MAPPING THE MENTAL HEALTH OF THE UK'S YOUNG PEOPLE

KEY FINDINGS

Summary

Children and young people's mental health has been deteriorating across the UK, compounded by the impact of Covid-19 on children's education and home life, and by the cost-of-living crisis and rising inequality. In England, one in five children and young people aged 8-25 experience mental health difficulties, and rates elsewhere in the UK (while varying across nations) have also continued to rise overall.

Centre for Mental Health's map tool, Mapping the mental health of the UK's young people, gathers data from multiple sources such as the NHS *Mental Health of Children and Young People in England, 2023* survey (NHS England, 2023), a range of national surveys from the devolved nations, and multiple indicator profiles from the Fingertips Public Health Profiles database.

In this briefing, we want to highlight three key messages:

- The rise in mental health difficulties among children and young people, and the impact on their safety, wellbeing, education and futures, demands urgent action
- Data gaps across the UK on mental health difficulties, including eating disorders and self-harm, must be addressed so that action can be informed by recent and comparable evidence about prevalence and need
- Intersecting experiences of inequalities and marginalisation have a profound role in the state of children and young people's mental health, and these relationships must be explored so that equitable policies and interventions can be designed.

We have also identified key points of interest for multiple possible users of the map tool and these are organised by the following:

- Policymakers
- Local health leaders, including public health teams, health and wellbeing boards, health and social care commissioners, integrated care systems and health boards
- The education sector
- The voluntary, community and social enterprise (VCSE) sector.

Previous work by Centre for Mental Health in 2017 used a '1,000 children' model to visualise the impact of mental health difficulties upon children and young people. That model aimed to support local commissioners' understanding around the levels of mental health need in a typical cohort of children and young people. Reflecting on how useful this model was to different stakeholders but also how much has changed since 2017, Centre for Mental Health has developed a map tool which similarly aims to help contextualise the prevalence of mental health difficulties and need for support, but with data reported at a national and local level.

ACCESS THE TOOL HERE

Some indicators used in the map tool can be presented in the '1,000 children' model, as in the 2017 work, and these statistics are presented elsewhere in the briefing where possible. However, for other indicators, using percentages and rates provides a more precise representation of the data and so these scales have been used in the map tool to clearly illustrate differences and similarities.

Making comparisons across nations often requires caution due to slight differences in data collection or reporting. Even so, we can still use reported figures to identify key areas of concern. The map tool will also help users to build an understanding of the varying factors and circumstances in the UK which shape the mental health and wellbeing of children and young people. These factors might include experiences of bullying or loneliness, school absence or family adversity, as well as the impact of systemic marginalisations such as racism, ableism and poverty.

For England, and some devolved nations depending on data availability, the map tool allows the viewer to move between national and unitary authority level statistics for some indicators. At a unitary authority level, some locations rank highly in more than one indicator, suggesting that children and young people are experiencing multiple mental health difficulties or exacerbating factors.

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GLOSSARY OF KEY TERMS

Adverse Childhood Experiences or ACEs: Highly stressful and potentially traumatic events or situations that occur during childhood or adolescence.

Age-standardised: When data has been adjusted so that difference in age across a sample or population is accounted for or controlled for when looking for any trends or changes in the data.

Data-harmonisation: The process of making different sets of data consistent and compatible with each other to allow for accurate comparison and analysis.

Devolved nations: Referring to Wales, Scotland and Northern Ireland where some legislative power has been 'devolved' or transferred to their national governments from Westminster.

Indicator: A measurable sign or piece of information that helps to show the level of a particular situation or condition, such as the rate of reported anxiety in a population or community.

Mental health difficulties: A broad term to include both experiences of mental ill health for those with diagnoses, and more general experiences of poor mental health and wellbeing reported by children and young people.

Mental health conditions: A term used infrequently in the report to reflect the language used by the NHS and other health bodies, in the context of measuring first finished hospital admissions for 0-17 year olds with mental health related diagnoses.

Paramilitary groups: A military group that is not an official or legitimate army of a country; in this case, referring to armed groups participating in the conflict known as the Troubles in Northern Ireland.

Prevalence: The total number of cases of a specific condition or characteristic in a population at a given time, often a percentage or proportion.

Racialised communities: Ethnic, racial and cultural communities in the minority in the UK who have been racialised – that is, white-majority systems have categorised groups according to the colour of their skin or other cultural or religious features, and in doing so have 'othered' and marginalised them.

Unhealthy (family) functioning: A broad description for families who do not get on well or do not provide a safe environment for a child's development, including whether family members struggle to show affection for one another, to communicate openly or to resolve emotional upsets.

Unitary authority: An area of local government, sometimes replacing multiple local authorities or covering places where both county and city/town local authorities exist (House of Commons Library, 2020).

IMPACT OF INCREASING POOR MENTAL HEALTH AMONG CHILDREN AND YOUNG PEOPLE

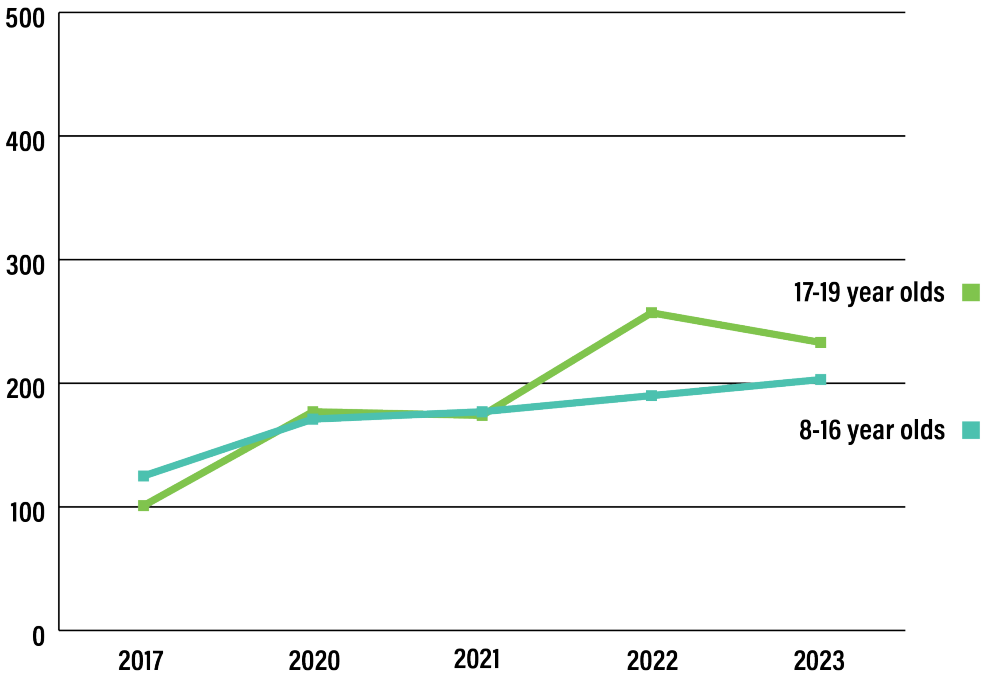
Centre for Mental Health received a grant from Kooth in early 2024 to design a series of maps highlighting inequalities in mental health among children and young people across the four nations. Together, we selected a number of indicators to shed light on variations and to create a comprehensive picture of the challenges faced by children and young people post-pandemic. These indicators aim to illustrate the complex and nuanced ways in which mental health impacts, and is impacted by, various aspects of a child or young person's life, including poverty and racism.

We utilised data from publicly accessible databases which often varied across the four nations, presenting challenges in making straightforward comparisons. Despite these challenges, the resulting maps are a valuable and accessible tool. They will assist policymakers, commissioners, and VCSE colleagues in tailoring their services and interventions to meet local needs effectively. This initiative underscores the importance of understanding and addressing mental health disparities, including those linked to poverty and racial inequalities, to support children and young people's wellbeing.

MENTAL HEALTH DIFFICULTIES

The prevalence of mental health difficulties for children and young people has increased for most age groups in the UK and, in all locations, is at a level to necessitate concern. These changes indicate an overall upwards trend and provide evidence that mental health and wellbeing is a significant and growing issue for young people, as observed in Centre for Mental Health's initial analysis (Shafan-Azhar and Treloar, 2023) of NHS England's *Mental Health of Children and Young People in England, 2023* survey data (herein referred to as the NHS England 2023 survey). As in that piece, where NHS England have used the phrase 'probable mental disorder' we have chosen to use 'mental health difficulty'.

Figure 1: Proportion of children and young people in England with mental health difficulties 2017-2023 (per 1,000)



In 2023, 198 out of 1,000 children (aged 8-16 years) in England had a mental health difficulty, rising from 185 in 2022. In a cohort of 1,000 young people (aged 17-19), 316 had a mental health difficulty in 2023, a significant increase from 134 in 1,000 young people in 2017. In Northern Ireland, Scotland and Wales, the use of different methods of data collection means that visualising change side-by-side, such as in the figure above, is not always advisable. In Scotland and Wales, data collection for 11-16 year olds used the Strengths and Difficulties Questionnaire, as in the NHS England 2023 survey, but scores were calculated differently (NHS England, 2023). Table 1 below makes clear the differences in indicator title, age-range and time of data collection, while still allowing for an overview.

Table 1: Children and young people experiencing mental health difficulties across England, Northern Ireland, Wales and Scotland by approximate age ranges

Country	Younger child age range	Older child to young person age range	Older teenage or young person age range
England	**8-10 years**	**11-16 years**	**17-19 years**
	Mental health difficulties: **157 in 1,000 children** (2023)	Mental health difficulties: **226 in 1,000 children** (2023)	Mental health difficulties: **233 in 1,000 young people** (2023)
Northern Ireland	**5–10 years**	**11-15 years**	**16-19 years**
	Any mental health diagnosis: **128 in 1,000 children** (2020)	Any mental health diagnosis: **143 in 1,000 children** (2020)	Any mental health diagnosis: **186 in 1,000 young people** (2020)
Wales	**7–11 years**	**11–16 years**	-
	Clinically significant emotional difficulties: **130 in 1,000 children** (2022/23)	Scoring 'very high' on mental health difficulties questionnaire: **240 in 1,000 children** (2017-2021)	-
Scotland	**4-12 years**	**11-16 years**	**16–24 years**
	Scoring 'very high' on mental health difficulties questionnaire: **100 in 1,000 children** (2017-2021)	Scoring 'very high' on mental health difficulties questionnaire: **170 in 1,000 children** (2015-17)	Scoring 'very high' on mental health difficulties questionnaire: **350 in 1,000 young people** (2022)

While there are differences in the age-ranges and exact methods, overall, the data from across the four nations suggests that young people moving into their teenage and young adult years are experiencing mental health difficulties at higher rates than other age groups.

LONELINESS AND BULLYING

Levels of loneliness are reported to be comparatively high among children and young people in Scotland, with 139 in 1,000 11-18 year olds feeling lonely often or always, compared to 55 in 1,000 11-16 year olds in England. The difference in the two figures is dramatic, perhaps suggesting an intervening factor, although exactly the same question was posed to both the Scottish and English samples. The larger age range in the Scottish data collection (which includes 17-18 year olds) might explain the increased levels of loneliness since the older teenage years appear, from other data, to be a period with increased risk of mental health difficulties.

Percentage of children and young people in the UK who are often or always lonely

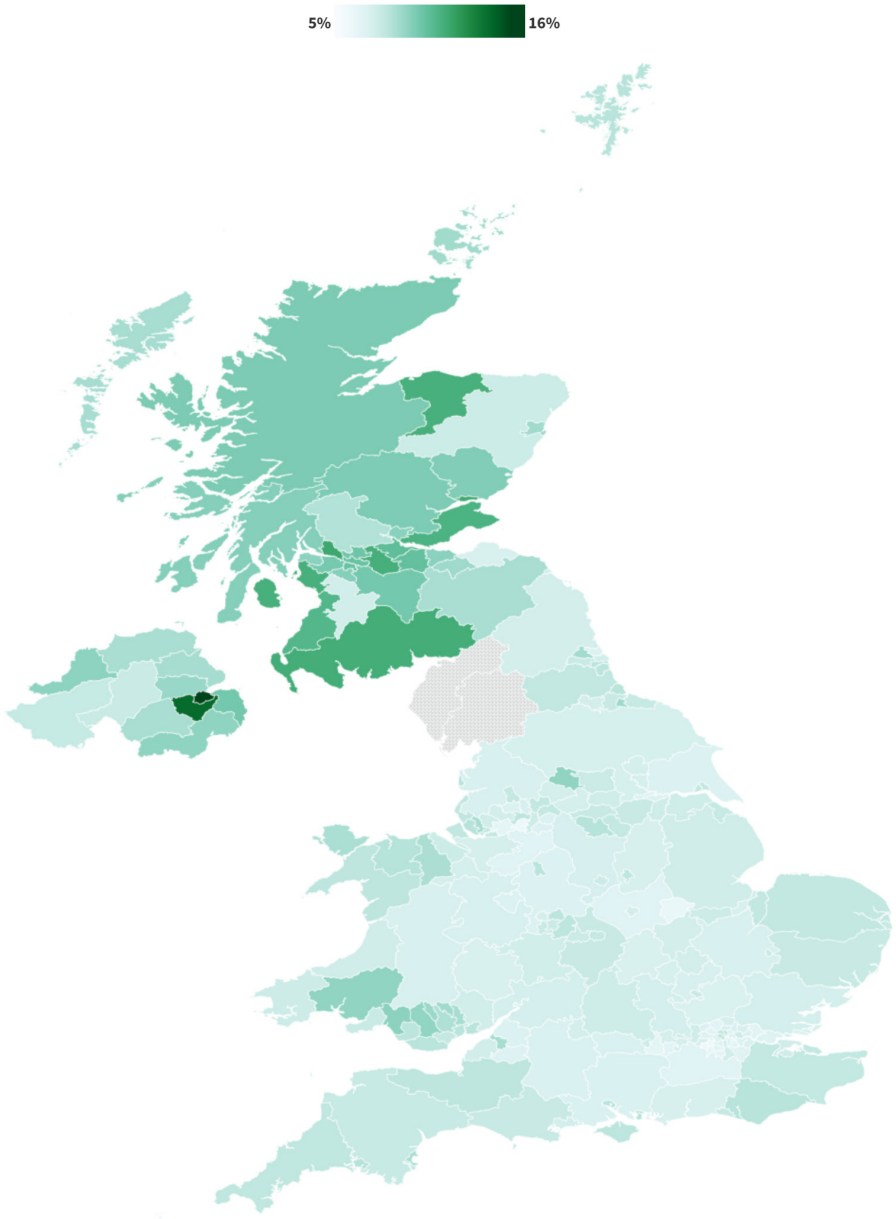
Further investigation of data in England suggests that loneliness is associated with mental health difficulties, and it is likely that both experiences exacerbate each other (Hards *et al*., 2021). In England, 166 out of 1,000 children aged 11-16 who experienced mental health difficulties reported feeling lonely often or always, compared with only 8 out of 1,000 children without. A gendered difference can also be observed: 235 out of 1,000 girls in that same age range who had mental health difficulties reported feeling alone often or always, compared with 96 out of 1,000 boys with mental health difficulties.

Additionally, compared to figures for England, high proportions of children and young people in Wales, Scotland and Northern Ireland report experiencing bullying, both online and in person. Across the four nations, different choices were made in how to group children and young people by age while collecting data on bullying, which may explain some differences in reported figures.

ABSENCE FROM SCHOOL

In England, 112 out of 1,000 children aged 8-16 years with mental health difficulties had missed more than 15 days of schooling in the last term compared to only 15 out of 1,000 of children without.

Rates of school absence in the UK by local authority



When looking at absence data cross the UK map, Northern Ireland seems to have higher rates of school absence compared to other nations, although methods for calculating local rates did differ slightly due to limited available data and so these figures are averages from absence percentages reported at school-level in each local council. Belfast saw the highest percentage of half days missed by pupils of school age at 15.2%, with West Dunbartonshire reporting the third highest figure in the UK at 11.6%. In Wales, the highest rate of absence is found in Neath Port Talbot (9.3%) and in England, Bradford ranks highest (9.1%).

Absence is, of course, not always related to mental health difficulties, but it is increasingly so (Adams, 2024). Concern is increasing among educators, other support workers and policymakers around school refusal specifically, and factors such as bullying, adversity at home and experiences of poverty are known to be impacting the mental health of school-age children (Bottomley and Shafan-Azhar, 2024).

In some cases, absence rates can be plausibly connected to factors such as child poverty; for example, Bradford reports a child poverty rate of 36.2%, within a UK range of 5.2%-43.2% (The Health Foundation, 2024). For other places, such relationships may not be so immediately apparent, and variation in circumstances or inequalities experienced by children and young people within unitary authorities may also need to be explored.

EATING DISORDERS, SELF-HARM AND HIGHER-LEVEL NEEDS

In England, young people in their late teenage years report significantly greater prevalence of eating disorders compared to younger children. The figure jumps from 26 out of 1,000 11-16 year olds to 125 out of 1,000 17-19 year olds. No change was seen between age groups (11-15 years and 16-19 years) in Northern Ireland. For all three devolved nations, data on eating disorder prevalence among children and young people is limited and has not been studied comprehensively to date (Nolan, 2023).

For incidence of self-harm in England, the highest prevalence is seen among young people aged 17-24, at 368 out of 1,000 young people in that age range. This is compared to 59 out of 1,000 8-10 year olds and 112 out of 1,000 11-16 year olds. Figures for 16-24 year olds in Scotland are similarly high, at 290 out of 1,000 young people.

Other indicators reported at the unitary authority level in England include rates of hospital admissions for mental health conditions and new referrals to secondary mental health services for under-18s. These indicators contextualise the prevalence figures by demonstrating how they translate into service access or demand.

Table 2: National and local rates of new referrals to secondary services and of hospital admissions for mental health conditions (under-18s) in England

Indicator	National rate (per 100,000)	Highest local rates (per 100,000)
New referrals (under-18s) to secondary services (2019/2020)	6,977	Rotherham (18,214)
		Rochdale (13,376)
		North Lincolnshire (13,008)
Hospital admissions (under-18s) for mental health conditions (2022/23)	80.8	Herefordshire (309)
		North Somerset (242)
		Darlington (201)

Unitary authorities with the highest rates of new referrals for under-18s to secondary services (listed in Table 2) show rates of referral that are at least almost twice as high as the national rate. Hospital admissions for mental health conditions among under-18s in England totalled 9,603 in 2022/23, with Table 2 above showing the national rate. The map tool shows how rates of hospital admission of under-18s for mental health conditions vary by unitary authority.

The map also shows the figures for youth (10-24 years) suicide rates by nation and by English and Scottish unitary authorities. By exploring how risk varies by location, users may be able to connect these figures to a local area's ranking on other indicators, identifying overlapping issues which could be addressed. The national figures are in Table 3 below. Geographical areas reflect area of residence rather than area where the event occurred.

Table 3: National youth suicide rates by UK nation (per 100,000)

Nation	National youth suicide rate (per 100,000)
England 2018-2022	**10-24 years**
	5.5
Northern Ireland 2018-2022	**Under 24 years**
	5.4
Wales 2022-2023	**10-24 years**
	5.5
Scotland 2017-2021	**11-25 years**
	10.4

Overall, the number of deaths by suicide are small, but each is an overwhelming tragedy for the young person and heavily impacts their family and community. While concerns about troubling comparative rates have been previously noted in Scotland, for example, the rates displayed in the map should not be used out of context or to cause undue alarm. Further research is needed to better understand how factors like small sample sizes might shape figures, as well as the likelihood of rural isolation and other place-based factors negatively impacting on children and young people's mental health.

GAPS IN DATA RELATED TO CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH IN THE UK

Mapping data transforms it into a vibrant narrative, spotlighting spatial distribution and differences in mental health in a way that is crucial for service planning and interventions. However, maps have their limitations. They can oversimplify complex data and may not capture all variables affecting mental health, especially where these change within unitary or local authorities. Additionally, different methods of calculating totals across regions can lead to misleading comparisons. Hence, it is vital to interpret maps within the context of the available information, ensuring a nuanced understanding and avoiding inaccuracies. Building a broad and contextualised picture of children and young people's mental health in the UK is necessary to support fully informed decision-making.

The map tool is limited by the public availability of relevant data and is particularly limited in meeting our aim to represent data across all four UK nations, due to variations in the extent and methodology of data collection. Data presented at a unitary authority level mostly represents England, due to limited availability of data reported at that scale from the devolved nations. However, where possible we have ensured that if data is accessible at that level, it has been incorporated into the map tool. Even so, there are remaining gaps where, for each indicator, a small number of unitary authorities have not reported data.

Additionally, some figures on children and young people's mental health cannot be effectively presented in the selected map format, especially those which deal with small populations and explore comparative mental health risks or inequalities. This briefing aims to cover those exacerbating and intersecting factors in the next section, including directing users to existing resources from other sources to explore data on, for example, poverty.

Comprehensive data is not collected on youth prevalence of eating disorders in Wales and Scotland and has only recently (2020) been collected in Northern Ireland (Nolan, 2023). Similarly, recent data specific to children and young people on self-harm in Wales could not be identified for use in the map tool. While some studies have used qualitative and participatory methods to explore experiences of bullying (Open Universiteit, n.d.), further research might help understand the differences in figures reported across nations, as well as where data could be better captured (BBC News, 2023). The NHS England 2023 survey is an incredibly useful dataset for mental health researchers, but also several other stakeholders. If resources could be mobilised to provide the same level of insight to stakeholders in the devolved nations, action on children and young people's mental health in Wales, Scotland and Northern Ireland could be transformed.

Geographical variation in the timing, method and extent of data collection and reporting may be well-reasoned and deciding whether to campaign for data-harmonisation, especially between nations, should include assessment of what would be the best use of time and effort. For example, for statistics on issues such as eating disorders and self-harm, the lack of publicly accessible knowledge in some UK nations is a serious loss to policy, commissioning and campaigning efforts and this should be addressed as a priority.

EXACERBATING AND INTERSECTING FACTORS AROUND CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Some children and young people face a host of challenges and many forms of disadvantage and discrimination. The types of marginalisation and inequality discussed here are far from exhaustive and should be seen as intersecting rather than separate. For example, this section talks about both racism and poverty, showing how systemic racism often leads to racialised communities facing more economic challenges and hardship (Institute for Race Relations, 2024).

RACISM AND RACIALISED INEQUALITIES

Centre for Mental Health has carried out extensive work demonstrating how racism and racialised inequalities shape and worsen mental health and this is equally the case for children (McHayle *et al*., 2024; Abdinasir and Ahmadzadeh, 2023). This reporting has highlighted how barriers to accessing health and care services, as well as witnessing, experiencing or anticipating experiences of racism negatively impact the mental health of children and young people from racialised communities (Abdinasir and Ahmadzadeh, 2023). Furthermore, as mentioned above, the intersection of racism with other forms of marginalisation, such as experiences of poverty or gendered inequality, means that children and young people from racialised communities will likely face higher risks and compounded barriers to support.

Mapping racial inequality might not always be the most useful way to understand this type of data, and only limited comparative work on geographical variation in racialised health inequalities has been conducted, often not specific to mental health. For example, Runnymede compared London boroughs to find that, in 2011, racialised communities in approximately one-third of London boroughs experienced health inequality, with this felt most severely in Hackney, followed by Haringey and Westminster (Elahi and Khan, 2016).

The research defined local ethnic inequality in health as the difference between the proportion of the population with limiting long-term illness (age-standardised) among people from white British or racialised communities in a particular district. The study did not include analysis of whether a long-term illness was related to mental or physical health. While children and young people were included in analysis, it was not specific to them.

In Northern Ireland, where emphasis has previously been given to the impact of exposure to paramilitary groups and associated violence on the mental health of young people, the number of reported racist incidents is now higher than sectarian incidents (Amnesty International UK, 2024). Additionally, a 2017 survey found that participants aged 18-24 demonstrated greater racial intolerance than other age ranges, by many more percentage points (Northern Ireland Life and Times Survey, 2017). While this topic demands further investigation, these figures might imply that racialised young people in that same age group in Northern Ireland are experiencing increased racism from their own peers, with inevitable negative impact on their mental health.

For children or young people from racialised communities, racism and systemic inequalities shape the type of support they are likely to receive if they experience more acute mental health difficulties. For example, Black people are disproportionately at risk of being detained under the Mental Health Act or given a community treatment order (Draft Mental Health Bill Joint Committee, 2023; Department of Health and Social Care, 2018). A study also found that young people from racialised communities in the UK were more likely to have reached mental health services via referrals from youth justice and social services as opposed to via primary care or similar (Edbrooke-Childs and Patalay, 2019).

POVERTY

Studies, including those by Centre for Mental Health (Rainer *et al*., 2024), have shown how poverty has a negative impact on child development and wellbeing, from infancy to later life (Kofi Adjei *et al*., 2024; Child Poverty Action Group, 2023). The strain of financial precarity and limited resources directly impact on children and young people's physical and mental health and their prospects for education and employment. According to the NHS England 2023 survey, children with mental health problems are more than twice as likely to live in households that have fallen behind on rent, bills, or mortgage payments compared to their peers without mental health problems. They are also more likely to live in households that struggle to keep their homes adequately warm.

The Health Foundation has produced a UK map of child poverty in 2022/23 which demonstrates that, overall, urban areas see higher child poverty rates (see The Health Foundation, 2024). They also highlight Wales and the North East of England as regions with higher rates of child poverty.

Region	Key points
General	Children and young people living in poverty are more likely to experience mental health difficulties.
England	Leicester had the highest percentage in England of children (under 16) in absolute low-income families at 35.7% (2022/23).
Wales	Blaenau Gwent has the highest child poverty rate at 28.1% with the lowest Welsh rate by unitary authority still reaching 14.5% in Monmouthshire (2022/23).
Scotland	Glasgow City had the highest rate of children in poverty at 32.9%, with North Ayrshire and Clackmannanshire following, both at 29.2% (2022/23).
Northern Ireland	Derry City & Strabane and Belfast have the highest percentages of children living in an area of deprivation (54.7% and 53% respectively) and the highest percentage of children eligible for free school meals (41.6% and 39.4% respectively) (2019).

ABUSE, NEGLECT AND CHALLENGES AT HOME

Research by ONS (2019) found that children aged 2-16 living in England experience higher rates of mental health difficulties across all ages if they live in families that struggled to function well (also described as 'unhealthy functioning'). Additionally, research has found associations between parental absence and child or adolescent depression (Culpin *et al.*, 2022).

Region	Key points
General	Children and young people living in families which are not functioning well face increased risks of mental health difficulties.
England	The most recently reported national rate of children categorised as in need due to family stress, dysfunction or absent parenting was 93.8 per 100,000 (as of 31 March 2017). The City of London has the highest reported rate of children in need due to family stress or dysfunction or absent parenting at 266 per 100,000 (as of 31 March 2017). Gateshead, Redcar and Cleveland, and the Isle of Wight are close behind the City of London figure at 256, 251 and 245 per 100,000 respectively (as of 31 March 2017). The most recently reported national rate of children and young people under 18 categorised as in need due to abuse or neglect is 181.4 per 100,000 (as of 31 March 2018). Rotherham reported the highest rate of children in need due to abuse or neglect at 481 per 100,000 (as of 31 March 2018).
Wales	The most recently reported total number of children in need (for any reason) is 18,995 nationally (as of 31 March 2016). The greatest number of children in need (for any reason) was reported in Rhondda Cynon Taf at 1,960 (as of 31 March 2016).
Scotland	The national rate per 1,000 children (0-15 years) on the Child Protection Register was 2.3 (as of 31 July 2023).
Northern Ireland	Nationally, 22,875 children were known to social services as a child in need (as of 31 March 2023).

EXPERIENCE OF THE CARE SYSTEM

Children and young people with experience of the care system are more likely to experience mental health difficulties than the general population (Sanders, 2020).

Region	Key points
General	Children and young people in care are more likely to experience mental health difficulties.
England	Birmingham has the largest population of children in care (2023). Blackpool, Stoke-on-Trent, and North East Lincolnshire have higher rates of children in care per 10,000.
Wales	Torfaen, Blaenau Gwent, and Merthyr Tydfil have the highest rates of children in care.
Scotland	Glasgow, Edinburgh, and Fife have the highest rates of children in care.
Northern Ireland	Belfast has the highest rate of children in care.

Many of these locations also rank highly in other indicators, such as poverty or deprivation, and some fit the profile of 'left behind' former industrial towns (MacKinnon *et al*., 2024). Therefore, these other factors may play a role in the higher rates of looked after children, and will certainly need to be integrated into any plans to address this population's specific and higher mental health needs.

While not to be conflated with experience of the care system or being looked after, there are also children and young people who are carers themselves. The 2021 census found that there are approximately 120,000 carers aged 5-17 in England and 8,200 in Wales (Carers Trust, n.d.). Young carers are more likely to need emotional and mental health support, compared to children and young people with no caring responsibilities (Dharampal and Ani, 2020).

NOT IN EDUCATION, EMPLOYMENT OR TRAINING (NEET)

Being out of education, employment or training increases young people's risk of mental health difficulties, while mental ill health has also been identified as a barrier for those seeking such opportunities (Crowley *et al*., 2023; Gariépy *et al*., 2022). Key information on children and young people classed as NEET, depending on the type of data available, is given below for each nation.

Region	Key points
General	Young people who are not in education, employment or training are at increased risk of struggling with their mental health.
England	The highest proportion of 16-17 year olds categorised as NEET or 'activity unknown' were reported in Blackpool (110 in 1,000 young people); Surrey reported a very high proportion but was excluded from figures due to data quality concerns (2022/23).
Wales	The highest percentage of young people classed as NEET was reported in the Mid and South West region (145 in 1,000 young people).
Scotland	In Scotland, the unemployment rate for young people aged 16-24 not in full-time education was 98 in 1,000 young people (2022).
Northern Ireland	In April-June 2022, there were 25,000 young people (aged 16-24) in Northern Ireland who were classed as NEET; this represents 75 out of 1,000 young people in this age range.

GENDERED INEQUALITIES

Key points are listed in Table 4 for England on gendered differences in experiences of mental health difficulties and specific mental health outcomes, such as screening positive for eating disorders or having self-harmed. These figures illustrate the increased risks for girls and young women, as well as how these differences intensify for girls entering into young adulthood (Trafford *et al*., 2023).

Table 4: Gendered differences in experiences of mental health difficulties in England, including eating disorders and self-harm (by age group)

Age group	Boys (%)	Girls (%)	Key points
8-10 years	17.7	13.5	Boys are 4 percentage points more likely to experience mental health difficulties.
11-16 years	22.3	22.9	Figures are very close between boys and girls.
17-19 years	15.4	31.6	Young women are more than twice as likely to experience mental health difficulties compared to young men.
20-23 years	14.5	29.0	Similar trend as the 17-19 age group, with young women having higher rates.
11-25 years	29.2	49.5	Girls and young women are at significantly increased risk of screening positive for eating disorders.
8-16 years	8.3	10.6	Girls are at slightly increased risk of having self-harmed (at any point in the past).
17-24 years	28.8	45.7	Young women are at significantly increased risk of having self-harmed (at any point in the past).

Data from the devolved nations is presented in Table 5. The Welsh surveys included those identifying with 'other gender identity' where other data collection did not. This group had the highest proportion of children with clinically significant emotional difficulties in both age ranges, at 36% for 7-11 year olds and 65% for 11-16 year olds.

Table 5: Gendered differences in experiences of mental health differences in Wales, Scotland and Northern Ireland (by age group)

Nation	Age group	Boys (%)	Girls (%)	Key points
Wales	**7-11 years**	9	16	Girls in this age range are 7 percentage points more likely to experience clinically significant emotional difficulties (2022-23)
	11-16 years	16	28	Girls and young women in this age range face a significantly increased likelihood of experiencing mental health difficulties (2021-22)
Scotland	**4-12 years**	14	7	Boys in this age range are twice as likely to experience mental health difficulties compared to girls (2017-21)
	16-24 years	19	45	Young women are more than twice as likely to experience mental health difficulties compared to young men (2022)
Northern Ireland	**5-10 years**	19.5	15.3	Boys in this age range are more likely to report increased emotional difficulties

Other gendered experiences of mental health are not comparable as is done above. For example, in Belfast, the teenage birth rate was 16 per 1,000 population in 2019 but in the most deprived areas this increased to 29.4 per 1,000 population (Education Authority Youth Service, 2022). Young mothers are known to be at increased risk of mental health problems, especially for postpartum depression, and living in deprivation compounds the strain on a young mother's wellbeing (Children and Young People's Mental Health Coalition and Maternal Mental Health Alliance, 2023; Hodgkinson, 2014).

EXPERIENCE OF THE CRIMINAL JUSTICE SYSTEM

Children and young people who have contact with the criminal justice system are more likely to experience mental health difficulties and are also impacted by inequalities in access to health care (Moran *et al*., 2024; Bhattacharya, 2023). In England and Wales, HM Inspectorate of Probation (2023) reported that mental health difficulties can manifest in children or adolescents as behavioural problems, self-destructive or high-risk behaviour, which might then increase the likelihood of contact with the criminal justice system. But causal relationships are complex and non-linear; mental health difficulties may also develop or be exacerbated due to experiences within the criminal justice system, whether at arrest, in detention or in other settings (HM Inspectorate of Probation, 2023; Prison Reform Trust, 2012).

The potential for harm to children and young people's mental health is likely exacerbated in court or detention settings, where their vulnerability is increased. In addition, children and young people from racialised communities face increased risks of police and state violence (Koch, Williams and Wroe, 2023). Those within the youth criminal justice system, at any stage, would benefit from additional support to mitigate this increased risk.

Region	Key points
General	Young people who have experience of the criminal justice system are at increased risk of struggling with their mental health.
England	Barking and Dagenham had the highest rate of first-time youth entrants (aged 10-17) to the youth justice system in England at 5.7 per 1,000, followed by Portsmouth (5.5 per 1,000) and Nottingham (5.4 per 1,000) (2023).
Wales	The rate of children aged 10-17 years receiving cautions or sentences was 223 per 10,000 population (2022/23).
Scotland	Of children aged 12-15 years who were referred on offence grounds to the Scottish Children's Reporter, 320 in 1,000 were recorded as having mental health concerns, and 230 in 1,000 were reported to have self-harmed or displayed suicidal ideation (2018-19).
Northern Ireland	The rate of children and young people aged 10-17 years who were referred to Youth Justice Services was reported at 4 in 1,000 nationally (2023-24).

ABLEISM AND EXPERIENCES OF CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

Research has shown that autistic children and young people, those with disabilities, and those with other neurodivergence have an increased risk of experiencing mental health difficulties (Underwood *et al.*, 2023; Bailey, 2022; Lavis, Burke and Hastings, 2019; Mental Health Foundation, n.d.). While some may not receive a diagnosis or support, others who have received diagnoses may be registered as having Special Educational Needs or Disability (SEND). Additionally, the SEND category includes students with specific social, emotional and mental health needs.

Where elevated levels of need can be identified, adequately supporting school pupils with SEND might be seen as a preventative measure against worsening mental health. Additionally, addressing barriers to diagnosis and being identified as having SEND remains crucial so that children and young people receive the support they need to aid their development and mental health.

Region	Key points
General	Children and young people with SEND have an increased risk of experiencing mental health difficulties and those who have not been formally identified as having SEND will face increased challenges.
England	The Isle of Wight had the highest proportion of school pupils with SEND at 224 in 1,000 children and young people; Islington follows closely behind at 222 in 1,000 (2022/23).
Wales	The Isle of Anglesey and Gwynedd had joint highest proportions (161 in 1,000) of children and young people in maintained schools with additional learning or special educational needs (January 2024).
Scotland	370 in 1,000 children and young people in Scottish schools were recorded as requiring additional support (2023).
Northern Ireland	Of all enrolled school-age children, 65 in 1,000 were reported to have SEND nationally (2022).

Different criteria for identifying children with SEND can account for large variation across nations but also within nations, across annual data collection timelines. In Northern Ireland, a decrease in the proportion of children identified as having SEND has been observed since a high of 109 in 1,000 children and young people in 2018/19, and this has been attributed to changing identification processes over time (O'Connor *et al.*, 2022).

HOMOPHOBIA, TRANSPHOBIA AND INEQUALITIES EXPERIENCED BY LGBTQ+ CHILDREN AND YOUNG PEOPLE

The additional mental health risks for LGBTQ+ children and young people have been extensively evidenced (Duffy, Henkel and Earnshaw, 2016; Mind and MindOut LGBTQ Mental Health Service, 2016; Plöderl *et al*., 2017; Bränström *et al*., 2018). Whether as a direct impact of homophobia through bullying or discrimination or through the strain of living in unfriendly and intolerant environments, LGBTQ+ children and young people have varying experiences which negatively impact their mental health (Perone, 2014). These inequalities in wellbeing and mental health outcomes cannot always be well represented in a tool like this map with the data that is available.

However, this form of marginalisation cannot be lost from the picture of the current state of children and young people's mental health in the UK, and recommendations for future research must also consider it as a significant factor. LGBTQ+ young people are likely to be overrepresented among those needing mental health support, and commissioners and policymakers should deploy sufficient resource to meet this need.

FACTORS RELATED TO ENVIRONMENT AND PLACE

Rural and urban spaces have both been theorised to have different possible effects on mental health, including on children and young people's mental health. Rural isolation may manifest in loneliness for children and young people, and long distances to school, work, or safe leisure and socialising spaces (Gordon, Noble and Charatan, 2023; National Youth Agency, 2021; Allwood, 2020). Urban spaces might suffer from over-pollution, a lack of green or outdoor spaces, and increased risk of violence, as well as isolation caused by high living and socialising costs (Collins *et al*., 2024; Reuben, Arseneault, Beddows *et al*., 2021; McEachan *et al*., 2018). The impact of poverty on children and young people in rural and urban areas also requires nuanced examination; small or disparate populations in rural areas can often be impacted by 'hidden poverty' that is obscured in local statistics (Denning, 2023; Haynes and Gale, 2000).

In local areas, the distribution of youth populations across rural and urban areas might shape the development of targeted mental health support. For example, in Fermanagh and Omagh, 740 in 1,000 children and young people live in a rural area, whereas in the overall Northern Irish population 345 in 1,000 children and young people live in rural areas (Education Authority Youth Service, 2019). In Scotland, 70 in 1,000 school pupils live in areas classified either as remote small towns or remote rural areas, while 690 in 1,000 live in large or other urban areas (Scottish Government, 2024). These differences likely necessitate a different approach to research on causes of poor mental health and to designing any interventions.

Other features of children and young people's physical environments can play a role in their safety, wellbeing and mental health. In Northern Ireland, for example, children and young people living in the ten interface areas in Belfast and the three main interface areas in Derry – where segregated nationalist and unionist areas meet – are thought to be at greater risk of being victims of anti-social behaviour, but also of being pressured to participate. Both scenarios come with serious associated negative mental health impacts for children and young people.

CONCLUSION

This overview of evidence related to circumstances and inequalities which affect children and young people's mental health has been included to ensure that forces shaping the lives of children and young people in the UK are still acknowledged, even where they are not always best represented in a geographical visualisation. The relationships between a child or young person's circumstances, characteristics and location will be complex, and this section has demonstrated how much there is to explore, in conversation with comparison of data across geography. We hope that it prompts further engagement with these research topics across different sectors, alongside use of the map tool.

KEY POINTS FOR POLICYMAKERS

Understanding how the prevalence and needs of children and young people differ by location is vital for creating effective policies and interventions. It also helps identify inequalities related to where they live, attend school, and access services. Centre for Mental Health's review of the NHS England 2023 survey called for four key takeaways from the data: addressing poverty as a risk factor for poor mental health among children and young people; embedding comprehensive mental health support in schools; investing in the national roll out of early support hubs; and reforming the Mental Health Act to strengthen specialist services and the rights of the children and young people accessing them (Shafan-Azhar and Treloar, 2023).

Adverse childhood experiences (ACEs) have been consistently linked to poor mental health, including specific conditions such as substance misuse and co-morbidities such as chronic physical health problems (Gu *et al*., 2022; NIHR, 2022; Nelson *et al*., 2020). Experiencing abuse or neglect, or being affected by family stress, dysfunction or absent parenting can amount to ACEs, with traumatising experiences having lifelong impacts on individuals and, indirectly, on communities and wider society (McKenna, O'Reilly and Maguire, 2023). We also know that experiencing greater disadvantage, such as poverty or racialised inequality, increases the likelihood of ACEs (UCL Institute of Health Equity, 2015). Services which address the impact of ACEs and work to prevent them must be a priority for policymakers looking to protect the mental health and wellbeing of children and young people.

Unitary authorities in England which rank highly for more than one indicator include Darlington, Devon, Kingston upon Hull, Redcar and Cleveland, Rotherham, Plymouth and the Wirral. Further targeted investigation is warranted into the characteristics of places experiencing high prevalence of mental health or related difficulties, as well as into any interdependencies between these indicators.

Comparatively high youth suicide rates in Scotland are demonstrable on the map and have already been observed in existing studies (Public Health Scotland, 2022). Concerns have previously been raised about geographical inequalities across Scotland in the provision of children's mental health services (BBC News, 2022) and we recommend that evidence-informed policies begin to address these. For the most acute outcomes, such as youth suicide, significant variation in reported rates by nation or region should be a cause for serious concern. These outliers, as well as gaps in data and evidence, merit investment in both knowledge-gathering and policy design, to address such place-based inequalities.

The multifaceted and interdependent risk factors for poor mental health among children and young people are clear. Therefore, prioritising policies to reduce child poverty or to better support students with social, emotional and mental health needs (a SEND category), for example, would have intersecting and holistic benefits for individuals, families and communities. The findings from the map tool and this accompanying briefing also highlight that cross-sector collaboration is important for policymakers – especially at a more local level.

KEY POINTS FOR LOCAL LEADERS AND COMMISSIONERS

Prevalence of mental health difficulties has increased in most places in the UK and the need for support will have increased in kind. Challenges will vary depending on the nation or local area, but understanding what issues other nations (as well as neighbouring or comparable unitary authorities) are facing can provide helpful context. Using information from across the map tool could facilitate coordination with other devolved or local governments, perhaps to pool or target resources. Making comparisons with other locations can illuminate how local differences are shaping mental health for children and young people, especially any inequities which are likely also occurring within unitary authorities.

However, the map demonstrates that interpreting and acting on data on children and young people's mental health requires nuanced approaches. We have made it clear in the map tool that care needs to be taken when interpreting and comparing data. It is important that stakeholders are sensitive to national or regional differences in data collection and analysis practices. When commissioners have an accurate understanding of how and why the data was collected, decision-making can better respond to need.

The map identifies some urgent knowledge gaps, as we have discussed, and there are multiple unitary authorities which have not reported figures for some indicators. Efforts to improve our collective knowledge around these gaps will contribute to better informed commissioning and greater transparency for communities around how the mental health needs of their children and young people are being met (Santana de Lima *et al*., 2023).

To calculate the most up-to-date and precise levels of need in regional or local areas, specific local data including demographics and other place-based characteristics will be needed to present an accurate picture which acknowledges the impact of geographical difference. For example, new referrals to secondary mental health services and admissions to hospital are key indicators for commissioners allocating resources to meet needs, or for preventative measures. Centre for Mental Health has previously carried out calculations of estimated service need (including unmet need) for Bradford and Craven. This methodology could be tailored to produce an estimation focused on children and young people for other locations in the future, where a local public health team could compare its own data on service provision with figures that indicate levels of need.

This local data is an essential element of a mental health needs assessment (MHNA), which enables local and system leaders to see where there are gaps between need and provision, including for specific groups of children and young people, and for geographical areas where underinvestment in support or poor accessibility is creating especially big gaps (Young and Bell, 2024). This will extend to the provision of SEND support as well as mental health services.

KEY POINTS FOR THE EDUCATION SECTOR

Students across educational settings might be at increased risk of certain mental health difficulties depending on where they live and related risk factors. The figures presented in the map tool can be used to understand how geographical difference is shaping students' likelihood of facing mental health difficulties. Staff working in education could use this to think about what support is already available in their nation or unitary authority, as well as what could be improved. Using this data (while acknowledging the limitations of current data availability) is important to communicate with key decision-makers (e.g. commissioners, services, VSCE) to drive change in the education sector. Being armed with localised information can be an important part of making the case for funding and facilitating any relevant cross-sector collaboration.

Centre for Mental Health has shown that increasing levels of school absence are linked to rising mental health difficulties among children and young people, also citing increased waiting times, rejected referrals for mental health services and rising numbers of children and young people waiting on Education, Health and Care Plans (Bottomley and Shafan-Azhar, 2024). Additionally, loneliness and bullying are two experiences with direct links to the mental health of children and young people, and are especially relevant to experiences at school, college or other educational settings.

The map also shows the percentage of students in England for whom 'social, emotional and mental health needs' is their primary Special Educational Need or Disability or SEND. Where there may be a comparatively higher proportion of students with this specific SEND category (for example in the Wirral, Plymouth, and Bristol), the higher level of need should be recognised and addressed. Education staff in schools, colleges or the wider community should understand that meeting these students' needs effectively is also a preventative measure against worsening mental health.

But where reported percentages are low (e.g. in Hillingdon, Harrow and Newham), there is a risk that a small group of students could be easily sidelined or overlooked, or that there are barriers to children and young people being identified as having SEND. Meanwhile, children and young people who have not yet been identified or make up only a small proportion of a school community will continue to face significant challenges in a school which may not be operating with them in mind.

There are also specific mental health difficulties which certain age groups or genders are at greater risk of – knowing about their prevalence can help education staff be vigilant for these. Self-harm and eating disorders are prime examples and we suggest that efforts to target prevention and safeguarding initiatives in educational settings continue and receive increased support.

KEY POINTS FOR THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR (VSCE)

The mental health needs of the people that the VSCE sector supports or advocates for are shaped by where they live and other interlinked determinants.

The VCSE sector plays a crucial role in promoting good mental health and resilience across all age groups (Bhui, Admasachew and Persaud, 2010). However, local organisations need access to information and targeted resources to make a lasting impact on their communities (Treloar *et al*., 2024). This sustained access to evidence is essential to providing appropriate support for children and young people in the UK, acknowledging the growing likelihood of mental health challenges. The data visualised in the map tool might help to inform campaigns, advocate for policy change, and aid collaboration with local authorities – depending on local and organisational needs.

For those working locally in the VCSE sector, staying informed about the risk of mental health difficulties among the children and young people they support is invaluable. The map tool offers insights into specific inequalities and risk factors in different areas. Comparing these with other regions or identifying shared priorities in children's and young people's mental health can foster collaboration within the sector and with other local stakeholders.

Individuals or organisations in the VCSE sector will have varying priorities while using the map tool, depending on their area of specialism or delivery. Within the spectrum of children and young people's mental health, from occasional loneliness to hospitalisation or other serious outcomes, VCSE organisations may be intervening or advocating at different points. The map tool aims to reflect that spectrum and be a useful resource for any point at which an organisation might be engaging with children and young people or speaking up on their behalf.

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KEY FINDINGS

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