



# Children and Young Persons Emotional Wellbeing and Mental Health Needs Assessment, 2019

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## Introduction

The World Health Organisation (WHO) defines mental health as *a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community* (World Health Organisation, 2004).

Mental health problems are common, with 1 in 4 adults experiencing mental illness during their lifetime (NHS England, 2016). Mental health problems start early in life, half of all mental health problems have been established by the age of 14, rising to 75% by age 24. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds including improved physical health, better educational achievement, reduced anti-social behaviour and criminality and reduced health risk behaviours such as smoking and alcohol misuse (Public Health England, 2018).

Solihull is home to almost 215,000 people, over a quarter of which (29%) are children and young people aged under 25 years. There are areas in the north of the borough where over 50% of the residents are aged under 25 (Figure 1). Over the next 17 years, Solihull's resident population is expected to grow by over 8%. The 5-19 year old population will increase by over 3,200 (Table 1).

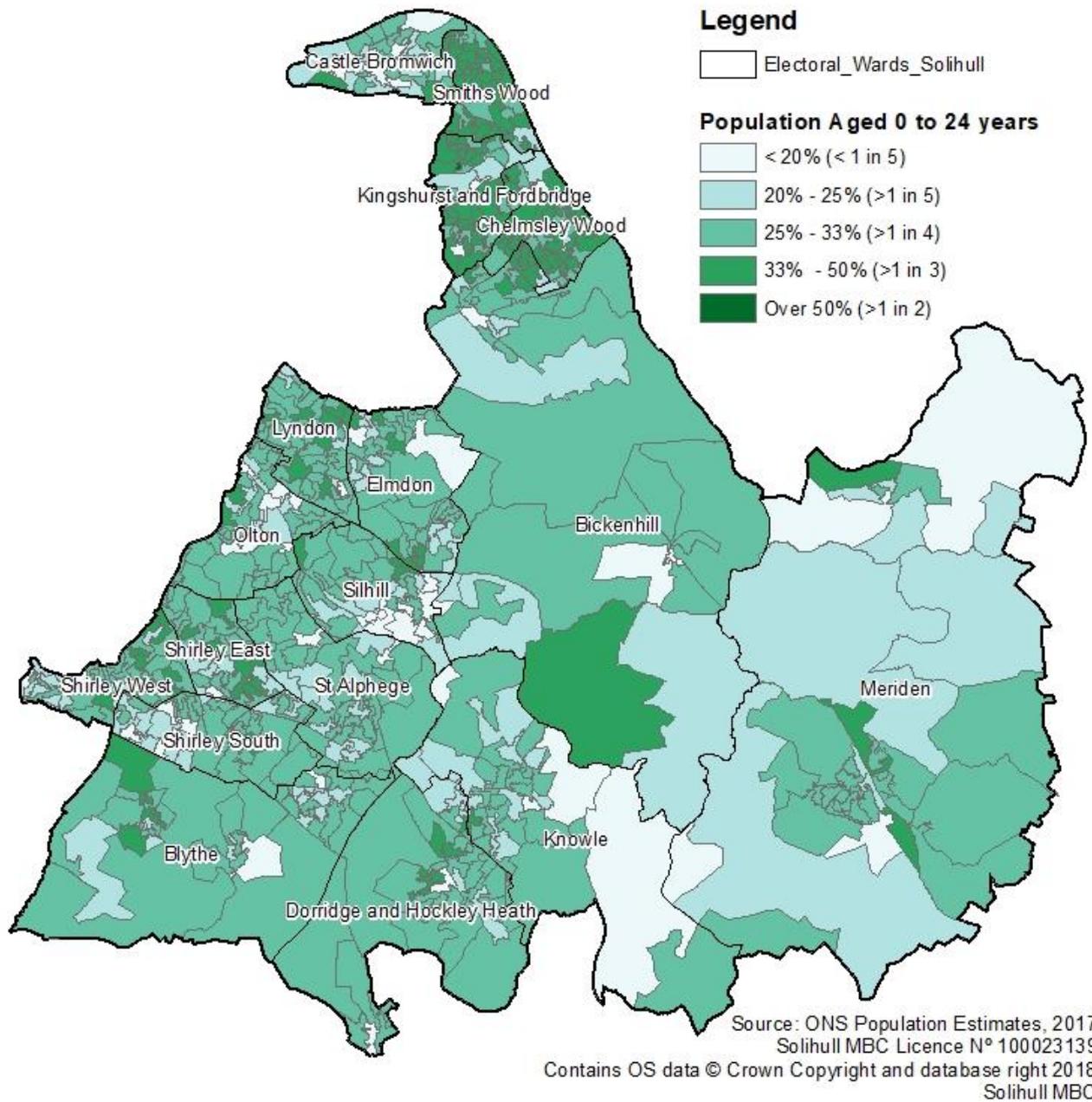
**Table 1: Population projections, 2018 - 2035, Solihull Resident Population**

	2018	2019	2020	2025	2030	2035
% Change from 2017	0.0	0.59	1.15	3.91	6.48	8.82
All Ages	214,909	215,200	216,400	222,300	227,800	232,800
0-24 year olds	62,342	62,472	62,821	64,533	66,130	67,582
5-19 year olds	39,046	39,109	39,327	40,399	41,399	42,307

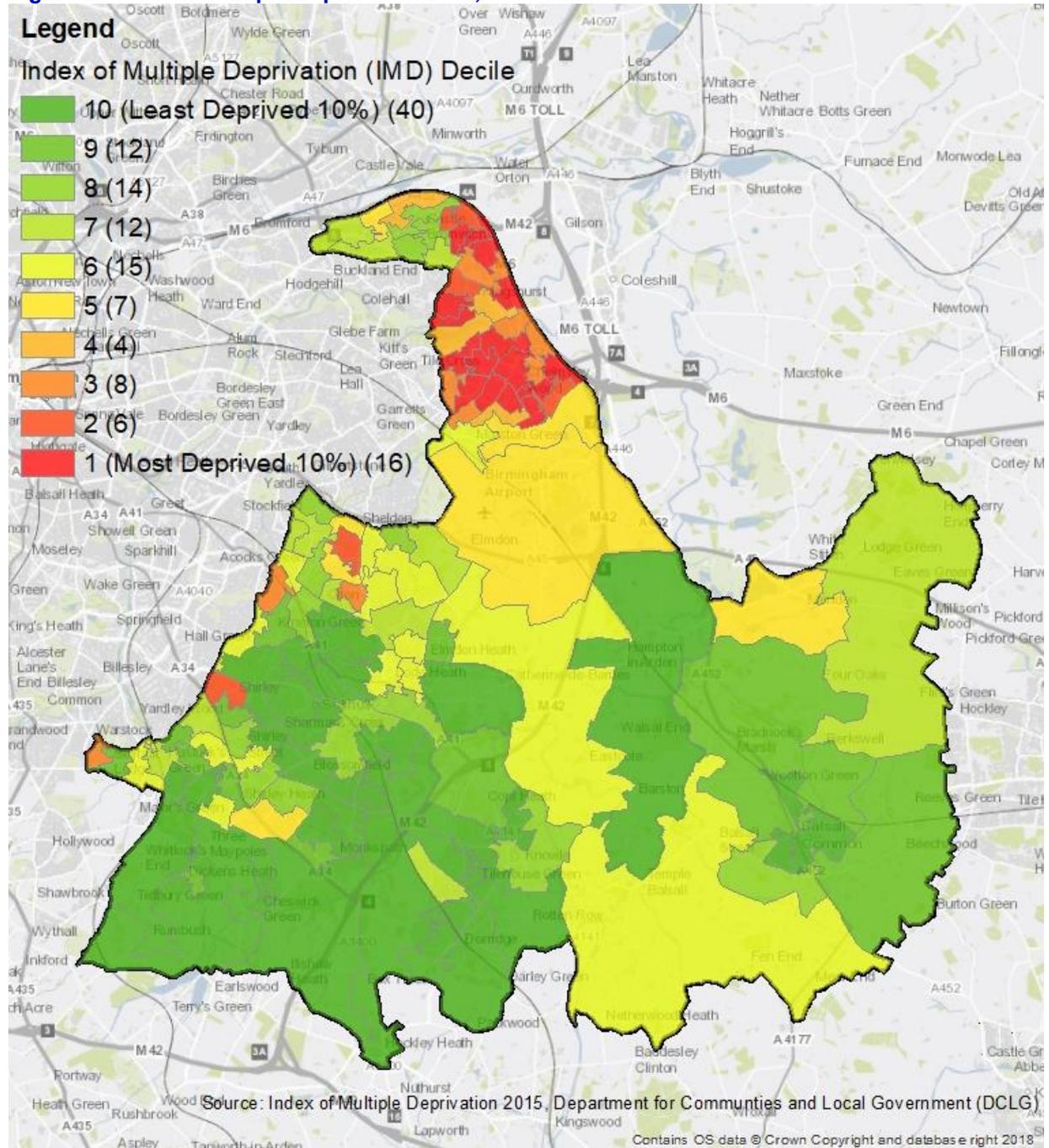
Source: ONS subnational population projections 2016, Population Estimates 2018

Solihull MBC is ranked 216<sup>th</sup> out of the 326 local authorities in England in terms of deprivation (1 being most deprived), Solihull is therefore among the least deprived 35% of local authorities (Solihull Observatory, 2015). However, it is a polarised borough, when measured only on the proportion of LSOAs within the most 10% deprived nationally, Solihull is ranked 77<sup>th</sup> - within the top 25%. Solihull has a total of 22 LSOAs within the 20% most deprived LSOAs nationally, 20 of which are located in the north of the borough (Figure 2).

Figure 1: Under 25 population, Solihull Residents, 2017



**Figure 2: Index of Multiple Deprivation 2015, Solihull**



# Prevalence of Mental Health in Children and Young People

## Mortality

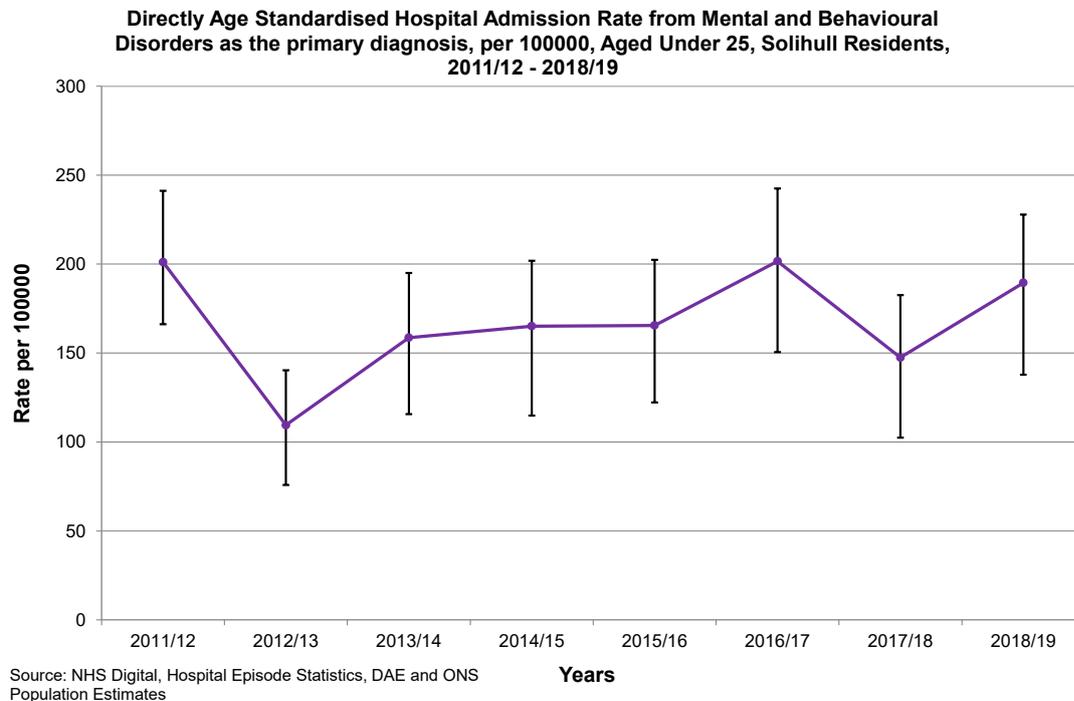
Since 2002 there have been 19 deaths from suicides or events of undetermined intent in young persons under the age of 25. The most common method of suicide/death was by hanging which accounts for over 60%. All the deaths occurred in young people between the ages of 15 and 24 years, over 80% were Male. 6 deaths from suicide or events of undetermined intent occurred in 2017, more than in any other year.

Mortality from suicide is the 'tip of the iceberg'. Researchers from the University of Oxford have estimated that for every adolescent who dies by suicide, there are approximately 370 who present to hospital for self-harm and 3,900 adolescents who report self-harm in the community (University of Oxford, 2017). Since 2011 there has been, on average, 1.5 suicides a year in young people - based on the University of Oxford's evidence this would suggest there are approximately 555 presentations at hospital and 5,850 individuals reporting in the community for self-harm in Solihull every year.

## Hospital Admissions

Since 2011/12 there have been 777 admissions to hospital from mental and behavioural disorders in children and young people in Solihull (Figure 3)<sup>1</sup>. This does not include presentations at Accident at Emergency that do not result in an inpatient stay. The directly age standardised rate of hospital admissions for mental and behavioural disorders in young people has not changed significantly since 2011/12.

**Figure 3: Under 25 Hospital Admission Rate from Mental and Behavioural Disorders, Solihull Residents, 2011/12 - 2018/19**

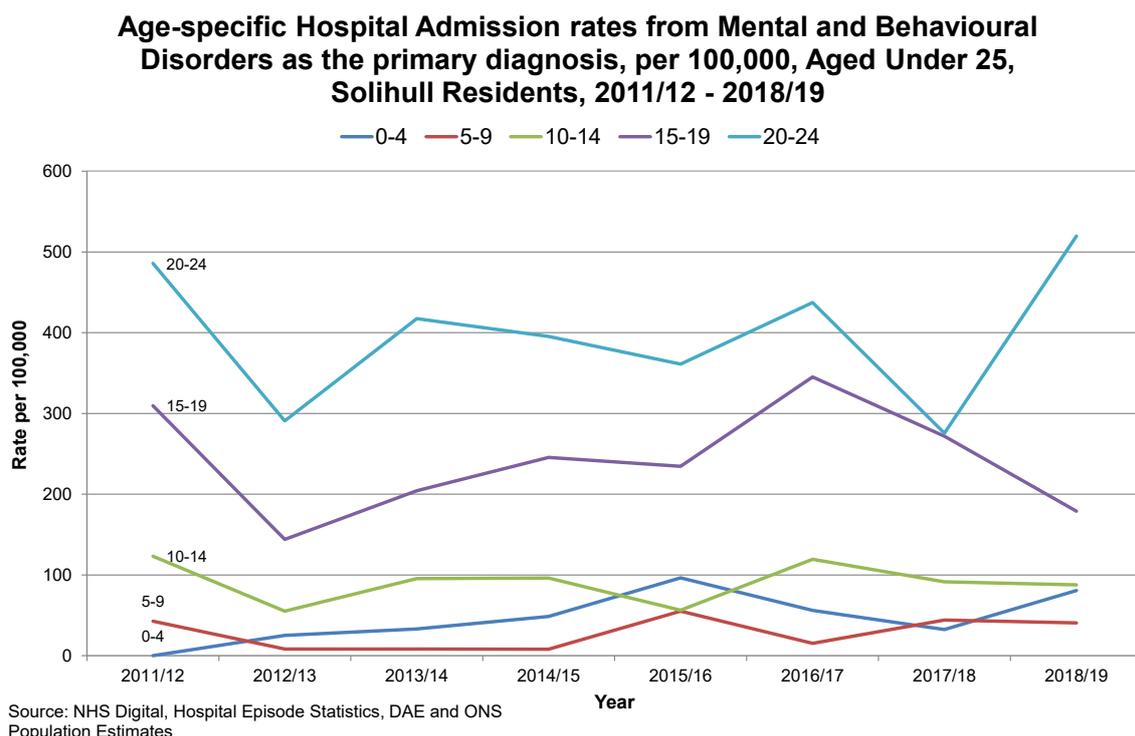


<sup>1</sup> Mental and Behavioural Disorders mentioned in the Primary Diagnosis, ICD10 codes F00 – F99.

The age-specific hospital admission rates from Mental and Behavioural disorders<sup>1</sup> are highest amongst 20-24 year olds (Figure 4). The age-specific rate in 20-24 year olds has fluctuated year on year since 2011/12 but overall there has been no significant change.

An additional 1097 admissions to hospital have occurred in children and young people due to intentional self-harm<sup>2</sup>. The directly standardised rate has increased significantly since 2011/12 (Figure 5), the highest rates are amongst those aged 15-19 and 20-24 years (Figure 6).

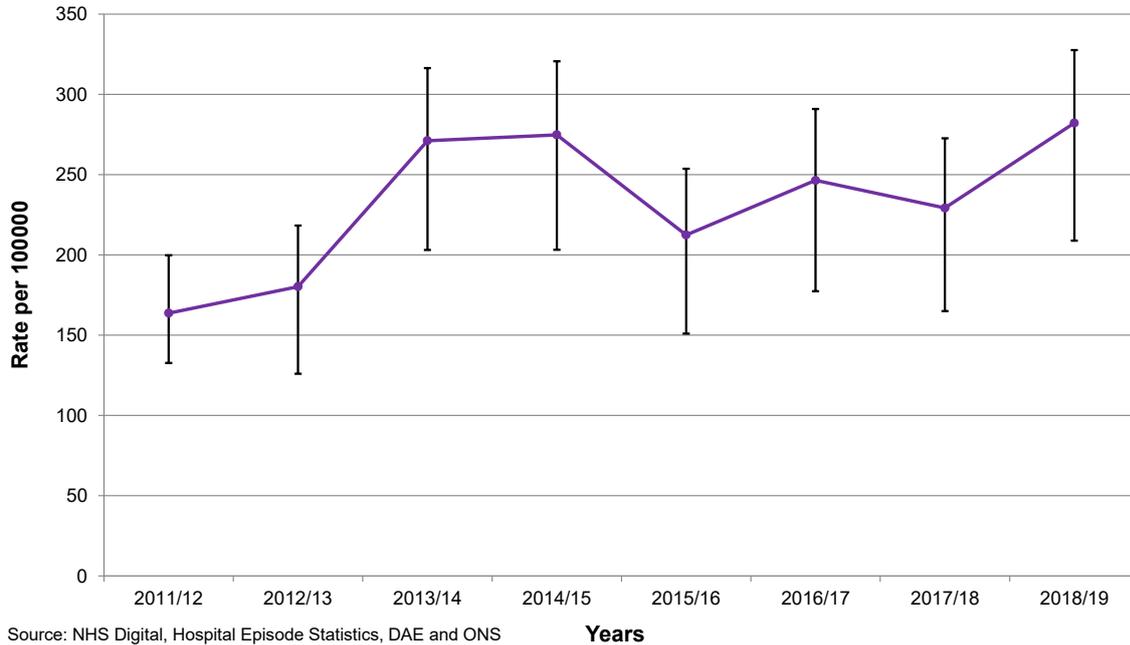
**Figure 4: Under 25 Age-specific Hospital Admission rates from Mental and Behavioural disorders, Solihull residents, 2011/12 – 2018/19**



<sup>2</sup> Intentional Self-Harm mentioned in any diagnosis code, ICD10 codes X60 – X84.

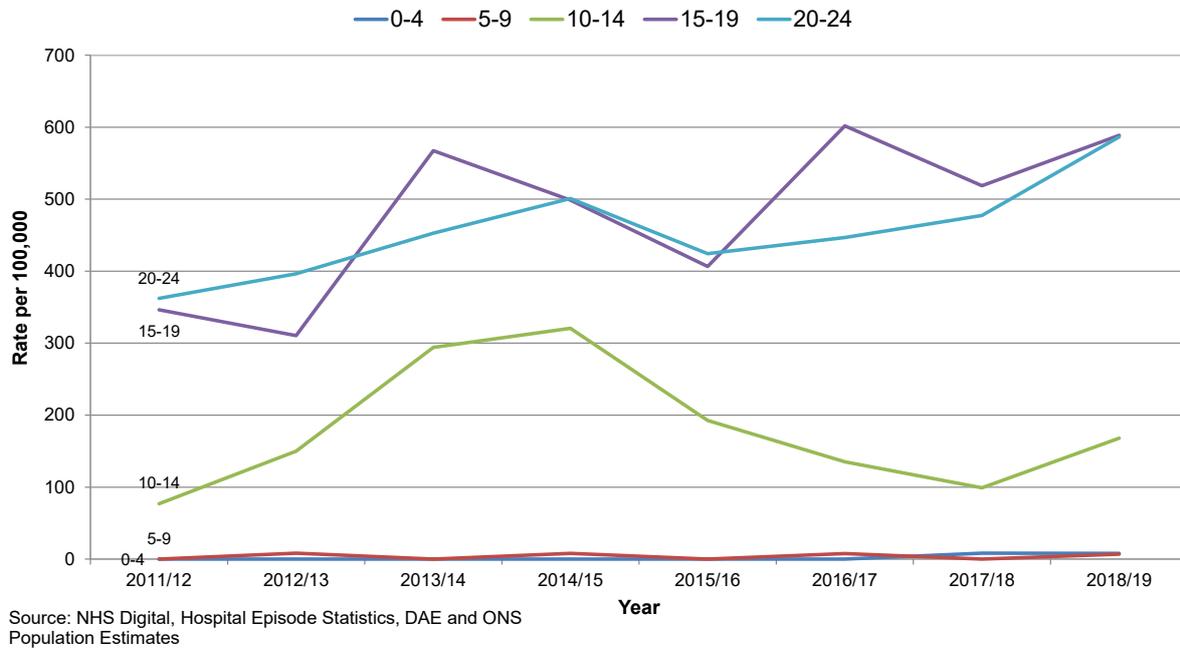
**Figure 5: Admissions to hospital from Intentional Self-Harm, Solihull, 2011/12 - 2018/19**

**Directly Age Standardised Hospital Admission Rate from Intentional Self-Harm, per 100000, Aged Under 25, Solihull Residents, 2011/12 - 2018/19**



**Figure 6: Under 25 Age-specific Hospital Admissions rates from Intentional Self-Harm, Solihull, 2011/12 - 2018/19**

**Age-specific Hospital Admission rates from Intentional Self-Harm as the primary diagnosis, per 100,000, Aged Under 25, Solihull Residents, 2011/12 - 2018/19**



## Mental Health of Children and Young People survey

The Mental Health of Children and Young People survey (MHCYP) provides England's best source of data on trends in child mental health (Sadler, et al., 2019). Surveys have been carried out in 1999, 2004 and 2017. In 2017, one in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed (Table 2), assuming the same prevalence exists in Solihull, this would equate to 4,995 children and young people. Over 3,000 children and young people in the borough are estimated to suffer with an Emotional disorder of which the majority are Anxiety disorders e.g. Obsessive compulsive disorder, generalised anxiety disorder, agoraphobia (Table 2). A complete list of all the disorders included in the MHCYP Survey and their definitions can be found in Appendix 1.

**Table 2: Prevalence of any mental disorder and specific disorders by age and sex, England and Solihull (Estimated)**

Mental disorders (5 to 19 year olds)	England			Solihull		
	Prevalence (%)			Estimated Prevalence (Number)		
	Boys	Girls	All	Boys	Girls	All
<b>Any disorder</b>	12.6	12.9	12.8	2566	2428	4995
<b>Emotional disorders</b>	6.2	10.0	8.1	1252	1885	3147
<i>Anxiety disorders</i>	5.4	9.1	7.2	1104	1707	2820
<i>Depressive disorders</i>	1.4	2.8	2.1	284	533	821
<i>Bipolar affective disorder</i>	0.0	0.1	0.0	5	10	14
<b>Behavioural disorders</b>	5.8	3.4	4.6	1186	633	1811
<b>Hyperactivity disorders</b>	2.6	0.6	1.6	533	114	641
<b>Other less common disorders</b>	2.6	1.6	2.1	529	299	825

Source: Mental Health of Children and Young People Survey 2017, NHS Digital and ONS Population Estimates 2018

One in twenty (5%) met the criteria for 2 or more individual mental disorders at the time of the interview, this would equate to approximately 1,962 children and young people in Solihull.

**Table 3: Prevalence of mental disorders by age and sex**

Prevalence of mental disorders (5 to 19 year olds)	England Prevalence (%)			Solihull Estimated Prevalence (Number)		
	Boys	Girls	All	Boys	Girls	All
<b>No disorder</b>	87.4	87.1	87.2	17,715	16,338	34,052
<b>One disorder</b>	7.7	7.8	7.8	1,559	1,473	3,032
<b>Two or more disorders</b>	5.0	5.1	5.0	1,006	955	1,962

Source: Mental Health of Children and Young People Survey, NHS Digital and ONS Population Estimates 2018

Assuming the 5-19 year old mental disorder prevalence rates remain static, by 2035, 5,412 children and young people could have a mental disorder, with over 2100 having two or more disorders (Table 4).

**Table 4: Projected change in Children and Young Persons Mental Disorders, Solihull Residents**

	2017	2019	2020	2025	2030	2035
5-19 Population	39,046	39,109	39,327	40,399	41,399	42,307
Any disorder (12.8%)	4,995	5,003	5,030	5,168	5,295	5,412
Two or more disorders (5%)	1,962	1,965	1,976	2,030	2,080	2,126

Source: Mental Health of Children and Young People Survey, NHS Digital and ONS Population Estimates 2018

Between the ages of 16-18, young people are more susceptible to mental illness (NHS England, 2019). The structure of mental health services often create gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services. The NHS Long Term Plan sets out a new model to young adult mental health services for people aged 18-25 years; extending current services to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

## Adult Psychiatric Morbidity Survey

The Adult Psychiatric Morbidity Survey (APMS) is England's key data source for the prevalence of treated and untreated mental disorders in the general population aged over 16 years (NHS Digital, 2016). The last survey was carried out in 2014 and found that 1 in 10 men (10.0%) and over 1 in 4 women (28.8%) aged 16-24 years were identified with a common mental disorder (CMD) in the week prior to interview (Table 5). In Solihull, this could equate to approximately 3,800 young adults aged 16-24 years with a CMD. In women, the prevalence of CMD is highest amongst 16-24 year olds (Table 6).

**Table 5: Prevalence of common mental disorders in young adults aged 16-24 years, England and Solihull (Estimated), 2014**

Common Mental disorders (CMD) (16 to 24 year olds)	England			Solihull		
	Prevalence (%)			Estimated Prevalence (Number)		
	Men	Women	All	Men	Women	All
<b>Any common mental disorder</b>	10.0	28.8	18.9	1047	2783	3844
<b>Generalised anxiety disorder</b>	3.8	9.0	6.3	398	888	1281
<b>Depressive episode</b>	0.9	3.8	2.3	94	375	468
<b>Phobias</b>	1.3	5.4	3.3	136	533	671
<b>Obsessive compulsive disorder</b>	1.2	2.4	1.8	126	237	366
<b>Panic disorder</b>	0.4	2.2	1.2	42	217	244
<b>CMD not otherwise specified</b>	5.6	11.3	8.4	586	1115	1708

Source: Adult Psychiatric Morbidity Survey 2014, NHS Digital, ONS Population Estimates, 2018

**Table 6: Prevalence of common mental disorders in adults by age group, England and Solihull (Estimated), 2014**

Age Group	England			Solihull		
	Prevalence (%)			Estimated Prevalence (Number)		
	Men	Women	All	Men	Women	All
16-24	10.0	28.8	18.9	1047	2783	3844
25-34	17.4	20.7	19.0	2110	2550	4644
35-44	16.3	22.3	19.3	1930	2956	4843
45-54	13.8	24.2	19.1	2090	3869	5947
55-64	15.6	20.2	18.0	2037	2749	4800
65-74	8.1	14.7	11.5	918	1820	2728
75+	5.6	11.0	8.8	499	1385	1893
All	13.2	20.7	17.0	10941	18634	29394

Source: Adult Psychiatric Morbidity Survey 2014, NHS Digital, ONS Population Estimates, 2018

## Children and young people’s mental health services

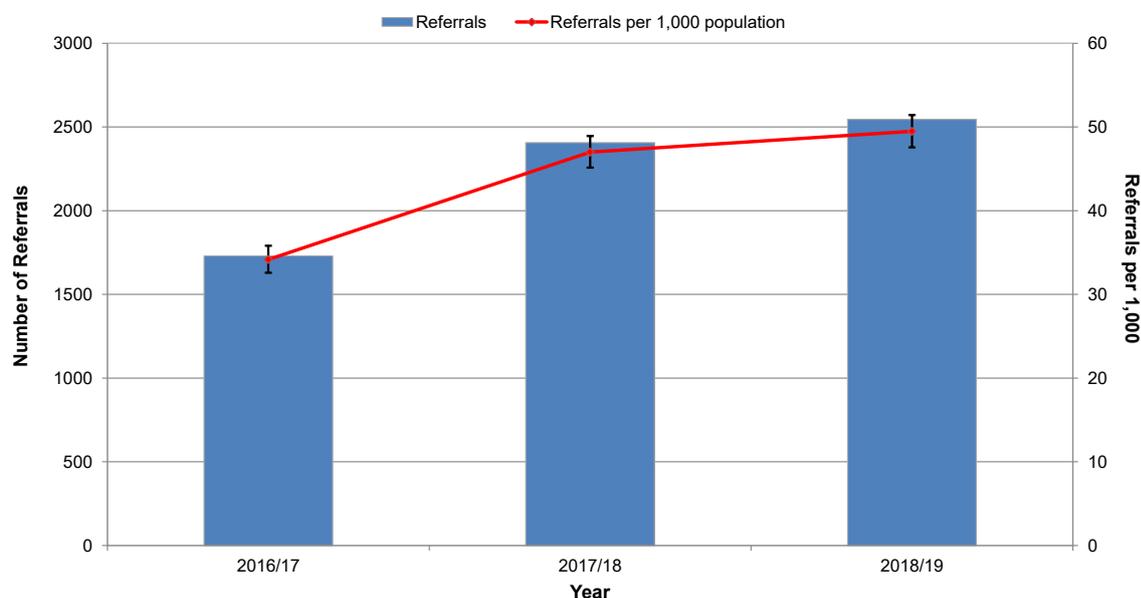
### Solar

Mental health services for children and young people in Solihull are provided by Solar. Solar brings together Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT), Barnardo’s and Autism West Midlands to provide emotional wellbeing and mental health services for children and young people up to their 19<sup>th</sup> birthday who are residents in the borough of Solihull, go to school or college in the Solihull borough or have a Solihull GP (Birmingham and Solihull Mental Health NHS Foundation Trust, 2019). Solar provide multidisciplinary assessment and treatment of children and young people with mental health or severe emotional and behavioural difficulties.

The number of referrals to Solar are increasing year on year, over 2,500 referrals were made in 2018/19 (Figure 7), this equates to almost 50 referrals per 1,000 resident population. Approximately 90% of referrals are accepted; the majority come from primary care (64.4% in 2018/19).

**Figure 7: Number and rate of referrals to Solar - BSMHFT, 2016/17 - 2018/19**

**Number of referrals and rate per 1,000 resident population aged 0-19 years, Solar - Birmingham and Solihull Mental Health Foundation Trust, 2016/17 - 2018/19**



Source: Birmingham and Solihull Mental Health Foundation Trust, ONS Population estimates 2016-2018

At the end of the financial year 2018/19 there were 1,440 people on the Solar caseload, the majority were aged between 10 and 19 years old. Very few children aged 0-4 years are on the caseload although the number is increasing (Table 7).

**Table 7: Number on Solar caseload by age group, 2016/17 – 2018/19**

Age Group	2016/17	2017/18	2018/19
0-4	*	*	*
5-9	149	192	215
10-14	489	548	615
15-19	409	497	598
20+	*	*	*
<b>Total</b>	<b>1049</b>	<b>1244</b>	<b>1440</b>

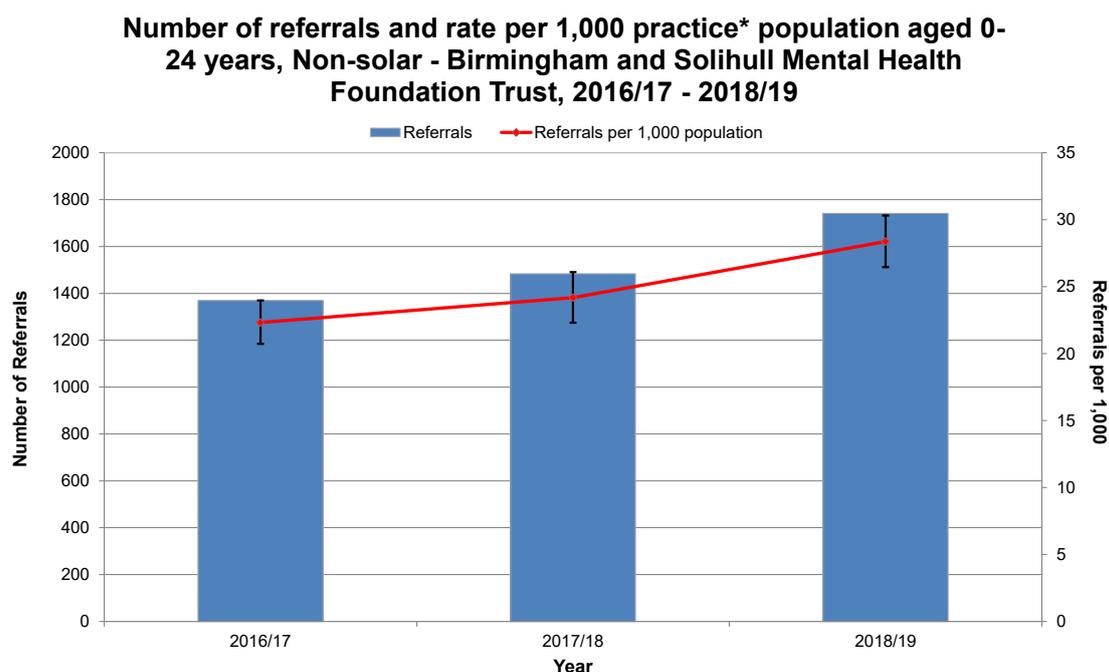
\*Numbers suppressed to protect confidentiality, Source: Birmingham and Solihull Mental Health Foundation Trust

The majority of patients on the Solar caseload in 2018/19 have no diagnosis (86.9%); 4% have been diagnosed with disorders of psychological development; almost 3% with neurotic, stress-related and somatoform disorders and over 2.5% with behavioural and emotional disorders with onset usually occurring in childhood and adolescence.

## Birmingham and Solihull Mental Health Foundation Trust

In 2018/19 over 1,700 referrals were made to Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) from Solihull GP practice registered patients aged 0-24 years to non-Solar services (Figure 8). Almost 57% were referred by their GP and over 18% of cases came from Accident and Emergency. An additional 972 internal referrals were made in 2018/19 (referrals to non-Solar services from BSMHFT) bringing the total to 2713 from Solihull GP practice registered patients.

**Figure 8: Number and Rate of Non-Solar referrals - BSMHFT, 2016/17 - 2018/19**



Source: Birmingham and Solihull Mental Health Foundation Trust - excludes internal referrals.  
\*ONS Population LA estimates 2016-2018 used to estimate Solihull registered patient population

Over 50% of the non-Solar cases had no diagnosis, almost 12% were diagnosed with disorders of adult personality and behaviour. The majority of cases were aged 20-24 years, younger children are likely to have been referred to Solar (Table 8).

**Table 8: Number on BSMHT Non-Solar caseload by age group, 2016/17 – 2018/19**

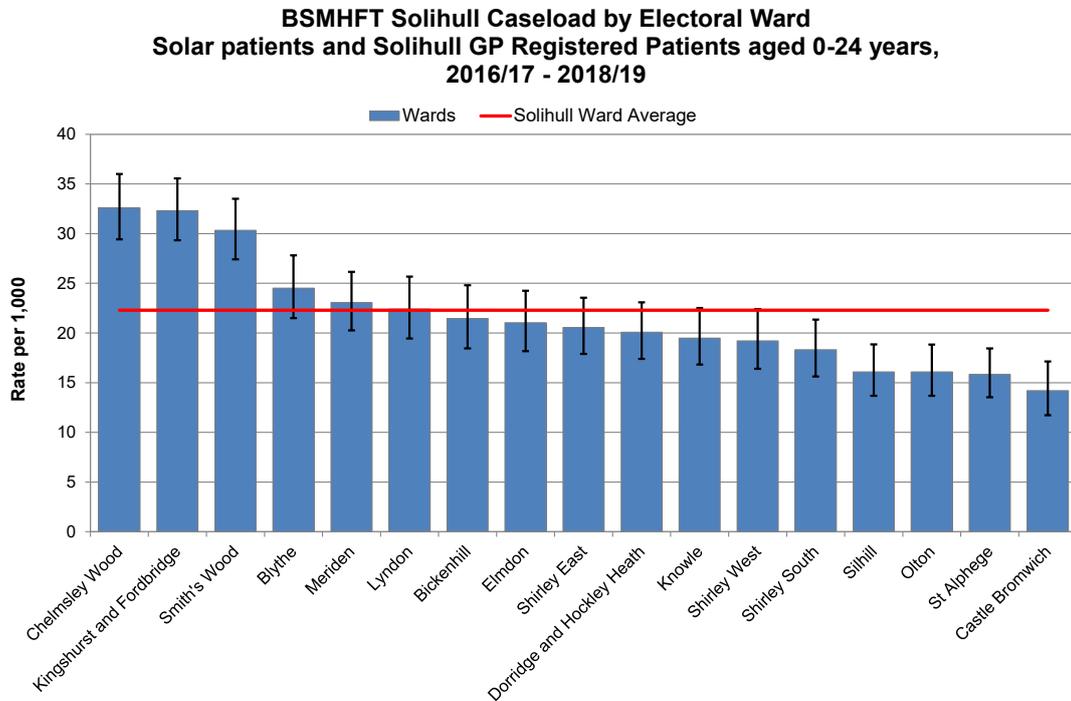
Age Group	2016/17	2017/18	2018/19
0-4	*	0	*
5-9	*	0	*
10-14	*	0	*
15-19	*	62	105
20-24	349	379	387
<b>Total</b>	<b>366</b>	<b>441</b>	<b>497</b>

\*Number suppressed to protect confidentiality, Source: Birmingham and Solihull Mental Health Foundation Trust

Combining the Solar and non-Solar caseloads from BSMHFT reveals that almost 18% of the Solar and non-Solar (Solihull GP registered patients) caseloads are from patients resident outside of Solihull, for those resident in Solihull there are over 22 patients per 1,000 residents

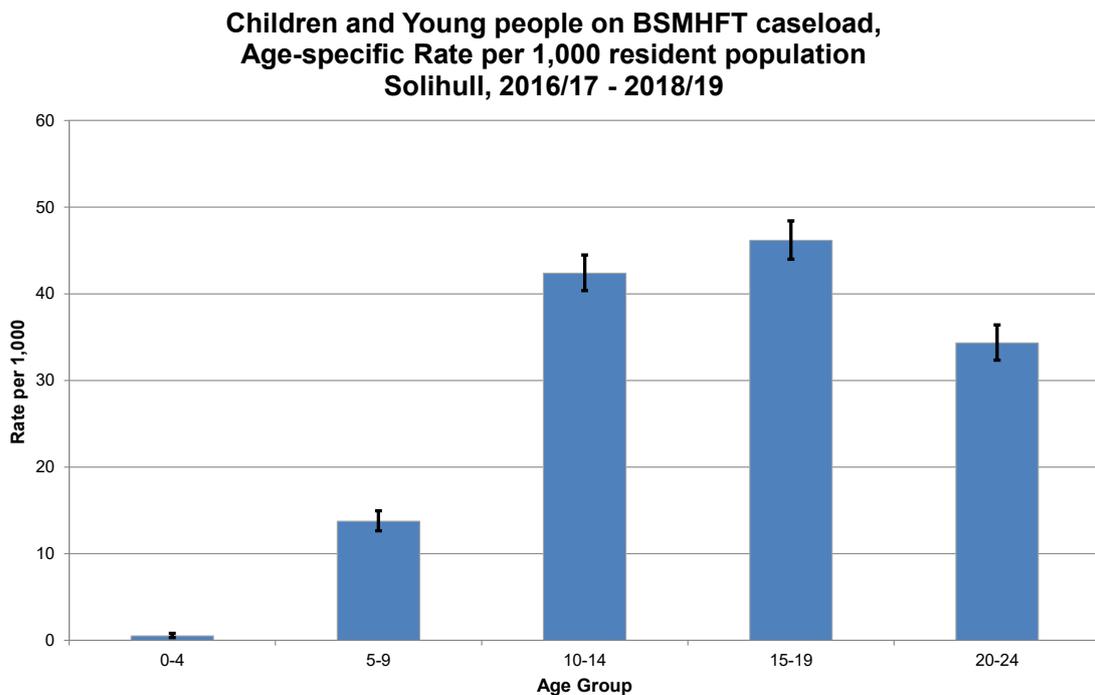
aged 0-24 years (Figure 9). The highest rates are amongst the Chelmsley Wood, Kingshurst and Fordbridge, and Smith's Wood wards – all statistically significantly higher than the Solihull ward average. The age-specific rates on the BSMHFT combined caseloads shows that there are significantly fewer patients aged 20-24 years than 10-14 and 15-19 year olds (Figure 10).

**Figure 9: Number on BSMHFT and Solar Caseloads and rate by Ward - BSMHFT, 2016/17 - 2018/19**



Source: Birmingham and Solihull Mental Health Foundation Trust, ONS Population estimates 2016-2017

**Figure 10: BSMHFT Caseload, Age-specific rate per 1,000 resident population, 2016/17 – 2018/19**



Source: Birmingham and Solihull Mental Health Foundation Trust, ONS Population estimates 2016-2017

The drop in the age-specific rate in 20-24 year olds may suggest a gap in service provision (Figure 10). It is important to note that Solar accepts referrals from Solihull Schools, Solihull residents and Solihull GP practices for 0-19 year olds. The majority of data in the 20-24 year olds is from non-Solar services provided by BSMHFT and represents Solihull GP practice patients only - This may account for a small part of the gap in the age-specific rate of 20-24 year olds but not all.

## **Secondary Care Referrals**

Between 1 April 2018 – 31 March 2019, Birmingham and Solihull Clinical Commissioning Group (BSOL CCG) made 9,117 referrals to secondary care from 3,752 patients aged 0 – 25 years and registered to a Solihull GP practice; 2.4 referrals per patient. Females are overrepresented in the Secondary Care referrals in 0-25 year olds; accounting for 52.5% of individuals referred but just 48.4% of the 0-25 year old population. This female overrepresentation is higher in the 18-25 year olds; accounting for 57.6% compared to 48.6% of the 18-25 year old population. This may reflect the evidence in the MHCYP survey which suggests the prevalence of mental health disorders increases with age, particularly in girls (Table 42).

The highest number of attendances to secondary care mental health services come from Solihull residents located in the wards of Smith's Wood, Chelmsley Wood and Kingshurst and Fordbridge, this is not unexpected as these wards have the highest population of children and young persons aged 0-25 years in the borough of Solihull.

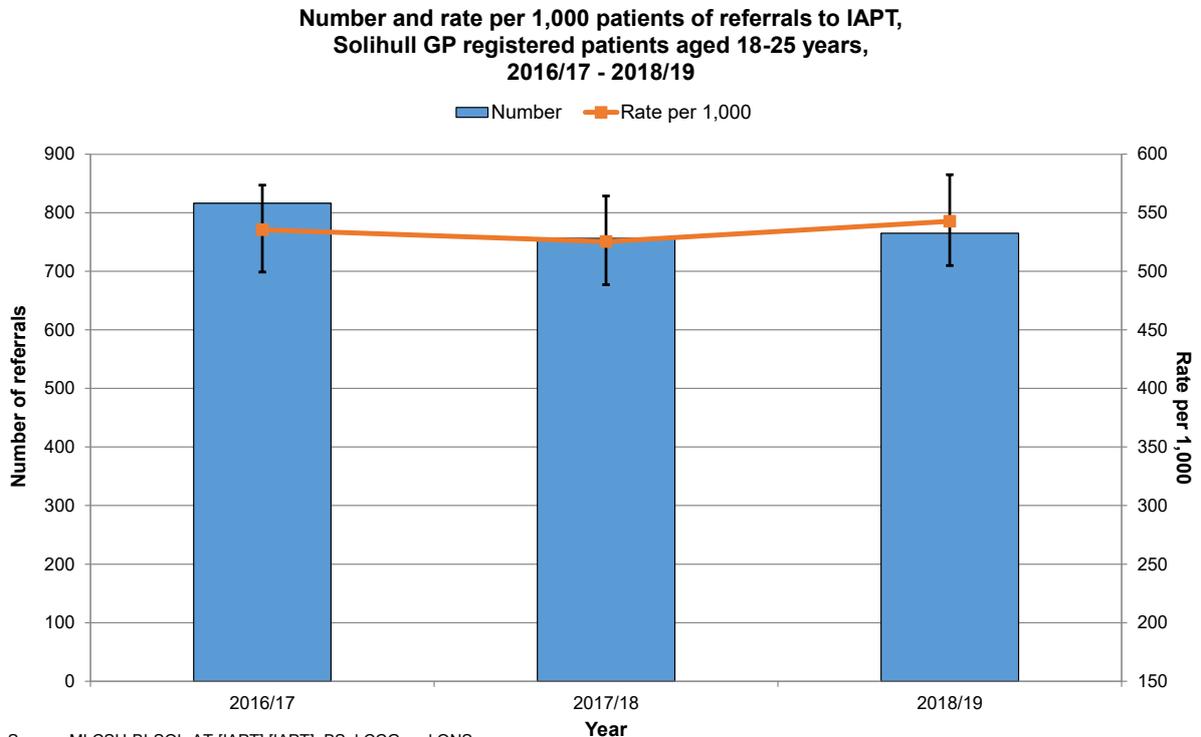
## **Improving Access to Psychological Therapies (IAPT)**

The Improving Access to Psychological Therapies programme (IAPT) began in 2008 and is widely recognised as the most ambitious programme of talking therapies in the world (NHS England, 2018). IAPT services provide evidence-based treatments for people with depression and anxiety disorders, and comorbid long-term physical health conditions (LTCs) or medically unexplained symptoms (MUS) (when integrated with physical healthcare pathways). IAPT services are characterised by three key principles:

- Evidence-based psychological therapies at the appropriate dose: where NICE recommended therapies are matched to the mental health problem, and the intensity and duration of delivery is designed to optimise outcomes.
- Appropriately trained and supervised workforce: where high-quality care is provided by clinicians who are trained to an agreed level of competence and accredited in the specific therapies they deliver, and who receive weekly outcomes-focused supervision by senior clinical practitioners with the relevant competencies who can support them to continuously improve.
- Routine outcome monitoring on a session-by-session basis, so that the person having therapy and the clinician offering it have up-to-date information on the person's progress. This helps guide the course of each person's treatment and provides a resource for service improvement, transparency and public accountability.

Since 2016/17, there have been 2,337 IAPT referrals in patients registered with a Solihull GP practice, averaging 779 per year. The highest number of referrals occurred in 2016/17 (Figure 11).

**Figure 11: IAPT Referrals, BSOL CCG, Solihull GP registered patients, 2016/17 - 2018/19**

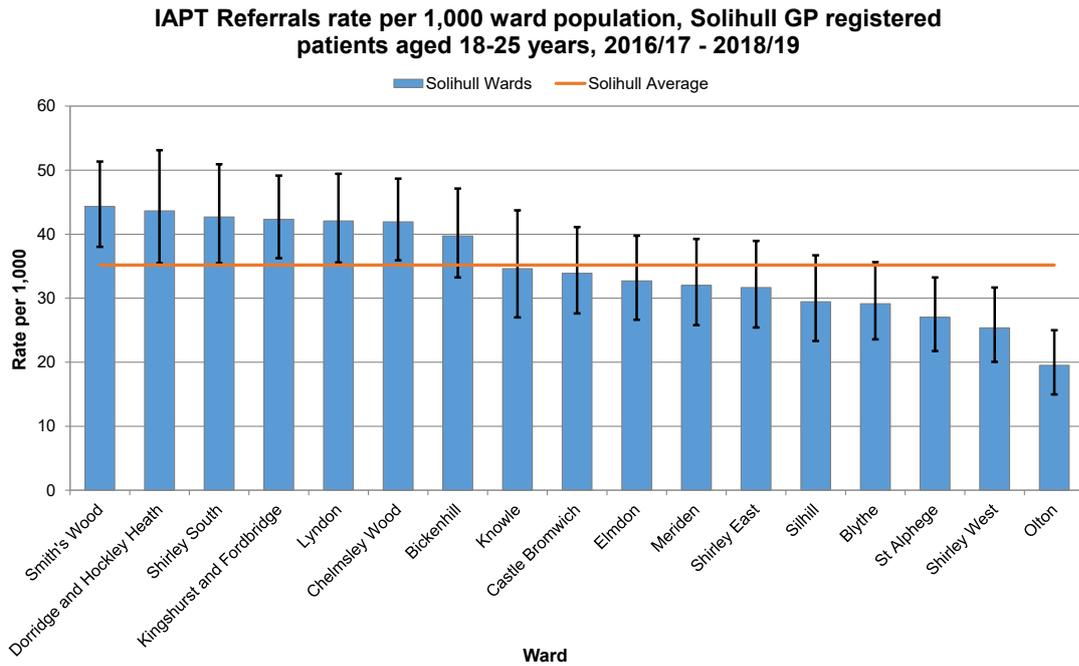


Source: MLCSU-BI-SQL-AT [IAPT].[IAPT], BSol CCG and ONS  
Population Estimates 2016-2018

The highest rate of referrals have occurred in the wards of Smith’s Wood, Dorridge and Hockley Heath and Shirley South (Figure 12). The fewest referrals to IAPT have come from 18-25 year old residents from Olton, the rate of referrals is statistically significantly lower than 12 out of the 17 wards in Solihull (Figure 12) and the Solihull average.

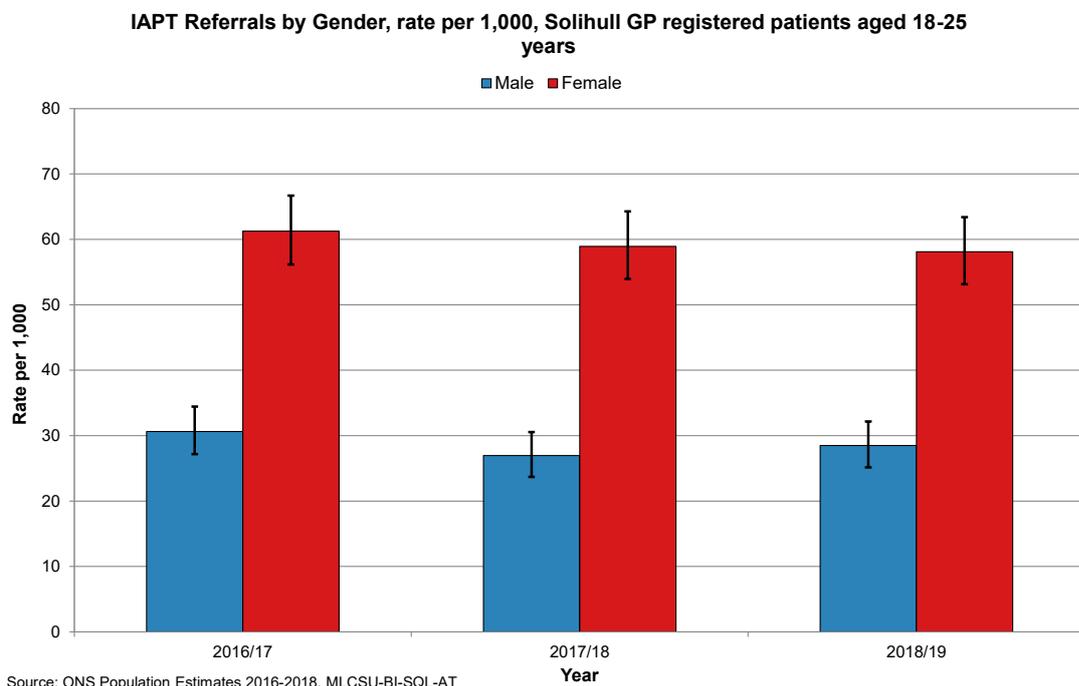
The rate of IAPT referrals is statistically significantly higher in Females than in Males (Figure 13). Approximately a third of all referrals to IAPT are for neurotic, stress-related and somatoform disorders, a quarter of referrals are for mood disorders.

**Figure 12: IAPT Referral rate by Ward, 2016/17 – 2018/19**



Source: ONS Population Estimates, 2016 - 2018, MLCSU-BI-SQL-AT [IAPT].[IAPT]

**Figure 13: IAPT Referral rate by Gender, 2016/17 - 2018/19**



Source: ONS Population Estimates 2016-2018, MLCSU-BI-SQL-AT [IAPT].[IAPT], NHS Digital

## Mental Health in School

Mental health problems affect many people, and most schools will have pupils who need mental health support. Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs, as well as considering the needs of individual pupils (DfE, 2018). The school environment can present triggers for many difficulties (such as social anxiety), it is therefore a good place to find support to manage them (DH; DfE, 2017). As of January 2019 there are 39,548 pupils attending state-funded schools within Solihull (including PRU, academies and CTC). Almost a quarter (23%) of pupils attending school within Solihull lives outside the borough (Solihull Observatory, 2019). Applying the England Mental Health Prevalence estimates to the Solihull school population would suggest that there are over 3,000 pupils with a mental health disorder and almost 2,000 pupils with 2 or more disorders (Table 9).

**Table 9: Estimated prevalence of mental disorders in Solihull School Pupils**

Prevalence of mental disorders (5 to 19 year olds)	England Prevalence (%)	Solihull Estimated Prevalence (Number)
No disorder	87.2	34,486
One disorder	7.8	3,085
Two or more disorders	5	1,977

Source: Mental Health of Children and Young People Survey, NHS Digital, Local Authority Data Matrix, Solihull MBC

Approximately 2,800 pupils in Solihull schools could be suffering with an anxiety disorder, over 800 with a depressive disorder and over 1,800 with behavioural disorders (Table 10).

**Table 10: Estimated prevalence of specific mental disorders in Solihull School Pupils**

Mental disorders (5 to 19 year olds)	England Prevalence (%)	Estimates Prevalence (Number)
Any disorder	12.8	5062
Emotional disorders	8.1	3203
<i>Anxiety disorders</i>	7.2	2847
<i>Depressive disorders</i>	2.1	831
<i>Bipolar affective disorder</i>	0	0
Behavioural disorders	4.6	1819
Hyperactivity disorders	1.6	633
Other less common disorders	2.1	831

Source: Mental Health of Children and Young People Survey, NHS Digital, Local Authority Data Matrix, Solihull MBC

## Health-related behaviour questionnaire

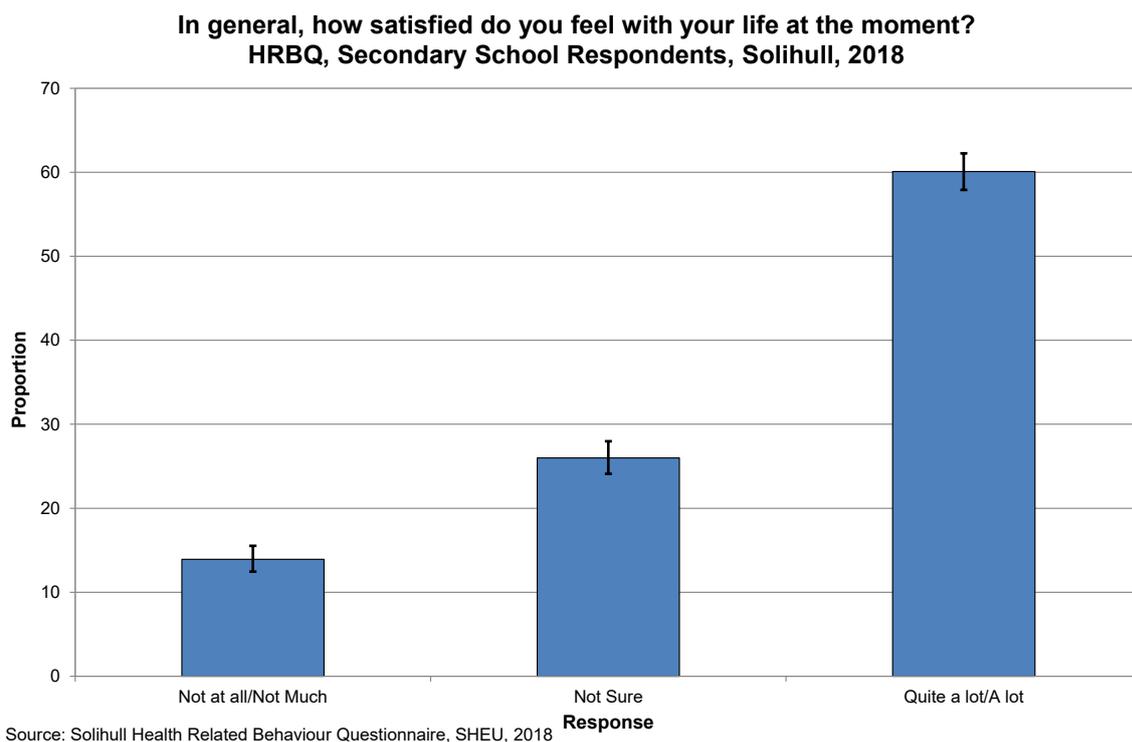
The Health-related Behaviour Questionnaire (HRBQ) provides baseline data to identify priorities for health education planning, assessments and intervention programmes. There are 16 Secondary schools and 59 Primary schools (State-Funded) in Solihull – of which, 8 secondary and 47 primary schools took part in the HRBQ in 2018. The HRBQ covers a wide range of health-related questions from diet, physical activity, drugs and alcohol as well as a number of questions relating to mental and emotional health and wellbeing.

Almost 2000 secondary school pupils and over 4400 primary school pupils completed the 2018 HRBQ. The secondary and primary school questionnaires differ from one another so there results are reported separately.

### Secondary School

Over 60% of secondary school respondents felt that they were satisfied with life (Quite a lot/a lot) at the moment, almost 14% were not satisfied, this equates to over 270 respondents (Figure 14). There was no significant difference in responses between Males and Females.

**Figure 14: HRBQ Secondary Responses 2018; In general, how satisfied do you feel with your life at the moment?**



Secondary school students were asked whether they disagree or agree with a number of statements relating to their mental and emotional health and wellbeing. Almost a third of pupils felt that 'there are lots of things about myself that I would like to change' (Table 11).

**Table 11: HRBQ Secondary Responses 2018; Please think about each of the following statements...**

Statement	Agree	Disagree
"I feel happy talking to other pupils at school"	1538 (78.4%)	91 (4.6%)
"There are lots of things about myself that I would like to change"	642 (32.7%)	667 (34.0%)
"When I have something to say in front of teachers in class, I usually feel uncomfortable"	580 (29.6%)	849 (43.4%)
"I often fall out with other pupils at school"	270 (13.8%)	1305 (66.6%)
"I often feel lonely at school"	152 (7.8%)	1548 (79.0%)
"I think other pupils usually say nasty things about me"	376 (19.2%)	936 (47.8%)
"When I want to tell a teacher something I usually feel shy"	449 (22.9%)	1094 (55.8%)
"I often have to find new friends because my old ones are with somebody else"	143 (7.3%)	1566 (79.9%)
"I usually feel foolish when I have to talk to my parents"	185 (9.4%)	1496 (76.3%)
"Do you feel your parents like to hear your ideas?"	1392 (71.1%)	152 (7.8%)
"Do you feel your teachers listen to you at school?"	1010 (51.6%)	278 (14.2%)

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

Over 70% of secondary school respondents felt that they were in charge of their own health, and over three quarters agreed that 'if I take care of myself I'll stay healthy' (Table 12). Almost 40% of respondents felt that they still easily fall ill even if they look after themselves.

**Table 12: HRBQ Secondary Responses 2018; How much do you agree or disagree with these statements?**

Statement	Agree	Disagree
"I am in charge of my health"	1384 (70.7%)	79 (4.0%)
"If I keep healthy, I've just been lucky"	315 (16.1%)	874 (44.8%)
"If I take care of myself I'll stay healthy"	1528 (78.3%)	86 (4.4%)
"Even if I look after myself I can still easily fall ill"	737 (37.7%)	508 (26.0%)

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

Pupils were asked about their use of remedies, medication and supplements over the previous 7 days, 2.6% of respondents had taken ADHD medication on at least 1 of the previous 7 days. Similarly, 2.7% of respondents had taken antidepressants in at least 1 of the previous 7 days. The estimated prevalence of depressive and hyperactivity disorders are 2.1% and 1.6% respectively.

Just over 50% of pupils felt that their school cared about whether they were happy or not (Table 13), almost a third think that their school taught them how to deal with their feelings.

**Table 13: HRBQ Secondary Responses 2018: Please think about each of the following statements...**

Statement	Agree	Disagree
The school cares whether I am happy or not	949 (50.2%)	321 (17.0%)
The school teaches me how to manage my feelings	587 (31.0%)	663 (35.1%)
In this school people with different backgrounds are valued	1264 (66.9%)	176 (9.3%)

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

When asked about bullying, over a quarter of secondary school pupils had been afraid of going to school because of bullying (27.7%). Just over 50% of secondary school pupils stated

that they had never been picked on or bullied. A quarter however, had been bullied over their appearance, over 18% had been bullied because of their size or weight and over 10% were picked on for being different (Table 14).

The Mental Health of Children and Young People Survey 2017 showed that 11 to 19 year olds with a mental disorder were nearly twice as likely to have been bullied in the past year.

**Table 14: HRBQ Secondary Responses 2018: Do you think you have been picked on or bullied for any of the following?**

Reason	Yes
I haven't been picked on or bullied	922 (51.5%)
Your size or weight	329 (18.4%)
The way you look	455 (25.4%)
Your race	108 (6.0%)
Your religion	65 (3.6%)
A disability	44 (2.5%)
A learning difficulty	68 (3.8%)
Your gender	47 (2.6%)
Being different	206 (11.5%)
Your sexuality	39 (2.2%)
People think you are gay, lesbian, bisexual or transgender	101 (5.6%)
Being in care	16 (0.9%)
Being a 'young carer	13 (0.7%)
Receiving free school meals	12 (0.7%)
Family income/background	83 (4.6%)
Academic achievement (being better or worse)	149 (8.3%)

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

Young people with a mental disorder are also more likely to have bullied others in the past year (28.3%) than children with no disorder (14.0%). Just 3.6% of respondents to the health-related behaviour questionnaire reported that they had bullied someone else at school within the last 12 months.

Secondary school pupils were also asked what they worry about. Over 50% of respondents said they worried about exams and tests a lot or quite a lot and over 40% worried about what they were going to do after year 11 (Table 15).

**Table 15: HRBQ Secondary Responses 2018: How much do you worry about the following?**

Statement	A lot/Quite a lot	A little/Hardly ever
Home work	507 (27.3%)	973 (52.5%)
Exams and tests	961 (51.8%)	720 (38.8%)
Keeping healthy	636 (34.4%)	918 (49.6%)
What you are going to do after Year 11	753 (40.6%)	871 (47.0%)
Friendships	533 (28.7%)	881 (47.5%)
Family relationships	573 (30.9%)	685 (37.0%)
Money	522 (28.1%)	840 (45.3%)
The way you look	685 (37.0%)	754 (40.7%)
Puberty and growing up	315 (17.0%)	864 (46.7%)
Being bullied	292 (15.8%)	586 (31.6%)
Sexuality	103 (5.6%)	341 (18.5%)

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

33.4% of secondary school respondents to the HRBQ said that they spent time on the previous day caring for family members. A quarter (25%) said that they look after, or help to look after, someone at home on a regular basis. Of those providing care on a regular basis, 83 consider themselves to be a 'Young carer'.

*A young carer is someone whose life is in some way restricted because of the need to take responsibility for the care of a person, on a regular basis. This person may have a long-term illness, a physical or sensory impairment or learning difficulties, or they may be experiencing mental distress or be affected by drug or alcohol misuse. This person may be a parent, brother, sister or close friend. You may have help with the caring role from another family member or you may be the only carer.*

45 secondary school respondents provided care for more than 2 hours each day, and a further 76 students provided care for between 1-2 hours per day.

Becoming a carer can be daunting at any point in a person's life and can take its toll on health and wellbeing. The Carers Trust believes that caring should be treated as a risk factor for mental ill-health, especially amongst young carers (Carers Trust, 2016).

The secondary health-related behaviour questionnaire has highlighted that over 50% of pupils worry a lot/quite a lot about exams; this would equate to approximately 9,118 pupils across the whole of Solihull (Table 16). Approximately a third of secondary school pupils in Solihull look after someone else on a regular basis, this could equate to 5,880 pupils throughout Solihull.

**Table 16: HRBQ Secondary Responses 2018: Summary of Secondary responses and estimated Solihull prevalence**

Summary	Proportion in HRBQ	Estimated Number in Solihull Secondary Schools
Unsatisfied with Life	13.9%	2,453
Often feel lonely at school	7.8%	1,366
School does not teach me how to manage feelings	35.1%	6,178
Often/Very Often afraid of going to school because of bullying	27.7%	4,884
Bullied someone else at school within last 12 months	3.6%	631
Worry about Exams a lot/quite a lot	51.8%	9,118
Worry about career after year 11	40.6%	7,152
Look after someone on a regular basis at home	33.4%	5,880
Young carer	4.2%	742

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

## Primary School

Over 80% of the primary school children surveyed felt that their school cared whether they were happy or not (Table 17). Over 3 quarters (75.2%) felt their school helped them deal with their feelings positively and over 80% felt their primary school helped them prepare for leaving.

**Table 17: HRBQ Primary Responses 2018, Please think about the following statements?**

Statement	Yes	No
The school cares whether I am happy or not	3568 (80.8%)	136 (3.1%)
The school teaches me how to deal with my feelings positively	3322 (75.2%)	338 (7.6%)
The school prepares me for when I leave this school	3534 (80.3%)	204 (4.6%)

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

When asked about bullying, 65% of primary school children had never felt afraid of going to school because of bullying. Over a quarter (27.3%) had sometimes been afraid and almost 8% had felt afraid of going to school because of bullying either often or very often. Almost a quarter of the primary school children surveyed (24.5%) said that they had been bullied at or near school within the last 12 months.

Over 15% of primary school pupils have been bullied because of the way they look, over 10% because of their weight (Table 18). Some (3.8%) of the primary school pupils surveyed felt that others may be frightened of going to school because of them.

**Table 18: HRBQ Primary Responses 2018: Do you think you have been picked on or bullied for any of the following reasons?**

Reason	Yes
I haven't been picked on or bullied	2577 (58.4%)
Your size or weight	487 (11.0%)
The way you look	681 (15.4%)
The clothes you wear	234 (5.3%)
Your race, colour or religion	227 (5.1%)
Because you do well in tests	235 (5.3%)
A disability	117 (2.7%)
A learning difficulty	190 (4.3%)
Being a boy or a girl	228 (5.2%)
Being in care	80 (1.8%)
Being a 'young carer'	82 (1.9%)
Because you get free school meals	55 (1.2%)
Family income	135 (3.1%)

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

When asked about school playtimes, over 5% (5.2%) of primary pupils said they never or hardly ever feel safe, a similar amount (5.3%) said they never or hardly ever felt happy during school playtimes.

Unlike in the Secondary school questionnaire, Primary pupils are not asked if they are young carers. They are asked, however, if they spent any time during the previous day looking after someone at home (babysitting, minding grandparents); over 16% of pupils answered yes.

The Health-related behaviour questionnaire asked primary school children several questions relating to self-esteem. A third of the primary school children surveyed said there were lots of things they would like to change about themselves (Table 19). Over 15% (1 in every 6-7 pupils) often felt lonely at school.

**Table 19: HRBQ Primary Responses 2018: Questions about your feelings...**

Question	Yes (%)	No (%)
Do you feel happy talking to children at school?	3814 (89.1)	125 (2.9%)
When you have to say something in front of teachers, do you usually feel uncomfortable?	1293 (30.2)	2082 (48.6)
Are there lots of things about yourself you would like to change?	1441 (33.7)	2115 (49.5)
Do other pupils in the school often fall out with you?	1306 (30.5)	2198 (51.4)
Do you often feel lonely at school?	662 (15.5)	3060 (71.6)
Do you think that other pupils in the school often say nasty things about you?	857 (20.0)	2378 (55.6)
When you want to tell a teacher something do you usually feel shy?	1434 (33.6)	2303 (53.9)
Do you often have to find new friends because your old friends are with someone else?	1004 (23.5)	2790 (65.3)
Do you usually feel foolish when you talk to your parents?	479 (11.2)	3414 (79.9)
Do you feel your parents like to hear your ideas?	3156 (73.8)	485 (11.3)
Do you feel teachers listen to you at school?	3227 (75.6)	414 (9.7)

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

The problem primary school pupils worried about the most in Solihull schools was crime (Table 20). Almost a third worried about school tests. Worrying about relationships with friends and family affected more than a quarter of primary school pupils.

**Table 20: HRBQ Primary Responses 2018: How much do you worry about the problems listed below?**

Statement	A lot/Quite a lot	A little/Hardly ever
Home work	706 (16.7%)	2140 (50.6%)
School tests	1316 (31.1%)	2074 (49.1%)
Keeping healthy	1055 (25.0%)	1773 (42.0%)
Relationships with friends	1175 (27.8%)	1706 (40.3%)
Family relationships	1125 (26.6%)	1191 (28.2%)
The way you look	828 (19.6%)	1462 (34.6%)
Body changes as you grow up	756 (17.9%)	1548 (36.6%)
The environment	1107 (26.2%)	1419 (33.6%)
Crime	1491 (35.3%)	1216 (28.8%)

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

The primary health-related behaviour questionnaire 2018 has highlighted several areas of interest relating to children's mental and emotional wellbeing (Table 21). Over a third of primary school children felt that there were lots of things they would like to change about themselves. Assuming the same could be said of all primary schools throughout the borough, up to 7,140 could feel similar. A much higher proportion of primary school pupils feel lonely at school than compared to secondary school pupils with over 3,200 pupils at risk of feeling lonely at school. Almost a quarter of primary school pupils surveyed had been bullied in the previous 12 months, this could equate to 5,188 pupils across the whole borough.

**Table 21: HRBQ Primary Responses 2018: Summary of Primary responses and estimated Solihull prevalence**

Summary	Proportion in HRBQ	Estimated Number in Solihull Primary Schools
Often/Very Often afraid of going to school because of bullying?	7.7%	1636
Been bullied at or near school within last 12 months	24.5%	5188
Others frightened of going to school because of you	3.8%	795
Never/Hardly ever felt happy during school playtimes	5.2%	1099
Never/Hardly ever felt safe during school playtimes	5.3%	1124
Spent time looking after others	16.1%	3415
Lots of things they'd like to change about themselves	33.7%	7140
Often feel lonely at school	15.5%	3280
Worry about school tests a lot/quite a lot	31.1%	6594

Source: Solihull Health-related Behaviour Questionnaire, SHEU, 2018

## School Nursing HAPI tool

The Solihull School Nursing Service use the Lancaster Model HAPI (Health Assessment, Prevention and Intervention) tool to assess universal health, risk and protective factors, family health, emotional health and wellbeing, lifestyle choices and behaviours in children and young people (Solihull MBC, 2017). In 2017/18 the HAPI tool was completed for children in Year 6 (children aged 10-11 years) and Year 9 (children aged 13-14 years).

### Year 9

#### *Emotional Health and Wellbeing*

Over a quarter (25.2%) of the year 9 pupils assessed said they do not feel calm and relaxed, almost a third (29.9%) do not look forward to their day (Table 22). Almost 2 thirds (63.6%) of year 9 pupils have felt anxious, worried, stressed or in low mood occasionally.

**Table 22: Solihull Year 9 HAPI Assessment, Emotional Health and Wellbeing**

Question	Yes (%)	No (%)
Do you usually feel cheerful and happy?	969 (83.1)	197 (16.9)
Do you usually feel calm and relaxed?	873 (74.8)	294 (25.2)
Do you usually look forward to your day ahead?	815 (70.1)	347 (29.9)
Would you like more information about emotional health?	148 (12.7)	1016 (87.3)
Would you like any help and support about emotional health?	122 (10.6)	1030 (89.4)
Do you ever feel anxious/worried/stressed or in low mood?	738 (63.6)	423 (36.4)

Source: Solihull School Nursing Service, SWFT

Almost 70% of pupils felt that just a few/some students felt anxious, worried, stressed or in low mood (Table 23). Just over 15% felt that nearly everyone/everyone was feeling either anxious, worried, stressed or in low mood.

**Table 23: Solihull Year 9 HAPI Assessment, Number of people anxious, worried, stressed or in low mood**

How many people in your class do you think feel anxious/worried/stressed or in low mood?	Number	Percentage (%)
All (Everyone)	37	3.1
Most (Nearly Everyone)	144	12.2
Some (A Few)	821	69.8
None (Nobody)	157	13.3
N/A	18	1.5

Source: Solihull School Nursing Service, SWFT

### **Family Health**

The HAPI tool assesses how much advice, information and support they receive from friends and relatives. The majority of the year 9 pupils in Solihull that were assessed appear to be well supported by both friends and relatives (Table 24).

**Table 24: Solihull Year 9 HAPI Assessment, Family Health advice and support**

Question	Yes (%)	No (%)
Do you get support and help from family members?	1106 (94.4)	66 (5.6)
Do you have someone in the family you can talk to?	1115 (94.9)	60 (5.1)
Does your family give you advice & information?	1097 (93.5)	76 (6.5)
Do you get support and help from friends?	1044 (89.2)	127 (10.8)
Do you have friends you can talk to?	1116 (95.1)	58 (4.9)
Do your friends give you advice & information?	989 (84.2)	185 (15.8)

Source: Solihull School Nursing Service, SWFT

### **Risk and Protective Factors**

Of the Year 9 pupils assessed, 61 (5.2%) had had their school day interrupted by having to go home and care for someone (Table 25). 78 pupils were unable to take part in things with friends because of caring for someone at home. Over a third of Year 9 pupils had been bullied and almost 20% said they knew someone that was being bullied - only 3.7% admitted to being bullied at the time of the assessment.

**Table 25: Solihull Year 9 HAPI Assessment, Risk and Protective Factors**

<b>Question</b>	<b>Yes (%)</b>	<b>No (%)</b>
Do you have a part time job?	150 (12.8)	1022 (87.2)
Do you enjoy going to school?	698 (59.9)	468 (40.1)
Do you feel happy at school?	887 (76.4)	274 (23.6)
Do you take part in after school activities?	496 (42.5)	671 (57.5)
Has your school day ever been interrupted by you having to go home to care for someone?	61 (5.2)	1112 (94.8)
Are you ever unable to take part in things with friends because you are caring for someone at home?	78 (6.7)	1094 (93.3)
In the past year have you been to the accident and emergency department following an accident or serious injury?	287 (24.5)	883 (75.5)
In the past year have you been admitted to hospital following an accident or injury?	217 (18.6)	952 (81.4)
Would you like any help & support about your safety?	61 (5.2)	1108 (94.8)
Would you like more information about accidents & safety?	100 (8.6)	1067 (91.4)
Have you ever been bullied?	420 (35.9)	750 (64.1)
Are you being bullied now?	43 (3.7)	1120 (96.3)
Do you know someone who is being bullied?	232 (19.9)	933 (80.1)
Would you like help & support about bullying?	43 (3.7)	1122 (96.3)
Would you like more information about bullying?	77 (6.6)	1094 (93.4)

Source: Solihull School Nursing Service, SWFT

### **Universal Health**

Approximately 1 in 10 Year 9 pupils suffer with Asthma in Solihull, slightly more (13.4%) suffer with allergies.

**Table 26: Solihull Year 9 HAPI Assessment, Long-standing illnesses**

<b>Do you have any of the following long-standing illnesses?</b>	<b>Number</b>	<b>Percentage</b>
Asthma	121	10.3
Epilepsy	*	0.3
Anaemia	8	0.7
Eczema	83	7.1
Diabetes	*	0.3
Allergies	158	13.4
Other	62	5.3

\*Suppressed to protect confidentiality. Source: Solihull School Nursing Service, SWFT

Less than 5% of Year 9 pupils assessed had a disability (Table 27), the vast majority (>92%) are registered with a GP and have check-ups at the dentist.

**Table 27: Solihull Year 9 HAPI Assessment, Universal Health**

Question	Yes (%)	No (%)
Do you have any disabilities?	47 (4.1)	1092 (95.9)
Had a check-up at the dentist?	1078 (92.4)	89 (7.6)
Had an emergency appointment at the dentist?	117 (10.1)	1037 (89.9)
Would you like any help & support about your health?	125 (10.7)	1042 (89.3)
Would you like more information about health & wellbeing?	199 (17.1)	965 (82.9)
Are you registered with a GP (Doctor)?	1050 (92.3)	88 (7.7)

Source: Solihull School Nursing Service, SWFT

### **Services and Choices**

When asked if they have health information in school, almost 3 quarters of year 9 pupils said yes (74.1%). 1 in 5 Year 9 pupils would like information on feelings and emotions (Table 28), just over 1 in 6 would like information on self-harm. The most popular location to access health information and support is in school (Table 29).

**Table 28: Solihull Year 9 HAPI Assessment, Information requirements**

Do you want information on any of the following?	Number	Percentage
Relationships	163	13.8
Self-Harm	202	17.2
Eating Disorders	148	12.6
Puberty	117	9.9
Coping with Change	172	14.6
Feelings and Emotions	263	22.3

Source: Solihull School Nursing Service, SWFT

**Table 29: Solihull Year 9 HAPI Assessment, Accessing Information**

Where would you like to access health information and support?	Number	Percentage
Children's Centres	92	7.8
Health Centres/GP	350	29.7
Youth Centres	118	10.0
Schools	436	37.0
Libraries	98	8.3
Supermarkets	69	5.9
Community Centres	110	9.3

Source: Solihull School Nursing Service, SWFT

## Year 6

As well as universal health, services and choices, risk and protective factors, family health, and emotional health and wellbeing; Year 6 pupils are assessed on their feelings towards the transition to secondary school.

### *Feelings and Transition*

The most common area of concern for Year 6 pupils transitioning to secondary school was leaving old friends behind (75.1%) and getting good grades (60.6%). Over half are all the year 6 pupils assessed have worries and concerns about moving to their next school.

**Table 30: Solihull Year 6 HAPI Assessment, Transition to Secondary School**

Have you any worries or concerns about...	Yes (%)	No (%)
Moving up to your next school?	1140 (52.9)	1013 (47.1)
Making new friends	927 (42.7)	1244 (57.3)
Finding your way around school	1284 (59.0)	893 (41.0)
Leaving old friends behind	1635 (75.1)	543 (24.9)
Getting to class on time	1132 (51.9)	1048 (48.1)
Having new teachers	1018 (46.7)	1162 (53.3)
Travelling to school	581 (26.7)	1597 (73.3)
Leaving old teachers behind	1015 (46.6)	1163 (53.4)
Understanding the work	1229 (56.5)	945 (43.5)
Being bullied	932 (43.0)	1237 (57.0)
Getting good grades	1319 (60.6)	856 (39.4)
Getting in to trouble	964 (44.5)	1204 (55.5)

Source: Solihull School Nursing Service, SWFT

### *Emotional Health and Wellbeing*

The Year 6 HAPI assessment also screened children for emotional and conduct symptoms, hyperactivity, peer problems and prosocial skills. Over 15% of Year 6 pupils were found to have an 'abnormal' level of hyperactivity – an additional 10% were borderline (Figure 15). The estimated prevalence of Hyperactivity Disorder according to the Children and Young Persons Mental Health Survey is just 1.6%.

1 in 7 Year 6 pupils had concerns about their emotional health (Table 31), over 17% would like more information and over 10% would like help and support.

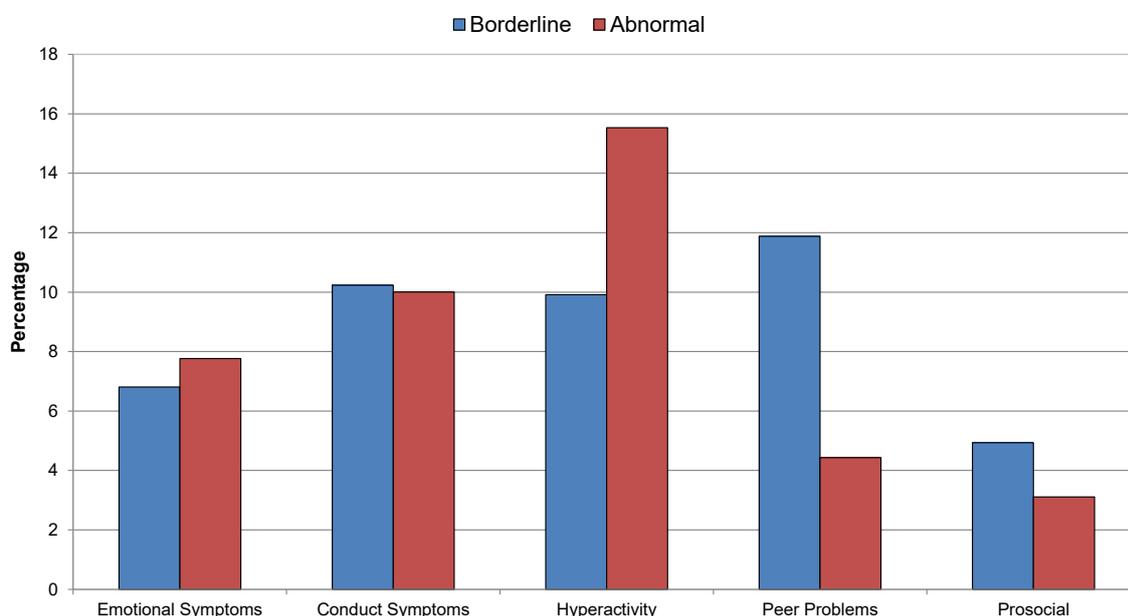
**Table 31: Solihull Year 6 HAPI Assessment, Emotional Health Support**

Question	Number - Yes	Percentage
Have you any worries or concerns about your emotional health?	316	14.5
Would you like any help & support about your emotional health?	257	11.8
Would you like more information about emotional health?	382	17.7

Source: Solihull School Nursing Service, SWFT

**Figure 15: Solihull Year 6 HAPI Assessment, Problems diagnosed**

**Problems diagnosed by School Nursing HAPI tool  
Year 6, Solihull Schools, 2017/18**



Source: Solihull School Nursing Service, SWFT

**Family Health**

The majority of Year 6 pupils were found to be well supported by friends and relatives for advice and information (Table 32).

**Table 32: Solihull Year 6 HAPI Assessment, Family Health**

Question	Number - Yes	Percentage
Does anyone in your close family have any disabilities?	661	30.4
Do you get support and help from family members?	1928	88.6
Do you have someone in the family you can talk to?	2125	97.3
Does your family give you advice & information?	2074	95.2
Do you get support and help from friends?	1950	89.6
Do you have friends you can talk to?	2089	95.8
Do your friends give you advice & information?	1761	80.8
Does anyone in your close family have a long-standing illness?	589	27.2

Source: Solihull School Nursing Service, SWFT

### **Risk and Protective Factors**

Over 85% of year 6 pupils enjoy going to school, a much higher proportion than found in the Year 9 assessment – over 90% feel happy at school. Over 13% of year 6 pupils had had their school day interrupted by having to care for someone – a higher proportion than found in the year 9 assessment (Table 33). A quarter have concerns over bullying and almost half of year 5 pupils said that they had been bullied.

**Table 33: Solihull Year 6 HAPI Assessment, Risk and Protective Factors**

<b>Question</b>	<b>Yes (%)</b>	<b>No (%)</b>
Do you enjoy going to school?	1811 (85.1)	318 (14.9)
Do you feel happy at school?	1924 (90.5)	203 (9.5)
Do you take part in after school activities?	1534 (71.9)	599 (28.1)
Do you spend time with your family?	2100 (98.1)	40 (1.9)
Do you spend time with your friends during evenings, weekends and holidays?	1808 (84.1)	342 (15.9)
Has your school day ever been interrupted by you having to go home to care for someone?	287 (13.3)	1865 (86.7)
Are you ever unable to take part in things with friends because you are caring for someone at home?	199 (9.2)	1954 (90.8)
In the past year have you been to the accident and emergency department following an accident or serious injury?	445 (20.6)	1715 (79.4)
In the past year have you been admitted to hospital following an accident or injury?	403 (18.6)	1769 (81.4)
Have you any worries or concerns about your safety?	258 (11.9)	1916 (88.1)
Would you like any help & support about your safety?	190 (8.8)	1977 (91.2)
Would you like more information about accidents & safety?	399 (18.4)	1772 (81.6)
Have you ever been bullied?	1014 (46.6)	1161 (53.4)
Are you being bullied now?	137 (6.3)	2036 (93.7)
Do you know someone who is being bullied?	528 (24.3)	1643 (75.7)
Have you any concerns or worries about bullying?	542 (25.0)	1623 (75.0)
Would you like help & support about bullying?	364 (16.8)	1801 (83.2)
Would you like more information about bullying?	415 (19.3)	1740 (80.7)

Source: Solihull School Nursing Service, SWFT

## Universal Health

Like in the Year 9 assessment, 10% of pupils were found to suffer with Asthma, fewer were found to have allergies (Table 34).

**Table 34: Solihull Year 6 HAPI Assessment, Long-standing illnesses**

Do you have any of the following long-standing illnesses?	Number	Percentage
Asthma	234	10.7
Epilepsy	7	0.3
Anaemia	*	<1
Eczema	181	8.3
Diabetes	*	<1
Allergies	219	10.0
Other	105	4.8

\*Suppressed to protect confidentiality, Source: Solihull School Nursing Service, SWFT

The year 6 HAPI assessment also covered sensory and other problems. Almost 15% of pupils have a problem with their vision, 8% have problems sleeping (Table 35).

**Table 35: Solihull Year 6 HAPI Assessment, Sensory, Behavioural and Other problems**

Do you have any problems with any of the following?	Number	Percentage
Taste	23	1.1
Smell	17	0.8
Touch (Temperature)	11	0.5
Vision	324	14.8
Hearing	79	3.6
Movement (Your Balance)	38	1.7
Speech	40	1.8
Sleeping	174	7.9
Growth	16	0.7
Learning	78	3.6
Behaviour	93	4.2
Acne	10	0.5
Teeth	89	4.1
Kidney/Bladder Problems	40	1.8

Source: Solihull School Nursing Service, SWFT

Almost a quarter (23.1%) of year 6 pupils would like more information about health and wellbeing (Table 36). 1 in 10 would like help and support about their health.

**Table 36: Solihull Year 6 HAPI Assessment, Universal Health**

Question	Yes (%)	No (%)
Do you have any disabilities?	140 (6.6)	1997 (93.4)
Do you have your eyes tested at the optician?	1652 (76.2)	515 (23.8)
Are you currently being seen by a specialist/consultant?	242 (11.3)	1896 (88.7)
Are you worried about your physical development?	196 (9.1)	1952 (90.9)
Do you have any concerns about your body changing?	346 (16.2)	1790 (83.8)
Had a check-up at the dentist?	1965 (90.6)	203 (9.4)
Had an emergency appointment at the dentist?	160 (7.4)	1989 (92.6)
Have you any worries or concerns about your health?	254 (11.8)	1900 (88.2)
Would you like any help & support about your health?	215 (10.0)	1935 (90.0)
Would you like more information about health & wellbeing?	493 (23.1)	1641 (76.9)

Source: Solihull School Nursing Service, SWFT

### **Services and Choices**

Almost a quarter (73.9%) of year 6 pupils were able to access health information in their school. 1 in 5 year 6 pupils would like information on relationships, over a quarter would like to know more about puberty (Table 37). The most popular location to access health information and support was in school (Table 38) however pupils would prefer to get help and support from a parent or other family member (Table 39).

**Table 37: Solihull Year 6 HAPI Assessment, Information Requirements**

Do you want information on any of the following?	Number	Percentage
Relationships	435	19.9
Self-harm	299	13.7
Eating Disorders	208	9.5
Puberty	631	28.8
Coping with Change	426	19.5

Source: Solihull School Nursing Service, SWFT

**Table 38: Solihull Year 6 HAPI Assessment, Accessing Information**

Where would you like to access health information and support?	Number	Percentage
Children's Centres	421	19.2
Health Centres/GP	616	28.1
Youth Centres	188	8.6
Schools	1018	46.5
Nurseries	198	9.0
Libraries	238	10.9
Supermarkets	115	5.3
Community Centres	204	9.3
Other	201	9.2

Source: Solihull School Nursing Service, SWFT

**Table 39: Solihull Year 6 HAPI Assessment, Help and Support**

Who would you go to for help and support?	Number	Percentage
School Nurse	364	16.6
GP	287	13.1
Friend	852	38.9
Teacher	845	38.6
Parent	1555	71.0
Family Member	1281	58.5
Doctor	599	27.4

Source: Solihull School Nursing Service, SWFT

The HAPI assessment has highlighted that over 10% of Year 6 and Year 9 pupils would like help and support about emotional health – this would equate to approximately 4,367 Primary and Secondary school children in Solihull (Table 40). The data would suggest that bullying is an issue in Solihull schools with 46.6% and 35.9% of Year 6 and Year 9 pupils, respectively, reporting that they had been bullied at some point. Assuming the same is true for all Secondary and Primary schools up to 16,196 pupils could have been affected by bullying at some point.

**Table 40: Solihull HAPI Assessment 2017/18, Summary of responses and estimated Solihull prevalence**

	Proportion in Year 6 HAPI	Estimated Number in Solihull Primary Schools	Proportion in Year 9 HAPI	Estimated Number in Solihull Secondary Schools	Total in Solihull Primary and Secondary Schools
Help and support about emotional health?	11.8	2,499	10.6	1,868	4,367
School day interrupted to care for someone else?	13.3	2,817	5.2	916	3,733
Ever been bullied?	46.6	9,870	35.9	6,326	16,196

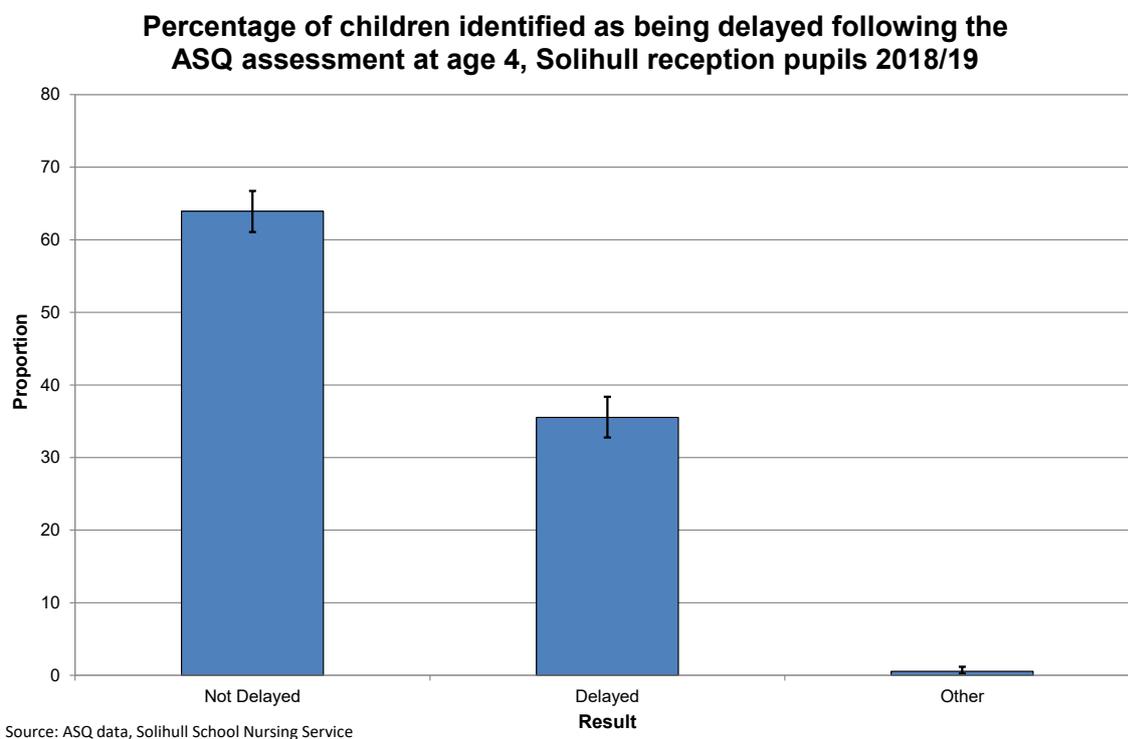
Source: Solihull School Nursing Service, SWFT, Local Authority Data Matrix, Solihull MBC

## Preschool Children

Developmental delays identified in children under 5 years old are associated with poorer longer term outcomes including mental health and general wellbeing (Public Health England, 2018). The universal health visiting service assesses the needs of families; providing early intervention where required. The ages and stages questionnaire (ASQ) is used to assess child development outcomes which include communication, personal/social, problem solving and physical development.

In 2018/19 the ASQ assessment at age 4 years identified over 35% of children as delayed (Figure 16). All of these children will be kept under review, referred to a specialist service or followed up by the school nursing service.

**Figure 16: ASQ Assessment – Proportion identified as delayed at age 4 years**



Early childhood is considered to be the most important developmental phase for children and is critical for a child's development and life course. The presence of mental disorders in early childhood has been recognised as an important area of research which has not yet received sufficient attention (NHS Digital, 2018). One in 18 preschool children was found to be experiencing a mental disorder in the 2017 mental health survey, and boys were more likely to have any type of disorder than girls. This would equate to approximately 420 children aged 2 to 4 years in Solihull experiencing a mental health disorder (Table 41).

Measuring the rate of mental disorders in preschool children has its challenges so the prevalence statistics are considered to be 'experimental' and should be interpreted with caution.

**Table 41: Prevalence of any mental, emotional, behavioural, hyperactivity and other less common disorder by sex in children aged 2-4 years, England and Solihull (Estimated), 2017**

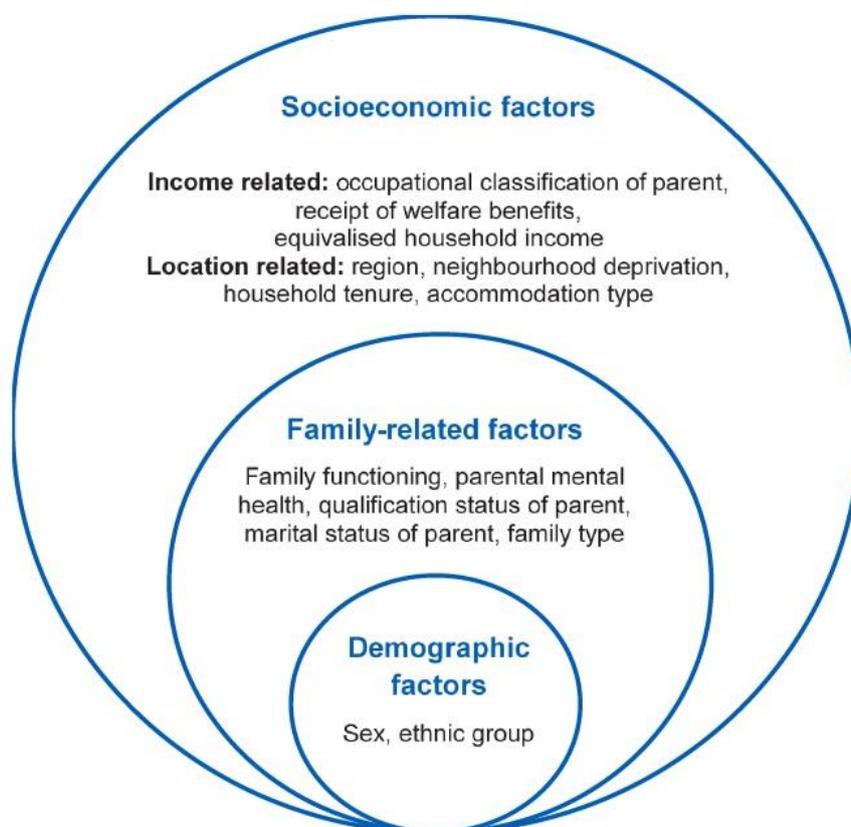
Mental disorders (2 to 4 year olds)	England			Solihull		
	Prevalence (%)			Estimated Prevalence (Number)		
	Boys	Girls	All	Boys	Girls	All
<b>Any mental disorder</b>	6.8	4.2	5.5	268	154	421
<b>Emotional disorders</b>	1.0	0.9	1.0	40	33	73
<b>Behavioural disorders</b>	3.1	1.9	2.5	121	71	191
<b>Hyperactivity disorders</b>	0.6	0.3	0.5	25	12	37
<b>Other less common disorders</b>	3.6	1.9	2.8	140	70	210

Source: Mental Health of Children and Young People Survey, NHS Digital and ONS Population Estimates 2017

## Predictors of Mental Disorders

Mental disorders in children are associated with a range of factors relating to a child's demographics, family life and socioeconomic circumstances (NHS Digital, 2018).

**Figure 17: Socioeconomic factors associated with mental disorders in children**



Source: Mental Health of Children and Young People in England, 2017

## Demographics

### Gender

Boys of preschool and primary age were more likely to have any mental disorder than girls the same age (Table 42). However, the opposite is true in those aged 11 to 16 and 17 to 19 years. In Females the prevalence of mental disorders increases with age. Estimating prevalence by gender and age would suggest there are 5,411 children and young people (aged 2-19 years) in Solihull with a mental health disorder.

**Table 42: Prevalence of any mental disorder by age, England and Solihull (Estimated), 2017**

Age Group	England		Solihull		
	Prevalence (%)		Estimated Prevalence (Number)		
	Boys	Girls	Boys	Girls	All
2 to 4 year olds	6.8	4.2	271	158	429
5 to 10 year olds	12.2	6.6	1032	524	1557
11 to 16 year olds	14.3	14.4	1173	1072	2245
17 to 19 year olds	10.3	23.9	372	809	1180
<b>Total</b>			<b>2848</b>	<b>2563</b>	<b>5411</b>

Source: Mental Health of Children and Young People Survey 2017, NHS Digital and ONS Population Estimates 2018

### Ethnicity

Children from a White Ethnic background were more likely to have a mental disorder than children identifying as any other Black or Minority Ethnic (BAME) group. Allowing for ethnicity would suggest that approximately 4,994 persons aged 5 - 19 year old have a mental disorder in Solihull.

**Table 43: Prevalence of any mental disorder by Ethnic Group, England and Solihull (Estimated), 2017**

Ethnicity	England		Solihull		
	Prevalence (%)		Estimated Prevalence (Number)		
	Boys	Girls	Boys	Girls	All
White British	14.8	15.0	2456	2310	4766
White Other	8.9	7.7	37	30	66
Black/Black British	3.4	7.7	11	26	37
Asian/Asian British	3.9	6.6	69	103	174
Mixed/Other	13.8	10.2	167	108	273
<b>Total</b>	<b>12.6</b>	<b>12.9</b>	<b>2565</b>	<b>2428</b>	<b>4994</b>

Source: Mental Health of Children and Young People Survey 2017, NHS Digital, Census 2011 and ONS Population Estimates 2018.

## Sexual Identity

The Children and Young Persons Mental Health Survey identified one in ten 14-19 year olds describing themselves as lesbian or gay, bisexual or other. Young people who identified as lesbian, gay, bisexual or other were more likely to have a disorder than those who identified as heterosexual. Based on this prevalence you could expect approximately 1,480 young persons aged 14-19 years identifying as non-heterosexual in Solihull, of which, 515 could be experiencing a mental health, emotional or behavioural disorder. It is thought that the reasons non-heterosexual people have higher mental health rates is likely to reflect the higher levels of bullying, experience of discrimination, issues with not conforming to norms and family rejection (NHS Digital, 2018).

## Autism

Autism is not a mental illness however; people with autism do often experience mental health problems. A recent study found that 70% of people with autism also have a condition such as anxiety, depression, attention deficit hyperactivity disorder (ADHD) or obsessive-compulsive disorder (OCD) (YoungMinds, 2019). The Mental Health of Children and Young People Survey 2017 estimates the prevalence of Autism Spectrum Disorder (ASD) and other Pervasive Developmental Disorders (PDD) to be 1.2% in children and young adults aged 5-19 years old. Prevalence of ASD is higher amongst boys with 1.9% of 5-19 year olds believed to have the disorder (Table 44). In Solihull, this would equate to approximately 462 children and young people with ASD/PDD. Local data however suggests the actual number in Solihull is higher with 650 0-19 year olds having received a diagnosis of ASD (Solihull Observatory, 2019).

**Table 44: Prevalence of Autism Spectrum Disorder/Pervasive Developmental Disorder, England and Solihull (Estimated), 2017**

Gender	England Prevalence (%)	Solihull Estimated Prevalence (Number)
Boys	1.9	389
Girls	0.4	77
<b>All</b>	<b>1.2</b>	<b>462</b>

Source: Mental Health of Children and Young People Survey, NHS Digital and ONS Population Estimates 2018

## Learning Disability

Children and young people with learning disabilities are much more likely than others to live in poverty, to have few friends and to have additional long term health problems and disabilities such as epilepsy and sensory impairments. All these factors are positively associated with mental health problems (Foundation for People with Learning Disabilities, 2019). It is estimated that between 25 and 40% of people with learning disabilities also experience mental health problems. Those with autism or a learning disability (or both) often have access to fewer resources and support to help develop coping skills, can experience more negative life events and face stigma or discrimination from people and services as a result of a disability; all of which can impact on their mental health (Mind, 2013). The mental health of people with autism or a learning disability (or both) is often overlooked or ignored. Once a mental health

problem has been identified it's important that inclusive services are offered that cater for the needs of people both with autism, a learning disability and a mental health problem.

## **Family related factors**

Children living in families with healthy functioning had lower rates of mental, emotional and behavioural disorders compared from families of unhealthy functioning (NHS Digital, 2018). Childhood experiences can have a lasting impact upon a child's mental health. Adverse childhood events (ACEs) have a strong influence on the chances of developing mental health problems (Public Health England, 2017). Children who have been neglected are more likely to experience mental health problems including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorders.

## **Children in Need**

Children in need are defined in law as children who are aged under 18 years and:

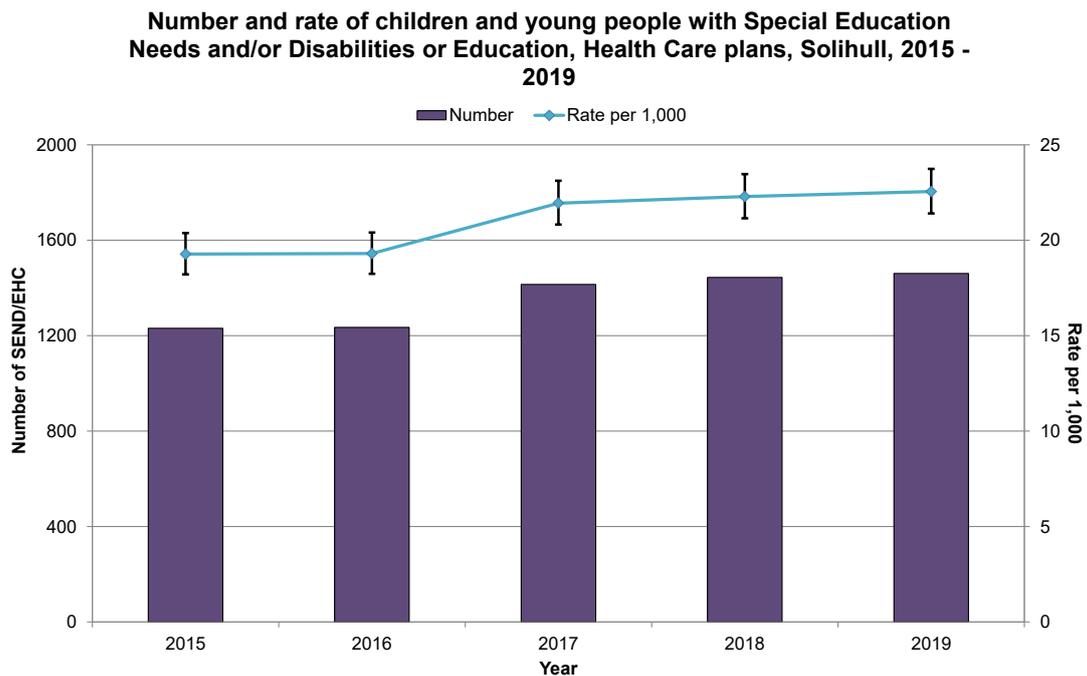
- Need local authority services to achieve or maintain a reasonable standard of health or development.
- Need local authority services to prevent significant or further harm to health or development
- Are disabled.

Children in need may be children with Special Educational Needs and Disabilities (SEND), young carers, children who have committed a crime, children whose parents are in prison or asylum seeking children. The local authority must keep a register of children with disabilities in its area but does not have to keep a register of all children in need (Citizens Advice, 2019).

Asylum seekers and refugees are more likely to experience poor mental health than the local population, including higher rates of depression, post-traumatic stress disorder (PTSD) and other anxiety disorders. The increased vulnerability to mental health problems that refugees and asylum seekers face is linked to pre-migration experiences such as war trauma and post-migration conditions such as separation from family, difficulties with asylum procedures and poor housing. Research suggests that asylum seekers are five times more likely to have mental health needs than the general population and more than 61% will experience serious mental distress. However, data shows that they are less likely to receive support than the general population (Mental Health Foundation, 2019). Children who are exposed to traumatic events at a young age can experience psychological and emotional problems in adult life. A child living in a war zone may see violence and traumatic events and this can result in severe consequences, such as delinquency, reduced intelligence, increased aggression, depression and affectionless psychopathy (Dransfield & Clark, 2019).

Children with Special Educational Needs and/or Disabilities (SEND) can be at a higher risk of mental health difficulties than those without SEND. Meanwhile, mental health difficulties may also be a cause of SEND (The Royal Borough of Kensington and Chelsea, 2019). Approximately 1400 children in Solihull have SEND or Education, Health and Care (EHC) plans. The number of statements for SEND and EHCs has increased year on year since 2015 (Figure 18), the rate per 1000 children and young people aged 0-25 years increased significantly between 2016 and 2017 and has continued to increase.

**Figure 18: Number and rate of SEND and EHC plans, Solihull, 2015-2019**



Source: Statements of SEN and EHC plans: England, 2019, Department of Education

The Solihull Youth Offending Service is seeing a decline in the number of young people entering the criminal justice system (Solihull MBC, 2019). In 2018/19 there were 31 children cautioned or sentenced by the Solihull Youth Offending Team (Figure 19).

**Figure 19: Children cautioned or sentenced by Solihull Youth Offending Service, 2013/14 - 2018/19**



Source: Youth Justice Statistics, Ministry of Justice

There is an overrepresentation of young people within the youth justice system that have emotional and mental health needs, the most common conditions include; anxiety, autism spectrum disorder (ASD) and emotional and behavioural issues (Solihull MBC, 2019). Although total numbers of young people entering the youth justice system is declining, there is an increase in those with complex and troubled lives. In 2018/19, of all the young people open to the Solihull Youth Offending Service, 53 were also known to the Child In Need team, 19 to the Child Protection Team, 13 were looked after by the local authority and 15 were known to the Child Sexual Exploitation (CSE) team.

### Looked After Children

A child is being 'looked after' when the local authority arranges for the child to live somewhere other than at home. There are 2 ways in which a child can be looked after by the local authority. One is called 'being accommodated', the other is where the child is the subject of a court order (Citizens Advice, 2019).

The mental health of Children and young people looked after by a local authority is poorer than that of the general population, a 2002 survey found 45% of Looked After Children (LAC) had a mental disorder (Meltzer, Gatward, Corbin, Goodman, & Ford, 2003). As at 31 March 2018 there were 413 looked after children in Solihull, of which, 185 could have at least one mental disorder (Table 45).

**Table 45: Prevalence of any mental disorder and specific disorders in looked after children, England and Solihull (Estimated),**

Mental Disorder	England Prevalence (%)	Solihull Estimated Prevalence (Number)
Any disorder	44.8	185
Emotional disorders	11.7	48
<i>Anxiety disorders</i>	11.0	45
<i>Depression</i>	4.3	18
Conduct disorders	37.0	153
Hyperkinetic disorder	7.3	30
Less common disorders	3.7	15

Source: The mental health of young people looked after by local authorities in England, National Statistics 2003, ONS Population Estimates 2018.

Improving interpersonal relationships and family functioning can have a positive influence on a child's mental wellbeing. Loving and trusting relationships, feeling supported and having a sense of connection are aspects which positively influence wellbeing.

### Qualification status of the parent

Having a mental or emotional and behavioural disorder is more common in children whose parent had no qualifications (NHS Digital, 2018). Allowing for the qualification status of parents within Solihull would suggest that over 4,200 children and young people aged 2 to 16 years have a mental disorder in Solihull. At the time of the 2011 census, 23% of adults in Solihull had no formal qualifications, slightly higher than the England average of 22%.

**Table 46: Prevalence of any mental disorder by Qualification status of Parent, England and Solihull (Estimated)**

Age Group	England		Solihull		
	Prevalence (%)		Estimated Prevalence (Number)		
	Any Qualification	No Qualifications	Any Qualification	No Qualifications	All
2 to 4 year olds	5.4	7.1	362	75	436
5 to 10 year olds	8.4	16.8	1191	374	1565
11 to 16 year olds	14	16	1893	340	2233
<b>Total</b>			<b>3446</b>	<b>789</b>	<b>4235</b>

Source: Mental Health of Children and Young People Survey 2017, NHS Digital, Census 2011 and ONS Population Estimates 2018

## Homelessness

Homelessness and mental health often go hand in hand, and can be a self-fulfilling prophecy (Mental Health Foundation, 2019). Having a mental health problem can create the circumstances which can cause a person to become homeless in the first place. Yet poor housing or homelessness can also increase the chances of developing a mental health problem, or exacerbate an existing condition. In turn, this can make it even harder for that person to recover – to develop good mental health, to secure stable housing, to find and maintain a job, to stay physically healthy and to maintain relationships. Since April 2017, Solihull MBC and St Basils have worked in partnership to provide the Solihull Youth Hub. The Youth Hub provides a multi-agency service response to young people aged 16-24 years who may be homeless or at risk of homelessness (St Basils, 2018).

In 2017/18 the Solihull Youth Hub received 609 referrals of which 526 completed an initial assessment. Of these 526 young people, approximately 252 (48%) disclosed that they had either a diagnosed or undiagnosed mental health problem – mostly anxiety or depression. Solihull Youth Hub provide a holistic approach to assessing and supporting the needs of young people which ensures more sustainable outcomes for young people e.g. access to employment, education and training, support to address physical and mental health issues and to improve emotional resilience (Managed Growth & Communities, Solihull MBC, 2018). Where additional support is required, and the young person is not currently engaging with any other agency, referrals are made by the Youth Hub. The Youth Hub has developed partnerships with several local agencies and made a total of 72 referrals to support young people at risk of homelessness.

In 2018/19, 483 young people were referred to the Solihull Youth Hub of which 438 received an initial assessment but only 253 received a full assessment that included mental health. Of the 253 assessments - 128 (51%) had mental health needs. Just 24% (31) were currently receiving some mental health support. 87 of the 253 young people (34%) had suicidal thoughts and/or self-harmed.

## Care Leavers

Research suggests that approximately half of children in care have clinical-level mental health problems; a rate that is 4 times higher than in children in the general population. While most

young people make a gradual transition to independence, supported by their family, care leavers often experience multiple, overlapping changes in living circumstances all at once. At a time when they are first becoming responsible for their own finances and accommodation, they also often experience a rapid withdrawal of social support due to care placements and support services ending at 18 (Bazalgette, 2015).

In 2017/18, there were 200 care leavers aged 17-21 in Solihull. Of these 200 young adults, 173 were in accommodation considered suitable. The remaining 27 were in accommodation considered unsuitable or there was no information: either because the local authority is not in touch or the young persons have refused contact or no longer require services. 117 of the 200 care leavers in 2017/18 are now in education, employment or training, the remaining 83 are not in education, employment or training (NEET) or there is no information available. Potentially, up to 100 of these care leavers could have a clinical-level mental health condition.

## Summary

In 2017, there were more deaths from suicides or undetermined intent in children and young persons than in any other year since 2002. Mortality from suicide is the 'tip of the iceberg' and would suggest that annually there are 555 children and young person's presenting at hospital and 5,850 reporting in the community for self-harm.

Estimates on the prevalence of mental disorders in children and young people would suggest that there are approximately 4,995 people aged 5 to 19 year olds with a diagnosable mental health disorder in Solihull - 1,962 of these will have two or more disorders. These figures will rise to approximately 5,030 and 1,976 respectively by 2020. The highest prevalence of mental health disorders is seen in Females aged 11-17 years. Prevalence estimates in preschool children suggests that there could be between 420 and 440 children aged 2-4 years in Solihull with a mental disorder. This would bring the total number of children and young people in Solihull aged 2 – 19 years with a mental disorder to over 5,400.

Referrals to Birmingham and Solihull Mental Health Foundation Trust have been increasing; 2,500 referrals to Solar and 2,700 referrals to Non-Solar services in 2018/19. There are however clear gaps in the number of referrals for young people aged 20-24 years. Admissions to hospital for mental and behavioural disorders are highest in the 20-24 year old age group but outpatient attendances are low. This would suggest that those with a mental and behavioural disorder are not being seen in the community and are presenting later - requiring a hospital stay.

The Solihull school population is larger than the resident population, prevalence estimates would suggest that there are 5,062 children attending a school in Solihull have a mental disorder – 1,977 of these will have 2 or more disorders. School can present triggers for mental health difficulties - recent surveys would suggest that bullying may be an issue in Solihull schools. Exams and transitioning to senior school and beyond year 11 are also causes of anxiety and worry for Solihull school children.

Lucie Rowson, Public Health, February 2020

## Appendix 1

**Table 47: Disorders included in the 2017 MHCYP survey (Vizard, et al., 2017)**

Any mental disorder						
Disorder categories	Emotional disorders			Hyperactivity disorders	Behavioural (or 'conduct') disorders	Other less common disorders
Disorder subgroups	Anxiety disorders	Depressive disorders	Bipolar affective disorder			
Specific disorders	Separation anxiety disorder, Generalised anxiety disorder, Obsessive compulsive disorder, Specific phobia, Social phobia, Agoraphobia, Panic disorder, Post-traumatic stress disorder, Other anxiety, Body dysmorphic disorder	Major depressive episode, Other depressive episode	Bipolar affective disorder, Mania	Hyperkinetic disorder, Other hyperactivity disorder	Oppositional defiant disorder, Conduct disorder confined to family, Unsocialised conduct disorder, Socialised conduct disorder, Other conduct disorder	Autism spectrum disorder, Eating disorder, Tics, Selective mutism, Psychosis, Attachment disorder, Feeding disorder, Sleep disorder, Eliminating disorder

Further details on the definitions of each of these disorders can be found at:

<https://files.digital.nhs.uk/22/793517/MHCYP%202017%20Survey%20Design%20and%20Methods.pdf>

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