

HARINGEY JSNA: FOCUS ON CHILDREN AND YOUNG PEOPLES EMOTIONAL MENTAL HEALTH AND WELLBEING

JULY 2024

Summary: Key Facts and Figures

This needs assessment examines the relationship between children and young people’s emotional health and some of the main risk factors linked to poor mental health. These include issues pertaining to the wider determinants of health such as poverty, children who are in the youth justice system and children who are living in temporary accommodation. The needs assessment highlights a range of interventions at both a national and local level which support children and young people to build emotional resilience. Evidence-based recommendations are suggested to help children to thrive and improve mental health outcomes.

Facts and figures

- In 2022/23, 2.4% (912 pupils) of school age pupils in Haringey had a social, emotional and mental health need.
- In Haringey, in 2022/23, the highest percentage of patients referred to Child and Adolescent Mental Health Services (CAMHS) was due to anxiety (79%).
- In Haringey in 2022/23, the rate of hospital admissions for self-harm in children and young people aged 10 to 24 years was 186 per 100,000 or **85 admissions**.

Population groups

- Certain risk factors and vulnerabilities can increase the likelihood of a child developing a mental health issue including Looked After Children (LAC), being obese, children in the youth justice system and having parents who are experiencing mental health issues.
- Admission rates for self-harm are higher among young women than young men at both a local and national level.

Measures for reducing inequalities

- Interventions during childhood and the teenage years provide a critical window of opportunity to address mental health inequalities and prevent lifelong difficulties and challenges.
- The Anchor Approach provides educational settings with information, advice, and support to strengthen whole school wellbeing and resilience in Haringey.
- The Thrive Framework provides a set of principles for creating resource efficient communities of mental health support.

National & local strategies

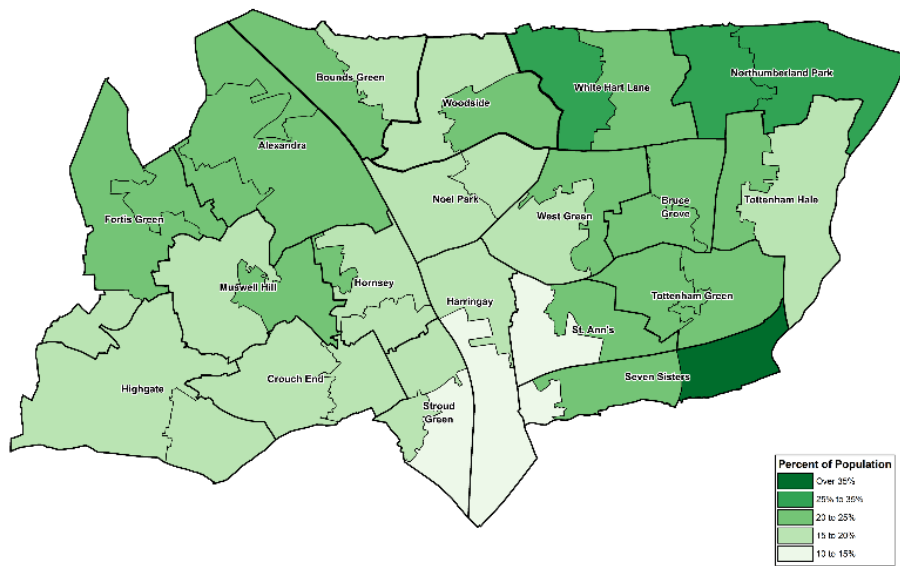
- The Mental Health of Children and Young People in England, 2023 survey/report (follow up to the 2017 survey), NHS England
- NHS Mental Health Implementation Plan, 2019-20- 2023/24
- The NHS Long Term Plan, 2019. The Plan sets out the priorities for expanding Children and Young Peoples Mental Health Services over 10 years.

SETTING THE SCENE: THE HARINGEY PICTURE

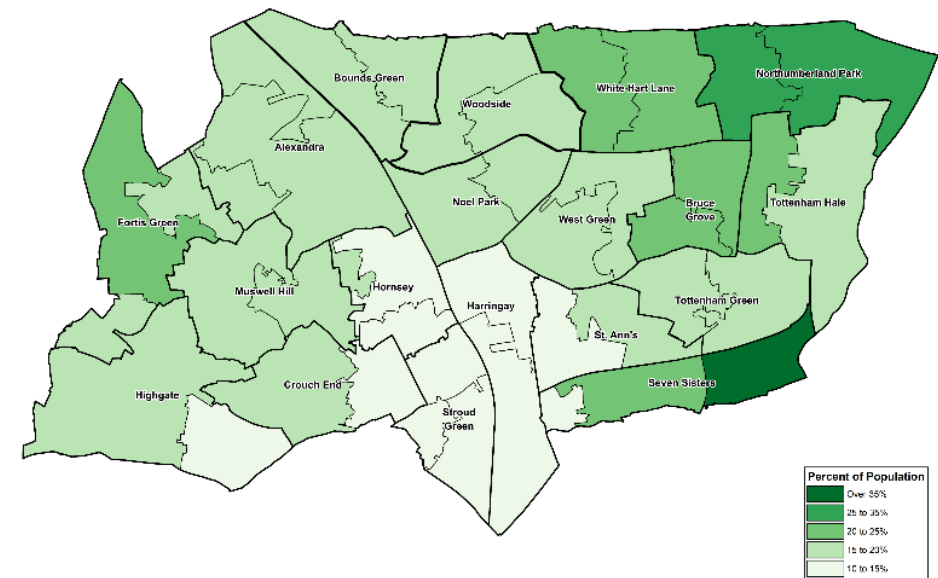
Concentration of Children and Young People in Haringey by Ward

The total population of Haringey is 264,300 based on the ONS 2021 Census. There are 54,422 children in Haringey aged 0 to 17 years, representing 21% of the total population. The figures below show the concentrations of young people aged under 18 years in Haringey in 2020 and 2030. The percentage of the population who are under 18 years is not expected to change dramatically between 2020 and 2030, although a slight fall is expected in some wards in the west of the borough. The highest concentrations of 0-17-year-olds are in those wards in the east of the borough.

2020



2030

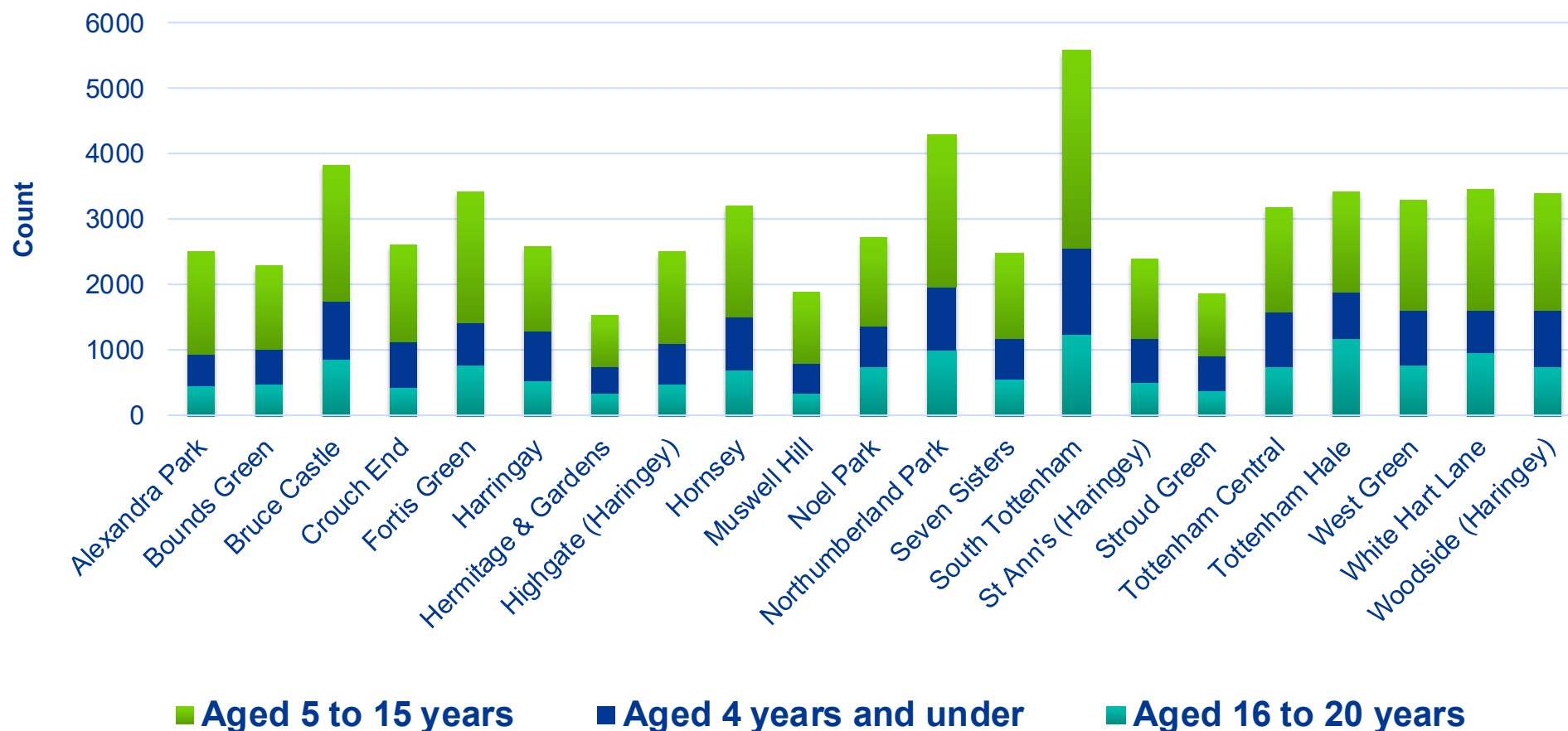


Source of data: ONS 2021 Census. Maps produced by LB Haringey Business Intelligence Team

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Age Profile of Children and Young People in Haringey by Ward

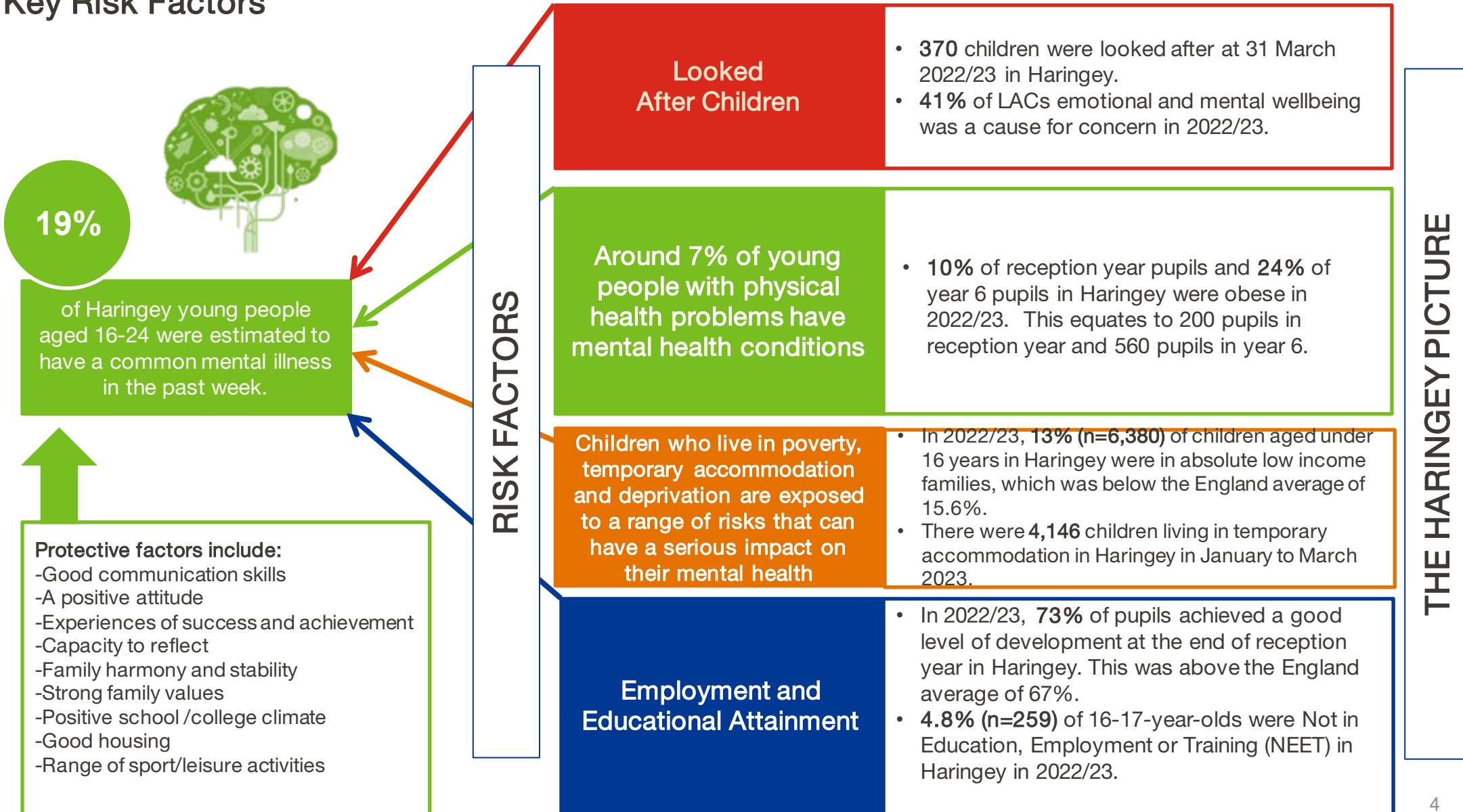
The 2021 Census shows that compared to the 2011 Census, there was an 8% decrease in children aged under 15 years. At ward level, South Tottenham (n=5,594) had the highest number of children and young people aged 0 to 20 years. Northumberland Park (n=4,273) had the second highest number of children and young people. Hermitage and Gardens (n=1,540) had the lowest number of children and young people.



Source of data: ONS 2021 Census.

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Key Risk Factors



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The Top Five Primary Diagnosis in Haringey in 2022/23

1. Emotional Disorders, includes Post Traumatic Stress Disorder (PTSD) = **207**

2. Hyperkinetic Disorders includes Attention Deficit Hyperactivity Disorder (ADHD) = **104**

3. Not Possible to State = **71**

4. Autism Spectrum Disorders = **64**

5. Deliberate Self Harm, includes overdose = **27**

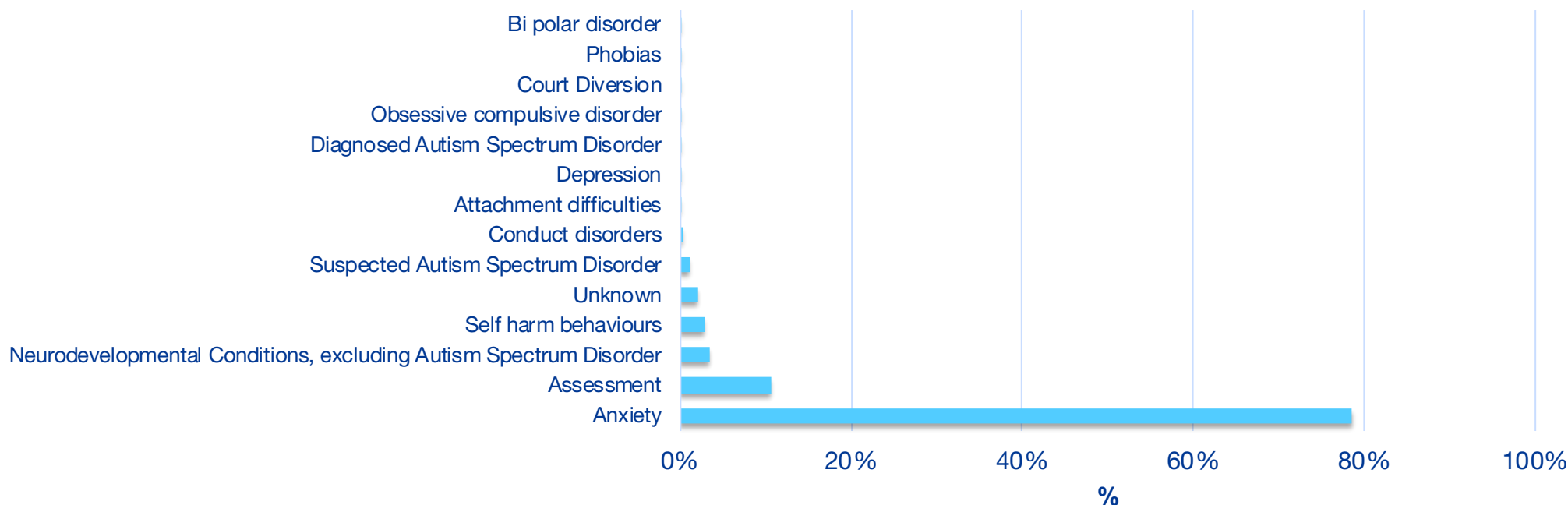


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CAMHS: Referral Reason

CAMHS is the NHS service which assess and treat young people who have emotional, behavioural or mental health needs. CAMHS are made of teams consisting of nurses, therapists, psychologists' child and adolescent psychiatrist support workers and social workers. **In Haringey, in 2022/23, there were 1,961 referrals to CAMHS.** The highest percentage of patients referred to the service was due to anxiety (79%), followed by assessment (10.7%), neurodevelopmental conditions (3.4%) and self- harm behaviours (2.9%).

Haringey CAMHS: Referral Reason in 2022/23 for patients aged under 18 years

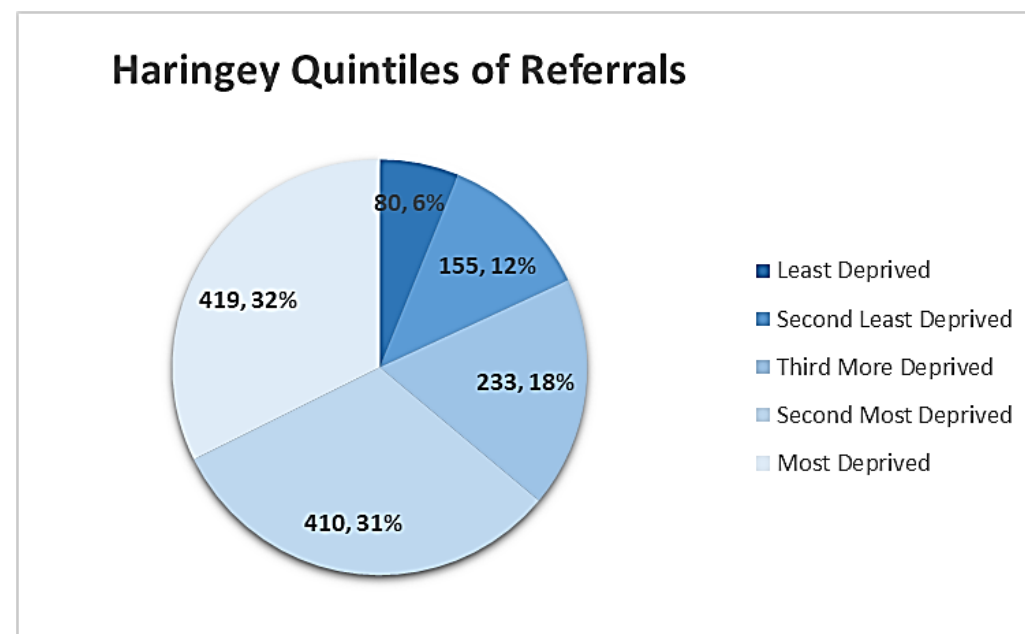
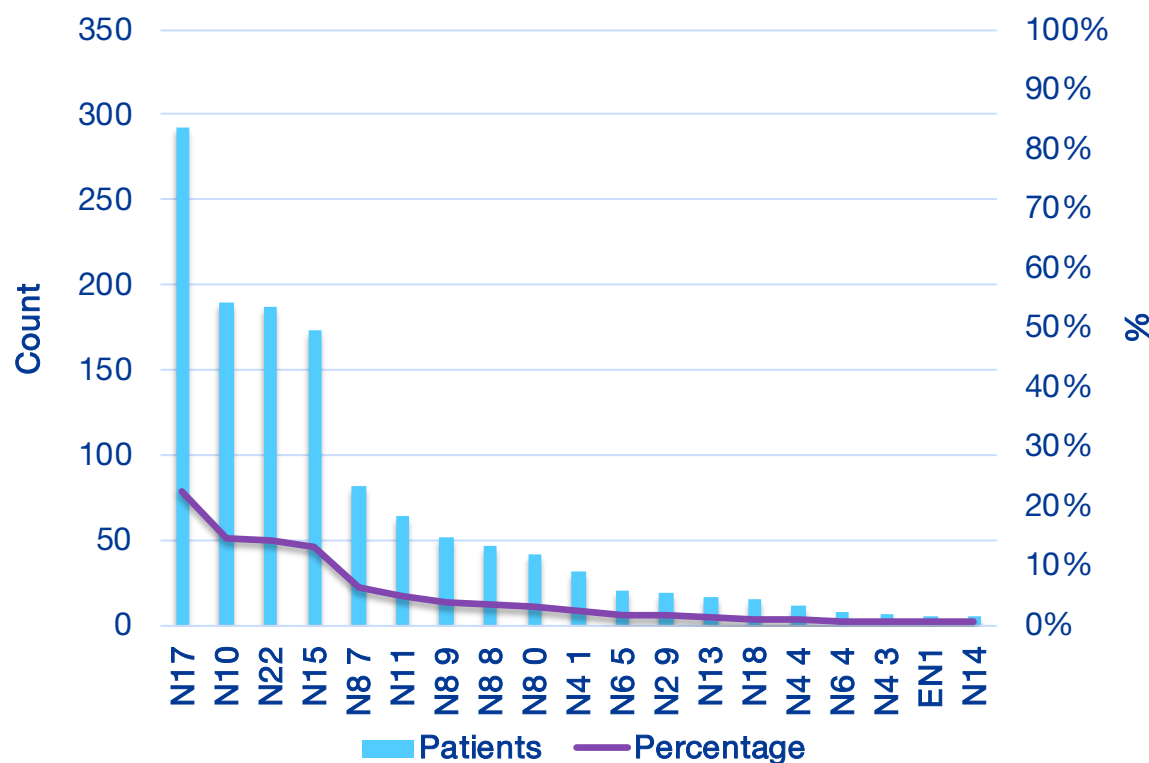


Source of data: Barnet, Enfield and Haringey Mental Health NHS Trust

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CAMHS Referrals by Postcode in 2022/23

The figures below show CAMHS referrals by postcode (left) and deprivation quintile (right). The N17 postcode (22%; n=292 referrals) had the highest percentage of referrals, followed by N10 (14%; n=189 referrals) and N22 (14%; n=187 referrals). Almost a third of referrals to CAMHS were from the most deprived quintile.



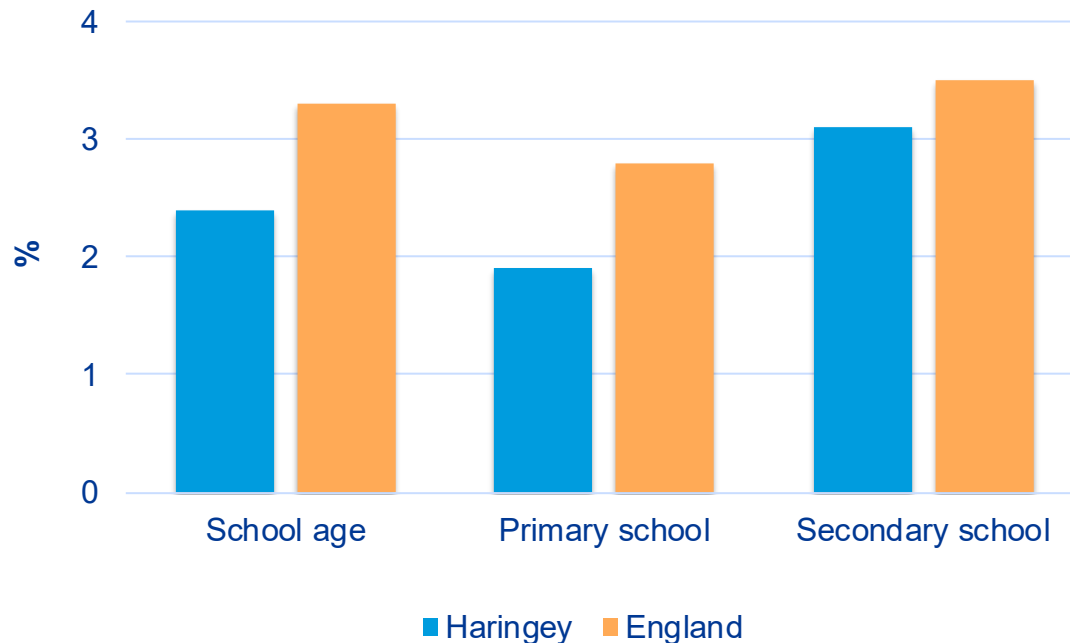
Source of data: Barnet, Enfield and Haringey Mental Health NHS Trust

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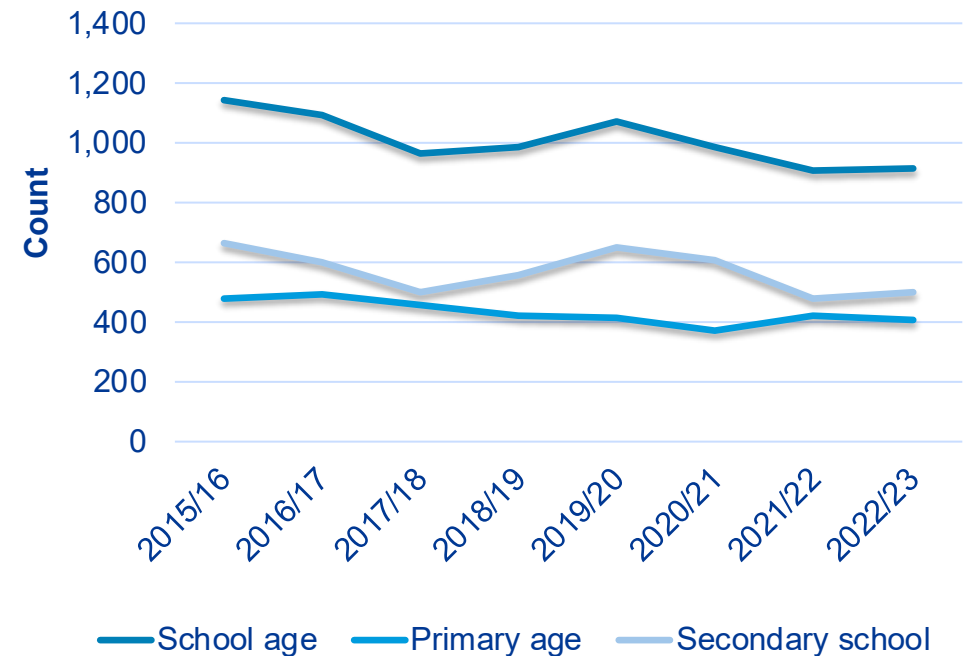
School Pupils with Social, Emotional and Mental Health Needs

The percentage of school age pupils with social, emotional and mental health needs in 2022/23 in Haringey was 2.4% (1.9% in primary school and 3.1% in secondary school). Between 2015/16 and 2022/23, the number of pupils with social, emotional and mental health needs decreased from 1,143 to 912, which equates to a 20% fall over this period.

Percentage of school age pupils with social, emotional and mental health needs, 2022/23



School pupils with social, emotional and mental health needs: 2015/16 to 2022/23



Source: Department for Education special educational needs statistics: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

SETTING THE SCENE: THE HARINGEY PICTURE

School Readiness and Emotional Development

School readiness is a key indicator of early years development across a range of developmental areas and measures how prepared a child is to succeed in school cognitively, socially and emotionally.

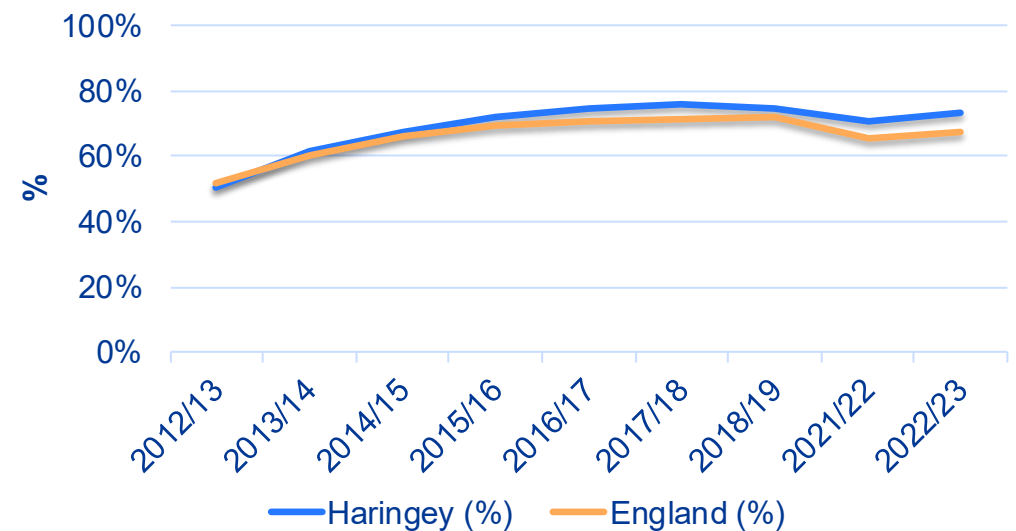
The figure opposite shows levels of school readiness at the end of reception year for Haringey pupils versus the England average. In Haringey in 2022/23, 73% (n=2,027) of children achieved a good level of development at the end of reception year which was above the England average of 67%. This varied by gender in Haringey with 69% of boys and 78% of girls achieving a good level of development.

Free School Meal (FSM) status and pupils achieving a good level of development is a key proxy measure of early years social and emotional development for children living in socio economic deprivation. In Haringey in 2022/23, 60% of children with FSM status achieved a good level of development compared to 52% in England.

Factors which influence child development and school readiness include:

- The nurturing qualities of the environment – parents, caregivers, family and community
- Nutrition
- Social and cultural practices
- Family income and poverty
- Engagement in learning
- Reading with children

School readiness: percentage of children achieving a good level of development at the end of reception year*



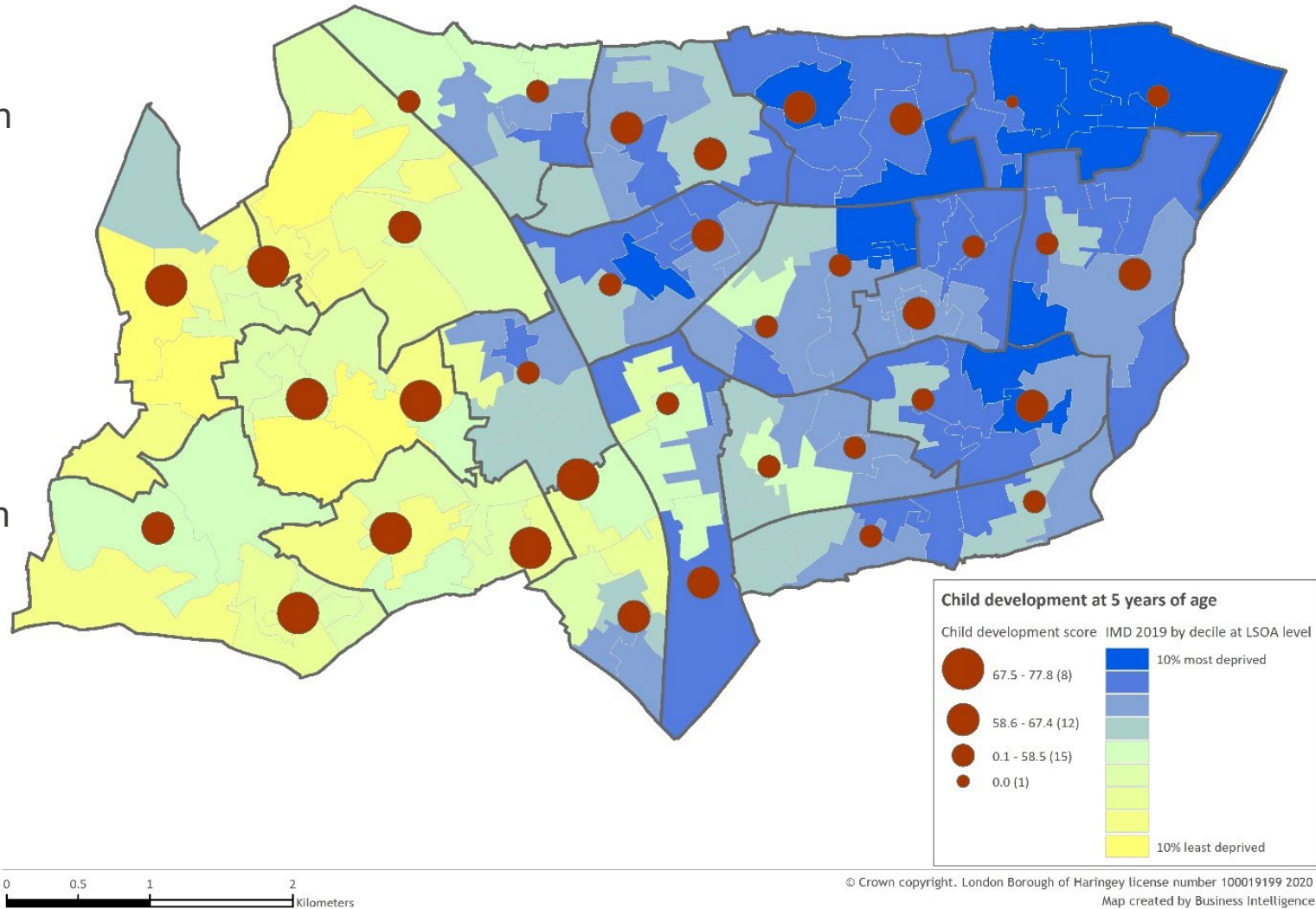
*2019/20 and 2020/21 data reporting was cancelled due to the Covid-19 pandemic.

Source: Department for Education (DfE), EYFS Profile: EYFS Profile Statistical Series

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Relationship between Child Development and Deprivation Decile

Across Haringey, the most significant pockets of deprivation based on the Indices of Multiple Deprivation 2019 (IMD 2019) exist in the east of the borough, particularly in the wards of Northumberland Park, West Green, St Ann’s and Seven Sisters. This pattern correlates with those parts of the borough where the percentage of children achieving a good level of development at age 5 is lowest as illustrated in the map opposite.



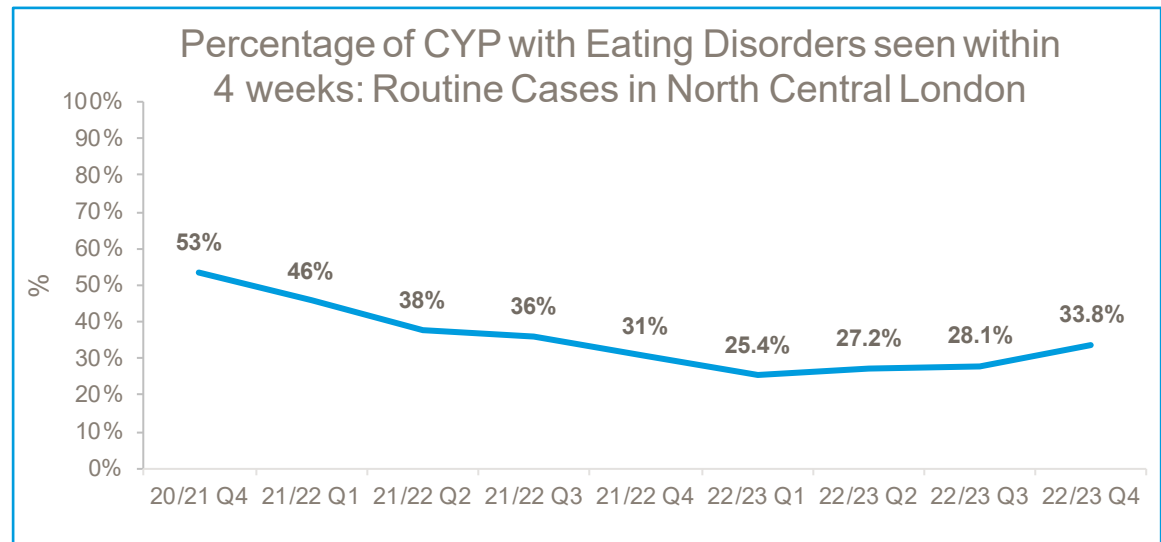
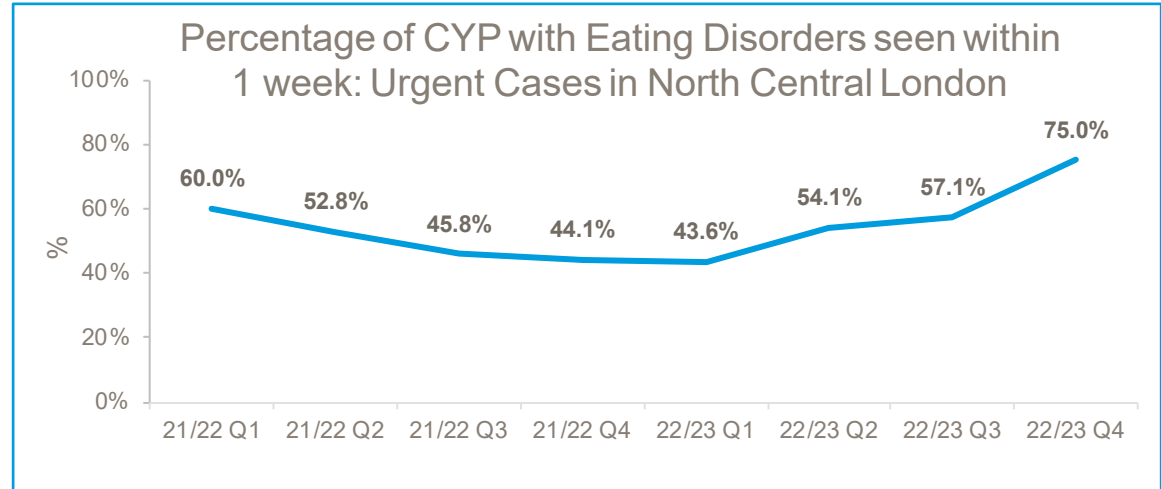
Source: Department for Education (DfE) and Indices and Multiple Deprivation 2019 10

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Eating Disorders in Children and Young People

In the UK, estimates suggest that there are 1.25 million people with eating disorders and a disproportionate number are below the age of 25 years¹. It is estimated that 1.7% of males and 5.5% of females aged 16-24 years in Haringey have an eating disorder. This equates to 1,060 children and young people of this age group².

The figures opposite show the percentage of children and young people with an eating disorder who have been seen within one week (urgent cases) and those seen within 4 weeks (routine cases) across NCL. The figures show that the percentage of children and young people seen within one week increased significantly from 43.6% in Q1 2022/23 to 75% in Q4 2022/23. The percentage of children and young people seen within 4 weeks during this period increased more gradually from 25.4% to 33.8%.



Source of data: Barnet, Enfield and Haringey Mental Health NHS Trust

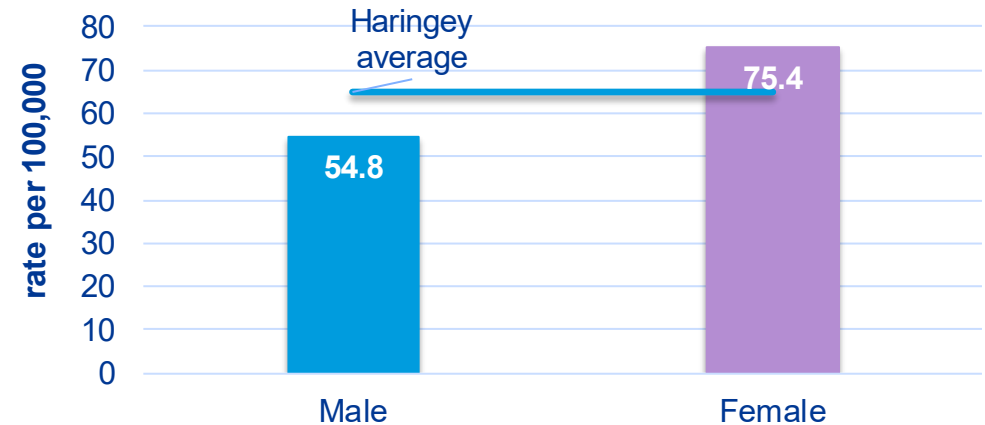
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Mental health related hospital admissions and self-harm

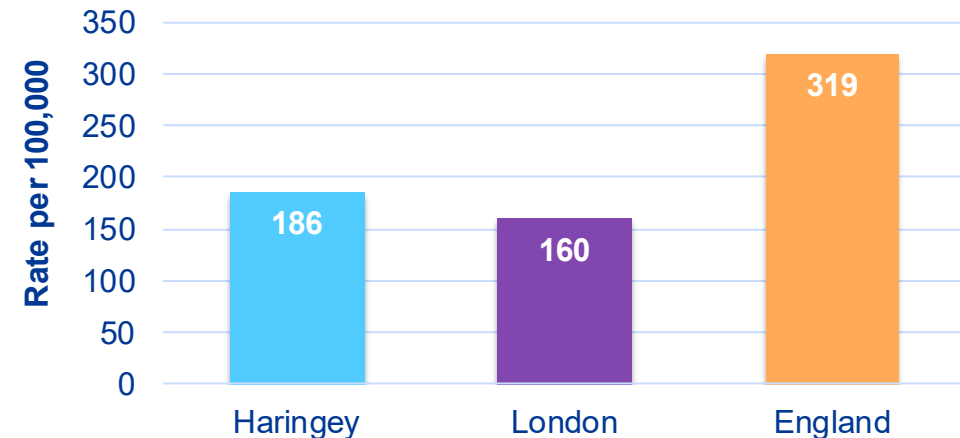
Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. There were 35 hospital admissions for mental health conditions among Haringey children aged under 18 years in 2022/23. This equates to a rate of 65 per 100,000. The rate was slightly higher in females (75.4) than males (54.8), as illustrated in the chart opposite.

In Haringey in 2022/23, the rate of hospital admissions for self-harm in children and young people aged 10 to 24 years was 186 per 100,000. The rate was significantly below the England average of 319 and above the London average of 160. In Haringey, the admission rate among females (334 per 100,000) was significantly higher than the Haringey average.

Hospital admissions for mental health conditions (<18 years)



Rate of hospital admissions as a result of self-harm in children and young people (10-24 years), Haringey, London and England in 2022/23



Source of data: Hospital Episode Statistics, NHS Digital

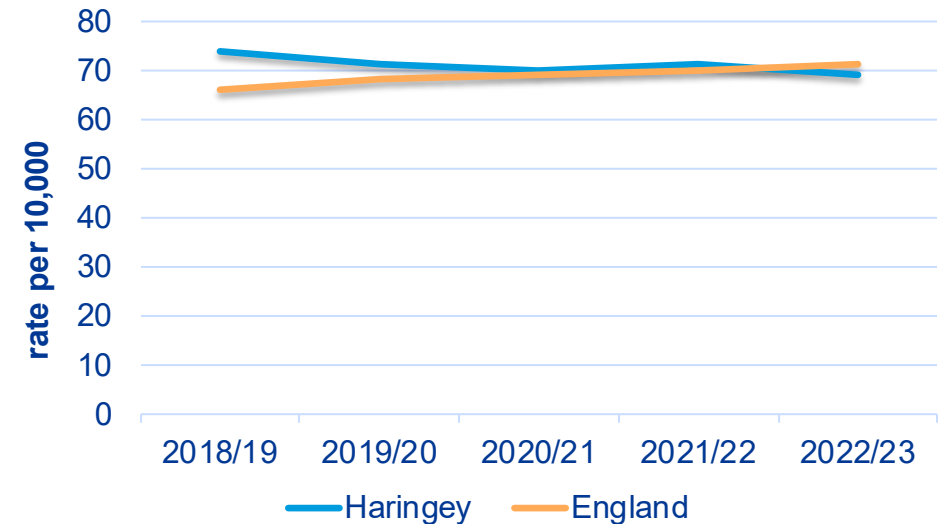
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Risk Group: LAC

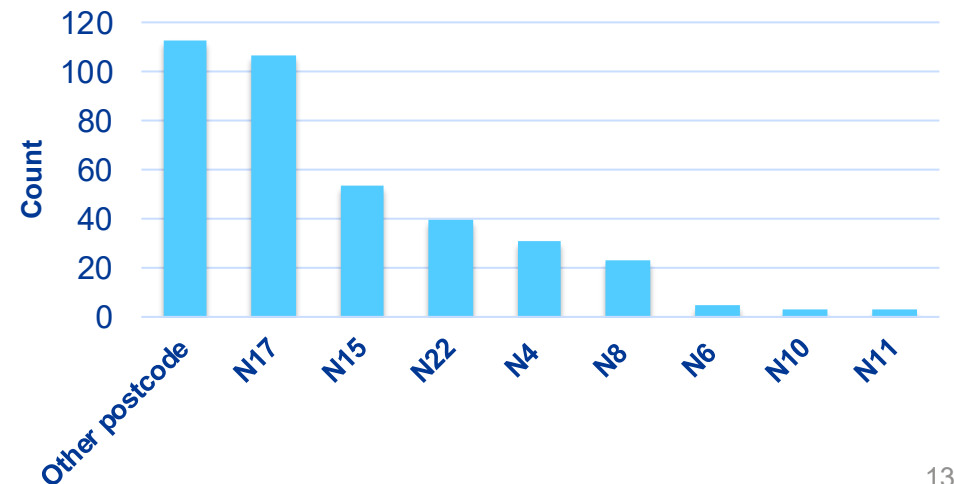
Research suggests that around 45% of looked-after children have a diagnosable mental health disorder, and up to 70%-80% have recognisable mental health concerns³. This highlights the importance of improving the mental health of children and young people who are looked after. In Haringey in 2022/23, **370 children were looked after**, or a rate of 69 per 10,000. This was similar to the England average of 71 per 10,000, as illustrated in the figure opposite.

The figure opposite provides a breakdown of the total number of LAC by postcode sector in Haringey. The figure illustrates that the highest number of LAC lived in postcodes in the most deprived parts of the borough such as N17 (N=107).

LAC: 2018/19 to 2022/23



LAC by Postcode Sector in Haringey, 2022/23

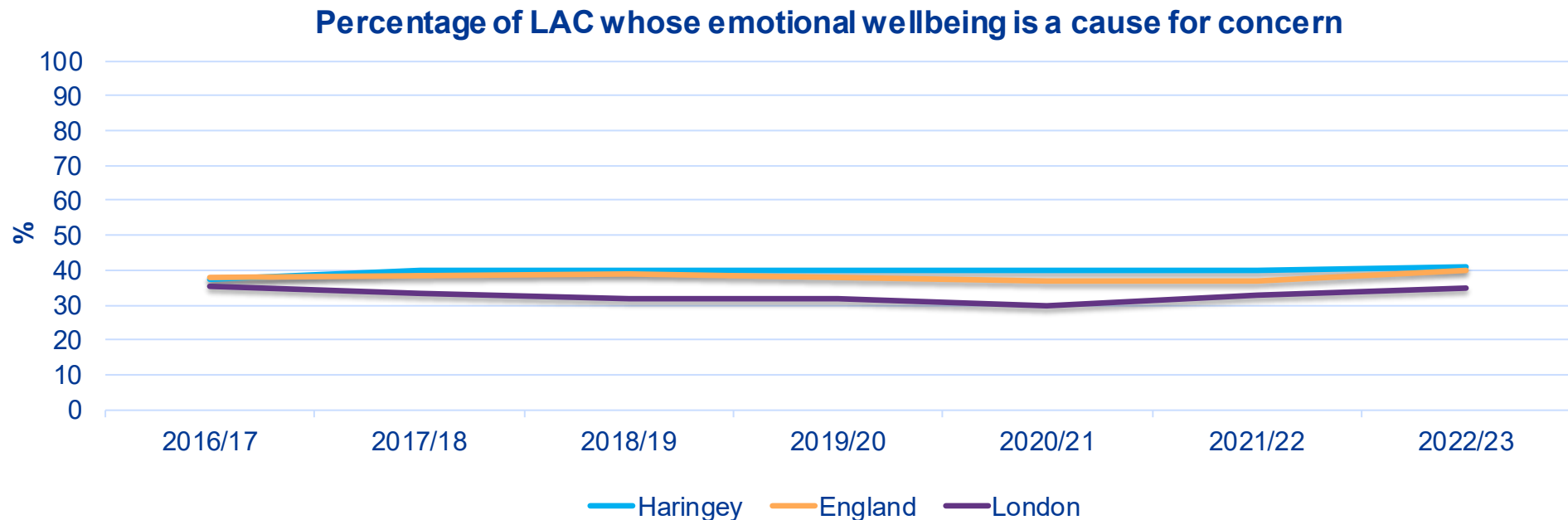


Source of data: Department for Education, Children looked after in England

SETTING THE SCENE: THE HARINGEY PICTURE

Risk Group: LAC

The emotional well-being of LAC is assessed based on a Strengths and Difficulties Questionnaire (SDQ) score* for children aged 5 to 16 (inclusive). In Haringey, the percentage of LAC aged 5 to 16 whose emotional wellbeing was a cause for concern has remained stable since 2016/17. In 2016/17, 37% (n=75 children) of LAC had an SDQ score which was a cause for concern. In 2022/23, 41% (n=58) of LAC had a score which was a cause for concern. This was similar to the England average which was 40% and higher than the London average of 35%, as illustrated in the figure below.



*A higher score indicates greater difficulties, a score below 14 is considered normal; 14-16 is a borderline cause for concern and 17 and over is a cause for concern.

Source of data: Department for Education

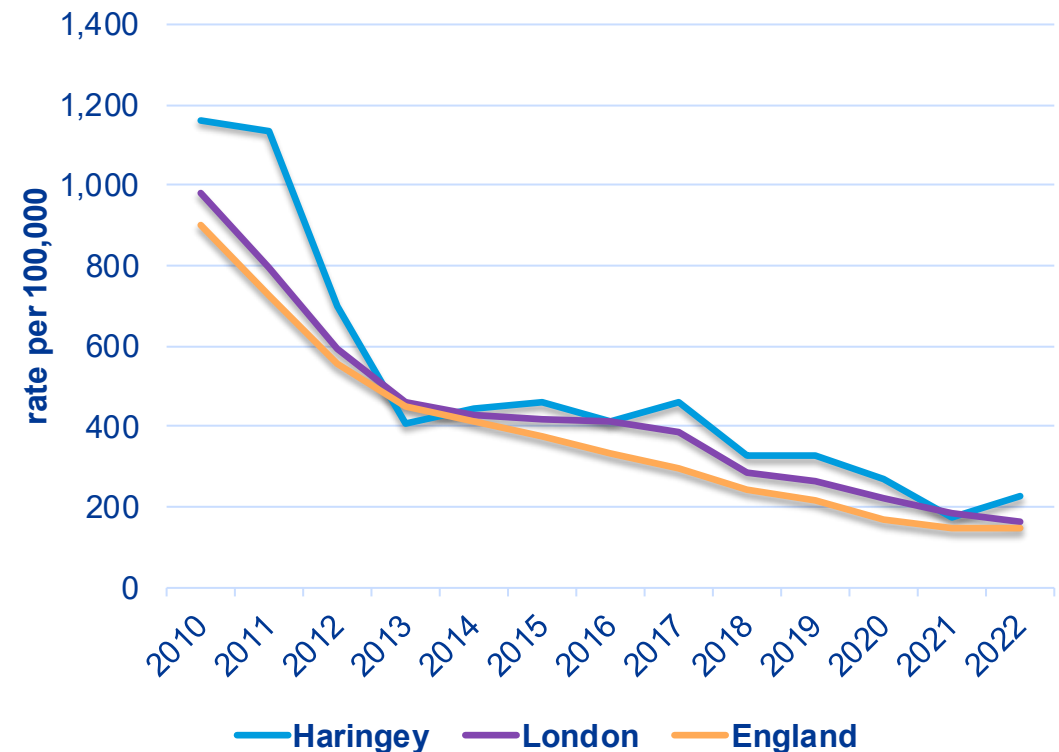
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Risk Group: Children in the Youth Justice System

Young people at risk of offending or within the youth justice system often have greater mental health needs than other young persons. The figure opposite shows the rate of first-time entrants to the youth justice system in Haringey, London, and England. In Haringey, up to 2021 and in line with London and England trends, there was a steady decline in the rate of 10-to-17-year-olds receiving their first reprimand, warning or conviction per 100,000 of the population.

The rate in Haringey in 2022 was 228 per 100,000, which equates to 56 juveniles entering the youth justice system. In comparison, in 2012, there were 165 first time entrants to the youth justice system. This equates to a 66% decrease between the two years.

First time entrants to the youth justice system: 2010 to 2022



Source of data: <https://www.gov.uk/government/statistics/first-time-entrants-fte-into-the-criminal-justice-system-and-offender-histories-year-ending-december-2022>

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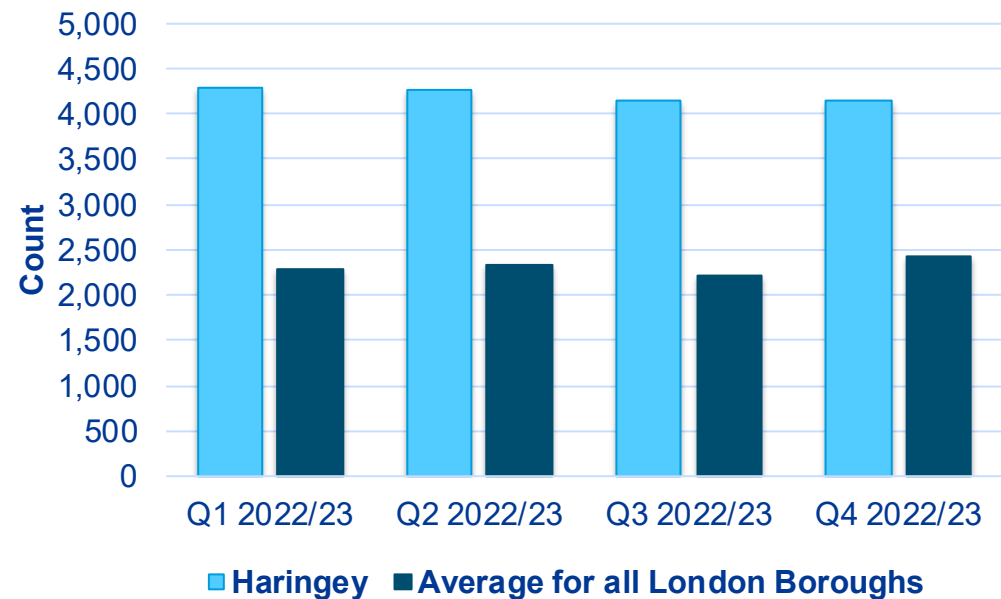
Risk Group: Children Living in Temporary Accommodation (Children Experiencing Homelessness)

Homelessness is associated with severe poverty and is a social determinant of health.

Homelessness is also associated with poor health, education and social outcomes, particularly for children⁴. It often results from a combination of events including adverse childhood experiences and trauma. **Adverse childhood experiences could include the following: maternal depression, physical and emotional neglect, divorce, substance abuse and emotional and sexual abuse.**

The number of children living in temporary accommodation in Q4 2022/23 in Haringey was 4,146, which was above the average for all London boroughs of 2,434. This was the trend throughout all four quarters in 2022/23 in Haringey.

Households in temporary accommodation: Total number of children in temporary accommodation: Q1 2022/23 to Q4 2022/23



Source of data:
Department for Levelling Up, Housing & Communities

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Risk Group: Children Born to Parents Experiencing Mental Health Problems or Domestic Abuse

Poor parental mental health is associated with an increased risk of subsequent behavioural and emotional difficulties in children. Furthermore, just under a third (32%) of children in the UK live with at least one parent reporting symptoms of emotional distress⁵. When applied to the Haringey population, around 19,000 children may have at least one of their parent's reporting symptoms of emotional distress which are indicative of mental health problems such as anxiety or depression.

Statistics shows that, in Haringey:

- The estimated number of women with mild to moderate depressive illness and anxiety in the perinatal period was around 300 (lower estimate). Perinatal mental health includes the time from becoming pregnant up until one year after giving birth.
- The estimated number of women with PTSD in the perinatal period was approximately 90.
- The estimated number of women with postpartum psychosis was 6.

Source of the above data: Births, deaths and marriages, Office of National Statistics

The figures reported above do not take account of socio-economic or demographic differences or anything which could contribute to variations in the data. Living in households where domestic abuse is occurring is another risk factor for poor mental health in babies and toddlers. It has an impact on their mental, emotional and psychological health and their social and educational development. **In Haringey, between April 2021 and March 2022, the rate of domestic abuse offences reported in Haringey was 12 per 1,000 of the population which equates to 3,292 offences.**

Source of the above data: Mayors Office for Policing and Crime (MOPAC) data dashboard: <https://www.london.gov.uk/programmes-strategies/mayors-office-policing-and-crime/data-and-statistics/domestic-and-sexual-violence-dashboard>

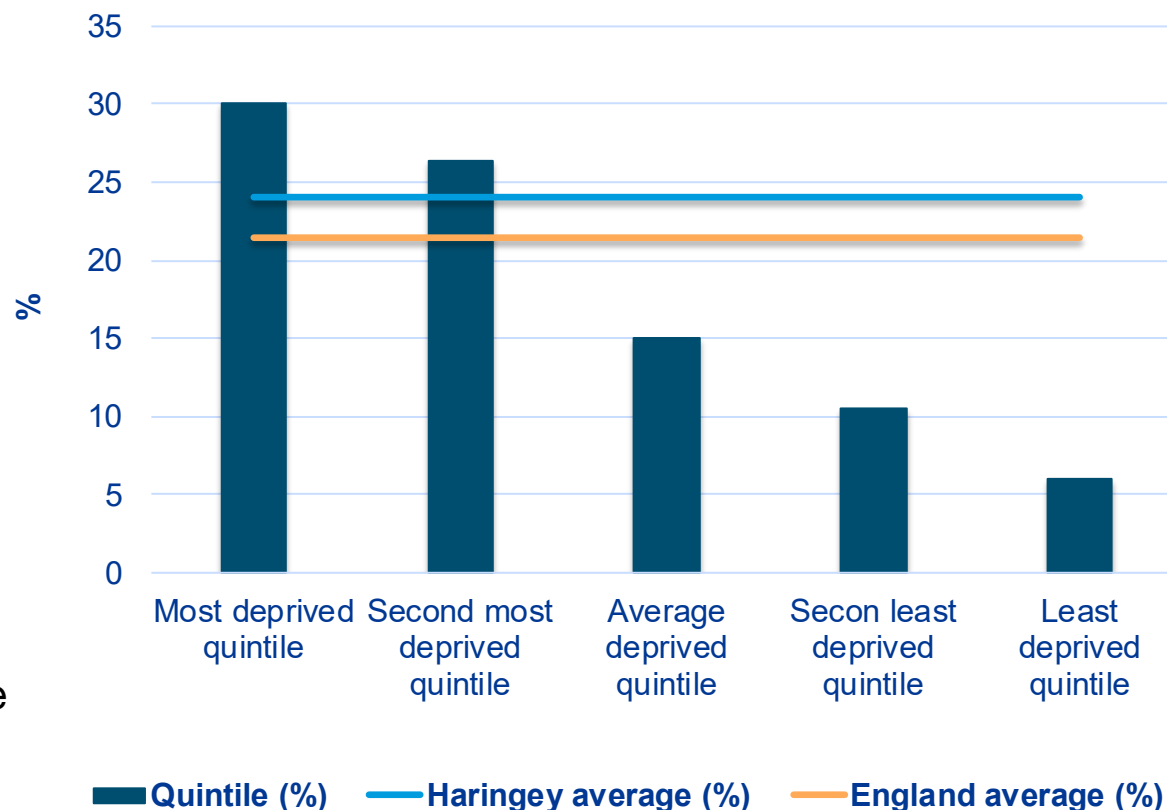
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Risk Group: Obese Children

Apart from contributing to physical health issues such as type two diabetes, the psychological consequences of childhood obesity include social isolation, low self-esteem, depression, teasing and bullying. Childhood obesity prevalence shows a close association with socioeconomic deprivation.

Nationally, obesity prevalence in children living in the 10% most deprived areas of the country is more than double that of children living in the least deprived 10% of areas. This pattern is similar for year 6 pupils in Haringey where 30% of children who are obese lived in the most deprived quintile and 6% lived in the least deprived quintile, as illustrated in the figure opposite.

**Year 6 prevalence of obesity (including severe obesity)
5 years data combined: 2018/19 -22/23**



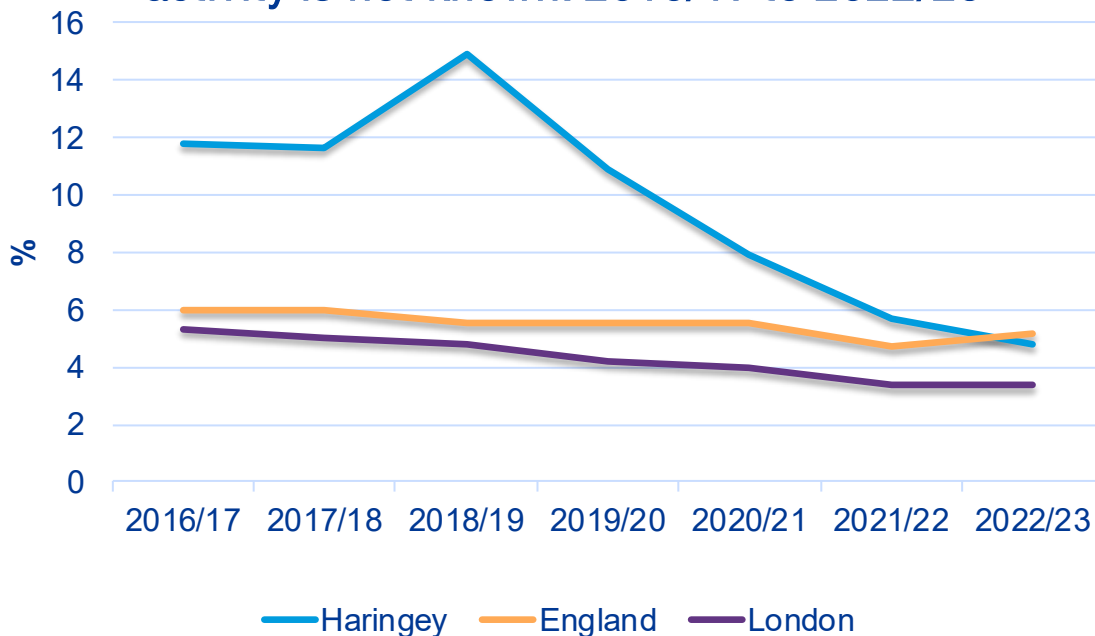
Source of data: Office for Health Improvement and Disparities, using National Child Measurement data.

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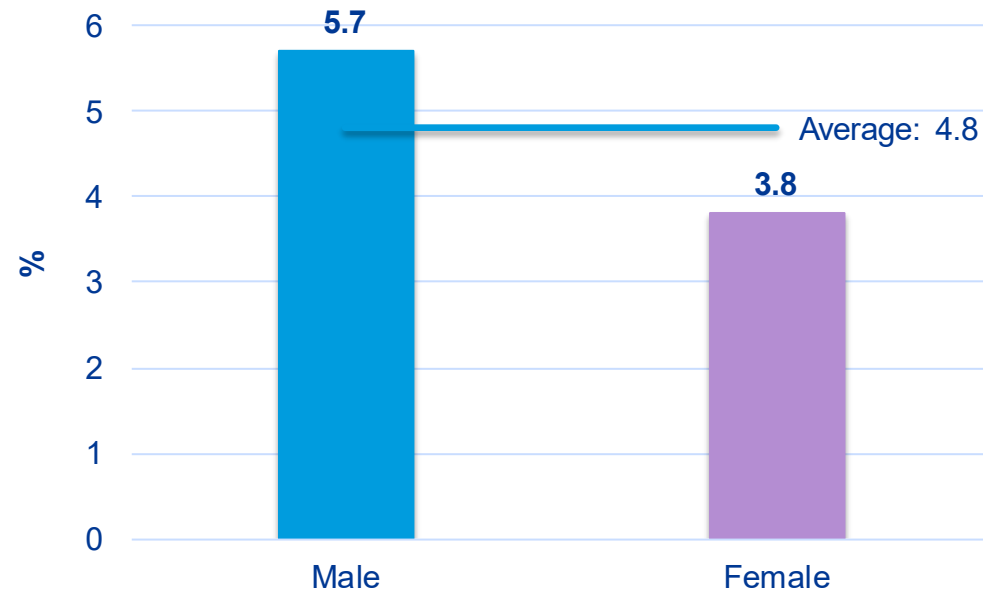
Risk Group: Children who are Not in Education Employment or Training

Young people who are NEET are at greatest risk of a range of negative outcomes, including depression, poor health overall and early parenthood. **4.8% (n=259)** of 16-17-year-olds were NEET in Haringey in 2022/23, as illustrated in the figure below. Since 2018/19, when 15% (n=790) of 16-to -17- year- olds were NEET in Haringey, there has been a consistent decline in the percentage of children reported as NEET. In 2022/23, a higher proportion on males (5.7%; N=156) were NEET than females (3.8%; N=104).

16 to 17 year olds who are NEET or whose activity is not known: 2016/17 to 2022/23



16 to 17 year olds who are NEET in Haringey in 2022/23 by gender



Source of data: Department for Education

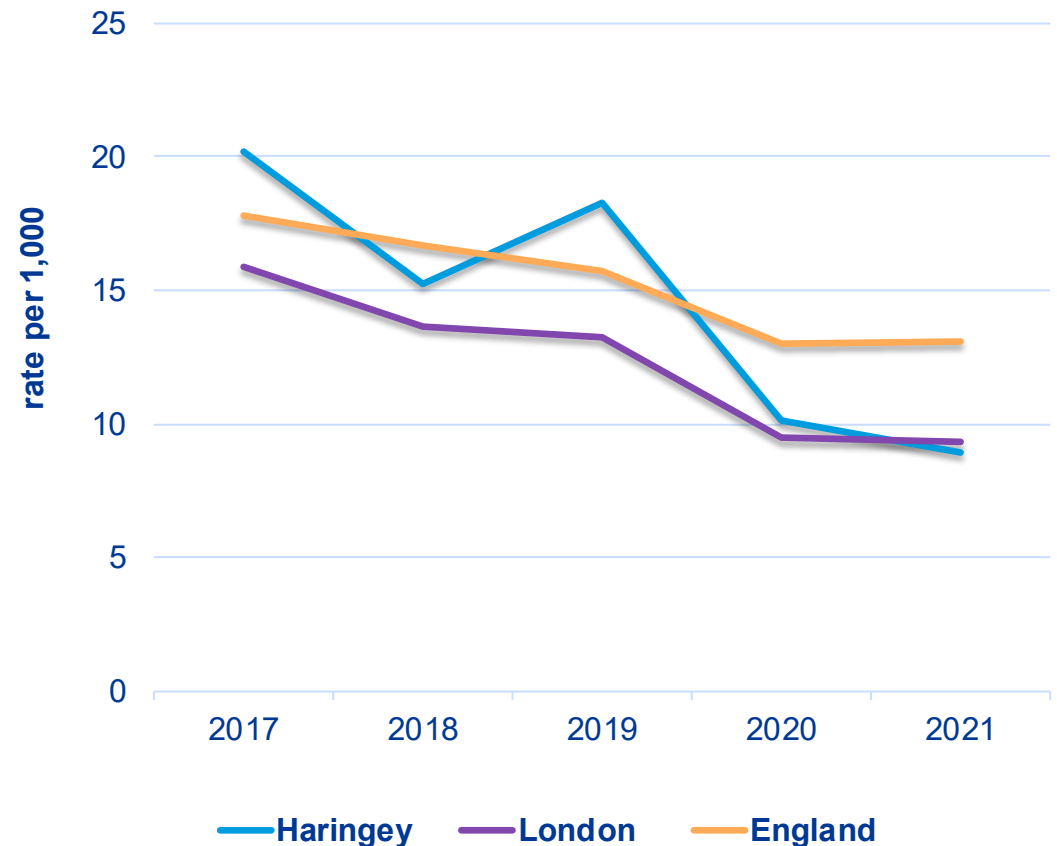
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Risk Group: Teenage Parents

Pregnancy in under 18-year-olds can lead to poor health and social outcomes for both the mother and the resulting child. Children born to teenage parents are at a greater risk of low educational attainment, emotional and behavioural problems maltreatment or harm, and illness, accidents and injuries⁶. Notably, although a high number of teenage parents in a population may be a risk factor for higher levels of poor infant mental health, on an individual level many teenage parents will parent effectively and raise healthy children.

The rate of under 18 conceptions in Haringey in 2021 was 9 per 1,000, which equates to 40 births. This rate was below the England average of 13 per 1,000 and the same as the London average. In Haringey, there has been a decrease in the conception rate since 2019, as illustrated in the figure opposite.

Conception rate per 1,000 women at ages under 18 years



Source of data: Office for National Statistics

WHAT WORKS?

Thrive Framework

The Thrive Framework for system change is an integrated, person centred and needs led approach for delivering mental health services for children, young people and their families, developed by the Anna Freud National Centre for Children and Families and The Tavistock and Portman NHS Foundation Trust⁷. The framework offers key principles for creating coherent and resource-efficient communities to support mental health and wellbeing, with an emphasis on talking about mental health needs in an accessible way. Children, young people, and their families, alongside professionals influence the mental health needs through shared decision making.

For more information on the Thrive Framework, visit: <https://tavistockandportman.nhs.uk/our-models-of-care/thrive/>



WHAT WORKS?

The Anchor Approach

The Anchor Approach is an evidence-based intervention that is found to be effective and to meet Department for Education objectives, as reported in an independent evaluation by University College London in 2022⁸. It is accessible to parents and used by staff in education settings, Family Hubs, children’s services, health services and third sector organisations. It focuses on building the capacity of adults to recognise and meet the developmental needs of children and young people in their care and supports them to create trusting relationships that increase feelings of safety and facilitate emotional regulation. Having a range of tools and resources available for use across sectors, it supports system-wide organisational change. The Haringey Resilience Wheel (opposite) and Emotion Coaching are central to the approach.

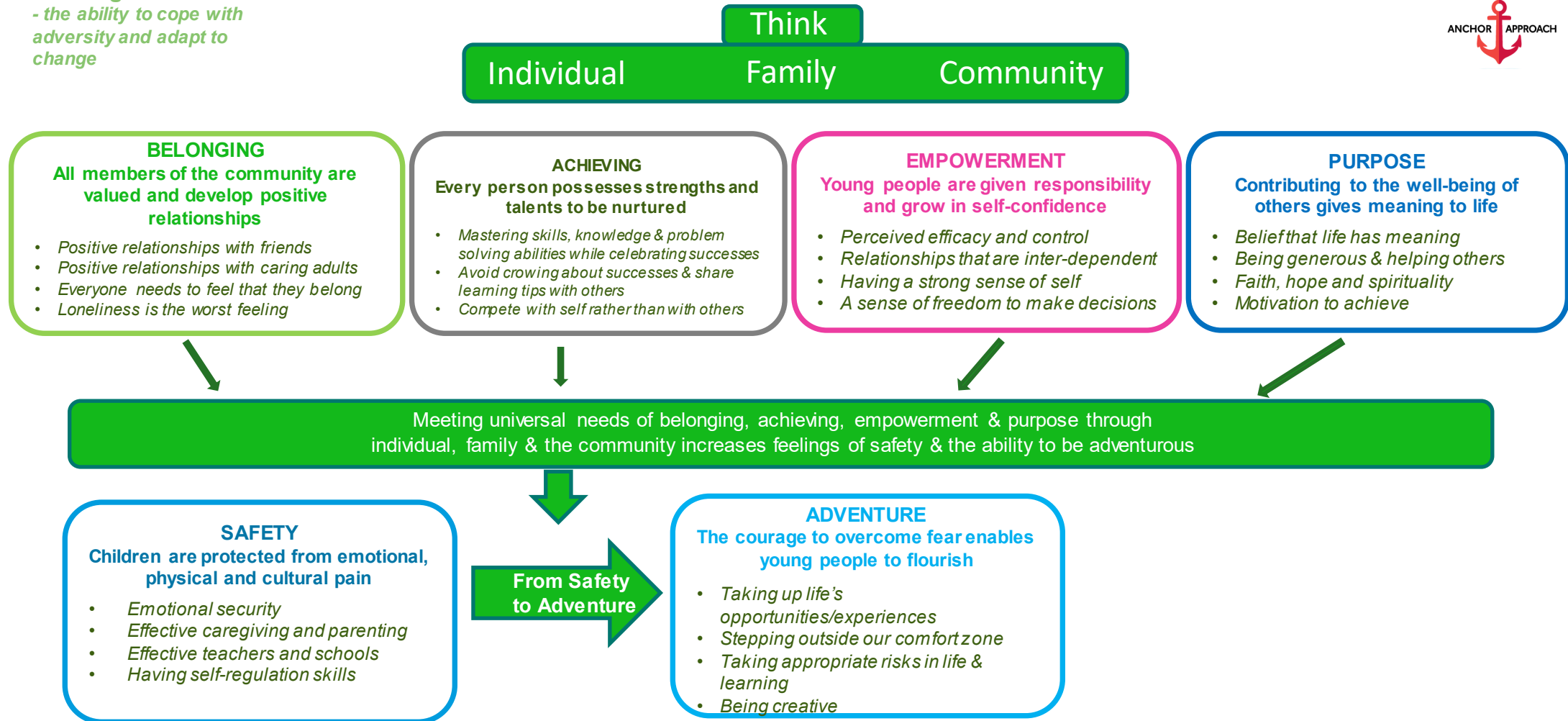
For more information on the Anchor Approach visit:
www.haringey.gov.uk/anchor



WHAT WORKS?

Building Resilience
- the ability to cope with adversity and adapt to change

Building resilience in young people



WHAT WORKS?

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

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

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

WHAT WORKS?

Actions to manage eating disorders include:



Prevention through school-based peer support groups



Family therapy



Cognitive-behavioural therapy



Hospital care
Inpatient or outpatient



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**

Actions to manage schizophrenia include:



Exclude organic causes



Antipsychotic medication



Psychoeducational group intervention for young people with psychosis and their carers



Help the child or young person to **continue their education**



Provide a **supported employment programme** for those above school age



Discuss and plan transition to adult services

Actions to **reduce suicide** include:



Tailor approaches to **improvements** in mental health



Reduce access to the means of suicide



Support the media in delivering **sensitive approaches** to suicide



Support **research, data collection** and **monitoring**



Provide **better information** and support to those bereaved or affected by suicide

WHAT WORKS?

Mental Health of Children and Young People in England, 2023 Survey: Key Findings

The Mental Health of Children and Young People 2023 Survey, commissioned by NHS England, was carried out by the ONS, National Centre for Social Research, The University of Cambridge and The University of Exeter to better understand trends in young people’s mental health in England. The survey gives the best national picture of children and young people’s mental health and how this has changed since the previous survey in 2017.

[Read the survey report.](#)

Some of the key findings were:

- 20% of eight to 16-year-olds had a probable mental disorder in 2023. Among 17 to 19-year-olds, the proportion was 23%, while in 20 to 25-year-olds it was 21.7%.
- After a rise in rates of probable mental disorders between 2017 and 2020, prevalence continued at similar levels in all age groups between 2022 and 2023.
- 5.9% of 20 to 25-year-olds had an eating disorder, while eating disorders were identified in 2.6% of 11 to 16-year-olds, compared with 0.5% in 2017⁹.

The findings and evidence contained in the report will be used to help plan and design services to meet the current and future needs of children and young people’s mental health services. To meet current demand, NHS England has rolled out 398 Mental Health Support Teams within schools and colleges to provide early support to young people with mild to moderate mental health issues, covering 35% of pupils and learners in further education. A further 200 teams are currently in training and are due to become operational by Spring 2025.

RECOMMENDATIONS

KEY RISK GROUPS

Looked After Children

- Mental Health services are planned and designed to ensure that the needs of LAC continue to remain a high priority and that levels of provision are maintained to meet future demand.

Children in the Youth Justice System / at risk of offending

- Ensure that the mental and emotional health needs of children and young people at risk of offending or who are in the youth justice system are being met through the provision of appropriate interventions and rehabilitation opportunities, as necessary.
- Regularly review the records of repeat offenders over time to provide a more thorough understanding of the risk factors associated with past offending in the borough and opportunities to mitigate this in future.

Adverse Childhood Experiences and Trauma

- Developing greater resilience amongst communities and supporting prevention and early intervention across local services through partnership supported interventions between LB Haringey and community groups.
- Create robust systems within a strong ethical framework to identify those children and young people most at risk of adverse childhood experiences and develop care plans to support these individuals.

RECOMMENDATIONS

KEY RISK GROUPS

Children and Young People experiencing domestic abuse

- Ensure prevention programmes are in place to reduce the risk of violence to children and young people through universal and selective services, home visits and through parenting and family programmes.
- Develop and implement social care systems to prevent intergenerational neglect and abuse.

NEET

- Joined up work across relevant services to support young people, especially the most vulnerable to engage in education, training and work.

Teenage parents

- Perinatal mental health support continues to be offered and provided to teenage parents to help mitigate the challenges around poor mental wellbeing while reducing exposure to potential risk factors for their children.

Parental mental health

- Health visitors continue to support parents who are experiencing poor mental health in the perinatal period to ensure that their children are growing up in a healthy and supportive environment in which to thrive.

RECOMMENDATIONS

SCHOOLS AND EDUCATIONAL SETTINGS

- A whole school approach is adopted in schools across Haringey in tackling mental health issues through the delivery of programmes including campaigns, staff training and embedding mental health and wellbeing into the curriculum.
- Further support is offered to children who are experiencing mental health challenges from diverse population groups including LGBTQ, refugees and migrant children.
- Explore opportunities where children, young people and their families are involved in the design and decision-making process relating to mental health services in schools.

CAMHS

- Continue to raise awareness and promote offers that are more community place-based such as Family Hubs, community venues etc.
- Continue to engage with, and support families who are experiencing the highest levels of poverty and socio-economic deprivation to ensure that their needs are being met.
- Further work with the Youth Justice Service to deliver targeted support to reduce the disproportionality and inequalities among this particular group ensuring that those at risk of offending are included in mainstream planning and commissioning.

RECOMMENDATIONS

DATA COLLECTION, ANALYSIS AND SHARING

- Haringey Public Health intelligence continue to work with Children and Young Peoples Service, NHS and VCS partners to improve data sharing protocols across the partnership.
- Further analysis to understand how intersectionality across deprivation, socio-economic status and ethnicity can influence the emotional mental health and wellbeing of children and young people to support the design of mental health services.
- Haringey Public Health intelligence to work closely with VCS partners, BEH Mental Health NHS Trust, NHS NCL ICB to monitor trend data obtained on coverage and outcomes on interventions and services to support children and young people's mental health.
- Haringey Public Health to work with Children and Young People's Services to improve our understanding and address gaps relating to the mental health needs of marginalised groups who are not accessing universal services through the analysis of the data and evidence.
- Haringey Public Health intelligence to lead on further analysis of the data on the wider determinants of health to develop a better understanding of the interrelationship with emotional and mental health issues at a small area geographic level.

FURTHER INFORMATION

1. Office for National Statistics. Mental Health of Children and Young People in Great Britain. 2004
2. Barnet, Enfield and Haringey Mental Health NHS Trust reported figures
3. NICE Guidance: <https://www.nice.org.uk/guidance/ph28>
4. The Impact of Homelessness on Health, LGA 2017, <https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities>
5. [Data tables: children living with parents in emotional distress, 2021 update - GOV.UK \(www.gov.uk\)](#)
6. NICE Guidance: www.nice.org.uk/guidance/ph51
7. Thrive Framework: <https://tavistockandportman.nhs.uk/our-models-of-care/thrive/>
8. McGowan et al (2022). A Qualitative Evaluation of a Whole-School Approach to Improving Resilience and School Engagement in Childhood and Adolescence. Webpage:
<https://discovery.ucl.ac.uk/id/eprint/10160437/1/Anchor%20Approach%20School%20Reports%20FINAL%20%282%29.pdf>
9. The Mental Health of Children and Young People in England, 2023 (Wave 4 follow up to 2017 survey). NHS E. [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital](#)

About Haringey's JSNA

Haringey.gov.uk 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 Haringey'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 JSNA factsheet was produced by Rick Geer, Public Health Intelligence Specialist with key contributions from many other colleagues and approved for publication by Dr Chantelle Fatania in July 2024.

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