

Mental health

State of Children in Suffolk

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Suffolk Public Health and Communities Knowledge, Intelligence and Evidence Team

KnowledgeandIntelligence@Suffolk.gov.uk

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Introduction

Most people who experience mental ill health as adults have their first episode as children, with research suggesting more than a third (34.6%) start before age 15 and up to 75% before the age of 24 (Solmi et al, [Age at onset of mental disorders worldwide, Molecular Psychiatry, 2022](#)). Anxiety disorders often begin in childhood and adolescence (73.3% of anxiety and fear-related disorders have an onset by 25 years of age).

Mental ill health in childhood and extending into adulthood can limit opportunities to lead a fulfilling life ([WHO, Improving the mental and brain health of children and adolescents](#), accessed January 2025). Depression has been identified as the second highest cause of years lived with disability, and anxiety is ranked sixth highest ([Global burden of disease 2021, The Lancet Psychiatry, August 2024](#)).

Surveys in Suffolk suggest young people in Suffolk continue to have poorer (lower) emotional wellbeing than the national average ([Healthwatch Suffolk, My Health, Our Future](#) annual survey reports, accessed January 2025).

Structure

This report updates the 2022 State of Children in Suffolk report, which used the structure from the [Mental Health of Children and Young People in England 2017](#) (NHS, 2019) and [State of Child Health](#) (2020, Royal College of Paediatrics and Child Health – RCPCH). These national publications refer to “types of disorder according to International Classification of Disease (ICD-10) diagnostic criteria”. Times and language have changed. We consider autism or attention deficit hyperactivity disorder (ADHD) types of neurodiversity rather than mental disorders, however where necessary we will use the original medical language used by organisations such as the NHS and RCPCH.

The RCPH report grouped mental health into four areas, which have been followed in this report.

- Emotional disorders (such as anxiety disorders, depressive disorders, mania, and bipolar affective disorder)
- Behavioural disorders (characterised by repetitive and persistent patterns of disruptive and violent behaviour, in which the rights of others, and social norms, are violated)
- Hyperactivity disorders (characterised by inattention, impulsivity, and hyperactivity)
- Others (such as tic disorders or eating disorders).

Language

There is guidance on the preferred language for Suffolk’s Joint Strategic Needs Assessment (JSNA), including the State of Children in Suffolk ([Suffolk Public Health, Language guide](#), accessed January 2024). However, this report uses information from a variety of sources, where other terms are used. We will use the terms from original research to ensure consistency, accuracy and, hopefully, transparency. References are given to sources.

- We prefer to use LGBT+ or LGBTQ+ only if it is necessary and appropriate. We will use “LGBT*Q+” when we are using information published by [Healthwatch Suffolk in My Health, Our Future](#).

- We prefer to use “mental ill health, (people experiencing) mental illness, or mental health conditions.” Other organisations may refer to “[mental health problems](#)” ([Mental Health Foundation, accessed January 2024](#)), and so we will use their language if necessary.

Impact of COVID-19 on mental health

Suffolk Public Health and Communities has recognised the COVID-19 pandemic as a collective trauma. The [2021 Annual Public Health Report](#) addresses public mental health for the whole population of Suffolk.

The Local Government Association (LGA) identified immediate and long-term impacts of the pandemic for children and young people. Two long-term mental health impacts were identified for children and young people (LGA, [Public mental health and wellbeing and COVID-19](#), accessed January 2025).

1. Developmental and behavioural issues arising due to isolation or social distancing at key developmental milestones.
2. Development of mental health disorders because of the stress.

The percentage of probable mental health disorders worsened between 2017 and 2020 in children aged 8-10 and children aged 11-16 in England, although subsequent NHS surveys (2023 latest) found no statistically significant changes between waves (NHS, [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey](#), 2023).

In 2023 in England, 20.3% of children aged 8 to 16 years had a probable mental disorder (12.5% in 2017), and 23.3% of young people aged 17 to 19 years had a probable mental disorder (10.1% in 2017) (NHS, [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey](#), 2023).

Some survey data suggested that, while most children’s mental health may have recovered post-lockdown, children with special educational needs and those from low-income households (families earning less than £16,000 per year) may continue to have higher rates of mental ill health symptoms. (Office for Health Improvement and Disparities - OHID, [COVID-19: mental health and wellbeing surveillance report - Chapter 7: Children and young people](#), 2021). In 2022, 42% of children saw their own mental health as an issue (compared to 29% in 2019), with nearly half (45%) of all parents worried about their child’s mental health (17% in 2019) (Action For Children, [Brighter future ahead?](#) 2022).

Post-lockdown pressures on incomes caused by rising fuel and food prices also had an impact, with nearly half (47%) children from low-income families who responded to an Action for Children survey ([Brighter future ahead?](#) 2022) saying they worried about their family’s finances. In 2023, over half respondents (65%) to Healthwatch Suffolk’s [My Health, Our Future report \(phase seven\)](#) (MHOF) survey had worries about the cost of living.

In 2023, just over half (54.8%) of young people aged 17 to 25 years reported being worried about the impact of climate change (NHS, [Mental Health of Children and Young People in England, 2023 - wave 4](#), 2023).

Mental ill health

The 2017 [Mental Health of Children and Young People in England survey](#) found that one in eight (12.8%) of 5 to 19 year olds had at least one mental disorder when assessed in 2017, with one in twenty (5.0%) meeting the

criteria for 2 or more disorders. The prevalence of mental disorders increased with age, for instance 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.

The [2023 follow-up survey](#) collected information from parents, children and young people and indicated an increase in the prevalence of mental health disorders, with 20.3% (one in five) of children aged 8 to 25 years estimated to have a probable mental disorder, split by 20.3% for 8 to 16 year olds, 23.3% for 17 to 19 year olds and 21.7% for 20 to 25 year olds.

Table 1: Estimated prevalence of likely mental health disorders for children and young people by age group, England, 2022

Mental health	7 to 10 year olds	7 to 16 year olds	11 to 16 year olds	17 to 24 year olds
Unlikely to have a disorder	74.2%	71.2%	68.8%	64.4%
Possible disorder	10.6%	10.8%	10.9%	13.6%
Probable disorder	15.2%	18.0%	20.4%	22.0%

Source: Prevalence from NHS Digital (2022) [Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey](#)

More information with national prevalence applied to Suffolk’s population is available from the [Mental Health – Suffolk prevalence dashboard](#).

Table 2: Estimated number of children and young people with likely mental health disorders in Suffolk by age group

Mental health	7 to 10 year olds	7 to 16 year olds	11 to 16 year olds	17 to 24 year olds
Unlikely to have a disorder	25,298	61,360	30,062	38,623
Possible disorder	3,614	9,307	4,763	8,156
Probable disorder	5,182	15,512	8,914	13,194

Source: Prevalence from NHS Digital (2022) [Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey](#); Population from Office for National Statistics; [Estimates of the population for England and Wales Mid- 2022](#)

In 2022/23, there were 95 hospital admissions for children and young people aged under 18 within Suffolk for mental health conditions. The admissions rate for girls (83.0 per 100,000) is statistically significantly higher than the rate for boys (46.1 per 100,000) within Suffolk in 2022/23. The overall admission rate for Suffolk (64.1 per 100,000) is statistically significantly lower than the England average (80.8 per 100,000), however there has been no significant change to the trend in the last 5 years ([Office for Health Improvement and Disparities 2024](#)).

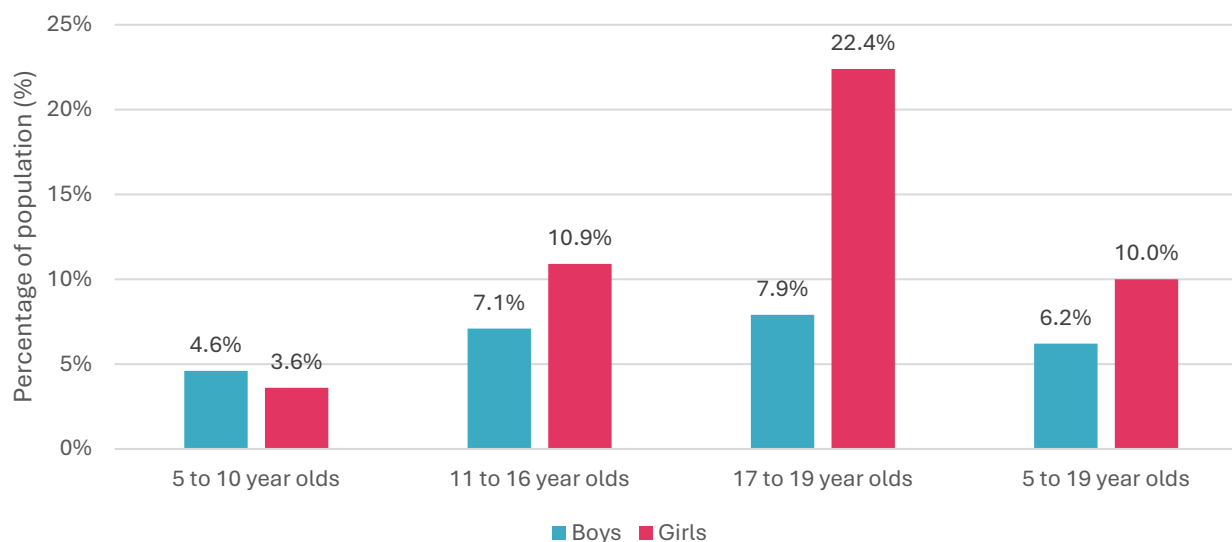
Emotional disorders

Emotional disorders are defined by the NHS ([Mental Health of Children and Young People in England 2017, 2019](#)) as “a range of anxiety and depressive disorders that manifest themselves in fear, sadness, and low self-esteem.” The NHS study uses World Health Organization (WHO) criteria: “to count as an emotional disorder they have to be sufficiently severe to cause distress to the child or impair their functioning.”

- **Anxiety disorders:** characterised by feelings of anxiety and fear, including obsessive compulsive disorder, phobias, post-traumatic stress disorder, body dysmorphic disorder (“preoccupation with an aspect of personal appearance which is hugely out of proportion of any actual defect”).
- **Depressive disorders:** characterised by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Depression can be long lasting, recurrent (throughout childhood and into adulthood), and impair functioning at school and in daily life.
- **Bipolar affective disorder /manic episode:** characterised by intense mood swings, where mood and activity levels are significantly disturbed.

In 2017, about one in twelve (8.1%) children and young people (aged 5 - 19) had an emotional disorder such as anxiety or depression. Prevalence of emotional disorders increased with age and were more common in girls than boys: just over one in five (22.4%) girls aged 17 to 19 years old had an emotional disorder (Figure 1). Anxiety disorders were more common than depressive disorders (7.2% compared to 2.1%); bipolar affective disorder affected less than 0.1% of children and young people.

Figure 1: Any emotional disorder by age and sex, England, 2017



Source: NHS, [Mental Health of Children and Young People in England, 2017](#), 2019

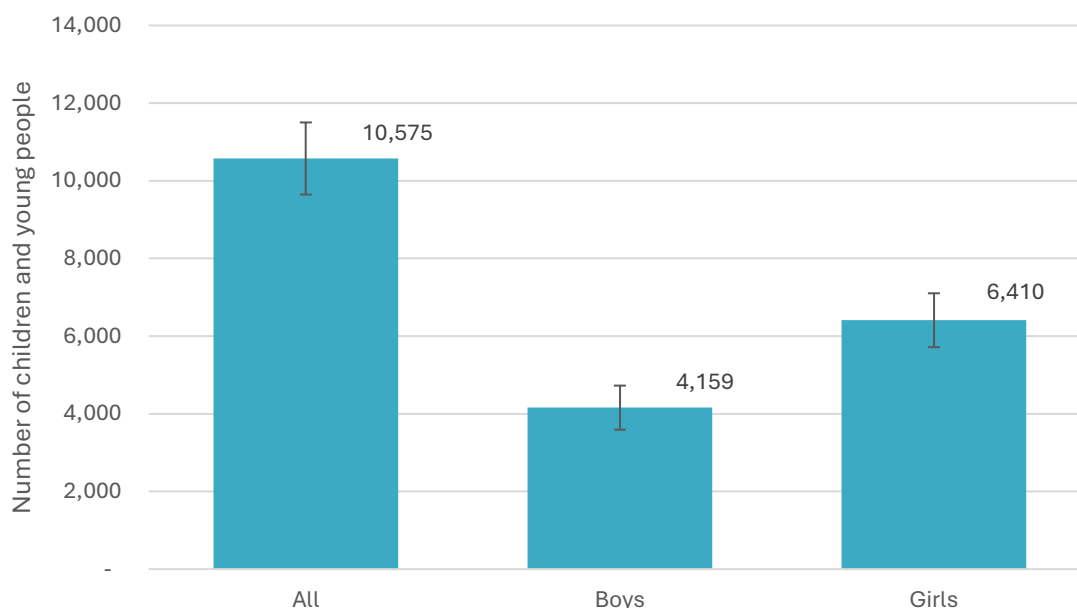
It is likely that around 10,560 children and young people in Suffolk could have an emotional disorder if these percentages (by age and sex, Figure 1) are applied to Suffolk population projections (2025), however if the published confidence intervals are applied, the number could be between 9,308 and 11,831 (Figure 2).

Table 3: Estimated number of 5-19 year olds with any emotional disorder by age and sex, Suffolk, 2025 (based on population projection data)

	5 to 10 year olds	11 to 16 year olds	17 to 19 year olds	5 to 19 year olds
Boys / young men	1,188	2,031	1,023	4,177
Girls / young women	898	2,970	2,610	6,383
Total	2,086	5,000	3,633	10,560

Source: Public Health and Communities Suffolk analysis using NHS, [Mental Health of Children and Young People in England, 2017](#) and ONS [mid-year population projections](#) 2018

Figure 2: Any emotional disorder by sex, 5 to 19 year olds, with confidence intervals, Suffolk, 2025 (based on population projection data)



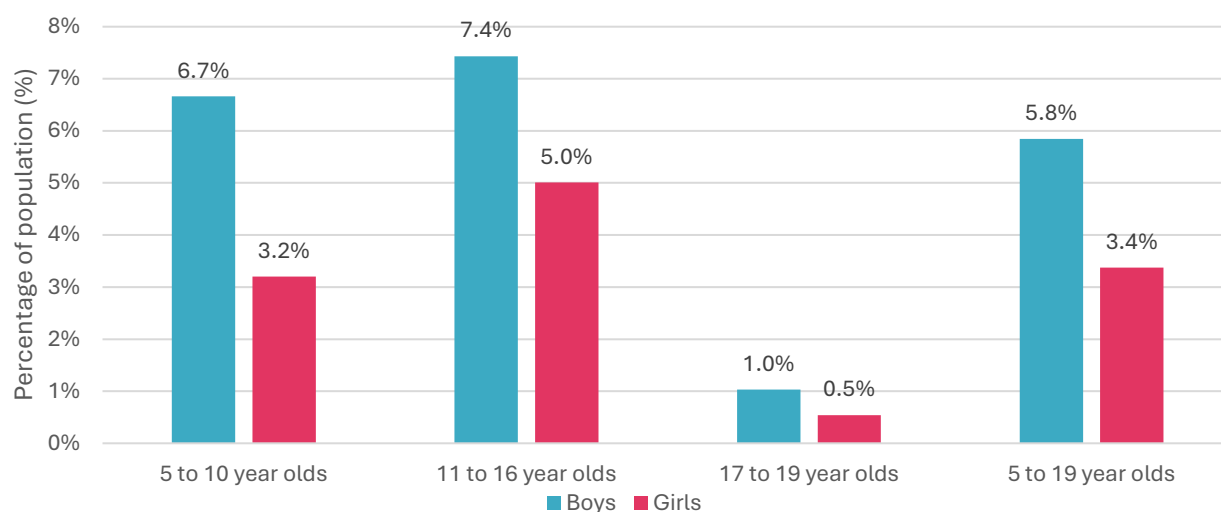
Source: Public Health and Communities Suffolk analysis using NHS, [Mental Health of Children and Young People in England, 2017](#) and ONS [mid-year population projections 2018](#)

Behavioural disorders

Behavioural disorders are the most common reason for referral of children and young people to child and adolescent mental health services (CAMHS). They are characterised by repetitive and persistent patterns of disruptive and antisocial behaviour. To count as a disorder, they must be sufficiently severe to cause distress to the child or impair their functioning (NHS, [Mental Health of Children and Young People in England 2017](#), 2019, using WHO criteria).

In 2017, behavioural disorders were more common in boys and young men (aged 5 to 19) (5.8%) than girls and young women (3.4%). Oppositional defiant disorder (characterised by temper outbursts and arguing with adults) was the most common disorder, present in 2.9% of 5-19 year olds. 17-19 year olds were much less likely to be identified with a behavioural disorder (Figure 3). Early intervention can alleviate the damaging effects conduct disorders could have in later life.

Figure 3: Any behavioural disorder by age and sex, England, 2017



Source: NHS, [Mental Health of Children and Young People in England, 2017](#), 2019

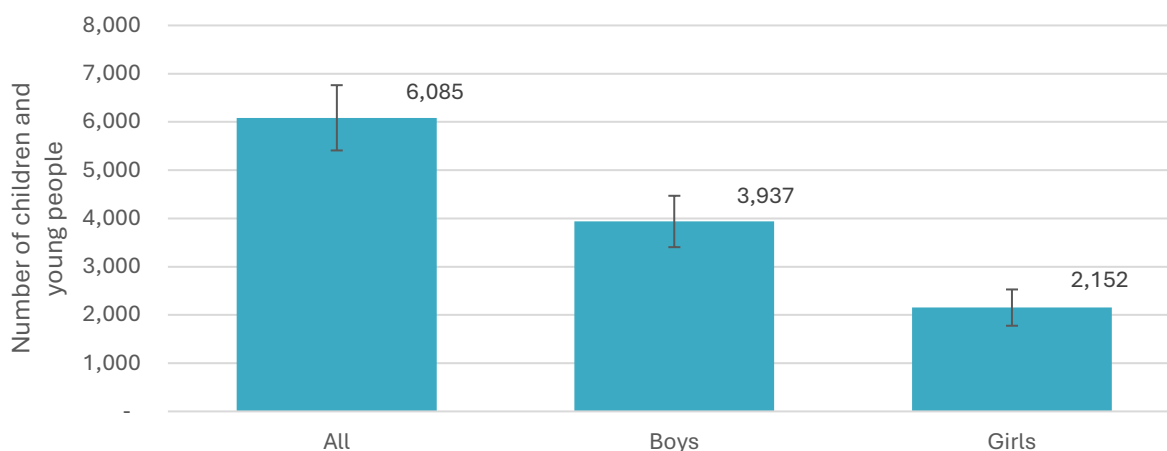
It is likely that around 6,085 children and young people in Suffolk could have an emotional disorder if these percentages (by age and sex, Figure 3) are applied to Suffolk population projections (2025), however if the published confidence intervals are applied, the number could be between 5,180 and 6,997 (Figure 4).

Table 4: Estimated number of 5-19 year olds with any behavioural disorder by age and sex, Suffolk, 2025 (based on population projection data)

	5 to 10 year olds	11 to 16 year olds	17 to 19 year olds	5 to 19 year olds
Boys / young men	1,720	2,125	133	3,937
Girls / young women	799	1,364	63	2,152
All (calculated)	2,531	3,484	194	6,085

Source: Public Health and Communities Suffolk analysis using NHS, [Mental Health of Children and Young People in England, 2017](#) and ONS [mid-year population projections](#) 2018

Figure 4: Any behavioural disorder by sex, 5 to 19 year olds, with confidence intervals, Suffolk, 2025 (based on population projection data)



Source: Public Health and Communities Suffolk analysis using NHS, [Mental Health of Children and Young People in England, 2017](#) and ONS [mid-year population projections](#) 2018

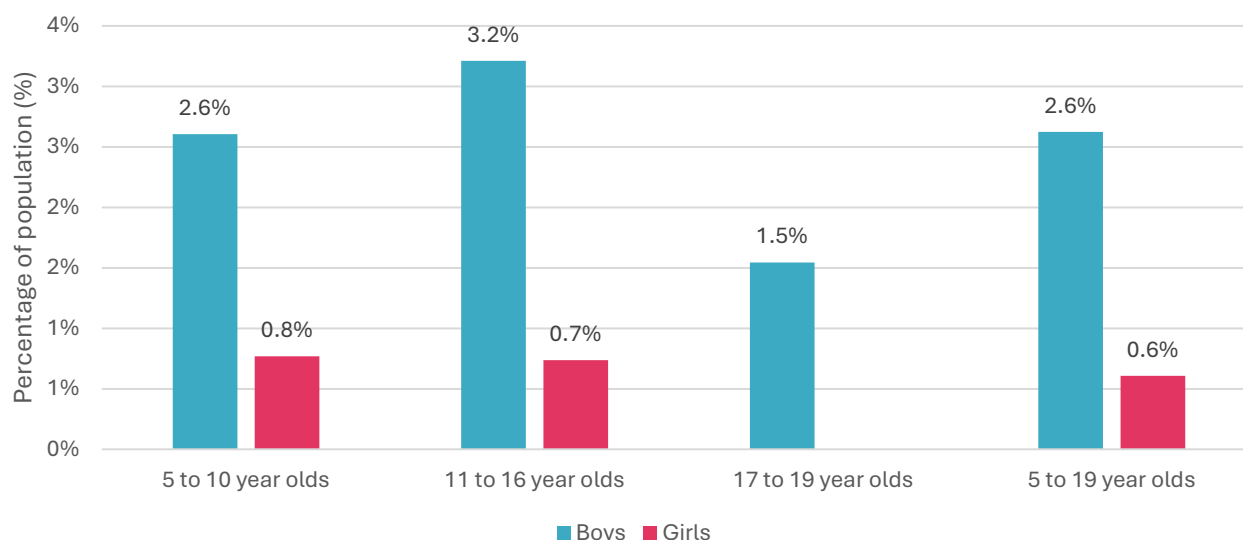
Hyperactivity disorders

Hyperactivity disorders start in childhood and are characterised by developmentally inappropriate patterns of inattention and impulsivity. Children may find it hard to sit still, may act without thinking, and start but not finish things. Although most children behave like this sometimes, in a hyperactivity disorder the symptoms are marked, persistent and cause problems in different environments. Hyperactivity disorders include ADHD and hyperkinetic disorder. Symptoms are usually evident by seven years old. (NHS, [Mental Health of Children and Young People in England 2017, 2019](#))

Hyperactivity disorders can disrupt relationships, make everyday life difficult, and increase the risk of developing traits such as antisocial behaviour.

In 2017, about one in sixty (1.6%) children and young people (aged 5 - 19) had a hyperactivity disorder. Hyperactivity disorders were more common in boys (2.6%) than girls (0.6%), and were lower in 17-19 year olds (0.8%) (Figure 5) (NHS, [Mental Health of Children and Young People in England 2017, 2019](#)).

Figure 5: Any hyperactivity disorder by age and sex, England, 2017



Note: numbers are too low to be calculated for 17-19 year old young women

Source: NHS, [Mental Health of Children and Young People in England, 2017, 2019](#)

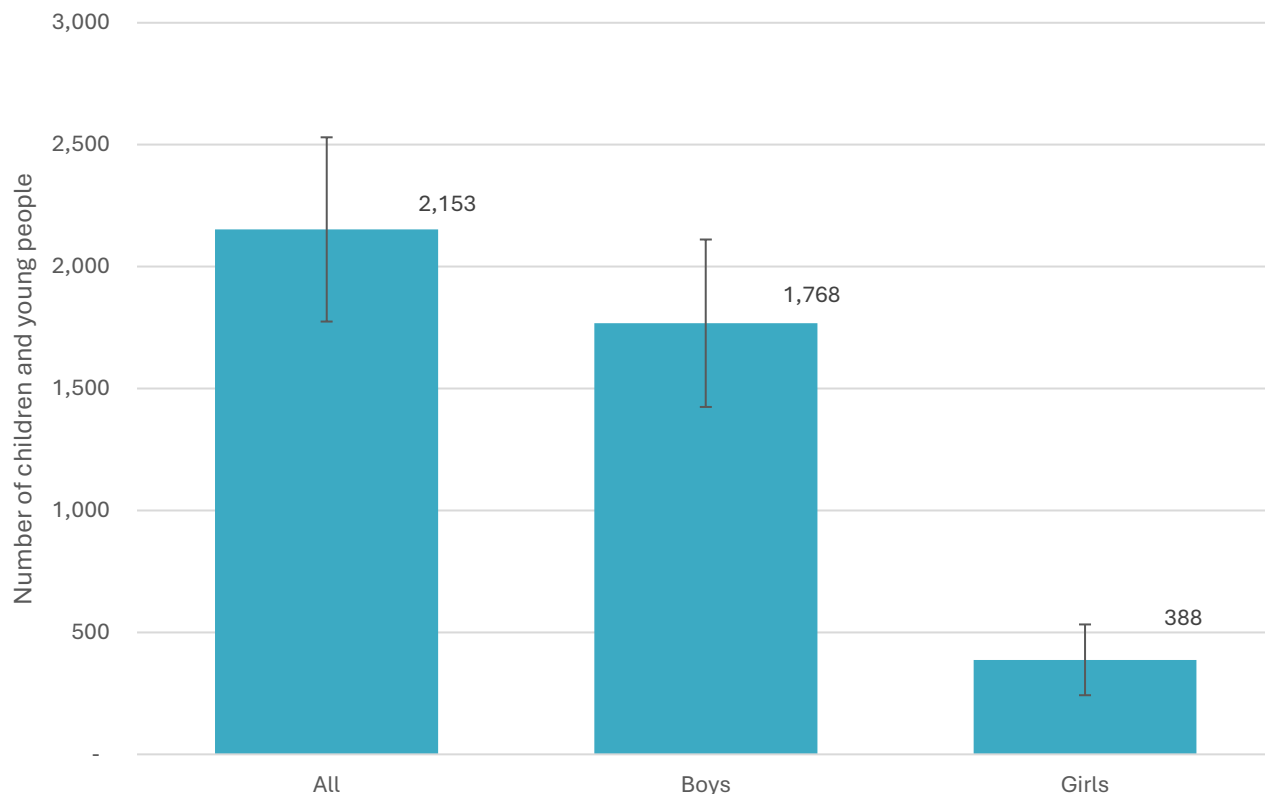
It is likely that around 2,150 children and young people in Suffolk could have a hyperkinetic disorder if these percentages (by age and sex, Figure 5) are applied to Suffolk population projections (2025), however if the published confidence intervals are applied, the number could be between 1,667-2,644 (Figure 6).

Table 5: Estimated number of 5-19 year olds with any hyperkinetic disorder by age and sex, Suffolk, 2025 (based on population projection data)

	5 to 10 year olds	11 to 16 year olds	17 to 19 year olds	5 to 19 year olds
Boys / young men	673	918	200	1,768
Girls / young women	192	201	-	388
All (calculated)	871	1,114	195	2,153

Source: Public Health and Communities Suffolk analysis using NHS, [Mental Health of Children and Young People in England, 2017](#) (2019) and ONS [mid-year population projections](#) 2018

Figure 6: Any hyperkinetic disorder by sex, 5 to 19 year olds, with confidence intervals, Suffolk, 2025 (based on population projection data)



Source: Public Health and Communities Suffolk analysis using NHS, [Mental Health of Children and Young People in England, 2017](#) and ONS [mid-year population projections](#) 2018

Other mental ill health

Perinatal mental health

For more detail see the chapter on [Perinatal Mental Health](#) produced by Public Health and Communities as part of the Suffolk mental health needs assessment in 2023.

Perinatal mental ill health affects 10-20% of all women during pregnancy and the first year after having a baby (OHID, [Perinatal mental health](#) 2019). Historically there has been a lack of integrated physical and mental health care for women during pregnancy and in the weeks and months following birth, and a lack of specialist perinatal mental health services to support women who become unwell.

6,615 live births and 33 stillbirths were recorded to mothers usually residing in Suffolk in 2023 (ONS, [Births in England and Wales: birth registrations](#), 2023).

In 2023-24, over 700 people were in contact with Specialist Perinatal Mental Health Community Services in Suffolk (Table 6) (NHS, [Mental Health Bulletin, 2023-24 Annual report](#), 2024). Not all people with perinatal mental health conditions will use specialist services.

Table 6: Number of people in contact with Specialist Perinatal Mental Health Community Services (residence), 2023-24

NHS area	Count
Suffolk & North East Essex ICB	1,350
Norfolk & Waveney ICB	920
Ipswich & East Suffolk sub-ICB	535
West Suffolk sub-ICB	210
North East Essex	610

Source: NHS, [Mental Health Bulletin, 2023-24 Annual report](#), 2024

The prevalence of some perinatal psychiatric disorders in England in 2017/18 is known and can be used to estimate the level of need in Suffolk per year (Table 7). These estimates for Suffolk suggest that between 1,449 and 2,639 Suffolk mothers may have experienced perinatal mental ill health in 2023. Many will have not identified or received support for these conditions. The estimates in Table 7 do not take into account multiple births, nor risk factors.

Table 7: Estimated number of women in Suffolk with perinatal mental health conditions, 2023

Mental health condition	Prevalence in England (2017/18) per 1,000 maternities	Estimated number of women (Suffolk)
Postpartum psychosis	1-2	7-13
Chronic serious mental ill health	1-2	7-13
Severe postnatal depression	23	153
Mild to moderate depressive ill health and/or anxiety	77-116	512-771
Post-traumatic stress disorder (PTSD)	23	153
Adjustment disorders and distress	116-231	771-1,536

Source: Public Health & Communities, Suffolk County Council, [Perinatal Mental Health](#) (Part of the Suffolk mental health needs assessment), 2023

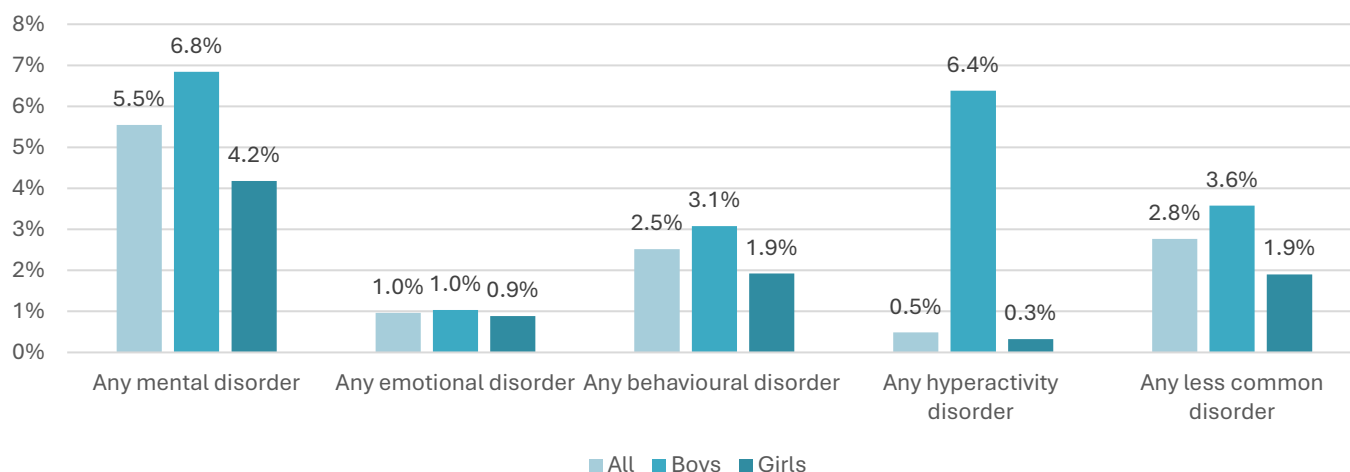
Analysis notes: Prevalence in England per 1,000 births was calculated using average live birth and stillbirth figures for 2017 and 2018 in England. These prevalence rates were used to estimate the number of people affected in Suffolk, based on live birth and stillbirth figures for 2023.

Preschool children (aged 2-4)

Early childhood is an important developmental period for children. Good mental health is a foundation for emotional and physical wellbeing throughout life. It is difficult to measure the extent of mental disorders in preschool children as existing diagnostic tools may not be appropriate, and because children develop rapidly from 0 to 4 years old.

In 2017, one in 18 (5.5%) 2-4 year olds had a disorder (Figure 7) ([Mental Health of Children and Young People in England, 2017](#), 2019). Some of the most common specific disorders in preschool children were oppositional defiant disorder (1.9%), autism spectrum disorder (1.4%), and sleeping disorder (1.3%).

Figure 7: Prevalence of mental disorders in children aged 2-4 by sex, England, 2017



Source: [Mental Health of Children and Young People in England, 2017](#), 2019

This would suggest that around 1,295 (893 – 1,693) 2-4 year olds in Suffolk might have a mental health disorder (2025 population projections).

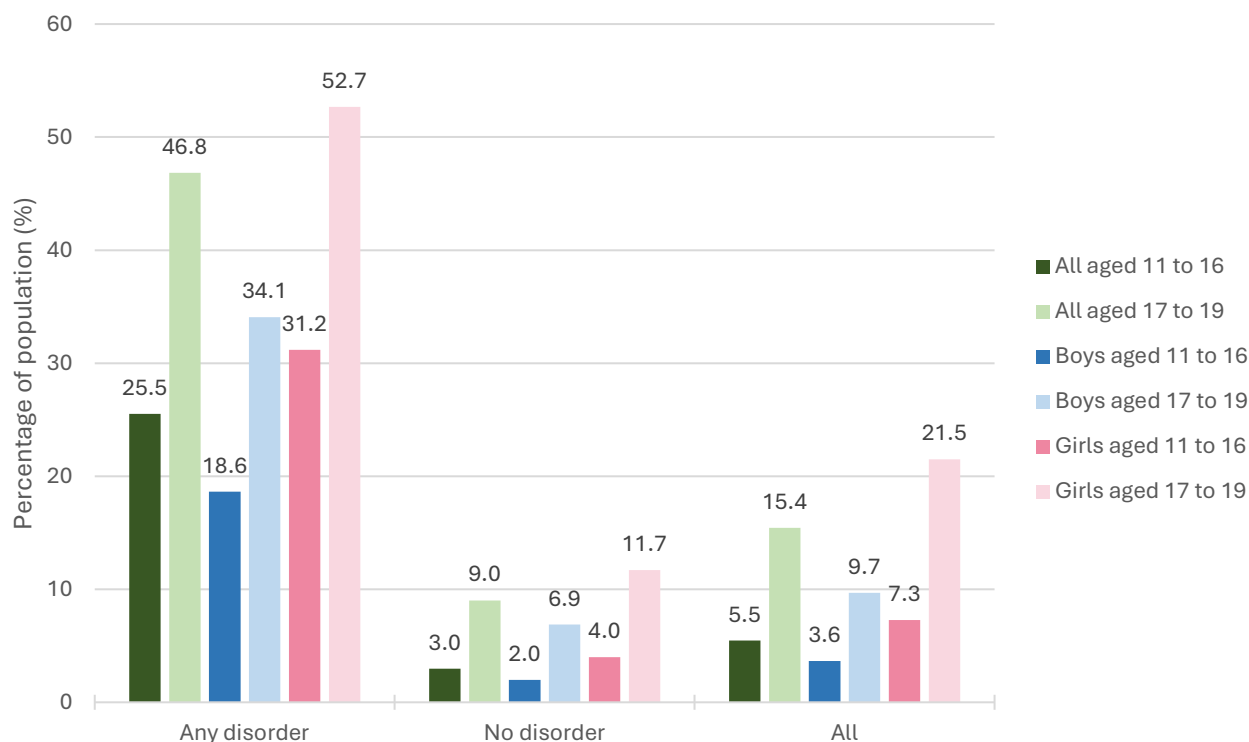
Self-harm and suicide

The NHS describe self-harm as “when somebody intentionally damages or injures their body” (NHS, [self-harm](#), accessed, December 2024)). In *My health, Our Future*, Healthwatch Suffolk gave examples: “cutting or burning their skin, punching or hitting things, poisoning themselves with tablets or other dangerous substances, using drugs and alcohol too much, not eating enough or eating too much” (Healthwatch Suffolk, [MHOF phase six part two](#), 2022).

People may conceal self-harm and may not require (or seek) medical treatment, partly due to fear of stigma or discrimination. Survey data and hospital emergency admissions data are therefore likely to underreport the issue. People who self-harm are at an increased risk of suicide compared to the general population (estimated at 30-fold) (Royal College of Psychiatrists, [Self-harm, suicide and risk: helping people who self-harm](#), 2019; Aggarwal et al, [Self-harm in children and young people who die by suicide: UK-wide consecutive case series](#), 2025).

Nationally, in 2017, 5.5% of 11-16 year olds and 15.4% of 17-19 year olds reported having self-harmed or attempted suicide at some point. Figures for both age groups were around twice as high for girls as boys (Figure 8).

Figure 8: Ever self-harmed or attempted suicide (self-reported by child/young person) in 11 to 19 year olds by disorder and sex, England, 2017

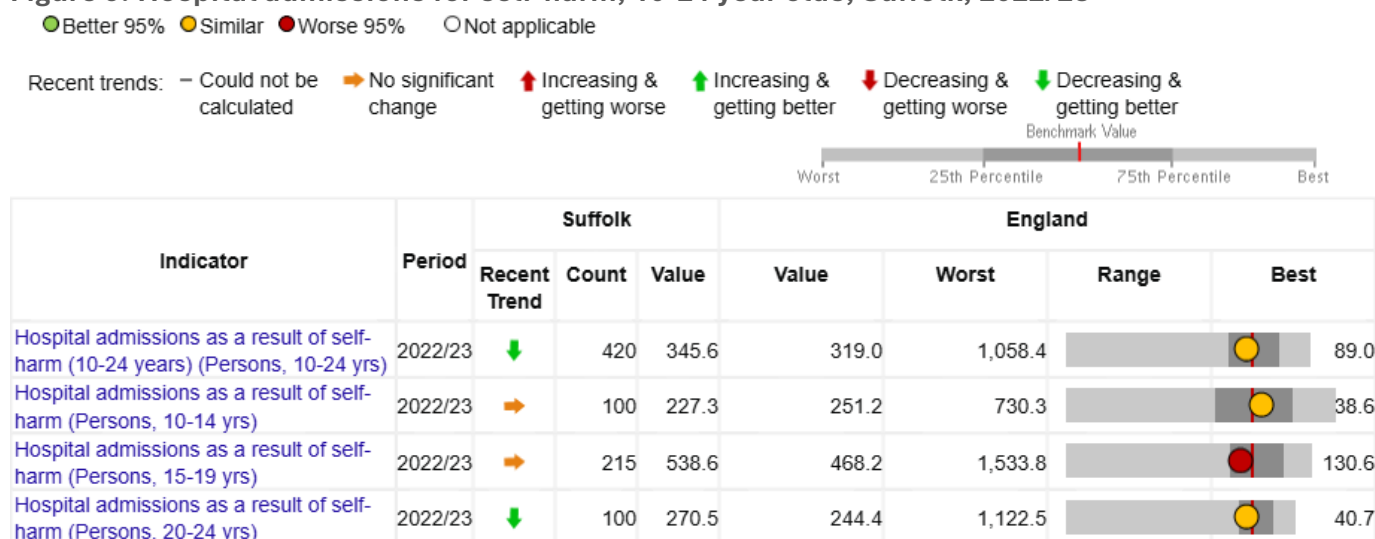


Source: NHS, [Mental Health of Children and Young People in England, 2017, 2019](#)

A quarter of young people in Suffolk said they have self-harmed - 8% said they currently self-harmed (Healthwatch Suffolk, [MHOF phase six](#) part two, 2022). “Young people who preferred to describe their gender in another way” were more likely to have self-harmed (61%) than female (31%) or male students (14%).

The four indicators on hospital admissions (Figure 9) as a result of self-harm show Suffolk is similar to England, except for the 15-19 age band, where rates are worse than England as a whole. Suffolk trends are improving (rates are falling) overall (persons aged 10 – 24) and in the 20-24 year old age band, but there has been no significant change in rates for people aged 10-14 or 15-19 (Figure 8). The numbers and rate of self-harm were significantly lower for males aged 10-24 (75, 120.5 per 100,000) than all people aged 10-24 (420, 345.6 per 100,000) while numbers and rates were significantly higher for females (345, 591.2 per 100,000) (OHID, [Children and Young People’s Mental Health and Wellbeing](#), accessed 2024).

Figure 9: Hospital admissions for self-harm, 10-24 year olds, Suffolk, 2022/23



Colours show if the difference compared to England is significant and if Suffolk trends are significant. Green – Suffolk is better (95%) or improving, yellow – Suffolk is similar to England or is not showing a significant change, red – Suffolk is worse (95%) or the Suffolk trend is worsening

Source: OHID, [Children and Young People’s Mental Health and Wellbeing](#), accessed 2024

Across England, suicide rates in 10-24 year old have gradually been increasing since 2012-16 (5.5 per 100,000, 2018-22 latest data). Suffolk rates have also been increasing (5.9 per 100,000 in 2018-22, 33 deaths), although the difference to England and the changes year on year are not statistically significant (OHID, [Age-standardised rate for suicide by age and sex \(Persons, 10-24 yrs\)](#), accessed 2024).

Young men are more likely to die by suicide than young women. In 2023, the all age suicide rate for England and Wales increased (11.4 deaths per 100,000), the highest rate since 1999). Rates increased across all broad age groups between 2022 and 2023. For males, those aged 10 to 24 years have had the lowest rate of all broad age groups since 1981 (7.4 deaths per 100,000 in 2023). For females, those aged 10 to 24 years also had the lowest rate of all groups at 3.1 deaths per 100,000 in 2023, which decreased compared with 2021 (3.6 deaths per 100,000), although there has been an upward trend in this age group since 2012. (ONS, [Suicides in England and Wales: 2023 registrations](#), 2024)

The Norfolk & Suffolk Child Death Overview Panel (CDOP) reviewed 4 cases of suicide in the [CDOP Annual Report 2022 - 2023](#). Contributing factors were identified that were “intrinsic to the child,” social environment, physical environment, and service provision.

Eating disorders

Eating disorders are characterised by disturbances in eating behaviour, appetite, or food intake. They include anorexia nervosa, bulimia nervosa, and binge-eating disorder. They usually start in adolescence or young adulthood. Eating disorders can cause heart and kidney problems and even death. On average, people wait three years before seeking treatment (NHS, [Mental Health of Children and Young People in England](#), 2017, 2019).

The [Mental Health of Children and Young People in England](#) (2017) report identified eating disorders in 0.4% of 5-19 year olds (95% confidence interval 0.2-0.6%). This suggests 652 (448-1,091) children and young people in Suffolk might have an eating disorder (2025 population projections). Eating disorders were more common in

girls than boys aged 5-19 (0.7% compared to 0.1%), with young women aged 17-19 having the highest levels (1.6%). These figures are considered an underestimate, as eating disorders are often concealed.

Incidence of eating disorders amongst girls and young women increased in the first two years of the pandemic: 42% higher than expected among girls aged 13 to 16, and 32% higher for young women aged 17-19 (House of Lords Library, [NHS eating disorder services](#), 2023). A 2023 follow up to the 2017 survey screened children and young people for “possible eating problems” (NHS, [Mental Health of Children and Young People in England](#), 2023).

- Eating disorders were identified in 12.5% of 17 to 19 year olds, with rates four times higher in young women (20.8%) than young men (5.1%).
- 2.6% of 11 to 16 year olds were identified with eating disorders, with rates four times higher in girls (4.3%) than boys (1.0%).
- 5.9% of 20 to 25 year olds were identified with eating disorders, with no difference in rates evident between women and men.

Applying the percentages to Suffolk (2025 population projections, both sexes) suggests around 72,773 (62,088 – 83,486) might screen positive for possible eating problems.

Table 8: Estimated prevalence of eating disorders in children and young people aged 11 to 23, Suffolk, 2025 (based on population projection data)

Sex	11 to 16 year olds	17 to 19 year olds	20 to 23 year olds	Total
Boys / young men	2,816	12,109	12,496	27,421
Girls / young women	4,071	21,111	20,183	45,365
All	6,885	33,184	32,703	72,773

Source: Public Health and Communities Suffolk analysis using NHS, [Mental Health of Children and Young People in England](#) (2023, Wave 4) and ONS [mid-year population projections](#) 2018

Nationally there has been an increase in waiting times for treatment compared to just before the pandemic (Nuffield Trust, [Growing problems, in depth: The impact of Covid-19 on health care for children and young people in England](#), 2022).

Table 9: Children and Young People (aged 18 or under) with an eating disorder: waiting times, Suffolk ICBs and sub-ICBs, 2022/23

Area	Urgent cases	% urgent cases seen within target (1 week)	Routine cases	% routine cases seen within target (week)
Norfolk & Waveney ICB	39	76.9%	175	70.9%
Suffolk & North East Essex ICB	69	59.4%	162	85.2%
Ipswich & East Suffolk sub-ICB	37	51.4%	79	87.3%
West Suffolk sub-ICB	24	58.3%	61	77.0%

Source: NHS, [Children and young people with an eating disorder waiting times](#) (2023)

Avoidant/restrictive food intake disorder (ARFID)

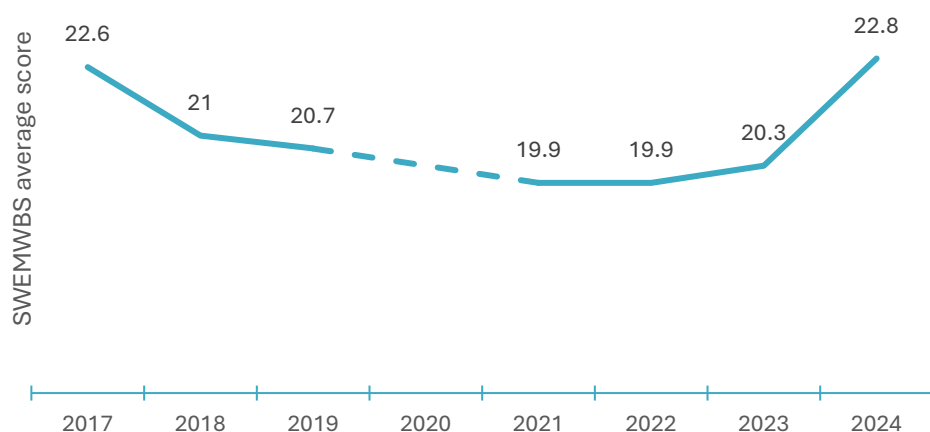
“Beliefs about weight or body shape are not reasons why people develop ARFID” (NHS, [eating disorders](#), 2024). ARFID can result in weight loss, slowed growth, and nutritional deficiencies (such as scurvy, rickets, or visual

impairments). Prevalence has been estimated at 0.3%-15.5% amongst children and young people, and 8.2-54.75% in autistic children (Sanchez-Cerezo et al, [What do we know about the epidemiology of avoidant/restrictive food intake disorder in children and adolescents? A systematic review of the literature](#), European Eating Disorder Review, 2022).

Wellbeing

Healthwatch Suffolk survey young people at Suffolk secondary schools and colleges about emotional wellbeing and other topics. Their latest [My Health, Our Future report \(phase eight\)](#) (MHOF) was conducted between January 2023 and July 2024. The result of this survey shows that in Suffolk, average wellbeing (using the Short Warwick-Edinburgh Emotional Wellbeing Scale - SWEMWBS) has increased (2.5 points to 22.8, significance not tested) in 2024 (Figure 10). The latest comparable national score was 24.6 (England, 2020, ages 11 to 16).

Figure 10: Average wellbeing in Suffolk, 2017-2024



A survey was not carried out in 2020 due to the pandemic

Source: Healthwatch Suffolk, [My Health, Our Future report \(phase eight\)](#), 2025

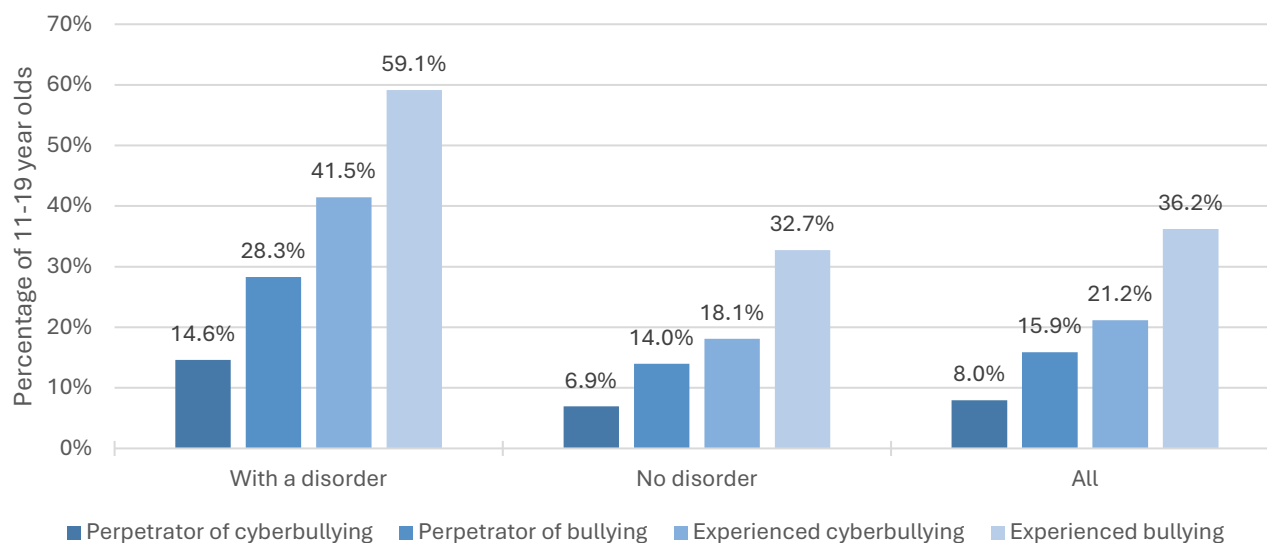
Respondents who might need extra support were more likely to report low wellbeing (9%), compared to 4% of students who had no additional support needs – see [below](#) for more detail.

Factors affecting mental health

Bullying

More information on bullying is contained in the [State of Children in Suffolk](#) chapter on feeling safe.

National survey data shows that 11-19 year olds with a mental disorder were around twice as likely to be bullied as those without a disorder, and also more likely to have bullied others than those without a disorder (Figure 11). Source: [Mental Health of Children and Young People in England, 2017](#), 2019

Figure 11: Bullying and cyberbullying, 11 – 19 year olds, England, 2017

Source: NHS, [Mental Health of Children and Young People in England, 2017](#), 2019

Loneliness and social isolation

More information on community is in the [State of Children in Suffolk](#).

Children and young people recognise that friendship and feeling connected are good health values ([State of Child Health](#) (Royal College of Paediatrics and Child Health – RCPCH).

Nationally in 2021, 4.9% of 11 to 16 year olds reported often or always feeling lonely. Girls (7.2%) were more likely to have often or always felt lonely than boys (2.7%), and those feelings were more common in children with a probable (17.1%) mental disorder than in children unlikely to have a mental disorder (1.0%) (NHS, [Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey](#), 2021).

In Suffolk in 2021, 19% of respondents were at high risk of social isolation ([MHOF phase 5](#)). Groups more at risk of social isolation included: those who preferred to describe their gender another way (64%), LGBT*Q+ (41%), and those with a diagnosed mental health difficulty (40%).

Sleep

Chronic lack of sleep may lead to long-term mood disorders such as depression and anxiety. Children need 9-13 hours of sleep a night, with toddlers and babies needing 12-17 hours of sleep each day (Great Ormond Street Hospital, [Sleep hygiene in children and young people](#), accessed December 2024).

Sleeping disorder was identified in 1.3% (95% confidence interval 0.7-1.8%) children aged 2 to 4 in 2017 (NHS, [Mental Health of Children and Young People in England, 2017](#), 2019). This suggests 304 (163-420) pre-school children in Suffolk are affected (2025 population projection).

In 2023, 37.8% of children aged 8 to 16 years had a problem with sleep (defined as problems getting to sleep, waking in the night, or waking early three or more times in the previous seven nights). Of children with a probable mental disorder, 76.5% had experienced a sleep problem, compared with 25.0% of those unlikely to

have a mental disorder (NHS, [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey](#), 2023).

Young people (aged 17 to 23) were more likely to have had a problem with sleep (64.9%), and females (74.7%) were more affected than males (55.7%). Rates of sleep problems were higher in young people with a probable mental disorder: 91.4% had a sleep problem in the previous week, compared with 52.9% of those unlikely to have a mental disorder (NHS, [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey](#), 2023).

In 2023, less than half (46%) of students got 8-10 hours of sleep most nights a week (Healthwatch Suffolk, [MHOF phase 8](#), 2024). In 2021, over half (52%) respondents said they found it hard to sleep (Healthwatch Suffolk, [MHOF Phase 5](#), 2021).

Public Health and Communities Suffolk analysis of hospital episode statistics shows there were approximately 580 admissions for sleep disturbance in Suffolk children and young people aged 0-24 in 2018/19-2020/21. 84% of the diagnoses were sleep apnoea.

Physical health

Nearly three-quarters of children and young people with mental ill health also have a physical health or developmental condition, while children and young people with a physical illness are 82% more likely to have mental ill health (RCPCH, [The role of paediatricians in children and young people's mental health - position statement](#) 2024).

[Mental Health of Children and Young People in England, 2017](#) (NHS, 2019) reported that children with a mental disorder (when compared to children without a mental disorder) were:

- more likely to have a physical or developmental condition (such as hay fever, eczema, asthma, or sight issues) than children without a mental disorder (71.7% compared to 50.5%),
- about six times more likely to have a limiting long-term illness (25.9% compared to 4.2% without a mental disorder) – the mental disorder may have been the long-term illness,
- about five times more likely to have epilepsy (2.0% compared to 0.4%),
- about three times more likely to be obese (3.5% compared to 1.0%),
- about three times more likely to have migraines and severe headaches (9.7% compared to 3.0%).

See also the chapter on physical health in the [State of Children in Suffolk](#).

Children who might need additional support

Healthwatch Suffolk's [MHOF \(phase eight, 2025\)](#) reported that respondents who might need extra support were more likely to report low wellbeing (9%), compared to 4% of students who had no additional support needs. Students that were refugees or asylum seekers were the most likely to have low wellbeing (26%, n=10), followed by students with a sensory disability (15%, n=54). Students describing their gender in another way were more likely to report low wellbeing (17%) than female students (7%) or male students (4%). 16% of gay

females/lesbians, and students who “described their sexuality another way” reported low wellbeing compared to 5% of heterosexual students.

Children in Care (CiC – sometimes referred to as looked-after children), are at much greater risk of poor mental health than their peers. Research ([NICE, Looked-after children and young people, 2021](#)) suggests that around 45% of looked-after children have a diagnosable mental health disorder, and up to 70%-80% have recognisable mental health concerns ([Mentally Healthy Schools](#)). In 2024, 14% of children that had been in care reported low wellbeing (Healthwatch Suffolk, [MHOE \(phase eight, 2025\)](#)), and in 2022, 13% of Suffolk children and young people who had been in care said they currently self-harmed (Healthwatch Suffolk, [MHOE phase six](#) part two, 2022)

The NHS, [Mental Health of Children and Young People in England, 2017](#) survey identified the following characteristics that significantly increased the likelihood of a child or young person having a mental disorder - the age bands affected shown in brackets (preschool 2-4 year olds, primary 5 – 10 year olds, secondary 11-16 year olds):

- male (primary and preschool age children)
- respondents aged 14 -19 who did not identify as heterosexual were nearly three times more likely to have a mental disorder than heterosexual 14-19 year olds (34.9% compared to 13.2%).
- White ethnic background (compared to those with a Black or minority ethnic background) (primary and secondary age children)
- families with unhealthy functioning (primary, secondary) – note that the presence of a mental disorder in a child may lead to affect family functioning
- parents with poor mental health (preschool, primary, secondary)
- parent with no qualifications (primary)
- lone parent (primary, secondary)
- living with stepsiblings (primary)
- parents in receipt of welfare benefits (preschool, primary, secondary)
- lower income household (secondary)
- living in social rented accommodation (primary)

There is more information on adverse childhood experiences (ACEs) in the feeling safe chapter of the [State of Children in Suffolk](#).

Over a third (38%) children who are carers are estimated to have mental health issues (Children’s Society, [Young carers wellbeing](#), 2018). The 2023/24 School Census records 2,223 pupils in Suffolk as being young carers. There is more information in the chapter on children who may need extra support in the [State of Children in Suffolk](#).

In 2024, 18.0% of all Suffolk pupils (20,268) either required Special Educational Needs and Disabilities support or had an Education, Health and Care plan. There were also 101 children with EHC plans in elective home education. “Social, emotional and mental health” was the second most common primary need. There is more information in the chapter on children who may need extra support in the [State of Children in Suffolk](#).

Support and use of services

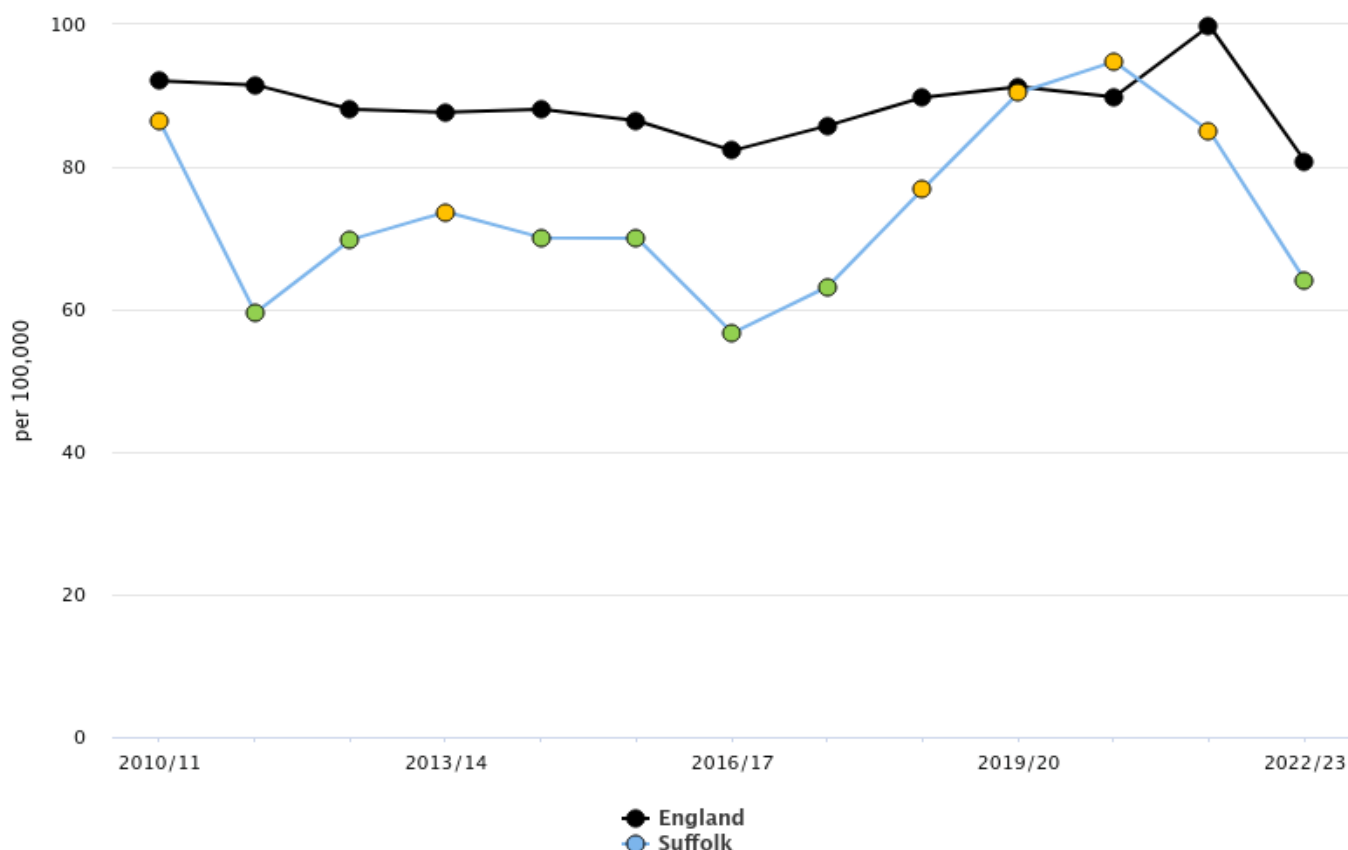
Care contacts

In 2020/21, 9,470 children and young people (aged under 18) in Suffolk received at least one care contact in secondary mental health, learning disabilities or autism services (NHS, [Annual mental health bulletin 2024](#)). This was an increase on 2020/21 (6,575). Variations may be due to levels of mental ill health, service provision, or data quality. 6,740 received at least two contacts, which the Children’s Commissioner uses as a proxy for treatment beginning ([Children’s mental health services 2022-23](#), 2024). The highest numbers were for East Suffolk, which has the largest population in Suffolk.

Hospital admissions

The rate of hospital admissions for mental health conditions in Suffolk children and young people aged 0-17 is falling, and is now statistically significantly better (lower) than England (Figure 12). Females are statistically significantly more likely to be admitted (83.0 per 100,000 compared to 46.1 per 100,000 for males).

Figure 12: Hospital admissions for mental health conditions (<18 yrs), Suffolk compared to England, 2010/11 – 2022/23



Colours on Suffolk line (blue) show if the difference compared to England is significant. Green – Suffolk is better (95%), yellow – Suffolk is similar, red – Suffolk is worse 95%

Source: OHID, fingertips [Child and maternal health profile](#), 2024

Talking therapies

The Children’s Commissioner speaks “of a crisis in children’s mental health and the services needed to support them” ([Children’s mental health services 2022-23](#), 2024), and publishes annual tables on waiting times.

- In 2022/23 Norfolk and Waveney ICB was ranked fifth overall, scoring highly (well) for spend per child with an active referral (£1,555) and having the highest percentage total expenditure spent on children and young people’s mental health services (1.68%), but having above average median wait times (77 days, third highest).
- Suffolk and North East Essex ICB was ranked 22 (£959 spend per child, 0.87% expenditure, 19 days wait time).

An analysis of 2023-24 talking therapies data by Public Health Suffolk suggests there are ongoing issues (Figure 13, Figure 14). The figures show median waits (days) to first integrated appointment for NSFT (Norfolk and Suffolk Foundation Trust) which is the main provider of Talking Therapy services in Suffolk and Norfolk, for the two ICBs that cover Suffolk, and for the two Suffolk sub-ICB areas (where available). Data for West Suffolk sub-ICB was suppressed in the published dataset for children aged under 18 (Figure 13).

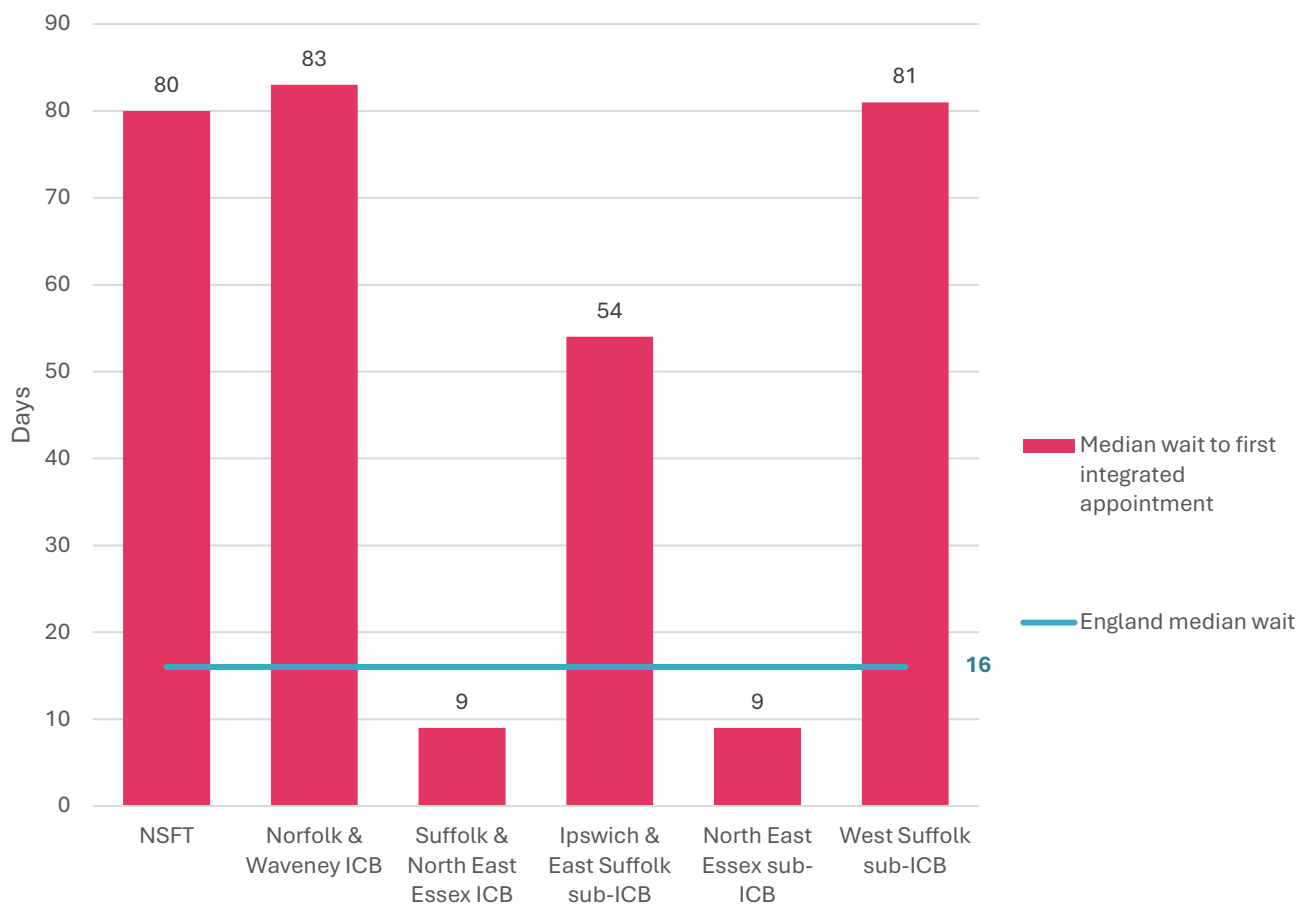
Figure 13: Median wait to first integrated appointment, Suffolk compared to England, 2023-24, children aged under 18



Data for West Suffolk sub-ICB was suppressed

Source: NHS, [Talking Therapies annual reports, 2023-34](#)

Figure 14: Median wait to first integrated appointment, Suffolk compared to England, 2023-24, young people aged 18 to 25



Source: NHS, [Talking Therapies annual reports, 2023-34](#)

CHRIS

The Co-ordinated Help and Risk Intervention Service (CHRIS) is a local care initiative launched in February 2022 to support children and young people experiencing mental health crisis in Suffolk. CHRIS provides intensive, wraparound support through direct work with young people and their families, as well as consultation with professional networks. Between April 2023 and March 2024, CHRIS received 175 referrals and opened 102 cases to direct and indirect pathways. The service offers 2-4 visits per week to young people, providing immediate risk assessment, safety planning, and development of crisis-focused care plans.

Outcome measures show that young people accessing CHRIS experienced significant positive changes. The Children's Global Assessment Scale (CGAS) showed a mean improvement of 17.6 points in psychological and social functioning scores. The Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) indicated significant reductions in impairment, particularly in behaviour and social functioning. Qualitative feedback from young people and families was consistently positive, highlighting the service's responsiveness, frequency of contact, and ability to build effective relationships. Key strengths noted include feeling listened to, valued, and involved in safety planning. The service has also developed partnerships with Green Light Trust to offer nature-based support, and has established parenting groups to further support families affected by

mental health crisis (Suffolk County Council Co-ordinated Help and Risk Intervention Service (CHRIS) annual report 2024).

GP support

Healthwatch Suffolk, [My Health, Our Future report \(phase seven\)](#) (2023) asked about children and young people's experience of approaching the "GP surgery with a concern about your physical or emotional health": 38% felt listened to, and 35% felt "they really tried to help".

Other support

In 2023, most students (73%, n=6,555) said friend had talked to them about their mental health (Healthwatch Suffolk, [MHOF \(phase eight\)](#), 2024). This builds on the learning from Healthwatch Suffolk, [MHOF \(phase seven\)](#) (2023) when 55% of respondents said they had someone to talk to about their mental health at school or college. They were most likely to engage in conversation about their mental health with another student (44%, n=5,279) and least likely to talk to school nurses (7%, n=859). 24% said that they would not seek out anyone to talk to.

The [Mental Health of Children and Young People in England 2021](#) (wave 2 follow up to the 2017 survey, NHS, 2021) survey showed 17-23 year olds with a probable mental disorder were most likely to turn to friends or family first (59.7%) followed by online or telephone support (44.1%), and health services (36.5%). Over a quarter (28.6%) of young people with a probable mental disorder in England had sought help from education services.