



North East and North Cumbria's Child Health and Wellbeing Network

***The Facts of Life* for children and young people growing
up in the North East and North Cumbria:**

Chapter 5 – Mental health and emotional wellbeing

September 2021

@NorthNetChild



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We need to do more work on self-harming behaviour. Why is the rate of hospital admissions for age 15-19, 1,351.2/100,00 in Northumberland and 193/100,00 in Hartlepool. Is this a coding or a cultural issue?

.....
Chapter Five SPOTLIGHT to direct momentum for initiatives

5 Mental health and emotional wellbeing

5.1 Relevance

This chapter considers the mental health of children and young people, focussing on emotional wellbeing and mental illness to provide an overview of local mental health needs.

The emotional health and wellbeing of children and young people is just as important as their physical health and wellbeing. Around half of all lifetime mental health problems start by the mid-teens, and three-quarters by the mid-20s¹.

The factors that influence children and young people's mental health are wide-ranging and include both risk and protective factors operating at an individual, family, community and structural level². Strategies to promote mental health recognise the importance of reducing inequalities³. This is particularly relevant to the North East and North Cumbria (NENC) region which has relatively low educational attainment (see chapter 8), and high numbers of vulnerable children in care or living in poverty (see chapters 3 and 4).

¹ PHE (2019) Mental health and wellbeing JSNA toolkit: Children and young people: [link](#)

² PHE (2019) Universal approaches to improving children and young people's mental health and wellbeing: [link](#)

³ PHE (2015) Improving young people's health and wellbeing: a framework for public health: [link](#)

Mental health services for children and young people are currently under strain with multiple opportunities to provide more integrated support⁴. Early indications are that the COVID-19 pandemic will have a significant effect on the mental health of children and young people^{5 6 7 8 9}.

In this chapter, indicators of prevalence of mental health conditions are presented, alongside available data on indicators relating to wellbeing and hospital activity relating to mental health conditions and self-harm.

5.2 Commentary and findings

5.2.1 Prevalence

National surveys show that prevalence rates for mental disorders are increasing. In 2017, one in nine children aged 5 to 16 years were identified as having a probable mental disorder and this had increased to one in six in 2020. The increase was evident in boys and girls¹⁰.

Conduct disorders are the most common mental health disorders of childhood and adolescence, they are more common in boys than girls and in some ethnic groups. They represent the most common reason for referral to child and adolescent mental health services (CAMHS). Conduct disorders commonly coexist with other mental health problems especially attention deficit hyperactivity disorder (ADHD), and their presence in childhood is associated with a significantly increased rate of mental health problems in adult life e.g. up to 50% of children and young people with a conduct disorder go on to develop antisocial personality disorder. A diagnosis of a conduct disorder is strongly associated with poor educational performance, social isolation and, in adolescence, substance misuse and increased contact with the criminal justice system. This association continues into adult life with poorer educational and occupational outcomes, involvement with the criminal justice system and a high level of mental health problems¹¹.

⁴ CQC (2018) Are we listening: review of children and young people's mental health services: [link](#)

⁵ PHE (2021) COVID-19 mental health and wellbeing surveillance: report: [link](#)

⁶ Newlove-Delgado T et al (2021) Child mental health in England before and during the COVID-19 lockdown: [link](#)

⁷ Young Minds (2021) The impact of Covid-19 on young people with mental health needs: [link](#)

⁸ Mentally Health Schools: [link](#)

⁹ Ford, T et al (2021) Mental health of children and young people during pandemic: [link](#)

¹⁰ NHS Digital Mental Health of Children and Young People in England 2020: Wave 1 follow up to the 2017 survey: [link](#)

¹¹ NICE (2017) Clinical guideline CG158. Antisocial behaviour and conduct disorders in children and young people: recognition and management: [link](#)

The frequency of conduct disorders in childhood and adolescence is rising with implications for all sectors including the family, schools, communities, health and social care services, police and criminal justice agencies¹².

Eating disorders are a group of conditions in which negative beliefs about eating, body shape, and weight accompany behaviours including restricting eating, binge eating, excessive exercise, vomiting, and laxative use. Eating disorders are particularly common among adolescent girls, although they can also occur in boys and men. Eating disorders are long-lasting conditions if they are not treated, associated with high mortality and morbidity, poor quality of life, social isolation, and a substantial impact on family members and carers. Eating disorders most commonly start in adolescence, but can also start during childhood or adulthood¹³.

¹² The British Psychological Society and The Royal College of Psychiatrists (2013) Antisocial behaviour and conduct disorders in children and young people. The NICE guideline on recognition and management: [link](#)

¹³ NICE (2017) NICE Guideline NG 69. Eating disorders: recognition and treatment: [link](#)



	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Estimated number of children and young people with mental disorders (aged 5 to 17, Count)	2017/18	-	-	8366	3495	4930	5409	3602	8888	2600	4795	1993	1789	2736	2442	3791
Estimated prevalence of emotional disorders (% population aged 5-16)	2015	3.6	3.8	3.6	3.8	3.9	3.7	3.6	3.9	4.0	4.0	3.8	4.1	4.2	4.0	3.8
Estimated prevalence of conduct disorders: (% population aged 5-16)	2015	5.6	6.1	5.7	6.1	6.2	5.7	5.7	6.1	6.3	6.4	5.9	6.5	6.7	6.4	5.9
Estimated prevalence of hyperkinetic disorders: (% population aged 5-16)	2015	1.5	1.6	1.5	1.6	1.7	1.5	1.6	1.6	1.7	1.7	1.6	1.7	1.8	1.7	1.6
Prevalence of ADHD among young people (estimated number aged 16 - 24, Count)	2013	-	50929	6805	2952	7883	4156	2701	8684	2282	4670	1474	1469	2755	2024	3075
Prevalence of potential eating disorders among young people (estimated number aged 16 - 24, Count)	2013	-	47995	6365	2795	7404	3881	2565	8237	2147	4440	1413	1393	2558	1917	2881

Figure 5.1 – Estimated prevalence of mental health conditions in children and young people



While a local collection of prevalence of mental disorders in children is not available, an estimate based on applying national prevalence to resident populations can help to estimate levels of need and plan services. Figure 5.1 shows estimated prevalence using either counts or percentages of the population to illustrate this. These estimates should be interpreted with caution.

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley					
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School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Persons, primary school age, %)	2020	2.4 ▲	-	2.2 ▲	2.1 ▶	2.1 ▶	3.0 ▶	3.1 ▲	2.7 ▲	3.5 ▲	2.7 ▲	2.6 ▶	2.6 ▲	2.1 ▶	3.0 ▶	2.2 ▶
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Persons, secondary school age, %)	2020	2.7 ▲	-	1.8 ▶	1.5 ▶	2.5 ▲	2.9 ▶	3.6 ▲	2.8 ▲	3.5 ▲	3.2 ▶	3.1 ▶	2.7 ▶	3.7 ▶	2.7 ▼	2.6 ▲
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Persons, school age, %)	2020	2.7 ▲	-	2.0 ▲	2.3 ▶	2.6 ▶	3.3 ▶	3.7 ▲	3.0 ▲	3.7 ▲	3.2 ▶	3.1 ▶	2.6 ▶	3.1 ▶	3.2 ▼	2.7 ▶
Percentage of looked after children whose emotional wellbeing is a cause for concern (Persons, 5-16 years, %)	2019/20	37.4 ▶	-	36.0 ▶	46.0 ▶	40.9 ▶	55.4 ▶	37.1 ▶	35.8 ▶	38.4 ▶	35.5 ▶	37.0 ▶	28.6 ▶	37.2 ▶	36.4 ▶	43.6 ▶

Figure 5.2 – Prevalence of mental health conditions in school age children

At a locality level, the data indicate that on average:

- There is great variation across the **North East and Cumbria** and across age groups for school pupils with social, emotional and mental health needs. Among primary age children, five areas are significantly lower than the England average, six significantly higher, and two with no significant difference. The highest percentage is **South Tyneside** (3.5%) and the lowest are **Gateshead**, **Middlesbrough** and **Newcastle upon Tyne** (2.1%). All local authorities are either increasing or have no significant change over time.
- Among secondary school pupils percentages of school pupils with social, emotional and mental health needs range from **Gateshead** (1.5%) to **Middlesbrough** (3.7%), which is notable in comparison with its low rate in primary pupils. Only **Redcar & Cleveland** have a decreasing trend.
- All local authorities except **Hartlepool** have a significantly higher or similar to the England average for percentage of looked after children whose emotional wellbeing is a cause for concern. **Northumberland** has the highest percentage (55.4%) and is significantly higher than the England average (37.4%).

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/PJpPD0190m>.

5.2.2 Emotional wellbeing aged 15

Wellbeing can be seen as a measure of positive mental health and a protective factor for young people. Wellbeing indicators are taken from the What About YOUth? survey¹⁴, a large scale survey of 15 year olds in England describing a variety of behaviours and outcomes. This survey had around 120,000 responses allowing data to be presented by various breakdowns relating to ethnicity, deprivation, gender and sexual orientation which can be viewed in Fingertips.

The focus on bullying reflects evidence for a causal relationship between experiencing bullying and poorer health and wellbeing outcomes, with potentially long-term impacts into adulthood. The negative effect of bullying has also been demonstrated among the perpetrators of bullying and not just the victims. There is often an interaction between being bullied and bullying others; those who

¹⁴ NHS Digital What About YOUth? Survey (2015): [link](#)



are both bullies and victims (bully/victims) are likely to display the worst health and social outcomes. Cyberbullying is a growing phenomenon and linked with traditional forms of bullying, very few victims of bullying are subjected to cyberbullying alone¹⁵.

Young people are particularly vulnerable to poor body image with 66% of under 18s reporting that they feel negative or very negative about their body most of the time. Evidence shows that teenage perceptions of body image persist into adult life. School environments are formative for children to develop a health body image¹⁶.

¹⁵ PHE (2017) Cyberbullying: An analysis of data from the Health Behaviour in School-aged Children (HBSC) survey for England, 2014: [link](#)

¹⁶ House of Commons (2021) Changing the perfect picture: an inquiry into body image: [link](#)

	Period	England	Region	Upper tier local authorities												
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				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Percentage who think they're the right size at age 15 (Persons, aged 15, %)	2014/15	52.4	-	50.5	55.2	51.7	50.6	50.9	52.7	51.9	53.2	48.1	50.9	52.8	53.5	48.8
Mean score of the 14 WEMWBS statements at age 15 (Persons, aged 15, mean score)	2014/15	47.6	-	47.3	47.6	47.9	47.0	48.1	47.6	48.3	48.2	46.8	47.4	47.8	47.8	47.4
Positive satisfaction with life among 15 year olds: % reporting positive life satisfaction (Persons, aged 15, %)	2014/15	63.8	-	64.4	66.5	67.1	64.3	65.2	66.9	68.7	64.0	64.2	58.9	63.7	66.4	65.0
Percentage reporting low life satisfaction at age 15 (Persons, aged 15, %)	2014/15	13.7	-	12.1	12.2	12.8	13.8	12.7	13.0	13.2	13.7	14.1	11.7	11.6	11.3	15.4
Percentage reporting general health as excellent at age 15 (Persons, aged 15, %)	2014/15	29.5	-	28.5	29.8	30.7	29.7	30.3	31.3	33.1	30.2	29.7	34.3	30.1	31.8	32.1
Percentage who were bullied in the past couple of months at age 15 (Persons, aged 15, %)	2014/15	55.0	-	58.4	58.4	50.1	60.7	51.6	54.0	53.7	54.3	56.3	62.3	54.1	55.0	57.1
Percentage who had bullied others in the past couple of months at age 15 (Persons, aged 15, %)	2014/15	10.1	-	8.7	9.5	9.5	10.6	8.8	9.2	7.4	8.0	9.0	11.9	6.8	10.6	11.3

Figure 5.3 – Emotional wellbeing aged 15

At a locality level, the data indicate that on average:

- All but two **North East and Cumbria** local authorities have a percentage who think they're the right size at age 15 that is similar to England (52.4%), with two significantly higher in **Stockton-on-Tees** (48.8%) and **Darlington** (48.1%).
- The survey asked the 14 questions that make up the Warwick-Edinburgh Mental Wellbeing Scales¹⁷ to calculate a mean score between 14 and 70, with 70 being a high level of wellbeing. Most local authorities are similar to the England average (47.6), with **Darlington** (46.8) and **Northumberland** (47.0) significantly lower and **South Tyneside** (48.3) significantly higher.
- Survey respondents indicated levels of life satisfaction. Across the region only **Middlesbrough** (11.6%) and **Redcar & Cleveland** (11.3%) had a significantly lower percentage reporting low life satisfaction than the England average (13.7%), with the remaining local authorities similar to this. Significantly higher positive satisfaction with life was reported by respondents in **County Durham** (66.9%), **Newcastle upon Tyne** (67.1%) and **South Tyneside** (68.7%) compared to England (63.8%), with only **Hartlepool** (58.9%) significantly lower.
- Survey respondents were asked how they would class their general health. All but two local authorities are similar to England for the percentage reporting their general health as excellent at age 15, the two that are significantly higher than England (29.5%) are **Hartlepool** (34.3%) and **South Tyneside** (33.1%).
- Responses to questions on bullying and being bullied varied across the region, ranging from 62.3% (**Hartlepool**) to 50.1% (**Newcastle upon Tyne**) reporting they had been bullied in the last couple of months. Much lower numbers reported they had bullied others in the same period, though **Hartlepool** (11.9%) remains highest in the region. Three local authorities report significantly lower than England (10.1%) percentages of those had bullied others, these are **Sunderland** (8.0%), **South Tyneside** (7.4%) and **Middlesbrough** (6.8%).

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/vRFhvmV06>.

¹⁷ <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

5.2.3 Hospital admissions

Hospital admissions indicators are provided to show the scale of healthcare use for mental health conditions and self-harm at various ages, once again not only to show the amount of hospital resource used but also to highlight levels of need and the value of a whole system approach to prevention.

Self-harm is an intentional injury to one's own body and can include actions such as cutting, burning, biting oneself and ingesting toxic substances. Acts of deliberate self-harm are strongly associated with emotional distress and mental health issues. The behaviour is more common in adolescence and amongst girls more than boys. Those who self-harm in mid-late adolescence potentially face increased risk of developing mental health issues, as well as higher prevalence rates across a range of health risk behaviours in late adolescence and early adulthood; including increased likelihood of suicidal thoughts. Studies indicate that rates of self-harm amongst adolescents have increased over the last decade¹⁸.

¹⁸ PHE (2017) Intentional self-harm in adolescence: an analysis of data from the health behaviour in school-aged children (HBSC) survey for England, 2014: [link](#)

	Period	England	Region	Upper tier local authorities												
				North Cumbria	North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley					
				Cumbria	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
Hospital admissions for mental health conditions (Persons, <18 years, Crude rate per 100,000)	2019/20	89.5 ▲	98.5 ▶	86.5 ▶	76.2 ▶	119.8 ▶	135.5 ▶	119.5 ▶	78.8 ▶	99.4 ▶	164.1 ▶	88.8 ▶	49.9 ▶	91.5 ▶	108.7 ▶	34.2 ▼
Hospital admissions as a result of self-harm (Persons, 10-24 years, Crude rate per 100,000)	2019/20	439.2 ▲	-	488.6 ▶	573.2 ▶	504.2 ▲	1039.8 ▲	867.7 ▲	361.2 ▶	484.3 ▶	440.7 ▶	505.3 ▶	248.7 ▶	604.9 ▶	529.1 ▶	471.2 ▶
Hospital admissions as a result of self-harm (10-14 years) (Persons, 10-14 years, Crude rate per 100,000)	2019/20	219.8 ▶	-	334.4 ▶	494.7 ▶	348.7 ▶	461.3 ▲	293.9 ▶	188.3 ▶	236.8 ▶	194.7 ▶	307.5 ▶	*	114.4 ▶	190.4 ▶	237.8 ▶
Hospital admissions as a result of self-harm (Persons, 15-19 years, Crude rate per 100,000)	2019/20	664.7 ▲	-	703.6 ▶	825.6 ▶	819.6 ▶	1351.2 ▲	1125.4 ▲	535.5 ▶	912.1 ▲	837.2 ▶	802.7 ▶	193.5 ▶	905.6 ▶	927.8 ▶	378.8 ▶
Hospital admissions as a result of self-harm (Persons, 20-24 years, Crude rate per 100,000)	2019/20	433.7 ▲	-	421.1 ▶	455.3 ▶	349.7 ▲	1280.0 ▲	1166.5 ▲	356.3 ▶	306.6 ▶	296.4 ▶	462.8 ▶	483.0 ▶	809.5 ▶	488.8 ▶	758.3 ▶

Figure 5.4 – Hospital admissions for mental health conditions and self-harm

On average, where available, the data relating to the **North East and Cumbria** in 2019/20 indicate that:

- The rate of hospital admissions for mental health conditions in the **region** (98.5 per 100,000 population) is significantly higher than the England average (89.5 per 100,000).

At a locality level, the data indicate that on average:

- There is a large variation across the region in the rate of hospital admissions for mental health conditions ranging from **Stockton-on-Tees** (34.2 per 100,000) to **Sunderland** (164.1 per 100,000). In addition to **Sunderland**, **Newcastle upon Tyne** (119.8 per 100,000) and **Northumberland** (135.5 per 100,000) have significantly higher rates than the England average.
- The rate of hospital admissions as a result of self-harm for the full range of 10-24 year olds is significantly higher than the England average for six of the thirteen local authorities, with two significantly lower. There is a large variation across the region ranging from **Hartlepool** (248.7 per 100,000) to **Northumberland** (1039.8 per 100,000).
- Breaking this indicator down into three 5 year age bands shows variation across the region. While **Northumberland** has the highest rate of admissions across two age bands, with an increasing trend, **Sunderland** has a significantly higher than England rate in 15-19 year olds but a significantly lower than the England average rate for 20-24 year olds. By further examining the available age breakdown rates and trends it may be possible to identify potential challenges and opportunities in a local area and across the region.

Live indicators from this section can be viewed at <https://fingertips.phe.org.uk/indicator-list/view/yZt36WBovU>.

5.3 Commentary on network actions

Mental health was the top priority of the network across both the children and young people and the professionals. There is a connection between the network and the Mental Health Clinical Network. Mental Health is a thread across much of the workstreams within the network, but specifically within the following.

- A key initiative was set up by the network to support training and cascade of Youth Mental Health first aid training for children above the age of eight. This programme has been extended following COVID to offer support more locally within communities by offering training opportunities to their local VCSE.
- Interactive film suite across a range of hard hitting issues for young people to choose different outcomes in a branch and narrative film for teenagers. The real life topics range from perinatal mental health to loneliness and is supported by a TryLearning package for professionals exploring this resource with young people.

For any further information and proposals on initiatives relating to mental health do contact the network via england.northernchildnetwork@nhs.net and the website [Child Health and Wellbeing Network | North East and North Cumbria ICS](#).

5.4 Relevant key policy and research papers

Needs Assessment

PHE (2019) Public mental health and wellbeing in the North East <https://www.gov.uk/government/publications/state-of-the-north-east-2018-public-mental-health-and-wellbeing>

PHE (2019) Mental health and wellbeing JSNA toolkit: Children and young people <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people>

Kessler RC et al. Age of onset of mental disorders; a review of recent literature. Current Opinion Psychiatry 2002; 20(4): 359-64 <https://pubmed.ncbi.nlm.nih.gov/17551351/>

Mental Health Improvement & Mental Health Services

The Children's Commissioner (2021) The state of children's mental health services 2021/21

<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/01/cco-the-state-of-childrens-mental-health-services-2020-21.pdf>

PHE (2021) School-aged years high impact area 1: Supporting resilience and wellbeing.

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

PHE (2021) Promoting children and young people's emotional health and wellbeing – a whole school approach.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf

PHE (2019) Universal approaches to improving children and young people's mental health and wellbeing

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/842176/SIG_report.pdf

PHE (2019) Children and young people's mental health: prevention evidence <https://www.gov.uk/government/publications/children-and-young-peoples-mental-health-prevention-evidence>

PHE (2015, updated Dec 2019) Early adolescence: applying all our health <https://www.gov.uk/government/publications/early-adolescence-applying-all-our-health/early-adolescence-applying-all-our-health>

PHE (2015) Improving young people's health and wellbeing: a framework for public health

<https://www.gov.uk/government/publications/improving-young-peoples-health-and-wellbeing-a-framework-for-public-health>

CQC (2018) Are we listening: review of children and young people's mental health services

https://www.cqc.org.uk/sites/default/files/20180308b_arewelisting_report.pdf

Department of Health and Social Care and Department for Education. (2018) Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf

Association for Young People's health (2016) A public health approach to promoting young people's resilience.
<http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf>

Measurement

NHS Digital (2015) What about youth study <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/what-about-youth-study>

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

NHS Digital (2021) Mental health of children and young people surveys <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england>

NHS Digital (2018) Mental health of Children and Young People in England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

Warwick University (2021) The Warwick Edinburgh Mental Wellbeing Scales
<https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

PHE (2018) The wellbeing of 15-year-olds: analysis of the What About YOUth? survey
<https://www.gov.uk/government/publications/the-wellbeing-of-15-year-olds-analysis-of-the-what-about-youth-survey>

PHE (2017) Health behaviour in school age children (HBSC): data analysis <https://www.gov.uk/government/publications/health-behaviour-in-school-age-children-hbsc-data-analysis>

ADHD

NICE (2018) NICE guideline NG 87. Attention deficit hyperactivity disorder: diagnosis and management.
<https://www.nice.org.uk/guidance/NG87>

Anxiety

NICE (2013) Clinical Guideline CG 159 Social anxiety disorder: recognition, assessment and treatment.
<https://www.nice.org.uk/guidance/cg159>

Autism

NICE (2021) Clinical guideline CG 170. Autism spectrum disorder in under 19s: support and management.
<https://www.nice.org.uk/guidance/cg170>

Body image

House of Commons (2021) Changing the perfect picture: an inquiry into body image.
<https://committees.parliament.uk/publications/5357/documents/53751/default/>

Bullying

PHE (2017) Cyberbullying: An analysis of data from the Health Behaviour in School-aged Children (HBSC) survey for England, 2014 <https://www.gov.uk/government/publications/health-behaviour-in-school-age-children-hbsc-data-analysis>

Conduct Disorders

NICE (2017) Clinical guideline CG158. Antisocial behaviour and conduct disorders in children and young people: recognition and management <https://www.nice.org.uk/guidance/cg158/chapter/Introduction>

The British Psychological Society and The Royal College of Psychiatrists (2013) Antisocial behaviour and conduct disorders in children and young people. The NICE guideline on recognition and management.

<https://www.nice.org.uk/guidance/cg158/evidence/conduct-disorders-in-children-and-young-people-full-guideline-189848413>

Depression in Children

NICE (2019) NICE Guideline NG134 Depression in children and young people: identification and management. <https://www.nice.org.uk/guidance/ng134>

Eating Disorders

Royal College of Psychiatrists (2020) Quality Network for CAMHS Community Eating Disorder Service Standards https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/child-and-adolescent-community-teams-cahms/quality-network-for-community-camhs-eating-disorder-services-second-edition.pdf?sfvrsn=87a71cee_8

NICE (2017) NICE Guideline NG69. Eating disorders: recognition and treatment <https://www.nice.org.uk/guidance/ng69>

Psychosis and schizophrenia

NICE (2016) Clinical Guideline CG155 Psychosis and schizophrenia in children and young people: recognition and management
<https://www.nice.org.uk/guidance/cg155>

Self-harm

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