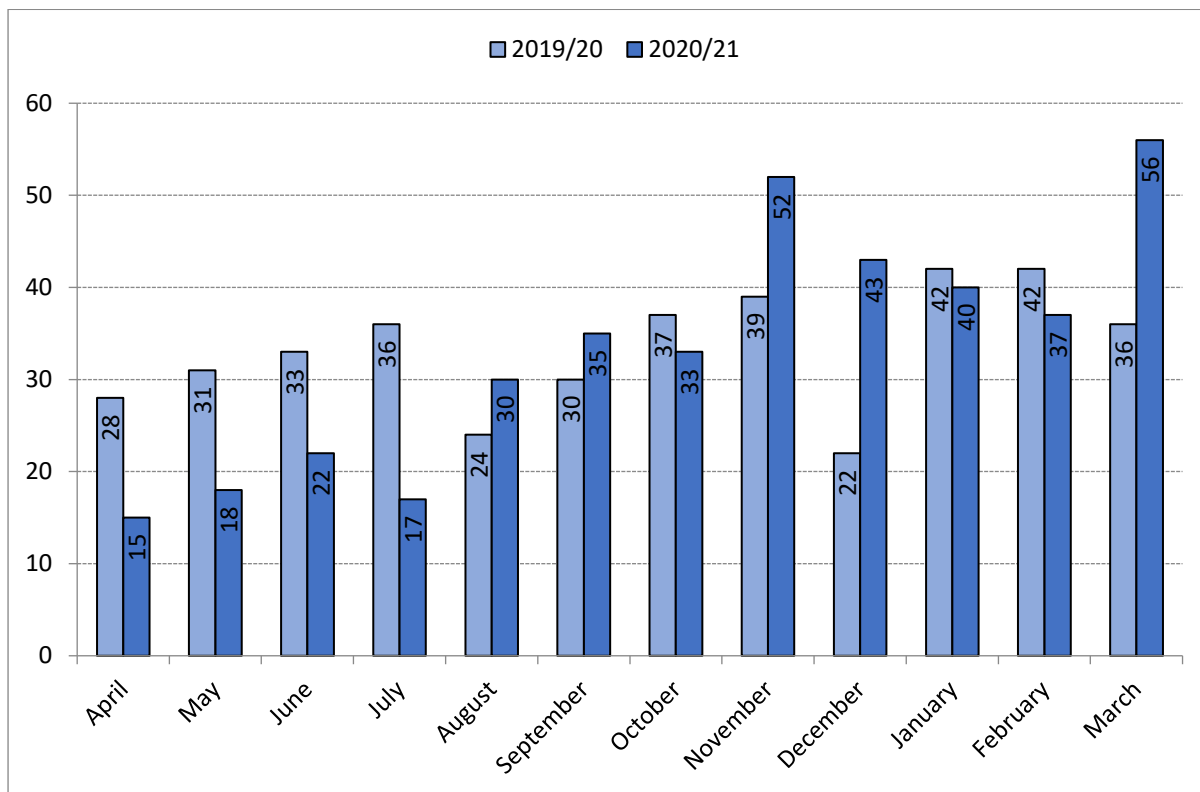


Figure 21: Unplanned admissions for mental health related ICD10 diagnosis codes at Bolton NHS Foundation Trust (0-18 inclusive), 2019/20 and 2020/21



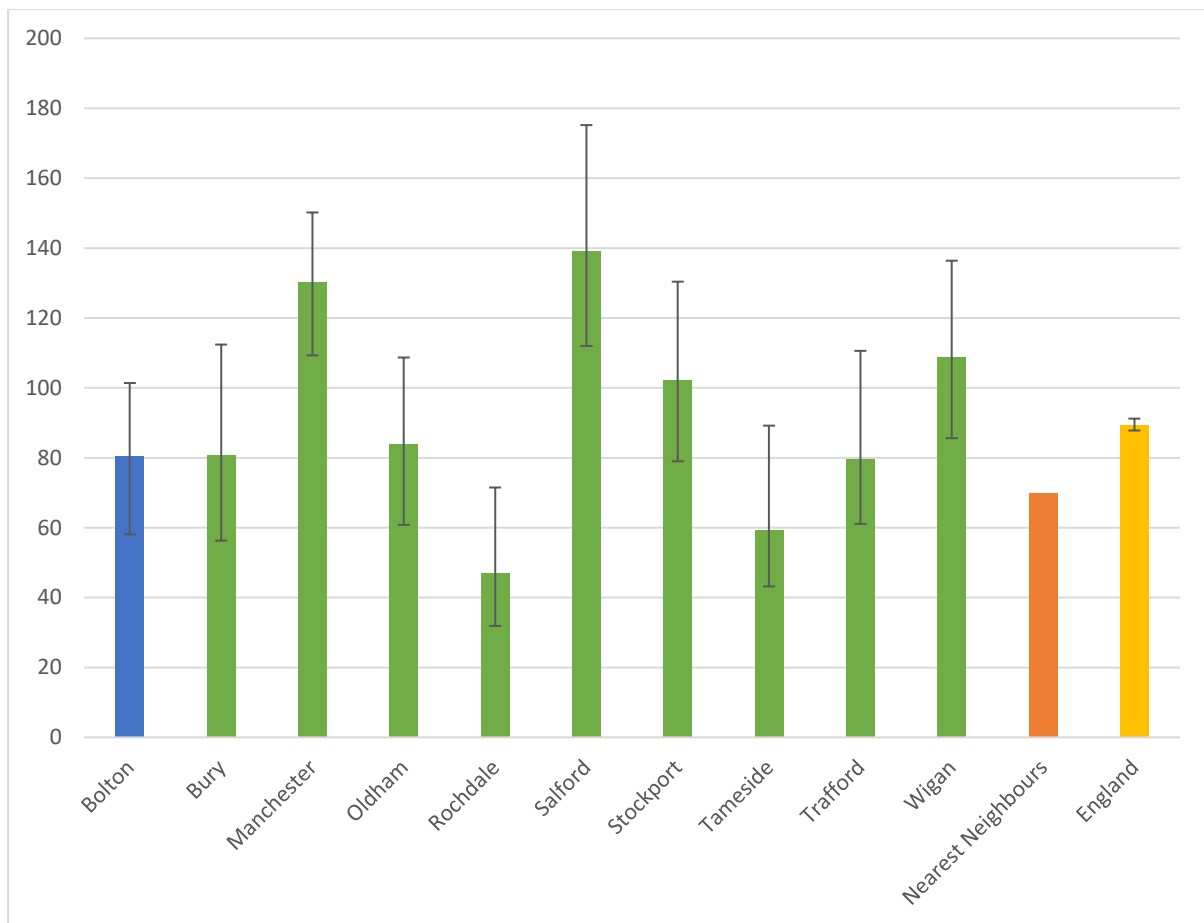
Bolton’s All Age Mental Health Liaison Service (MHLS) is delivered by Greater Manchester Mental Health NHS Foundation Trust and provides assessment to anyone who presents at Bolton’s Accident and Emergency department in a mental health crisis. The service previously provided assessments to anyone 16 and over but as of April 2018 expanded to include children under 16. Figure 22 shows numbers of those aged 16 and under for whom an assessment has been completed by the service in Bolton for 2019/20 and 2020/21. There has been no difference in the number of assessments carried out between the years (400 in 2019/20 and 398 in 2020/21). Overall, under 16s make up 9% of all those seen by the MHLS.

Figure 22: Number of completed assessments for 16 years and under by Bolton’s Mental Health Liaison Service, 2019/20 and 2020/21



A rate (per 100,000) of hospital admissions for mental health conditions in under 18s is also available, which allows for comparisons between areas. Figure 23 shows that admissions in Bolton for mental health conditions in under 18s in 2019/20 were 80.4 per 100,000, which is not significantly different than the average for England (89.5 per 100,000). In comparison to GM boroughs, there is no significant difference between Bolton and any other boroughs apart from Manchester and Salford, which have significantly higher rates. Compared to an average from the 15 Nearest Neighbours (69.8 per 100,000), there is no statistically significant difference with Bolton’s rate.

Figure 23: Hospital admissions for mental health conditions per 100,000 (under 18s), 2019/20



It is also useful to look at this indicator by sex, because rates are much higher for females than for males; in Bolton the female rate is more than twice as high as the male rate. Figure 24 shows that admissions in Bolton for mental health conditions in female under 18s in 2019/20 were 105.1 per 100,000, which is not significantly different than the average for England (111.2 per 100,000). In comparison to GM boroughs, there is no significant difference between Bolton and any other boroughs apart from Rochdale, which has significantly lower rates. Compared to an average from the 15 Nearest Neighbours (79.4 per 100,000), there is no statistically significant difference with Bolton's rate.

Figure 24: Hospital admissions for mental health conditions per 100,000 in females (under 18), 2019/20

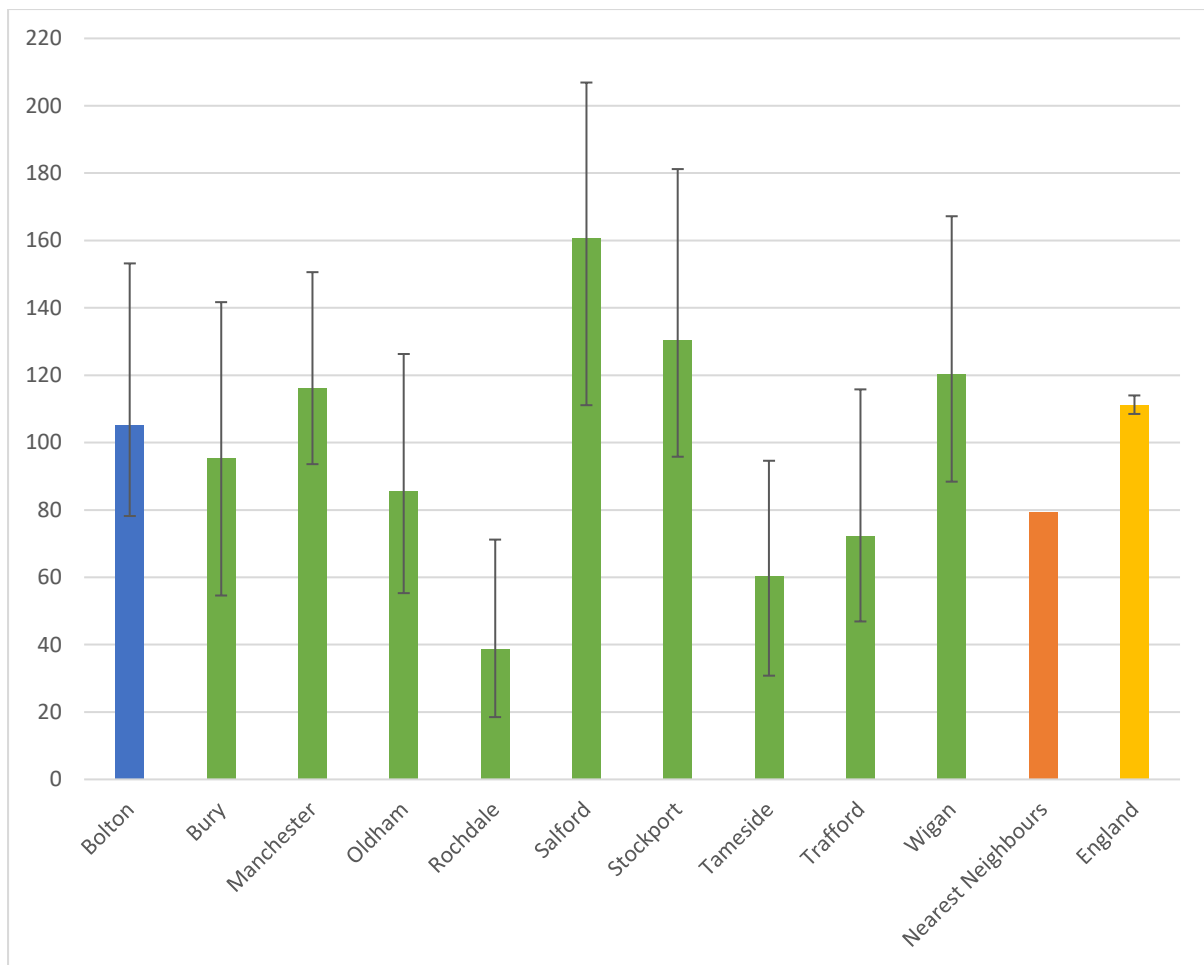


Figure 25 shows that admissions in Bolton for mental health conditions in male under 18s in 2019/20 were 42.7 per 100,000, which is not significantly different than the average for England (68.7 per 100,000). In comparison to GM boroughs, there is no significant difference between Bolton and any other boroughs apart from Manchester and Salford, which have significantly higher rates. Compared to an average from the 15 Nearest Neighbours (63.2 per 100,000), there is no statistically significant difference with Bolton's rate.

Figure 25: Hospital admissions for mental health conditions per 100,000 in males (under 18), 2019/20

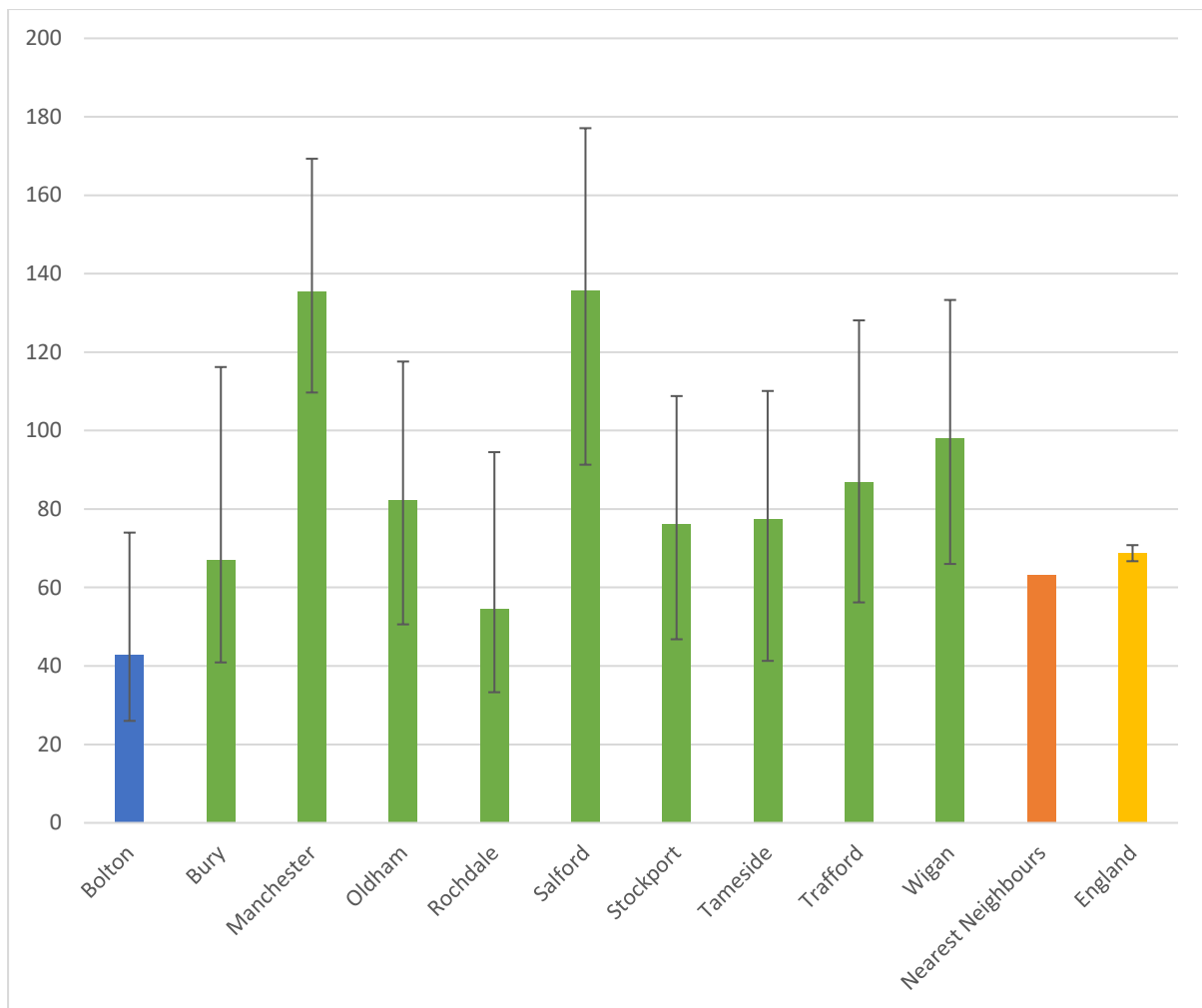
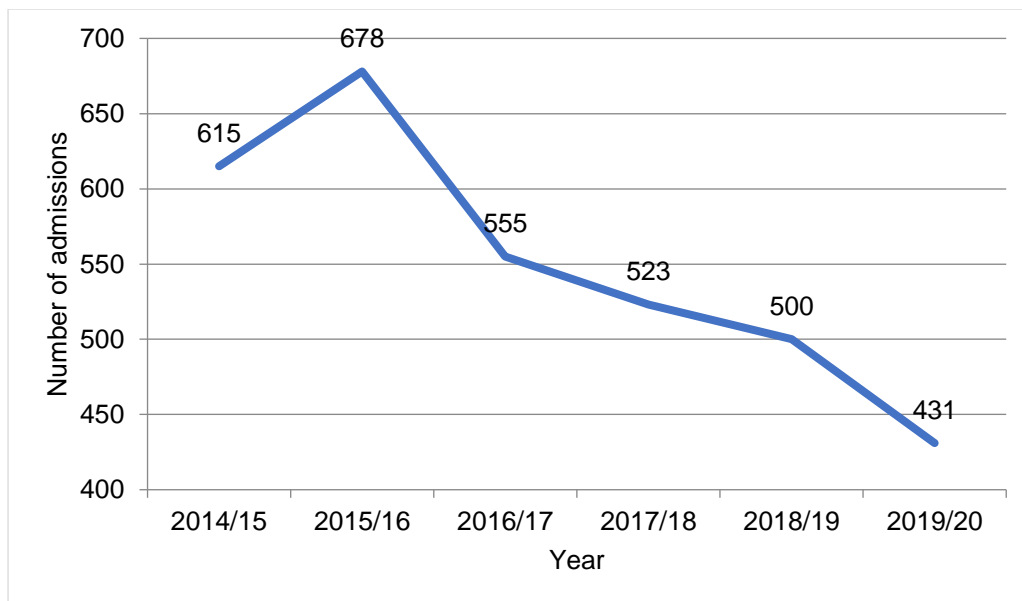


Figure 26 shows the trend in mental health admissions by raw numbers to Bolton NHS Foundation Trust over the period from 2014/15 to 2019/20. This shows a large drop in admissions over this time from 615 in 2014/15 to 431 in 2019/20. This large drop coincided with a change in service provider and an increased emphasis on preventative mental health.

Figure 26: Numbers of mental health admissions (< 25 years) to Bolton NHS Foundation Trust, 2014/15-2019/20



## 8.2. Self-harm admissions

Rates of admissions for self-harm are recorded and reported as part of Hospital Episodes Statistics releases. Figure 27 shows that overall admissions for self-harm in children and young people (aged 10 to 24) in Bolton in 2018/19 were 367.7 per 100,000, which is significantly lower than the average for England (444.0 per 100,000)<sup>21</sup>. In comparison to GM boroughs, there is no significant difference between Bolton and Oldham, Rochdale, Tameside and Trafford. Manchester has a significantly lower rate and Bury, Salford, Stockport and Wigan have significantly higher rates of self-harm admissions for 10 to 24 year olds. Compared to an average from the 15 Nearest Neighbours (493.4 per 100,000), Bolton's proportion appears to be lower, but confidence intervals cannot be calculated so it is unclear whether there is a statistically significant difference.

<sup>21</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/gid/1938133090/pat/6/par/E12000002/ati/102/are/E08000001/iid/90813/age/305/sex/4/cid/1/tbm/1/page-options/car-do-0>

Figure 27: Admissions for self-harm (10 to 24 year olds) per 100,000, 2018/19

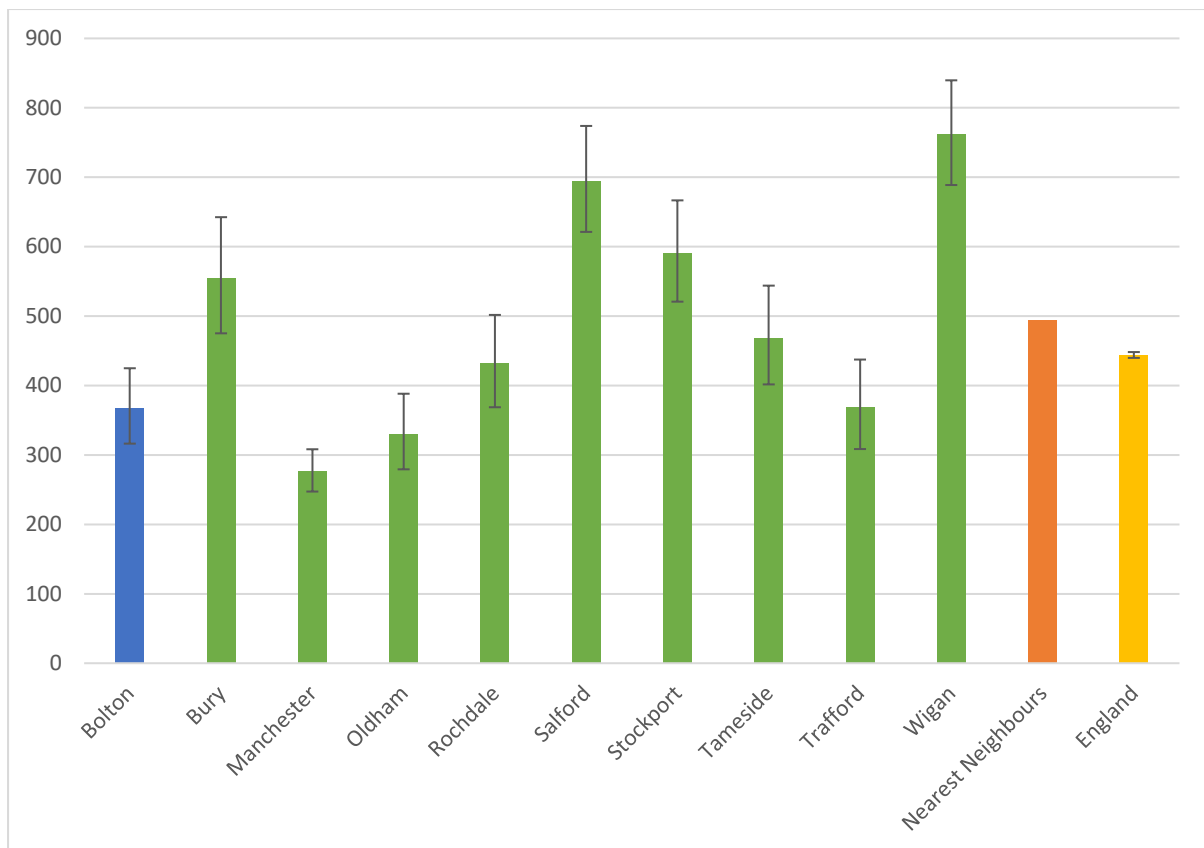
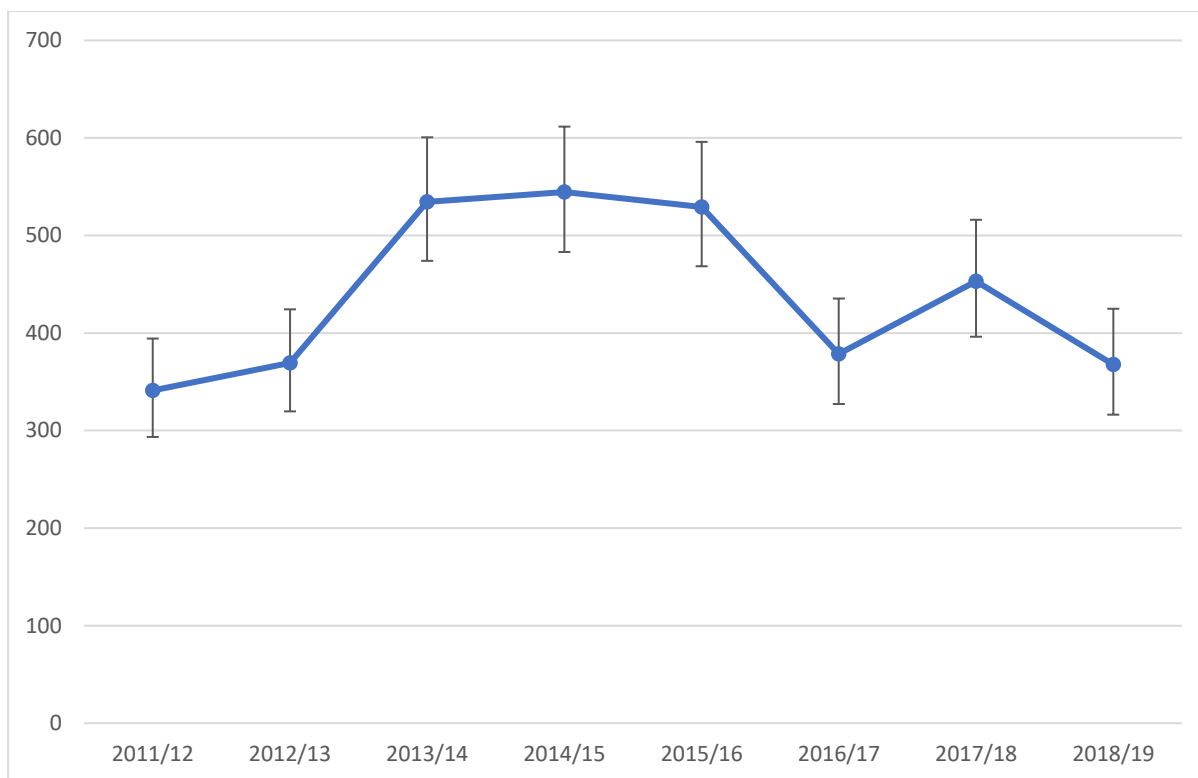


Figure 28 shows trends over time for this indicator. The rate is similar to what it was in the first year for which there is data available (2011/12), with a spike occurring between 2013/14 and 2015/16 which was significantly higher than the England average, before reducing to the current rate.

Figure 28: Admissions for self-harm (10 to 24 year olds) in Bolton per 100,000, 2011/12 to 2018/19



Hospital admissions for self-harm are available disaggregated into age categories, which allows for identification of any particular age ranges of concern, however this data is only available for 2017/18. Figure 29 shows that admissions for self-harm for 10 to 14 year olds were 151.5 per 100,000 in Bolton, not significantly different to the average for England (210.4 per 100,000). In comparison to GM boroughs, there is no significant difference between Bolton and any of the boroughs apart from Salford and Wigan, which have a significantly higher rate. Compared to an average Bolton's 15 Nearest Neighbours (267.0 per 100,000), Bolton's proportion appears to be lower, but confidence intervals cannot be calculated so it is unclear whether there is a statistically significant difference.



Figure 29: Admissions for self-harm (10 to 14 year olds) per 100,000, 2017/18

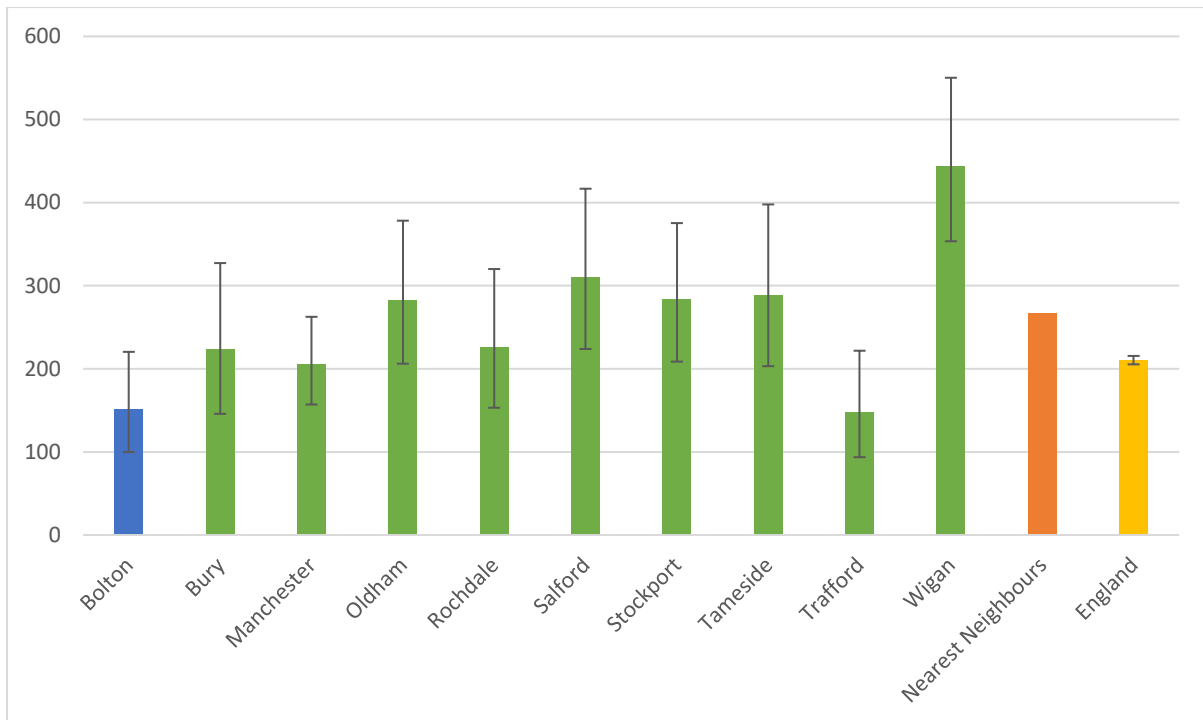


Figure 30 shows that admissions for self-harm for 15 to 19 year olds were 609.4 per 100,000 in Bolton, not significantly different to the average for England (648.6 per 100,000). In comparison to GM boroughs, there is no significant difference between Bolton and any of the boroughs apart from Salford, which has a significantly higher rate. Compared to an average Bolton's 15 Nearest Neighbours (665.1 per 100,000), there is no statistically significant difference.

Figure 30: Admissions for self-harm (15 to 19 year olds) per 100,000, 2017/18

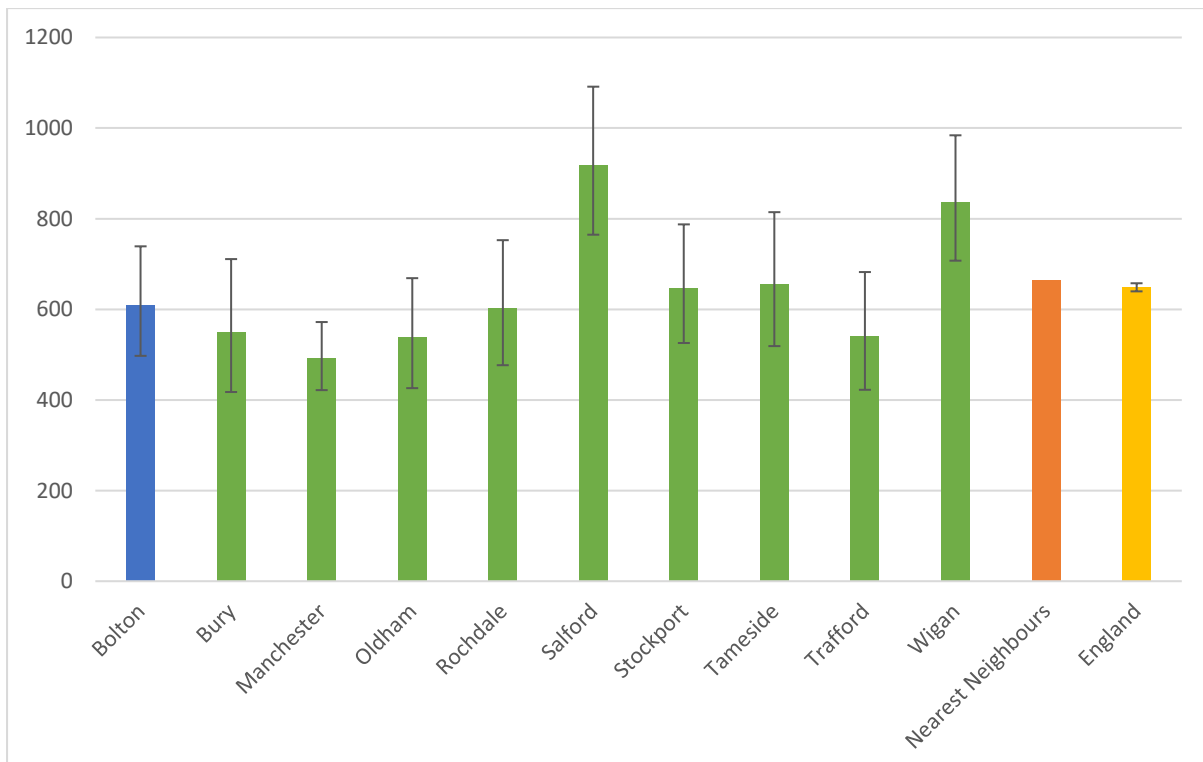
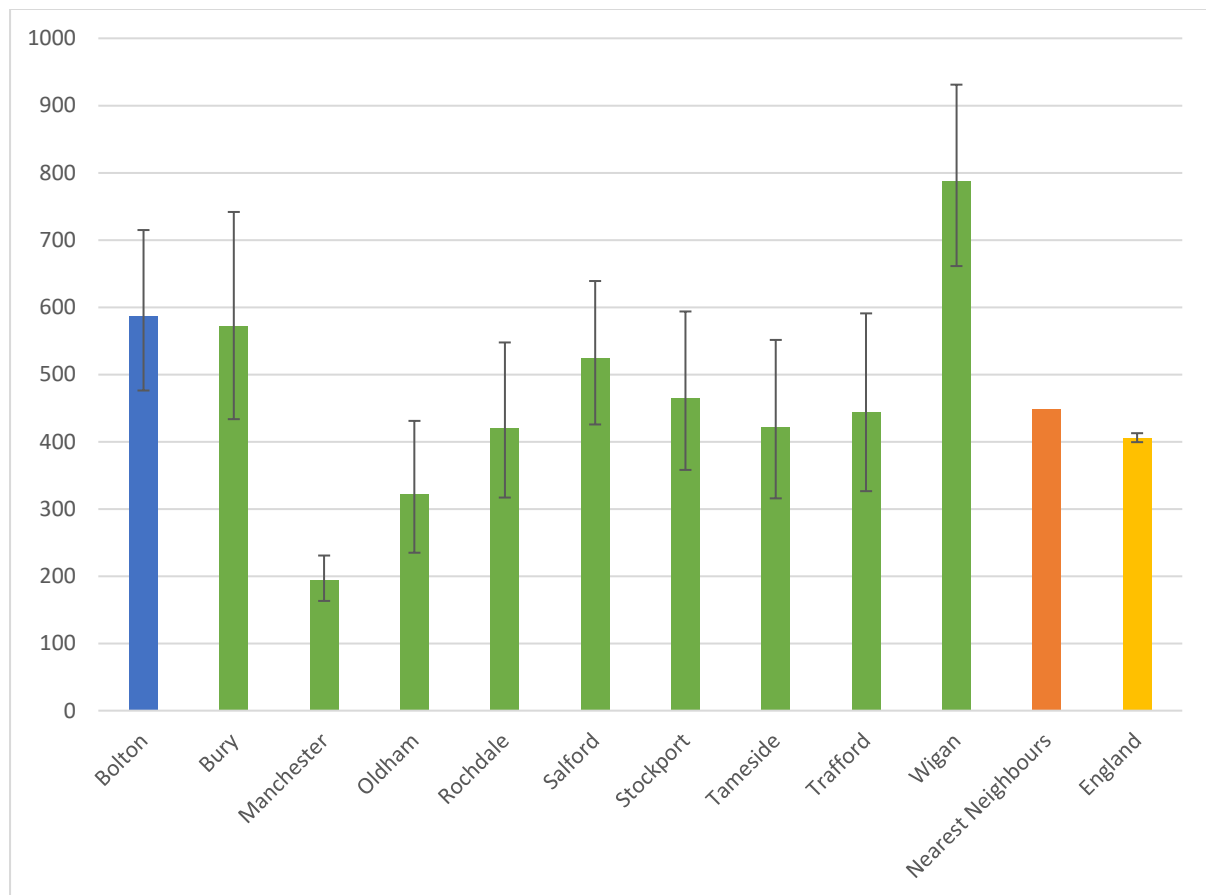


Figure 31 shows that admissions for self-harm for 20 to 24 year olds were 586.6 per 100,000 in Bolton, significantly higher than the average for England (406.0 per 100,000). In comparison to GM boroughs, there is no significant difference between Bolton and the other boroughs apart from Manchester and Oldham, which have significantly lower rates. Compared to an average of 14 of Bolton's Nearest Neighbours<sup>22</sup> (448.1 per 100,000), Bolton's proportion appears to be higher, but confidence intervals cannot be calculated so it is unclear whether there is a statistically significant difference.

Figure 31: Admissions for self-harm (20 to 24 year olds) per 100,000, 2017/18



## 9. Suicide

There were concerns that suicides in under 18s may have risen during the first part of the lockdown, but a national review was unable to draw conclusions due to low numbers<sup>23</sup>. In Bolton, Fortalice has reported an increased number of young people with suicidal ideation and who are self-harming. Suicidal thoughts and self-harm have been amongst the most prominent issues young people in Bolton undertaking counselling sessions via Kooth have mentioned.

Numbers of suicides each year in young people locally are very low and it is not possible to present quantitative data on this topic. However, a thematic review was conducted by the Bolton Safeguarding Children Board in 2017 which contains useful recommendations. The young people

<sup>22</sup> Data from Derby unavailable.

<sup>23</sup> National Child Mortality Database (NCMD) Programme (2020) *Child Suicide Rates during the COVID-19 Pandemic in England: Real-time Surveillance*. Available at: <https://www.hqip.org.uk/wp-content/uploads/2020/07/REF253-2020-NCMD-Summary-Report-on-Child-Suicide-July-2020.pdf>

consulted emphasised the need for young person-centred care from mental health services that listened to their voice (and didn't make them repeat their story over and over), provided joined up care and a comfortable environment (preferably not hospital-based). Parental mental health was mentioned as a trigger for poor mental health in young people by both young people themselves and professionals. Practitioners highlighted the need for up to date information on support services and the importance of information sharing to have the complete picture. Multi-agency working, training, common assessment tools and outcomes monitoring were seen as key. Young people and professionals felt that support for family, friends and the wider community in the aftermath of suicide was of vital importance.

## 10. Impact of COVID-19

### 10.1. National research and Bolton position

There have been many studies conducted and reports written by government agencies, universities, charities and other organisations on emotional wellbeing amongst children and young people as a result of COVID-19 and measures to contain it. Public Health England (PHE) have provided a useful summary which captures reported experiences, wellbeing and symptoms<sup>24</sup>. Their key findings are that, particularly during the first lockdown, COVID-19 and the public health measures that accompanied it have been negative for some children and young people's mental wellbeing, although some improvements were noted after. Surprisingly, the research found that life satisfaction had only slightly dipped and measures of happiness were relatively constant. It should be noted that this report was based on data up to mid-November so does not include the latest lockdown. Bolton Together noted that at the start of the first lockdown, children and young people in Bolton were expressing a fear of the unknown, with anxieties around their own and their families' health and isolation. Lockdown exacerbated the effects of already poor emotional wellbeing in children and young people who were already in contact with their services.

A large national survey of mental health of children and young people conducted by NHS Digital during the pandemic found that the prevalence of probable mental disorder in 5 to 16 year olds has risen in all age groups and both sexes since the last survey in 2017; in total the rise was from 10.8% to 16.0%<sup>25</sup>. The PHE report also states that during April (in the first lockdown), nearly 50% of 16-24 year olds showed new signs of psychological distress and reported relatively more anxiety over summer 2020 when this trend was going down amongst older adults. This appears to be mirrored in Bolton; data from the Bolton Children's Integrated Health and Wellbeing Service has shown an increase in numbers referred through emotional health and wellbeing care pathways and to specialist mental health services. Bolton Together have also reported a rise in demand for their more intensive one to one support since the pandemic began.

The University of Oxford Co-Space study found that parents of primary school aged children noted a rise in behavioural and restlessness or attention problems during the first lockdown<sup>26</sup>. In Bolton,

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<sup>24</sup> Public Health England (2020) *Research and analysis: 7. Children and young people*. Available at: <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

<sup>25</sup> NHS Digital (2020) *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

<sup>26</sup> Skripkauskaitė S, Pearcey S, Raw J, Shum A, Waite P and Creswell C. (2020) *Report 06: Changes in children and young people's mental health symptoms from March to October 2020*. Available at: <http://cospaceoxford.org/findings/changes-in-children-mental-health-symptoms-from-march-to-october-2020/>

Bolton Together reported that some young people in contact with their services were less able to cope and were having increased feelings of being overwhelmed during periods of pandemic-related restrictions, and in some cases suffering from panic attacks, because they were unable to take part in activities that improve their mental health and provide a coping mechanism (such as sports clubs). It is hoped that things will improve for young people now they are able to access more activities.

A paper for the Scientific Advisory Group for Emergencies (SAGE) found that school closures have negative mental health impacts, particularly on adolescents, and the disruption to essential services linked to schools has a particularly large impact on the most vulnerable children and young people<sup>27</sup>. Fortalice, a specialist organisation supporting families affected by domestic violence in Bolton, have had increased safeguarding concerns for children and young people when schools have been closed. During periods where children and young people have been able to attend school, some sessions have been able to run face to face. Bolton Together have found that some young people they support who usually struggle with school, because of issues such as bullying, have expressed relief at not having to go in, but Bolton Together are worried that this could be storing up problems for the future and increases their isolation even more.

The NHS Digital survey revealed the increased likelihood of living in a household with financial difficulties for children aged 5-16 with a probable mental disorder, as compared to children unlikely to suffer from a mental disorder. Bolton Together have reported particular concerns around the impact of reduced incomes due to the pandemic on parental mental health and subsequently on children and young people's mental health.

There have been heightened concerns about the impact of lockdowns on domestic abuse within households nationally. The Office for National Statistics found that there was an increase in domestic abuse offences recorded by police during the pandemic (although causality cannot be confirmed) and that services nationally had seen an increase in demand<sup>28</sup>. Bolton Together services have seen demand increase during the pandemic for domestic abuse services, including from other professionals who are seeking advice and guidance about supporting children and young people in at risk households. Fortalice have found numbers seeking support have increased, mental health has worsened in the children and young people they see, and complexity has increased so trauma-informed approaches are required. They were seeing lots of children and young people with depression and anxiety, as well as eating disorders. They were concerned that lockdowns were having the effects of children not interacting with other children and having no one to speak to, meaning that some children were accessing unsafe online communities, including around suicide. Services have had to shift in response to the pandemic which has created challenges, including issues around privacy for young people to speak freely when parents may be in the background during online sessions, difficulties in providing resources where young people are unable to print at home and less ability to work with younger children, for whom online provision works less well. However, there have been some positives in different ways of working, with innovative counselling

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<sup>27</sup> Independent Scientific Pandemic Insights Group on Behaviours (SPI-B) and Department for Education (2020) *Benefits of remaining in education: Evidence and considerations*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/935192/spi-b-dfe-benefits-remaining-education-s0861-041120.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935192/spi-b-dfe-benefits-remaining-education-s0861-041120.pdf)

<sup>28</sup> Office for National Statistics (2020) *Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020>

and play therapy provision and some good work on improving relationships between parents and children.

## 10.2. Bolton research

Bolton Together undertook engagement work about emotional health and wellbeing in three groups which face inequalities; BAME young people, LGBT+ young people and young people with SEND. Full reports can be found on Bolton Together's website<sup>29</sup>. Bolton Together's recommendations, formulated from all three pieces of engagement work are as follows:

- Allow time for children and young people to adjust to a changing environment
- Break down barriers to young people accessing services, taking steps to ensure all young people feel welcome
- Recognise that each person's experience of lockdown is different, we need to keep listening and taking a person-centred approach
- Provide clear accessible information about what support is available to help young people with their emotional health and wellbeing
- Talk openly about mental health and ways to support good mental health
- Provide accessible opportunities for children and young people to get active again, socialise and integrate

Qualitative research with professionals from specialist CAMHS was also undertaken to understand the impact of COVID-19 upon young service users.

A Bolton-wide mental health and emotional wellbeing survey has been launched to collect views from a cross-section of the population, and will be reported on in due course.

### 10.2.1. BAME young people

BAME young people aged between eight and 19 were included in this qualitative research.

At primary school age the impact on relationships featured heavily in responses about the impact of COVID-19, as well as not being able to partake in sports activities (which was the same for secondary age). Lots of respondents felt worried, especially when watching news about COVID-19.

At secondary age, young people saw COVID-19 as leading to a decline in physical and mental wellbeing, feeling scared for those around them getting COVID-19 rather than themselves, the inconsistency of being "on and off" between home and school and boredom. Creative activities (such as baking and arts activities) had helped relieve their stress. There were mixed views on how supportive school had been for their mental health; an example of good practice was a school which had sessions by mental health experts and signposting to resources such as Kooth. Young people talked about the stigma of mental health and how its importance to health needed to be recognised more. They also talked about the negative impacts of social media on mental health, but also the benefits in terms of movements such as Black Lives Matter and Me Too. They suggested that being taught social media "etiquette" could be useful, including the impact on others. Recommendations from the young people to improve mental health were: some form of regular outdoor exercise over the summer; having more than one school therapist and a shorter waiting time; more young people talking about mental health; therapists that are actually young and relatable.

At sixth form age, young people reported feeling overwhelmed with isolation combined with educational responsibilities. They mentioned positive experiences such as an increase in creativity

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<sup>29</sup> <https://bolton-together.org.uk/covid-conversations/>

and outdoor pursuits, and becoming more in touch with themselves. Some however felt repetition and disconnection was harmful to their mental health. The extra pressure felt by those whose parents worked in the NHS was expressed in terms of their responsibilities in reducing transmission with hygiene measures. Recommendations from the young people to improve mental health were: knowing who to go to if you are suffering; having mental wellbeing sessions; more accessible help; reducing stigma in certain communities.

Children and young people felt that being from a BAME community had impacted their experience during the pandemic, and also commented on negative media portrayals of their community and subsequent impact on trust in the media.

#### 10.2.2. LGBT+ young people

LGBT+ young people between 15 and 19 were included in this qualitative research.

Interestingly, many of the young people described themselves as home-loving and hadn't struggled to a great extent with not being able to go out, although boredom was mentioned as the pandemic went on. Some had reported feelings of isolation though, particularly those who were shielding, and most felt they missed social activities that made them feel part of a community. Technology had become very important as a means of staying in touch. Many reported not knowing where to go to for help and one recommendation was to increase awareness of sources of support for young people who were struggling. Exams were mentioned as a source of worry, with some left disappointed with their results. A decrease in physical activity for most and an increase in anxiety for some were reported, particularly in relation to the news.

When asked about positive activities, most mentioned their usual activities such as gaming and watching television, but some had taken up new activities such as baking. Post-lockdown groups and activities were seen as very important, as well as more support for those suffering from anxiety. Online support was seen as positive, and inclusive services are important, including awareness of the variety of sexual orientations and gender presentations and importance of pronouns.

#### 10.2.3. Young people with special educational needs and disabilities (SEND)

It was found that negative messaging in the media or "overwhelming use of fear" was having a large impact on young people with SEND. The research presents some case studies of different experiences of young people with SEND to highlight particular experiences; one young person whose activities and support stopped because of lockdown could not stop crying and likened COVID-19 to the rain – "you don't want to get it on you but it's everywhere"; another young person also struggled with lack of routine and found it difficult to focus on anything but the daily COVID-19 updates and media messages, which was affecting their sleep and causing anxiety; the final young person from the case studies had actually had a positive experience during lockdown of thriving and feeling able to be themselves at home because they have to "act like someone else at school and it's tiring" and was consequently worried about having to return to school.

The research also included parents and carers of young people with SEND. The main themes that arose from this research were the incredible pressure that parents were under as their support was taken away and they became full time carers and home schoolers to their children with additional needs with little perceived help, and the anger and anxiety this provoked. The mental health and wellbeing of families as a whole has been affected by COVID-19 and lockdown measures, and this is particularly acute for families with children and young people with SEND.

#### 10.2.4. CAMHS professionals

Staff in CAMHS provided insight into several areas relating to children and young people's mental health based on their practice experience.

##### *Key mental health presentations during the pandemic*

- **Anxiety** both generalised and social seemed to be one of the major issues for children and young people during the pandemic. This includes some young people who were directly anxious about the pandemic, such as wearing masks, social distancing, not seeing family and changes in routines.
- Other presentations noted as particularly pertinent included **self harm, confidence issues, OCD and restrictive eating/other eating disorders**.
- During the lockdown, there was a marked increase in **stress** for some children because of being expected to learn from home, possibly due to the pressure of having to attend online lessons. Conversely, lots of **children with ASD had improved mental health**, in some cases dramatically, during the first lockdown without the pressures of school, especially if they attended a mainstream school. Other related stressors that are typically acute have reduced, such as exams and school attendance.
- In some cases **isolation has led to new presenting problems** which were not previously there.
- Issues for some young people were **more significant in intensity** than prior to the pandemic.
- Increase in demand to support **placements which are close to break down** possibly leading to an increase in referrals of younger people (often due to difficulties managing children's behaviours).

##### *Mental health interventions required during the pandemic*

- More need for interventions such as **anxiety interventions, Cognitive Behavioural Therapy and case management** with key challenges around meeting the demand.
- Increased **frequency of contact** for the young person, more **containment of the family and systems** around the young person - generally **more intense**.

##### *Complexity during the pandemic*

- Increased **need as restrictions have eased**.
- Cases may not have been any more complex but **family support network has been less**.
- Service offers in some areas have been affected by **less face to face contact** which has caused challenges.
- More **neurodiverse children** attending A&E and mental health services.

##### *Final key messages on delivering mental health support to children and young people in Bolton*

- **Demand is high** and this has an impact on young people as well as the workforce.
- **Training is vital**, particularly around neurodiversity and learning disabilities.

## 11. Recommendations

Based on the data (quantitative and qualitative) available and analysed in the JSNA, the following recommendations have been developed.

### 11.1. Contextual risk factors

Bolton has areas of significant deprivation which are typified in higher than expected levels of child poverty, lower than expected levels of development at 2 to 2.5 years old and end of Reception year, higher than expected levels of 16-17 year olds who are NEET and high levels of domestic abuse. These are all risk factors for poorer mental health and wellbeing, as well as other health issues. Some are classed as ACEs, and the forthcoming ACE prevalence study will provide further insight on these and other risk factors. The importance of early intervention and prevention is therefore paramount, as well as services taking an ACE and trauma-informed approach. There is already work ongoing to embed population mental wellbeing and suicide prevention across the system and funding has been agreed in Bolton to co-design a holistic single outcomes framework to measure wellbeing, which takes into account contextual factors that affect wellbeing as well as individual wellbeing (such as access to green spaces and debt/financial issues). It is also recognised that improving life chances through measures which alleviate poverty may require structural approaches beyond the reach of local government and organisations.

Recommendations:

- Services working with children and young people in Bolton to take an ACE and trauma-informed approach, informed by the Bolton ACE prevalence study and recommendations arising from this.
- Services to help to raise the profile and embed across the system the single outcomes framework when it is developed.
- Services to put mental health and wellbeing at the heart of all strategy and policy to improve population mental health.

### 11.2. Data collection and sharing

There are some areas which suffer from a lack of data, and mean that it is difficult to build a picture of need which can influence commissioning and service development. In particular, data for 18 to 25 year olds is more sparse than for under 18s.

Recommendations:

- Where possible health services to collect and share data which can be disaggregated by age to provide a detailed picture of need. This is particularly relevant at the age of transition to adult mental health services, to help identify particular needs at this age group.

### 11.3. Disparities

Disparities in access to and use of services for some groups has been demonstrated, in particular by ethnicity and sex. These disparities are not unique to Bolton, however, the reasons for these disparities are unclear and could be explored further.

Recommendations:

- Explore reasons behind lower male engagement with wellbeing and higher level CAMHS services and take steps to increase access.
- Explore reasons behind lower referrals of BAME young people to CAMHS and take steps to increase access.

### 11.4. Learning from the pandemic

The COVID-19 pandemic and measures to contain it were unprecedented for the population. Across the country, services worked hard to adapt to the new set of circumstances and keep children and



young people safe during periods where the population was locked down. A reduction in referrals for CAMHS during 2020/21 compared to the previous year seems unlikely to be due to need decreasing, but is perhaps more likely to be because children and young people were not attending school or some other services in person, and were thus less visible to the system.

Recommendations:

- Services to share best practice on ensuring children and young people are kept safe and visible during any future lockdowns to ensure any mental health needs are identified.

#### 11.5. Helping children and young people during and after the pandemic

Bolton's Together's engagement with children and young people focused on the impact of COVID-19 on their emotional wellbeing. The following recommendations have been developed to take account of the findings, and also address concerns raised by young people and professionals interviewed as part of the thematic review on suicide.

Recommendations for service providers:

- Allow time for children and young people to adjust to a changing environment.
- Break down barriers to young people accessing services, taking steps to ensure all young people feel welcome.
- Recognise that each person's experience of lockdown is different, we need to keep listening and taking a person-centred approach.
- Provide clear accessible information about what support is available to help young people with their emotional health and wellbeing.
- Talk openly about mental health and ways to support good mental health.
- Provide accessible opportunities for children and young people to get active again, socialise and integrate.