Mental health and emotional wellbeing affects all aspects of a child’s development; it is just as important as their physical health. With good mental health, children and young people are better able to cope with stressful experiences, learn, and develop. Over the past few years there has been a growing recognition of the mental health and emotional wellbeing needs of children and young people. Half of mental health problems are established by the age of 14, and three quarters by the age of 24, highlighting the importance of prevention, early detection, and high-quality services for those children and young people who need them.

**Facts and figures**
- Approximately 3,750 (14%) children and young people aged 5-16 years have a diagnosable mental health condition in Islington.
- It is estimated that around 6,380 (19%) young people aged 16-24 years have a diagnosable common mental health condition in Islington.
- More than 3,000 children and young people (0-18 years) accessed support and treatment for mental health conditions, across the range of Child and Adolescent Mental Health Services (CAMHS) services offered in 2017/18.

**Population groups**
Childhood mental health problems are most common amongst:
- Children in poverty,
- Children in looked after care,
- Children suffering from abuse,
- Children and young people with physical health problems,
- Young people involved in the justice system,
- Young people with money problems.

**Protective factors and measures to reduce inequalities**
- Public awareness and understanding of mental health issues for children and young people.
- Less stigma and discrimination.
- Building resilience in children and young people, and their care givers.
- Parenting programmes, and services for the postnatal period.
- Equitable access to high-quality mental health services.
- Action to tackle childhood poverty, domestic violence and adult substance abuse.

**National & local strategies**
- The Five Year Forward View for Mental Health. NHS England (2016)³
- Local Government Association (2016) Best start in life: Promoting emotional wellbeing and mental health for children and young people.⁴
- CAMHS Transformation Plan 2015-2020.⁵
- The London Health Inequalities Strategy (2018).⁶
- Thrive LDN (2017).
INFLUENCES ON CHILDREN’S MENTAL HEALTH

Childhood poverty and deprivation
- 31% of Islington children were living in low income families in 2016.7
- Islington children suffer the second highest level of deprivation in London, and the third highest in England.8

Looked after children
- National estimates suggest that nearly 50% of children in local authority care and nearly 70% children living in residential care have a mental health condition.
- 339 Islington children under 18 were looked after in 2018; a rate higher than London & England.

Children in need
- 2,802 children in need referrals were made in 2017/18 in Islington; a rate of 677 per 10,000, which is higher than the London (546), and England (553) averages.9

Poor physical health
- An estimated 7% of children in Islington with physical health problems have a mental health condition.10
- 212 children aged 5-16 had a diagnosed long term condition in Islington in 2015.
- 38% of pupils were overweight or obese in Year 6 in 2017/18; similar to London but significantly higher than England.11

Poor self esteem
- 3.9% of boys and 5.5% of girls at Islington schools aged 10-11 reported having low self esteem in 2017.12

Protective factors include:
- Self-esteem.
- Resilience.
- Social support.
- High quality education.
- Good housing.
- Range of sport/leisure activities and other opportunities.
- Services for parents.

Key facts
- 14% of Islington children aged 5-16 were estimated to have a diagnosable mental health condition in 2016.

RISK FACTORS

Further info
- ISLINGTON

Clinical Commissioning Group
INFLUENCES ON YOUNG PEOPLE’S MENTAL HEALTH

Poverty and low educational achievement
- Young people in the UK reporting money worries are more than twice as likely to have poor mental health.\(^{13}\)
- The proportion of young people who say they are not mostly or completely satisfied with their household income was 65% in 2014/2015.\(^ {13}\)
- 3.5% of Islington 16 and 17 year olds were not in education employment or training in 2017/18.\(^ {14}\)
- Under the new ‘Attainment 8’ schools performance indicator, attainment in Islington schools was slightly lower than the London average (46.3 to 49.4) in 2018.\(^ {15}\)

Involvement in the justice system
- There were 538 proven youth offences in Islington in 2017/18, a decrease from 722 in 2013/14.

Poor physical health and substance abuse
- Around 7% of young people with physical health problems have a mental health condition.\(^ {10}\)
- 1,558 16-24 year olds had a diagnosed long term condition in Islington in 2018.\(^ {16}\)
- 26.4% of men and 17.1% of women aged 16-24 in England have used an illicit drug in the past year.\(^ {17}\)

Poor self-esteem
- 48% of Islington 15 year olds reported being recently bullied in 2014/15.
- 2.7% of boys and 5.7% of girls in Year 10 reported having low self-esteem.\(^ {12}\)

Protective factors include:
- Self-esteem and resilience.
- Supportive family.
- High-quality education.
- Good housing.
- Range of sport/leisure activities and opportunities.
- Tolerant and inclusive societies.
- Access to open spaces, transport, and community resources.
- Support for parents.

19% of Islington young people aged 16-24 were estimated to have a common mental illness in the past week.\(^ {13}\)
## ESTIMATED PREVALENCE OF MENTAL HEALTH DISORDERS IN CHILDREN

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Estimated prevalence in Islington</th>
<th>Estimated count in Islington in 2019</th>
<th>Age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any emotional or behavioural disorder</td>
<td>14%*</td>
<td>3,750</td>
<td>5-16 year olds</td>
</tr>
<tr>
<td>Emotional disorders</td>
<td>5.4%*</td>
<td>1,470</td>
<td></td>
</tr>
<tr>
<td>Hyperkinetic disorders (ADHD)</td>
<td>2.2%*</td>
<td>590</td>
<td></td>
</tr>
<tr>
<td>Conduct disorders</td>
<td>9.1%*^</td>
<td>2,500</td>
<td></td>
</tr>
<tr>
<td>Autistic Spectrum disorder</td>
<td>1.3%18</td>
<td>240</td>
<td>5-15 year olds</td>
</tr>
<tr>
<td>Learning disability (LD) and mental illness (MI)</td>
<td>MI estimated in 40% of people with LD, estimated prevalence of LD: 0.97% of 5-9 year olds, 2.26% of 10-14 year olds20,21</td>
<td>140</td>
<td>5-14 year olds</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>0.2%18</td>
<td>80</td>
<td>5-15 year olds</td>
</tr>
</tbody>
</table>

*Adjusted for housing tenure according to 2011 Census data on housing tenure and 2019 Population projections from Greater London Authority in 2016.

^ Up to 50% of children with conduct disorders develop a personality disorder in adulthood.19
## ESTIMATED PREVALENCE OF MENTAL HEALTH DISORDERS IN YOUNG PEOPLE

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Estimated prevalence in Islington</th>
<th>Estimated count in Islington in 2019</th>
<th>Age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated prevalence in Islington</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disorder</td>
<td>Men (%)</td>
<td>Women (%)</td>
<td></td>
</tr>
<tr>
<td>Common Mental Illness</td>
<td>10</td>
<td>28</td>
<td>6,380</td>
</tr>
<tr>
<td>Includes depression and anxiety disorders as well as unspecified common mental disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperkinetic disorders (ADHD)</td>
<td>15</td>
<td>14</td>
<td>4,810</td>
</tr>
<tr>
<td>Antisocial Personality Disorder&lt;sup&gt;a&lt;/sup&gt;</td>
<td>6.4</td>
<td>3.3</td>
<td>1,450</td>
</tr>
<tr>
<td>Borderline Personality Disorder&lt;sup&gt;b&lt;/sup&gt;</td>
<td>4.2</td>
<td>7.3</td>
<td>1,780</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>3.1</td>
<td>3.7</td>
<td>1,040</td>
</tr>
<tr>
<td>Psychosis</td>
<td>0.2</td>
<td>0.5</td>
<td>110</td>
</tr>
<tr>
<td>Autistic Spectrum disorder</td>
<td>9.8 per 1,000 population&lt;sup&gt;20&lt;/sup&gt;</td>
<td></td>
<td>300</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>1.7&lt;sup&gt;20&lt;/sup&gt;</td>
<td>5.4&lt;sup&gt;20&lt;/sup&gt;</td>
<td>1,100</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder (PTSD)</td>
<td>3.6</td>
<td>13</td>
<td>2,500</td>
</tr>
<tr>
<td>Learning disability (LD) and mental illness (MI)</td>
<td>MI estimated in 40% of people with LD, estimated prevalence of LD: 2.67% of 15 to 19 year olds&lt;sup&gt;20,21&lt;/sup&gt;</td>
<td>120</td>
<td>15-19 year olds</td>
</tr>
</tbody>
</table>


<sup>a</sup> Diagnostic definitions for personality disorders are a subject of some debate. We have used the diagnostic categories referred to in NICE guidance. For a fuller discussion see [http://content.digital.nhs.uk/catalogue/PUB21748](http://content.digital.nhs.uk/catalogue/PUB21748)

<sup>b</sup> Borderline personality disorder is not diagnosed before age 18
SECONDARY CARE USE, SELF-HARM AND SUICIDE

Secondary care use

Children under 18 in Islington were admitted via A&E with a mental health primary diagnosis in 2016/17 (47 per 100,000).

Children under 18 in Islington were admitted via A&E with a mental health related problem in 2016/17 (364 per 100,000).

Prevalence of self-harm and suicidal thoughts

Based on national survey data, an estimated 10% of men and 26% of women age 16-24 have a history of self harm. Applied to Islington, this would affect **5,783 individuals**.

Nationally, an estimated 19% of men and 35% of women age 16-24 have a history of suicidal thoughts. Applied to Islington, this would affect **8,743 individuals**.

Suicides and hospital admissions for self-harm

Children under 18 in Islington were admitted for self-harm via the A&E in 2016/17.


50% of all mental health conditions emerge before the age of 14 and
75% by the age of 24

...but some go untreated. Prevalence estimates suggest 3,531 young people under 18 had mental health conditions in 2017/18. Local data showed 2,144 young people had two or more contacts with local CAMH services during the year.

Community services
NHS England has set a new national target requiring that by 2020/21, at least 35% of children with a mental health condition receive treatment. In Islington for 2017-18, 52% of those children and young people estimated to have a mental health condition received treatment by NHS-funded community services. We have implemented a new integrated social, emotional and mental health service which may impact on the numbers accessing CAMHS, therefore forecast numbers should be treated with caution.

The total length of stay for admissions to specialist day or inpatient in North Central London has increased by 494% since 2015/16.

Developing resource across North Central London
Working jointly with Camden, Barnet, Enfield and Haringey has provided an opportunity to develop specialised services where local solutions are impractical. Through a joint sustainability and transformation plan these boroughs are planning to develop:

- Local management of specialist day and inpatient mental health beds for children and young people to allow care closer to home and better links with local community services.
- Provision of out of hours and crisis mental health services for young people to help prevent attendance at A&E and admission to acute hospital.

Length of Stay for Specialist CAMHS Admissions, Islington

Source: CAMHS Transformation Plan (2018/19)

Estimated numbers accessing Child and Adolescent Mental Health Services (CAMHS) with associated 95% confidence intervals up to 2021.
WHAT WORKS TO BUILD RESILIENCE IN YOUNG PEOPLE?23

Building resilience (the ability to cope with adversity and adapt to change)

- Effective caregiving and parenting
- Effective teachers and schools
- Positive friends or relationships
- Positive relationships with caring adults
- Beliefs that life has meaning
- Faith, hope, spirituality
- Achievement motivation
- Perceived efficacy and control
- Self regulation skills
- Intelligence and problem solving skills

Resilience is important for emotional wellbeing. Correlates of resilience in young people include:

### What Works for Specific Mental Health Problems? 23

**Actions to manage conduct disorder include:**
- Classroom-based emotional learning and problem-solving programmes
- Group parent training programmes
- Multisystemic therapy to young people aged 11-17 years

**Do not offer pharmacological interventions for the routine management**

**Develop local care pathways between education and healthcare that promote access to services**

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**Actions to manage anxiety include:**

**Early intervention**
- Targeted work with small groups of children to develop problem-solving approaches and other skills

**Specific approaches**
- These are dependent on the anxiety disorder and include:
  - Group based cognitive interventions
  - Behaviour focused interventions
  - Education support
  - Play based approaches to develop more positive child/parent relationships
  - Considering medication if therapy alone is not working

---

**Actions to manage depression include:**

**Mild depression**
- Watchful waiting
- Psychological therapy, if there are no co-morbid conditions or suicidal ideation
- Referral to tier 2 or 3 CAMHS team if no response after 2-3 months

**Moderate or severe depression**
- Review by tier 2 or 3 CAMHS team
- Individual psychological therapy
- Consider medication
- Multidisciplinary review if unresponsive to psychological therapy
- Consider inpatient treatment if high risk of suicide or self-harm

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**Actions to manage ADHD include:**
- Parenting programmes to give parents the skills and strategies to help their child
- Behaviour therapy with children to replace behaviours that don’t work or cause problems
- Advice for teachers about how to teach children with ADHD
- Medication for severe cases

**Nearly all parents of children with ADHD seek some form of help because of concerns about their child’s mental health, but only a minority of children receive evidence-based treatment**

**There is a clear pattern of delay in seeking help for eating disorders, which in turn delays diagnosis and treatment creating more severe and long term impacts**

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### NHS AND LOCAL AUTHORITY SERVICES

- **Extensive Acute and Community Child and Adolescent Mental Health Services (CAMHS)** provided by Whittington Health Integrated Care Organisation, Camden and Islington NHS Foundation Trust and the Tavistock and Portman NHS Foundation Trust

- **CAMHS services** work with Bright Start staff to provide group and individuals therapy for parents of children up to their fifth birthday.

- **Cognitive Behavioural Therapy** available through **iCope** (for those 18 years and older).

- **Perinatal mental health services and Parents Wellbeing Service** through Camden and Islington NHS Foundation Trust

- **CAMHS working with Children’s Social Care and in Targeted Youth Support**, the Children Looked After Health Team, Pupil Referral Units, and Youth Offending services.

- **The Family Nurse Partnership** is a preventative programme for first time parents aged 19 and under. The programme’s primary focus is improving the health and wellbeing of the child and mother in pregnancy.

- **Adolescent Multi-Agency Specialist Service** providing parenting interventions to families with adolescents

- **Islington Families Intensive Team** for families with multiple complex needs.

- **Integrated social, emotional and mental health services** within Children’s Services Contact Team at 222, Upper St. to provide greater access and choice to emotional wellbeing and mental health services including social prescription, through a central point of access.

### EDUCATION

- **Each school has support from a CAMHS clinician**

- **Across the Council and Schools:**
  - The ‘Healthy Minds’ programme developed by Islington’s health and wellbeing team for school PSHE classes.
  - **iMHARS** is the Islington Mental Health and Resilience programme in Schools
  - **Youth Mental Health First Aid.** YMHFA is for anyone who teaches, works with, lives with or cares for young people (8-18). YMHFA supports participants to recognise early signs of mental health problems and respond appropriately to assist people in their community, family or workplace

### VOLUNTARY SECTOR

- **A wide range of services, education and outreach are available from the voluntary sector in Islington.**
  - For example, the **Brandon Centre**, the **Anna Freud Centre, Manor Gardens, Barnardo’s, Chance UK, and Coram**.
**KEY OBJECTIVES AND PRIORITIES**

**OBJECTIVES**

- More children and young people will have good mental health and enjoy emotional well being.
- Fewer children and young people will develop mental health problems.
- More children and families will be resilient.
- More children and young people with mental health problems will recover.
- More children and young people will have a positive experience of care and support provided by services.
- Access to care and support will be timely, offer evidence-based interventions and approaches providing choice and control.

**PRIORITIES TO ACHIEVE THESE OBJECTIVES**

- Develop the resilience of children and young people and support parents and carers.
- Improve awareness of mental health and emotional wellbeing.
- Focus on prevention, promoting good mental health, and early intervention.
- Ensure a better transition between children and adult services.
- Develop the workforce, and provide clearer early intervention pathways.
- Improving accessibility to care and appropriate, trustworthy, information.
- Improving care for the most vulnerable.
- Improve perinatal mental health awareness and services.

**IMPROVING MENTAL HEALTH**

- More children and young people will have good mental health and enjoy emotional well being.
- Fewer children and young people will develop mental health problems.
- More children and families will be resilient.
- More children and young people with mental health problems will recover.
- More children and young people will have a positive experience of care and support provided by services.
- Access to care and support will be timely, offer evidence-based interventions and approaches providing choice and control.
THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

Engagement

CAMHS in schools review

- A recent survey of schools showed that this was really valued. One member of staff said: ‘CAMHS can be a threatening term to parents but having someone in the school takes the pressure away. The clinician has got to know the families here.’

CCG Self-care forum - young people questioned about accessing healthcare services

- ‘The school pretended that mental health issues didn’t exist’
- ‘We had a school counsellor but were too embarrassed to access them as their office was based downstairs and everyone would know where you’re going.’
THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

Responses to the 2017 Health Related Behaviour Questionnaire indicate the following prevalence rates within Islington’s school population:

**In Primary Schools:**
- 3.9% of boys had low self-esteem scores.
- 5.5% of girls had low self-esteem scores.
- 73% of boys and 77% of girls reported that they worry about at least one problem 'quite a lot' or 'a lot'.
- When things had gone wrong in the last six months, 18% of pupils said they ‘often’ or ‘very often’ got upset and felt bad about it for ages, 47% said they felt calm and carried on. 59% said that they learnt from it for next time.
- 26% of boys and 31% of girls said that they would keep their worries to themselves.

**In Secondary Schools:**
- 1.0% of Year 8 boys and 2.7% of Year 10 boys had low self-esteem scores.
- 2.1% of Year 8 girls and 5.7% of Year 10 girls had low self-esteem scores.
- 16% of boys and 25% of girls said that they worry about their own mental health 'quite a lot' or 'a lot'.
- When asked ‘if at first you don’t succeed, would you?’ 76% of pupils said they would have another go ‘usually’ or ‘whenever possible’. 69% said they would keep on trying until you do. 45% of pupils said they would ask for help.
- 46% of Year 8 and 10 pupils said that they would keep their worries to themselves.
REFERENCES AND FURTHER INFORMATION

16. North East London Commissioning Support Unit data, 2018

About Islington’s JSNA

Islington’s Evidence Hub brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Islington’s population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This factsheet was produced by Logan Robertson, Public Health Intelligence and Information Officer, David Clifford, Principal Public Health Intelligence Specialist and Tom Callender, Public Health Registrar, and approved for publication by Jane Brett-Jones, Senior Strategist, in September 2019.

Contact: JSNA@Islington.gov.uk