Tower Hamlets Children and Young People's Mental Health Needs Assessment 2025

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Executive Summary

The Health Needs Assessment (HNA) for Children and Young People's Mental Health (CYPMH) in Tower Hamlets provides a comprehensive overview of the mental health and wellbeing of children and young people aged 0-19 in the borough. This assessment aims to highlight areas of strength, identify population and system needs, and guide future strategic planning, resourcing, exploration from 2025 onwards.

Introduction

Mental health is a dynamic state of wellbeing that goes beyond the absence of illness, allowing individuals to cope with life, realize their potential, and contribute to their communities. We can experience different levels of mental health and emotional wellbeing throughout the life course. Early intervention is crucial, as many mental health issues begin in childhood, and rates among young people are rising, especially in vulnerable groups like those living in poverty. Cultural context also plays a key role in how mental health is understood and addressed, highlighting the need for tailored approaches.

Understanding need

In Tower Hamlets, we have a growing young population, with over half of households having at least one child under 18. Families in Tower Hamlets are culturally and linguistically diverse, an important consideration for designing mental health and wellbeing activities. There are also a wide range of factors that children and their families in Tower Hamlets are commonly exposed to, which influence mental health:

- Risk factors including poverty, domestic violence, low physical activity and leisure time and parental mental illness;
- Protective factors including strong faith and cultural communities and access to green spaces.

The national rate of mental illness has increased significantly since 2017, with recent events like the Covid-19 pandemic and cost of living increases negatively impacting both children and their parents. For Tower Hamlets children aged 5-19 years old, mental health needs recorded in primary care are far lower than what national estimates would suggest (~1,300 children versus ~7,800 children). A further 900 young children aged 2-4 are estimated to have mental health support needs and over 500 babies under 2 years old are estimated to have parent-infant relationship support needs.

There are some patterns in the prevalence of mental illness among Tower Hamlets children aged 5-19 recorded in primary care:

- Anxiety is by far the most common type of mental illness recorded
- Rates of diagnosis increase with age and the difference in rates between females and males increases with age
- Rates of diagnosis are highest among children with 'White' and 'Mixed' ethnicities.

Self-harm rates are highest among those aged 13-19 years old, with hospital admissions far more common among young females than males. However, involuntary hospital admissions under the Mental Health Act are more common among young males than females.

As this data was recorded in primary care and hospitals, we must consider how some populations may experience barriers to seeking care and having their mental ill health recorded.

Understanding best practice

The **THRIVE framework**, established in 2019, offers a whole system approach to addressing the mental health and wellbeing needs of children and young people. Moving away from the traditional tier-based system of services, the THRIVE framework emphasises needs-led approaches by considering:

Key principles for a whole system approach	Five categories of support needs
• Common language • Needs-led • Shared decision making • Proactive Prevention and Promotion • Partnership Working • Outcome-informed • Reducing stigma • Accessibility	• Thriving • Getting Advice • Getting Help • Getting More Help • Getting Risk Support

Proactive prevention and promotion includes consideration of early intervention with parents, carers and babies in the first 1,001 days (from pregnancy up to age 2). Ensuring that families have support for challenges with perinatal mental health and parent-infant relationships can have a long-term positive impact on emotional wellbeing for both the parents and the child.

Schools and colleges have an especially important role to play in shaping and supporting the mental health and wellbeing of students. Taking a **whole school approach** acknowledges the multi-faceted role of schools, through eight components:

- Leadership and management
- Staff development
- Identifying need and monitoring impact
- Student voice
- Curriculum teaching and learning
- Ethos and environment
- Working with parents and carers
- Targeted support

Understanding the local picture

Assets

Children and young people's mental health, alongside perinatal mental health, have been identified as local priorities through the Children and Families Partnership Strategy (Accelerate), the ICB, and youth services. Recent developments in governance, partnership working, and participation are also strengthening the local approach to mental health of children and their families in Tower Hamlets.

A wide range of interventions are being implemented across each THRIVE category:

- Early intervention and support for families with babies and young children through the Family Hubs and Start for Life programme
- Mental health prevention and promotion opportunities offered by Young Tower Hamlets and voluntary sector organisations
- A range of school-based interventions including mental health support teams in schools (THEWs), School Nursing, Educational Psychology, and Healthy Lives
- Specialist mental health support delivered by Tower Hamlets CAMHS, Docklands Outreach, Step Forward, and Health Spot

Challenges

Despite this progress, there remain some important systemic issues to address:

- Families and professionals alike report limited awareness of local services, and stigma around mental health continues to be a barrier to access.
- Services are not always well coordinated, with organisations lacking a clear understanding of each other's roles, referral pathways, and communication channels.
- Provision can be inconsistent, particularly across education settings, who can face difficulties in prioritising mental health support alongside competing demands.
- Cultural tailoring of communication and interventions is also underdeveloped, despite Tower Hamlets' significant diversity.
- Coordination of resources across the life course is limited, and families report barriers to engaging in mental health-promoting activities due to cost-of-living pressures and time constraints.

There are also key issues in the quality of data and insight that prevent advancement:

- Data is fragmented across services, varies in quality, and lacks integration, making it difficult to assess whether needs are being met or whether outcomes are improving over time.
- Gaps in equalities data limit understanding of access and outcomes for vulnerable groups. Insight generated through projects is not consistently shared, leading to duplication and missed opportunities for system learning.
- Local capacity for facilitating participation and co-production by children, young people, and families varies, resulting in inconsistent approaches.

These issues highlight the need for more integrated, equitable, and culturally responsive approaches to supporting children and young people's mental health.

Recommendations

To implement the THRIVE Framework in Tower Hamlets and improve mental health and wellbeing outcomes for children and young people of all ages, we should:

- Enhance system coordination and integration by strengthening collaboration, clarifying pathways, embedding preventative support, optimising resource, and promoting continuous learning
- Develop and implement cross-system, inclusive communication approach that are consistent, accessible, and coordinated.
- Improve data quality to enable identification of opportunities for improvement in access, experience and outcomes.

- Address inequities in interventions to ensure support is inclusive, accessible and continuously improving for all children and young people, regardless of their background and protected characteristics.
- Maximise the impact of participation and co-production with children and their families by sharing learning, insights and good practices.

About this Health Needs Assessment

Aims and Purpose

This needs assessment aims to provide an updated local picture of the mental health and wellbeing of children and young people aged 0-19 in Tower Hamlets including risk factors for developing poor mental health.

The aim is to highlight areas of strength and identify population and system needs to guide future strategic planning and resourcing from 2025.

Methodology

To provide insight into the picture of mental health and Wellbeing in Tower Hamlets, we examined multiple sources of data and information:

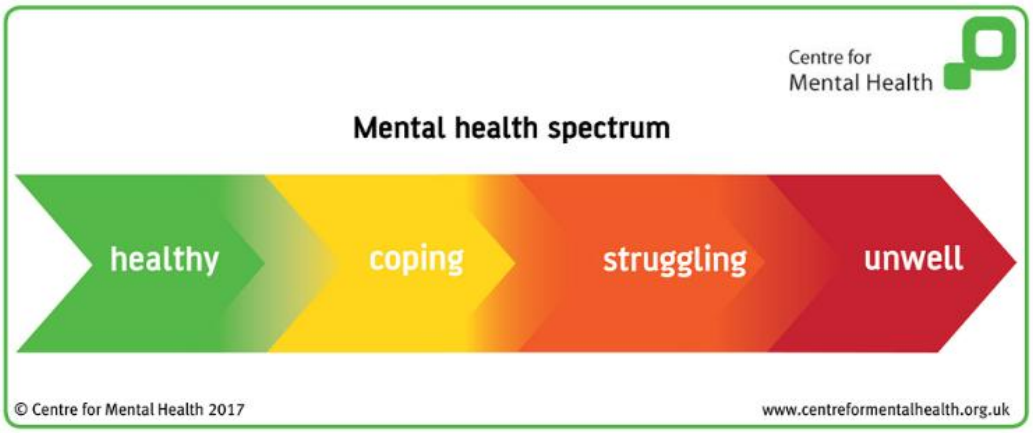
- Data analysis local health and care records, national databases, and national surveys
- Review of policies and evidence base for good public mental health, including national and regional guidelines and strategies
- Engagement with stakeholders involved in children and young people's mental health to understand current state of the system
- Utilising existing insight shared by children and young people and parents from other projects

This needs assessment does not specifically examine perinatal mental health nor special educational needs (except for children with SEND who have mental health needs). These health needs are covered in other reports which are already published or in progress,

Introduction

Mental health is more than just the absence of mental illness, it is a state of wellbeing in which individuals can realise their potential, cope with the normal stress of life and contribute their community[1]. It exists on a spectrum, ranging from being healthy to struggling or being unwell and individuals can move along this scale at different points in our lives (Figure 1).[2]

Figure 1: Mental health spectrum



Mental health and mental illness are not the same. Someone living with a mental illness can still experience periods of good mental wellbeing and able to manage life's challenges. Mental wellbeing focuses on how someone feels and functions, which means it is possible to thrive while living with a mental illness.[3]

Over 50% of mental health problems in adult life start by the age of 14 and 75% by age 18[4], highlighting the importance of support and early intervention during childhood. In England, the national survey indicates growing concern of over mental health disorders amongst young people. In 2017 an estimated 1 in 9 children aged 5-16 had a probable mental health disorder, this increased to 1 in 5 amongst 8-25 year olds by 2023. However, not all young people with poor mental health have a diagnosable condition.

Mental ill-health is not evenly distributed across society, with certain groups such as people living in poverty, being particularly vulnerable. The mental health and emotional wellbeing of children and young people is shaped by a wide range of factors, both positive and negative, that operate across individual, relational, community, and wider environment and societal levels.[5] These factors interact and accumulate across the life course to shape our mental and physical health.[6]

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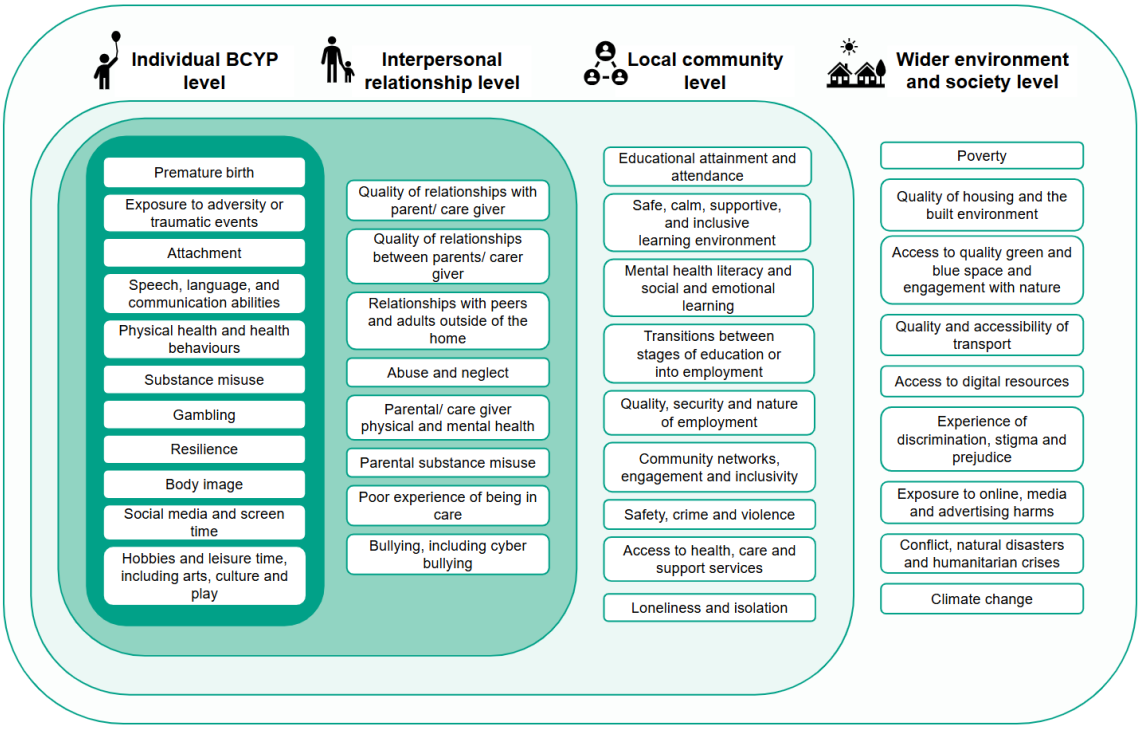
[1] World Health Organization (2022). Mental Health Factsheet. Retrieved from https://www.who.int/health-topics/mental-health
[2] Centre for Mental Health (2021). Mental health for all: Working across the spectrum. Retrieved from: https://www.centreformentalhealth.org.uk/mental-health-all-working-across-spectrum/
[3] Universities UK (2020). Step change: mentally healthy universities. https://whatworkswellbeing.org/resources/mental-health-and-wellbeing-a-dual-continuum/
[4] NHS England (2016). Five Year Forward View for Mental Health. Retrieved from https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[5] Department of Health and Social Care (2024). Improving the mental health of babies, children and young people: a framework of modifiable factors. Retrieved from: https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people/
[6] Fusar, Correll, Arango, Berk, Patel, Ioannidis (2021). Preventive psychiatry: a blueprint for improving the health of young people. World Psychiatry, 20:200-221. Retrieved from: doi: 10.1002/wps.20869

Figure 2: A framework of modifiable factors to guide promotion and prevention[5]



Many of these factors are modifiable and offer opportunities to protect and promote mental health. While not everyone exposed to negative risk factors will develop mental health challenges, unaddressed risks greatly increase the likelihood of poor outcomes.

Importance of culture in mental health and wellbeing

Research has shown that culture plays an important role not just in how mental health problems show up, but also in what causes them and how well people respond to treatment. Culture refers to the shared behaviours and meanings that people learn and pass on within a society to help with adaptation. It is expressed outwardly through things like social roles, institutions, and artifacts, and inwardly through values, beliefs, and ideas about personhood. Culture is communicated not only through language but also through perception, bodily experience, and emotion, shaping how people understand and live their experiences.

Different cultures understand and define mental health in different ways, often using culture-specific expressions of distress and wellbeing. These differences can shape how communities seek help. For instance, in cultures where mental health challenges are commonly expressed through physical symptoms (such as chronic pain or headaches), people may seek medical care for these complaints rather than for mental health concerns directly.

Cultural factors can be both risks for mental ill health, and protective too. For example, where there might be prevailing stigma, individuals are at risk of being excluded and increased isolation; and by the same token, collectivist cultures tend to have stronger interconnected bonds, which can serve to support good emotional wellbeing and mental health. To this end, it is useful to note that culturally specific idioms of distress and wellbeing and interventions that are culturally grounded rather than adapted from western biomedicine can have more utility, especially for those from less individualistic, more collectivist cultures.

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Faith: Faith is an aspect of culture and can be understood as part of the same definition used above. The impact of faith on public mental health really depends on the religious and cultural context, and on how individuals interpret and practice their faith. Having a strong faith can support good emotional wellbeing and mental health, with prayer, meditation, clear purpose in life, hope and enhanced social support from the faith community acting as protective factors.[10] Equally, when cultural understandings of mental health are shaped by religious beliefs (for example, Jinn possession in Islam),[11] mental illness may be seen as untreatable through Western medicine and even viewed as contagious, which can further isolate individuals who are affected.

Faith-based and culturally grounded interventions can and do have utility for those affected by mental ill health. Harnessing local knowledge and developing interventions

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[7] Marsella (2000). Culture-bound disorders. In A. Kazdin (Ed.), *The encyclopedia of psychology*. Washington DC: American Psychological Association Press.
[8] Marsella & Yamada (2010). Culture and psychopathology: Foundations, issues, directions. Journal of Pacific Rim Psychology, 4(2), 103–115. https://doi.org/10.1375/prp.4.2.103
[9] Kleinman (1967). Depression, somatization and the "new cross-cultural psychiatry". Social Science & medicine. Social Science and Medicine, 11:1, 3-9. https://doi.org/10.1016/0037-7856(77)90138-X
[10] British Psychological Society (2011). Mental health, religion and culture. Retrieved from: https://www.bps.org.uk/psychologist/mental-health-religion-and-culture
[11] Choudhury (2022). Royal College of Psychiatry: Neuropsychiatric condition or jinn possession? Retrieved from: https://www.rcpsych.ac.uk/docs/default-source/members/divisions/london/london-essay-prizes/5-naila-choudhury_med-student_essay-prize-2022.pdf?sfvrsn=1c69cd48_2

and services using co-production and co-design are more culturally safe and culturally collaborative ways of alleviating suffering and promoting good wellbeing.[12]

Ethnicity: Whilst ethnicity is not a driver of mental ill health itself, for some groups, the legacy of colonisation, the experience of racism and regular discrimination on the basis of ethnicity are drivers of mental ill health. Experiencing racism is associated with higher rates of stress, trauma, depression and anxiety. Discrimination on the basis of ethnic background impacts people's ability to access services and therefore contributes to inequitable outcomes in mental health.[13] It should be noted that cultural racism, whereby racism is experienced on the basis of belonging to a cultural group, is also a historical and current phenomenon which impacts wellbeing and the development of mental ill health, for example, Islamophobia and antisemitism.[14]

[12] Rethinking cultural competence - Laurence J. Kirmayer, 2012
[13] Williams (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *J Health Soc Behav, 59(4):*466–485. doi: 10.1177/0022146518814251
[14] Williams & Mohammed (2013). Racism and Health I: Pathways and scientific evidence. Am Behav Sci, 57(8). doi: 10.1177/0002764213487340

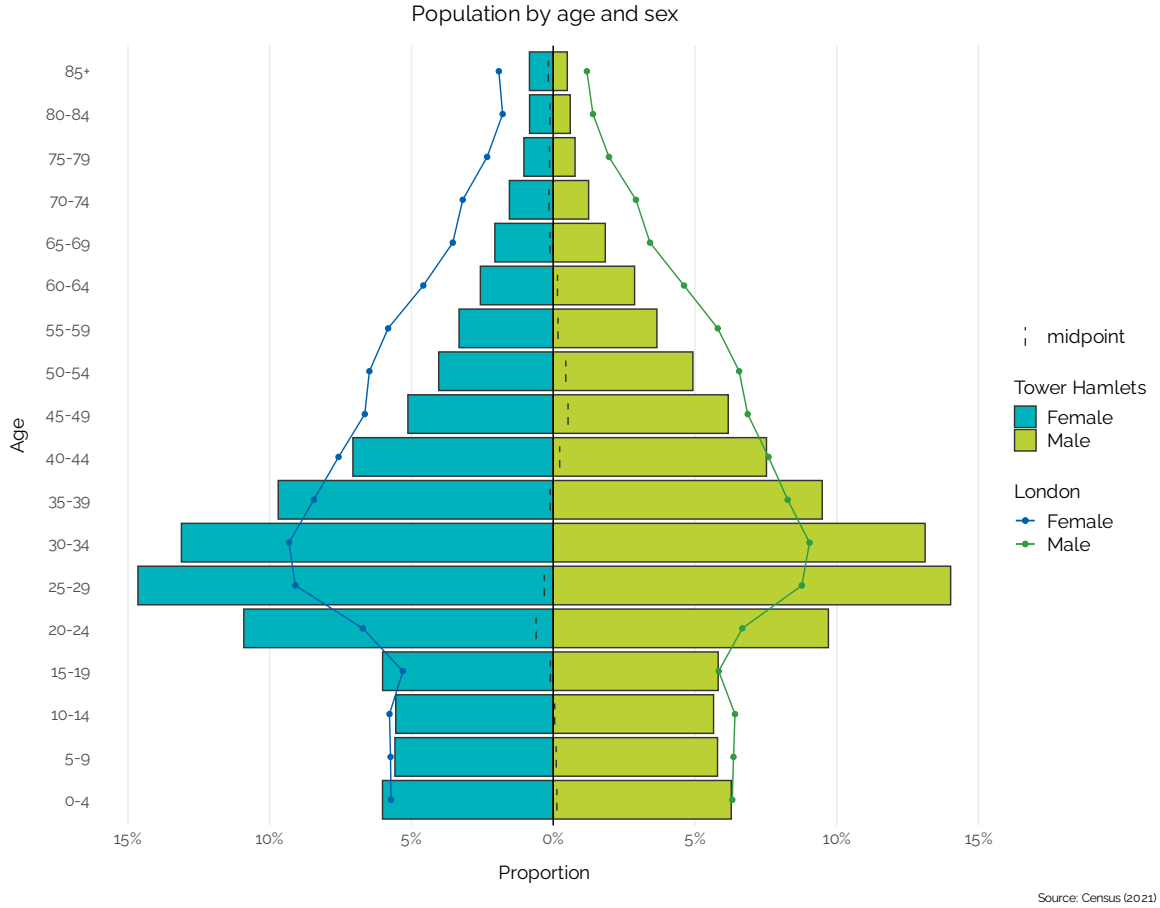
Understanding Need

This section explores the local population of children and young people in Tower Hamlets and describes the prevalence of mental health and wellbeing needs, key influencing factors and vulnerable groups.

Population Overview

Population proportion: Children aged 0-19 make up 23% of the population of the borough, approximately 72,000 people; a comparable proportion to the rest of England and London.[15] More than 50% of households in Tower Hamlets have at least one dependent child (child aged 18 and under), compared with 43% of households in the UK.[16]

Figure 3: Population distribution among Tower Hamlets residents aged 0-19 years[17]



Population growth: Tower Hamlets has the fastest growing population in England with a 22% overall increase between 2011 to 2021. The number of children under the age of 15

[15] London Borough of Tower Hamlets (2021). Tower Hamlets Priority Needs. Retrieved from: https://democracy.towerhamlets.gov.uk/documents/s215062/Appendix%201%20Tower%20Hamlets%20Priority%20Needs%201.pdf

[16] Office for National Statistics (2023). Families and households in the UK: 2023. Retrieved from: https://www.nomisweb.co.uk/datasets/apsh2

[17] Office for National Statistics (2022). Estimates of the population for England and Wales. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales

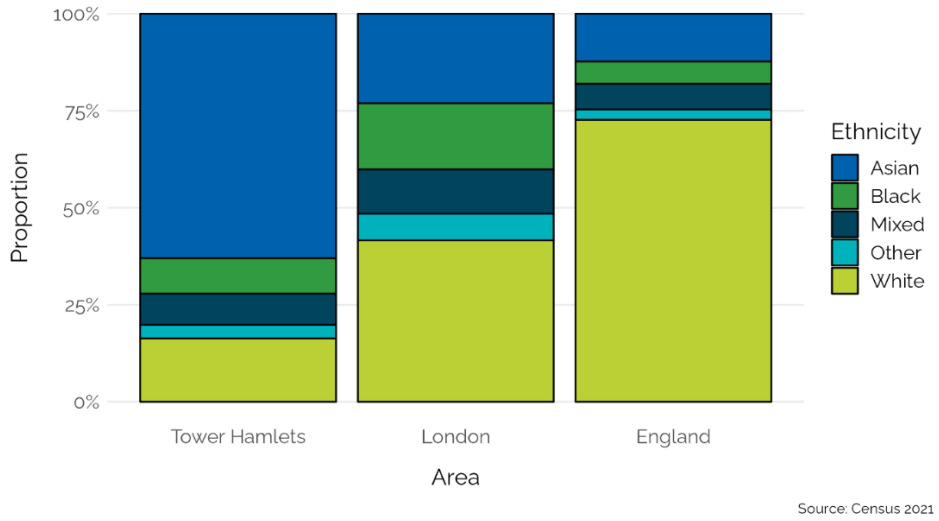
years old increased by 14%, significantly greater than the 5% increase seen across England. This trend of higher than average population growth was consistent across CYP age groups, with the highest growth observed among those aged 15-19:[18]

Age range	Change from 2011 → 2021 (Tower Hamlets)	Change from 2011 → 2021 (England)
0-4	+2%	-7%
5-9	+14%	+13%
11-14	+32%	+11%
15-19	+26%	-4%

Over the next ten years, the population of children and young people in Tower Hamlets is projected to continue to increase. In 2031, there are expected to be 88,500 children aged 0-19 in the borough, which would represent 23.3% of the total population. This is in line with broader regional and national trends.[19]

Cultural diversity: There is great cultural diversity among children and young people in Tower Hamlets, which presents key considerations for the accessibility and acceptability of interventions. About three-quarters of those aged 0-19 are from Black, Asian and other Minority ethnic groups. The largest group is Asian (63%) — a significantly higher proportion compared to London (23%) and England (12%) overall (Figure 4). Of the children in Tower Hamlets, 58% are from Bangladeshi backgrounds, 12% White British, 7% are from a Black African background, 4% are from other White backgrounds and 3% have multiple ethnicities. There are 153 known languages spoken by pupils in Tower Hamlets Schools, with the top three being Bengali (46%), English (37%) and Somali (3%).[20]

Figure 4: Population distribution of 0-19 year olds in Tower Hamlets by ethnicity



[18] Office for National Statistics (2022). How the population changed in Tower Hamlets: Census 2021. Retrieved from: https://www.ons.gov.uk/visualisations/censuspopulationchange/E09000030/
[19] Office for Health Improvement and Disparaties (2023). Child Health Profile: Tower Hamlets. Retrieved from: https://fingertips.phe.org.uk/static-reports/child-health-profiles/2023/E09000030.html?area-name=Tower%20Hamlets
[20] London Borough of Tower Hamlets (2021). Tower Hamlets Priority Needs. Retrieved from: https://democracy.towerhamlets.gov.uk/documents/s215062/Appendix%201%20Tower%20Hamlets%20Priority%20Needs%201.pdf

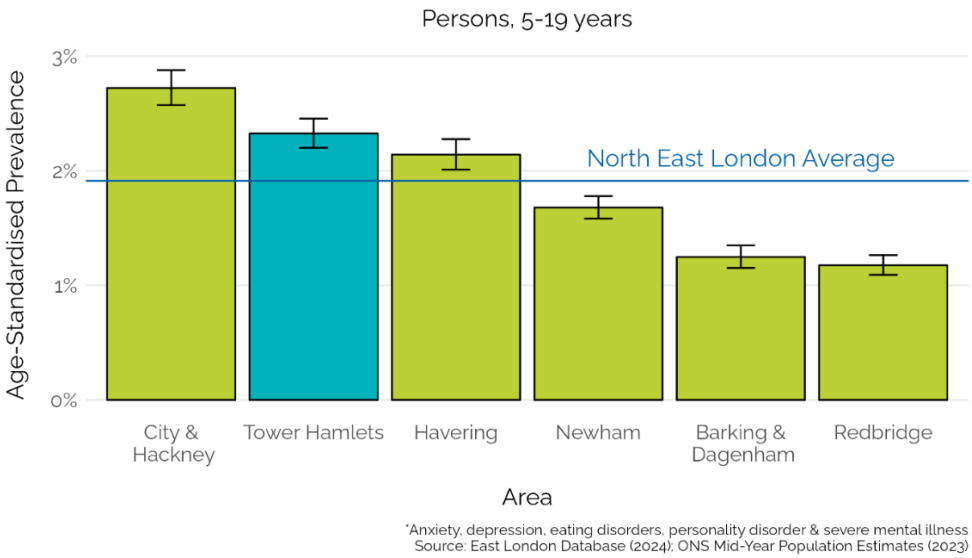
Scale of population mental health need

This section includes information about population mental health need by age group. There is limited prevalence data regarding the mental health and wellbeing of babies and young children. The data around mental health conditions in children and young people in Tower Hamlets is also limited but some insight can be drawn from local GP data, the NHS Digital National Survey on Children and Young People's Mental Health, and hospital episode statistics. *(See Appendix for more information on these sources)*

Overall prevalence of mental health needs

In 2024, primary care records show that **1,296 children and young people** aged 5–19 (2.3%) in Tower Hamlets had a recorded diagnosis of anxiety, depression*, eating disorders, personality disorder, or severe mental illness (**Figure 5Error! Reference source not found.**).[21] This is the second-highest rate in North East London, after City and Hackney (2.7%). However, this is likely an underestimate. National survey data estimates that around 1 in 8 (12.5%) children aged 5-19 nationally have at least one mental health condition. [22] For those children living in homes that have the 'lowest equivalised household income', a measure that enables comparison between different types of households, the prevalence is even higher (14.7%). We applied this higher prevalence rate to the Tower Hamlets population counts for children and young people aged 5-19 to estimate the number of children likely to be living with a mental health condition because Tower Hamlets has the highest child poverty rate in London.[23] This suggests that around **7,870 children and young people** aged 5–19 in the borough may be living with a mental health disorder.

Figure 5: Prevalence of 1 or more mental health diagnoses, by NEL borough[12]



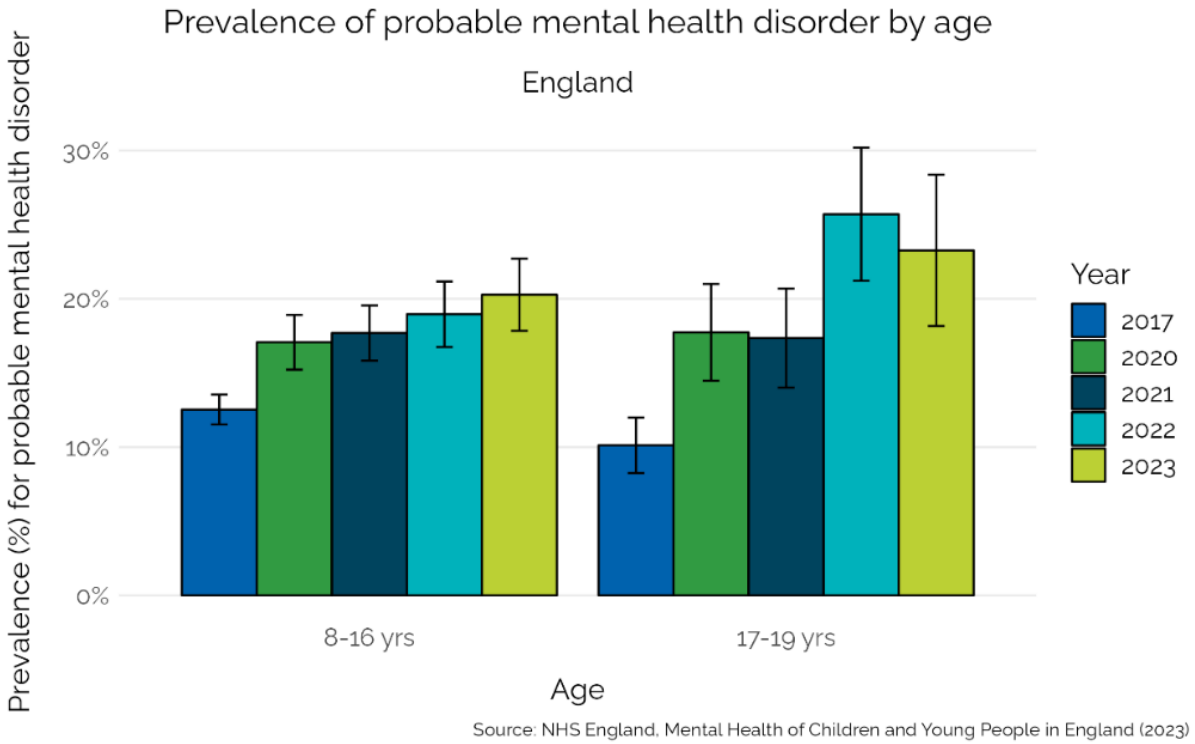
[21] East London Database (2024). *(18 – 19 year olds only, based on the Quality and Outcomes Framework definition)
[22] NHS England (2018). Mental Health of Children and Young People in England, 2017. Retrieved from: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017
[23] Office of Health Improvement and Disparities (2024). Retrieved from: https://fingertips.phe.org.uk/

Patterns in mental health need

Trends over time

At a national level, the recorded prevalence of mental health has been increasing over time among younger and older children .

Figure 6: National prevalence of probable mental disorder by age (2017-2023)



Between 2017 and 2020, there was an increase in prevalence of mental health problems in 5-19 year olds, followed by a period of stabilisation cross all age groups from 2022 and 2023 (Figure 7). Notably, this does not necessarily indicate that experience of mental health problems is increasing drastically. It may be partly related to increased awareness, increased measurement and reduced mental health stigma.

Recent large-scale events have had a negative impact on the mental health and wellbeing of families across the UK and in Tower Hamlets:

The Covid-19 pandemic	Increasing costs of living
The Centre for Mental Health forecasted that the Covid-19 pandemic had led to 1.5 million children and young people requiring new or more support for their mental health[24]. The pandemic introduced stressors such as social isolation, educational disruption,	Between 2021 and 2024, there was a significant increase in the number of households across the UK that were struggling to pay for food or essentials (from 13% in January 2021 to 20% in November 2024, estimated by a national survey of more than 6,000 households)[29]. The

[24] O'Shea N May 2021 - Covid-19 and the nation's mental health Forecasting needs and risks in the UK: May 2021 https://www.centreformentalhealth.org.uk/wp-content/uploads/2021/05/CentreforMentalHealth_COVID_MH_Forecasting4_May21.pdf

[29] Toynbee Hall (2025). "The crisis makes us more alone": A Participatory Action Research investigation into emotional support for young people in the context of the cost of living crisis. The-crisis-makes-us-more-alone-Toynbee-Hall-peer-research-report-Feb-2025.pdf

The Covid-19 pandemic	Increasing costs of living
and financial insecurity, while also exacerbating pre-existing inequalities. A systematic review examining the impacts of school closures on physical and mental health of children and young people demonstrated that there were increased reports of psychological distress and mental health problems during the first wave and lockdown period of the Covid-19 pandemic. Communities with higher levels of deprivation and multigeneration overcrowded housing, such as Tower Hamlets, were disproportionately affected by the COVID-19 virus.[25,26,27] A cross-sectional study with Tower Hamlets residents (n=992) in the second half of 2020 found that parental mental health difficulties were associated with worse material, familial and community assets, especially among fathers and South Asian parents.[28] Qualitative insight gathered from the study indicated that parents had reduced time for their own wellbeing and increased stress during the study period.	percentage of respondents reporting that their financial situation makes them anxious was highest in autumn 2022. The rising cost of living is likely to have further impacted mental health for families and young people[30] with the financial strain contributing to increased anxiety and stress. A study by Barnardo's exploring 1,053 parents of children up to age 18, found that 26% of parents reported that their child's mental health had worsened due to the situation.[31]

[25] The Health Foundation (2020). Build back fairer: The Covid-19 Marmot Review. Retrieved from: https://www.health.org.uk/reports-and-analysis/reports/build-back-fairer-the-covid-19-marmot-review

[26] Local Government Association (2021). Health inequalities: Deprivation and poverty and COVID-19. Retrieved from: https://www.local.gov.uk/health-inequalities-deprivation-and-poverty-and-covid-19

[27] Collin-Vézina, Fallon, & Caldwell (2023). Children and youth mental health: not all equal in the face of the COVID-19 pandemic. doi: 10.1016/B978-0-323-91497-0.00072-2

[28] Whitaker, Cameron, Hauari, Hollingworth and O'Brien (2021). What Family Circumstances, During COVID-19, Impact on Parental Mental Health in an Inner City Community in London? Frontiers in Psychiatry, 12:725823. doi: 10.3389/fpsyt.2021.725823

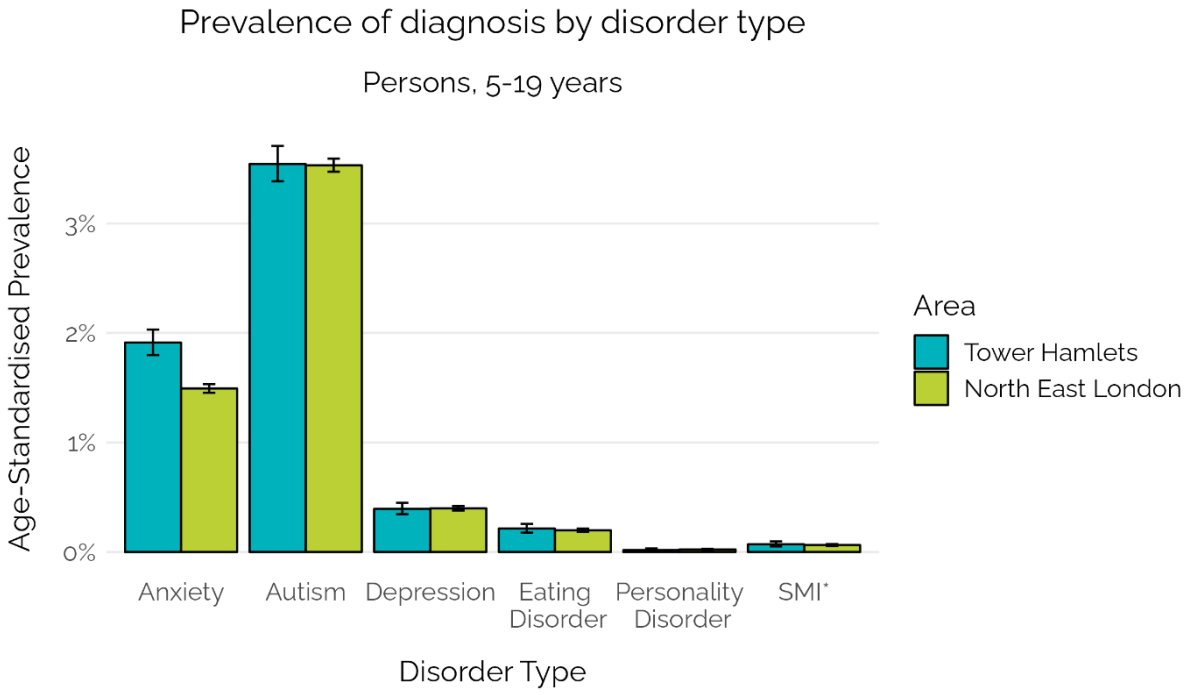
[30] Mental Health Foundation (2023). Mental Health and the Cost-of-Living Crisis: Another pandemic in the making 2023. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/2023-01/MHF-cost-of-living-crisis-report-2023-01-12.pdf

[31] Barnardo's (2022). At What Cost? The impact of the cost-of-living crisis on children and young people. Retrieved from: https://www.barnardos.org.uk/research/what-cost-impact-cost-living-children-and-young-people

Condition types

The most common mental health diagnoses among 5-19-year-olds in Tower Hamlets primary care settings are anxiety and depression. Cases of personality disorders and severe mental illness are comparatively low; these diagnoses tend to be rarer in general and are more often diagnosed in early adulthood. Notably, the prevalence of anxiety in Tower Hamlets is statistically significantly higher than in North East London, while the prevalence of other conditions is comparable (Figure 7). Autism is more frequently recorded than both anxiety and depression, however, it is a developmental condition rather than a mental health condition and will not be explored in detail in this health needs assessment. This will be covered in the Special Education Needs and Disabilities Needs Assessment to be completed in 2025.

Figure 7: Prevalence of mental health disorders by type in Tower Hamlets and NEL



*SMI: Severe Mental Illness
Source: ELDB (2024); ONS Mid-Year Population Estimates (2023)

Age and Gender

The prevalence of mental health diagnoses in Tower Hamlets rises with age, from under 1% in children aged 5–9 to over 7% among females aged 15–19, the highest group. No significant sex differences are seen in younger age groups, but by 15–19 years, females show notably higher prevalence than males.[32]

In national data, 5.5% of 2–4 year olds had a mental health condition, with up to 25% of children under 5 experiencing attachment issues.[33] Applying this to Tower Hamlets suggests an additional 940 children aged 2–4 may have mental health support needs. The national data also demonstrates that different disorders are more frequently reported at different ages. Behavioural disorders are more prevalent in younger age groups, making up 51% of ages 2-4 and 54% of 5-10 year olds respectively. In contrast,

[32] East London Database (2024).
[33] NHS England (2018). Mental Health of Children and Young People in England, 2017. Retrieved from: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

emotional disorders are more commonly recorded in older children and adolescents, with 62% in ages 11-16 and 88% in 17-19, this mirrors what is shown in the primary care for anxiety and depression.

Figure 8: Prevalence of mental health diagnoses by age and sex among Tower Hamlets children aged 5-19 years old

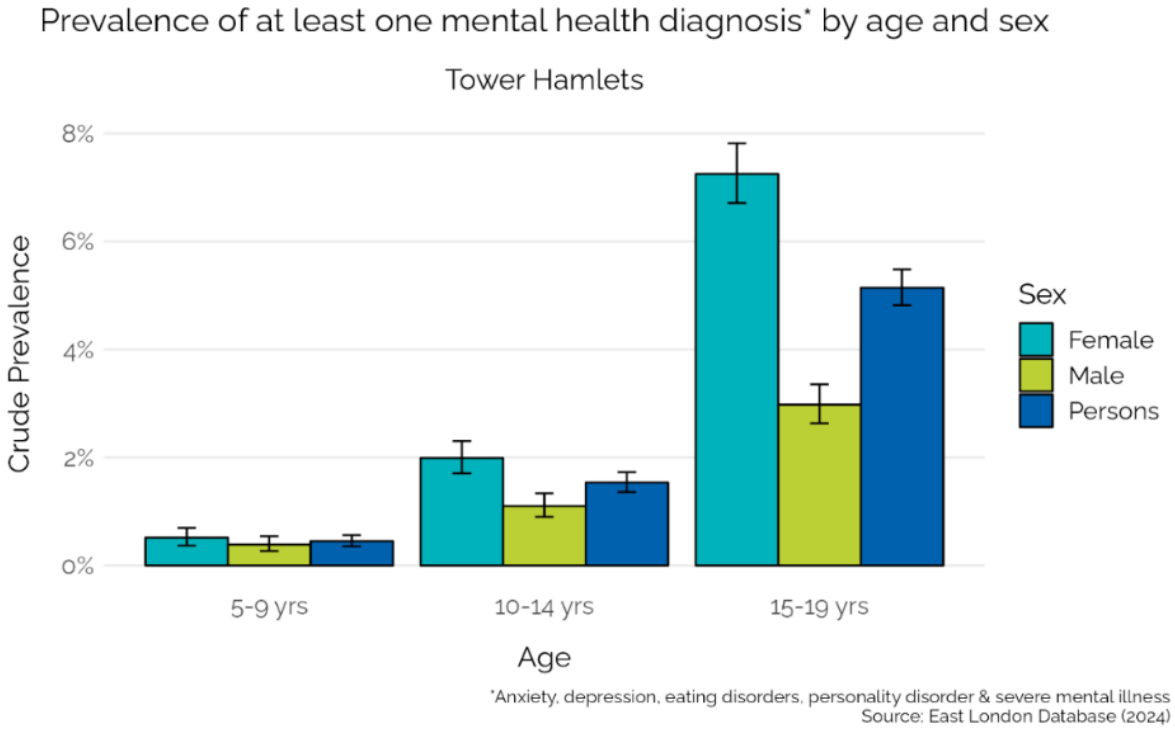
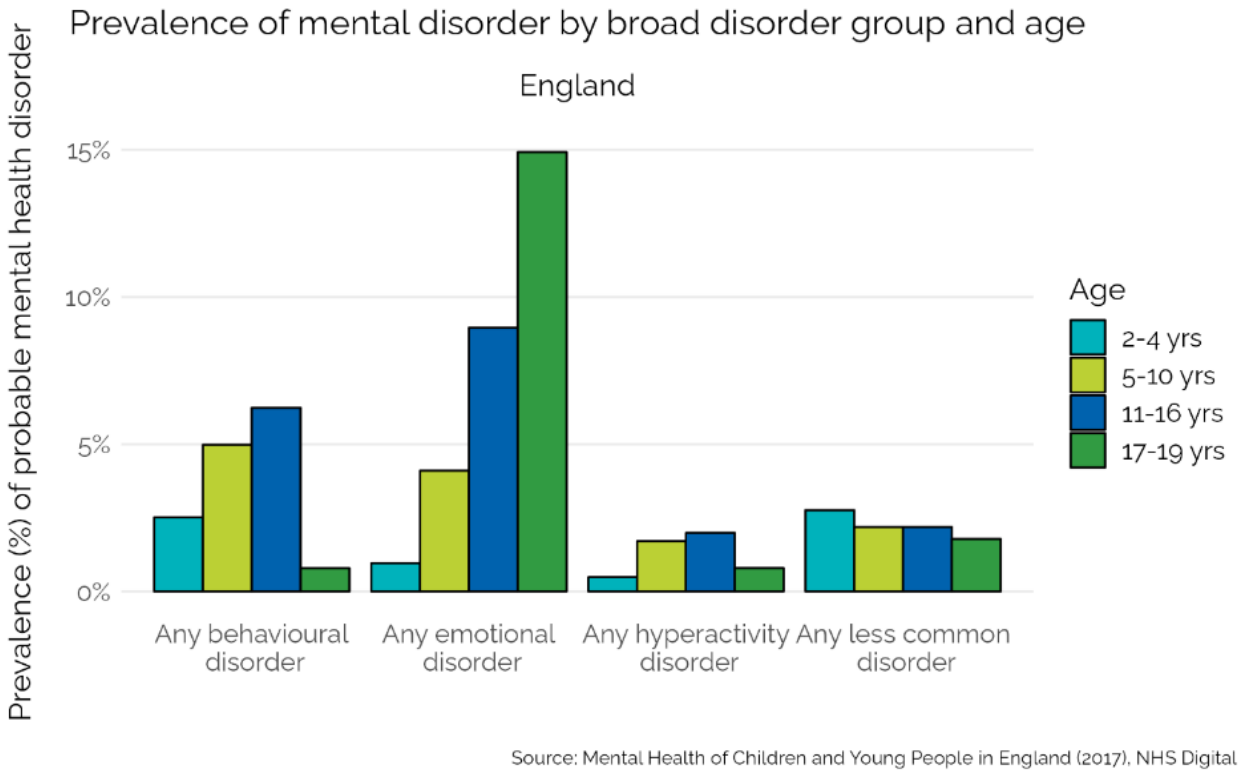


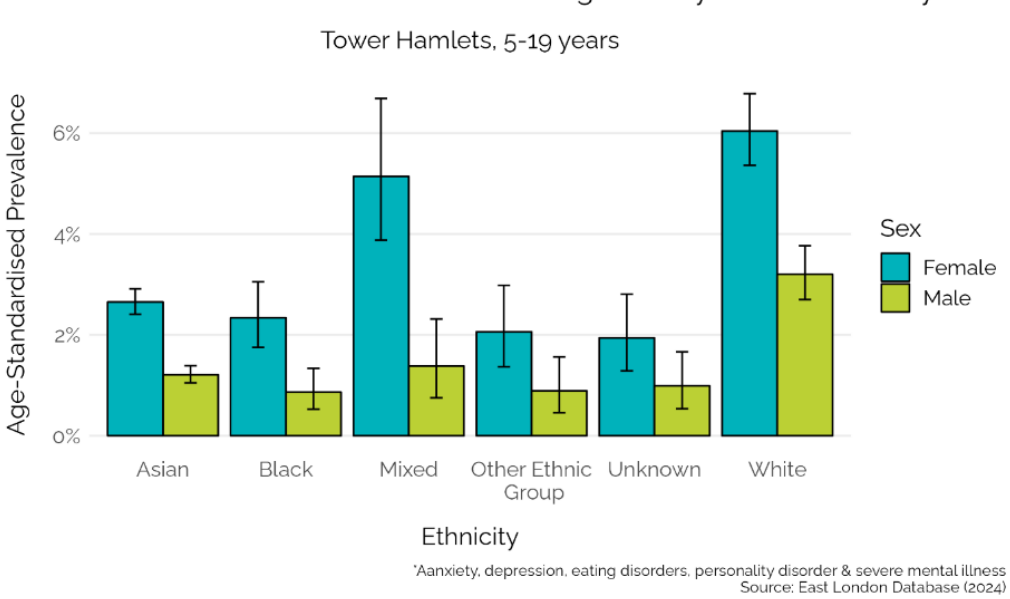
Figure 9: National prevalence of mental disorders by type and age group (2017)



Ethnicity

Primary care data in Tower Hamlets indicates that there are higher rates of mental health diagnosis among White children and children with multiple ethnic groups, compared with Asian, Black, and other ethnic groups, like findings from the NHS Digital survey. There are significant sex differences in recorded prevalence of mental health diagnoses across nearly all ethnic groups, with female children and young people having higher rates of diagnosis than males. The reasons for these differences may be influenced by increased barriers to seeking support for different ethnic groups.

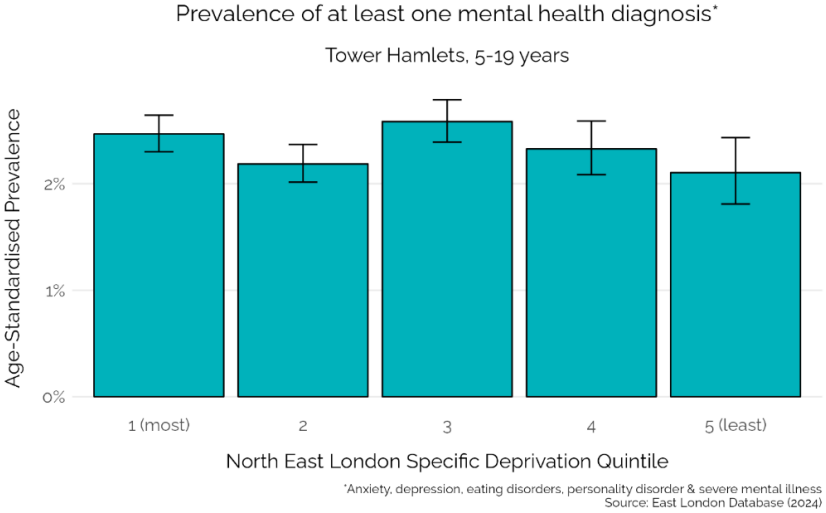
Figure 10: Prevalence of 1+ mental health diagnoses by sex and ethnicity



Deprivation

The national NHS Survey indicated higher rates of mental health concerns among children living in areas of higher deprivation, but in Tower Hamlets, there is no observed pattern regarding living in a geographic area with higher deprivation and rates of mental health diagnosis. Socioeconomic disadvantage may still present barriers to receiving diagnoses and support due to reduced trust in and access to health services.

Figure 11: Prevalence of 1+ mental health diagnoses by Index of Multiple Deprivation quintiles



Emotional wellbeing

In 2022, Tower Hamlets carried out the Pupil Attitudes Survey to explore pupils' views and experiences about various topics including health and well-being.[34] The survey was carried out across primary and secondary schools in the borough with 1,787 pupils participating. When asked about their current happiness:

- 65% of all respondents indicated that they felt happy with their life at the moment.
- 69% of primary school respondents reported feeling happy versus only 43% of secondary school pupil respondents.
- The proportion of respondents reporting feeling happy in the 2022 survey was lower the proportion in older survey samples in 2013, 2015 and 2017.

The top worries for primary school pupils were schoolwork and exams (56%), parents and family (37%) and friendship. For secondary school pupils, the most common concerns were money (40%), what to do after year 11 (32%) and being a healthy weight (31%). While Tower Hamlets typically conducts this survey every two years, the previous report available for comparison is from 2017, as the 2020 survey was impacted by the pandemic. In Tower Hamlets, children aged 3-11 reported lower levels of happiness and life satisfaction compared to London and England children in the 2022/2023 academic year.[35]

Figure 12: Wellbeing scores among pupils by geographic area in 2022/2023

Self-harm and suicide

Self-harm is an expression of emotional distress where a person acts intentionally to self-poison or self-injure. Actions are considered self-harming regardless of the purpose or motivation of the act. In Tower Hamlets, residents aged 13-19 had by far the highest rates

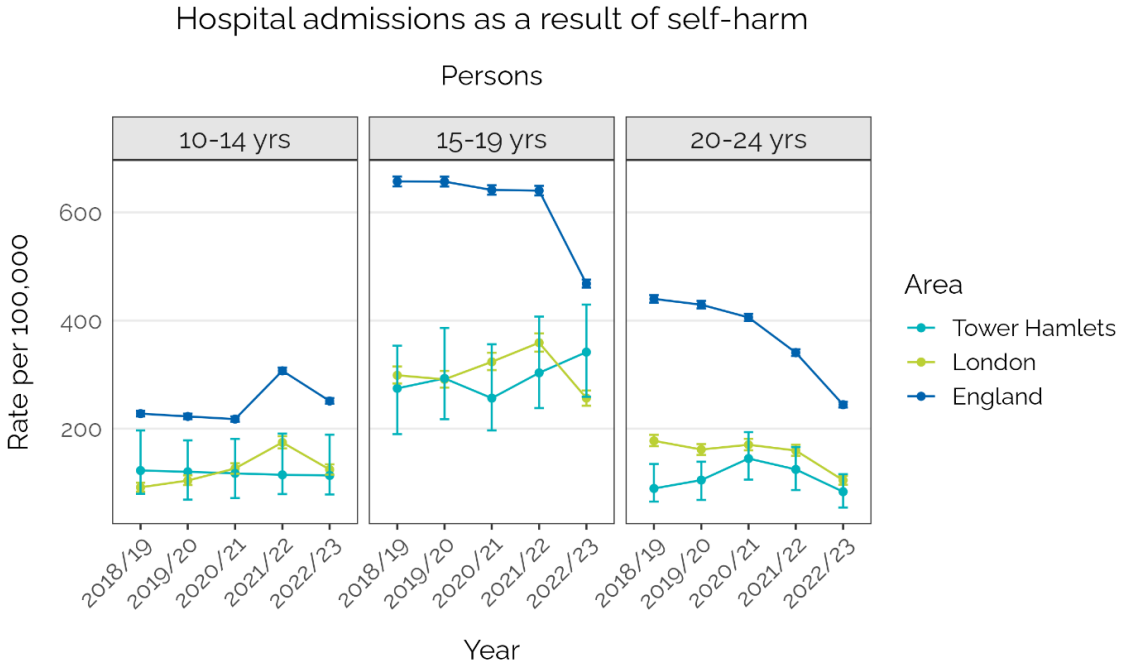
[34] London Borough of Tower Hamlets (2022). Pupils Attitude Survey 2022 Report. Retrieved from: https://www.towerhamlets.gov.uk/Documents/Borough_statistics/Education/Main-Report-PAS-2022-F.pdf

[35] Sport England (2024). Active Lives Children and Young People Survey 2022-2023. Retrieved from: https://activelives.sportengland.org/Result?queryId=136673

of A&E attendance with self-inflected injury compared to other age groups.[36] This trend is consistent with the national picture.[37] However, it is important to note that these figures may be an underestimate of the true incidence of self-harm, as not all people who who self-harm will seek care in A&E.[38]

Following review in A&E some children may need to be admitted to hospital for further treatment or support due to self-harm. In Tower Hamlets, hospital admissions rates for self-harm have been increasing since 2014/15 amongst 15–19 year olds, but have consistently remained below the England average. Older adolescents aged 15-19 are more likely to be admitted to hospital for self-harm, compared to younger children aged 0-14 years. Additionally, there are significant gender differences in admission rates. In 2022-23, females accounted for 91% of admissions for children and teenagers aged 10-19 years in Tower Hamlets.

Figure 13: Hospital admissions as a result of self-harm by geographic area, 2018-2023



Self-harm must be taken seriously not only as a sign of poor emotional wellbeing but also as a risk factor for suicide; individuals with a history of self-harm are at significantly higher risk of suicide.[39]

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[36] NHS England (2025). Hospital Episode Statistics. Retrieved from: https://app.powerbi.com/groups/me/apps/762d6ce9-c0fa-45c8-ad72-db42a8c8b613/reports/698ae7c8-2818-4404-8348-13293596a142/ReportSection3f7ded916b6c221d99e5?ctid=8076439c-5b1f-4e15-91ea-a0bff0b3bf16&experience=power-bi,

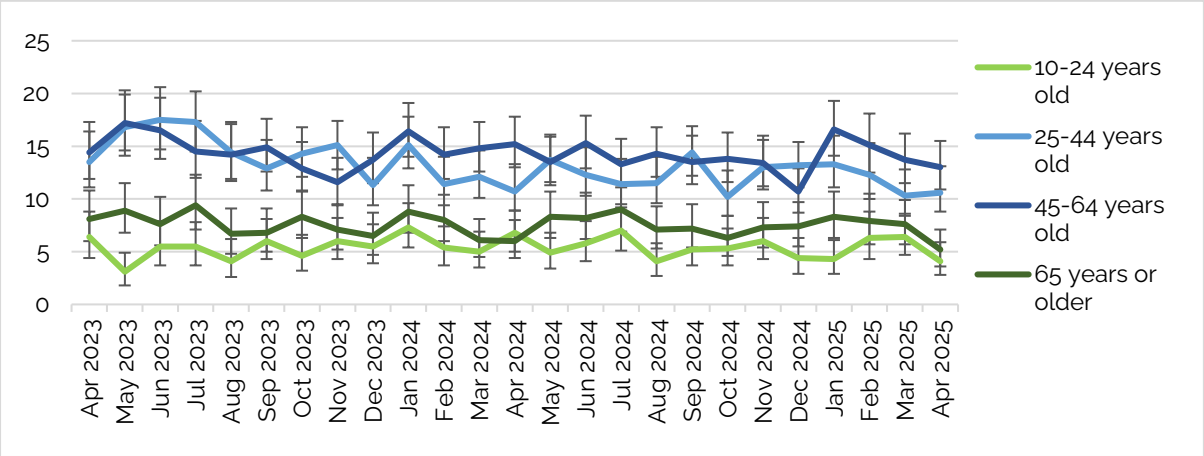
[37] NHS England (2025). Emergency Care Data Set. Retrieved from: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds

[38] Geulayov et al. (2018). Incidence of suicide, hospital-presenting non-fatal self-harm in adolescents in England (the iceberg model of self-harm): a retrospective study. *Lancet Psychiatry, 5(2):* 167-174. doi: 10.1016/S2215-0366(17)30478-9

[39] Hawton, Zahl & Weatherall (2018). Suicide following deliberate self-harm: long-term follow-up of patients who presented to a general hospital. *British Journal of Psychiatry, 182(6):*537-542. doi:10.1192/bjp.182.6.537

National data regarding suspected suicide shows that young people age 10-24 have the lowest rates of suicide for any age group, with working age adults having significantly higher rates (Figure 14).[40] This pattern is also seen in Tower Hamlets; between April 2020 and March 2023, children and young people aged 0-19 had the lowest suicide rate and there were fewer than five deaths in this age group of a total 91 deaths by suicide during the time period.[41]

Figure 14: Directly standardised rates per 100,000 of suspected suicide in England



While the actual rate of death by suicide in this age group remains lower, the rate of *attempted* suicides recorded in Tower Hamlets primary care settings is higher among young people aged 13-19 in comparison to other age groups. This may indicate that some young people are willing to discuss suicidal behaviour in primary care, presenting an opportunity to intervene and provide suicide prevention support in this setting.

[40] Office for Health Improvement and Disparities (2025). Near to real-time suspected suicide surveillance for England: data to April 2025. Retrieved from: https://www.gov.uk/government/statistics/near-to-real-time-suspected-suicide-surveillance-for-england-data-to-april-2025

[41] Office of National Statistics (2025). Suicides in England and Wales: 2023 registrations. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2023

Factors that influence mental health

There are a range of factors that can have positive or negative effects on the mental health of children and young people. These factors span across individual, relational, community and society level and can increase vulnerability to mental health challenges if not addressed. This section includes the prevalence of risk factors in Tower Hamlets structured according to the Department of Health and Social Care framework for modifiable risk and protective factors

Individual baby, child and young person level:

Development: Children's progress and development are monitored at key stages—by a health visitor or early years practitioner at ages 2-3, and by a class teacher at age 5.

In Tower Hamlets, the development of children aged 2-2.5 years is statistically worse than the national average, although it is comparable to the London average. This marks a decline from the previous period (2019-2022), when Tower Hamlets performed better than England. Data for 2023 is not available for Tower Hamlets. Developmental delays in this age group can have long-term consequences, including poorer mental health and wellbeing. At reception age, the percentage of children in Tower Hamlets ready for school is significantly lower than both the national and North East London averages. However, this represents a slight improvement from the previous year (2021-2022).

Child development: percentage of children achieving a good level of development at 2 to 2.5 years (Source: Fingertips)

Year	Tower Hamlets	London	England
2023-24	74.5%	74.7%	80.4%

School readiness: % of children achieving a good level of development at the end of reception (Source: Fingertips)

Year	Tower Hamlets	North East London	England
2023-2024	66.4%	69.9%	67.7%
2022-2023	65.2%	68.7%	67.2%
2021-2022	60.5%	Not available	65.2%

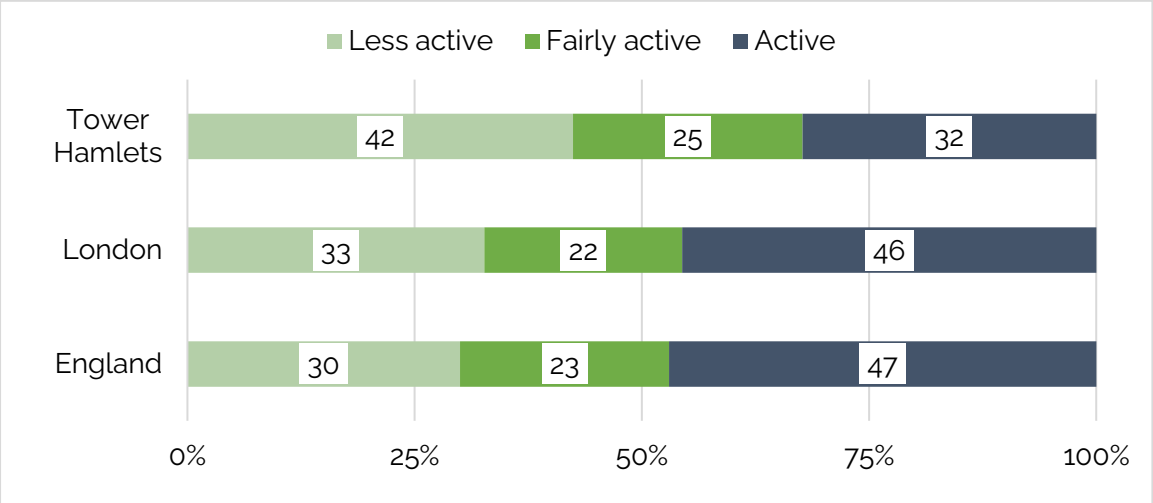
Physical activity and mental health: Physical activity has a positive impact on general wellbeing, with strong evidence that sport and physical activity have a positive effect on diagnosed mental health problems of children and young people.[42]

In Tower Hamlets, the rate of active children and young people (32%) was notably lower than the London (46%) and England (47%) averages in 2022/23, this finding has been

[42] Smith, A., Fairclough, S.J., Kaehne, A., Liverpool, S. and Maden, M. (2024). Children and Young People's Mental Health and Physical Activity: An Independent Evidence Review Commissioned by Sport England. London: Sport England. (https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2024-10/Smith%20et%20al%20Evidence%20Review%20Final%20Oct%2024-10.pdf?VersionId=jk5egOivKNGfig8ovHSRjJjp8JiowPpP)

consistent since 2020-2022. A decline in activity levels is seen between primary and secondary school, in line with national trends.[43] Overall, girls were less active than boys. This gender disparity could be attributed to a range of factors including cultural context, societal expectations, body image concerns, and less access to organised sports opportunities. Additionally, socio-economic deprivation, access to safe spaces, and other environmental barriers may contribute to these low activity rates.

Figure 15: Proportion of active children and young people (%) in 2022/2023



Hobbies and leisure time: Engaging in play and recreational activities is important for social and emotional development among children, as well as physical and cognitive development.[44] These activities provide opportunity for relaxation, stress relief and helping individuals develop coping mechanisms to enhance their emotional wellbeing.

The Tower Hamlets Pupil Attitudes Survey conducted in 2022 highlighted a significant decline in participation in positive activities by children in the borough compared to 2018.[45] Only 8% of primary and 13% of secondary pupils attending youth centre or club for organised activities. Even fewer took part in music group or lessons outside of school (5% primary, 3% secondary). Notably, a higher proportion of primary school pupils (22%) than secondary pupils (12%) reported participating in creative activities outside of school such as arts and crafts, dance, drama, and film/video creation.

Interpersonal relationship level:

Parents, carers and families have a fundamental role in children and young people's mental health and wellbeing from conception to transition to adulthood. During pregnancy and the early years, parents and carers influence their children's emotional and social development. Good parent-infant relationships nurture 'secure attachment', the basis of good infant mental health. In Tower Hamlets, an estimated 518 babies under 2 years old have parent-infant relationships support needs each year. In a local survey

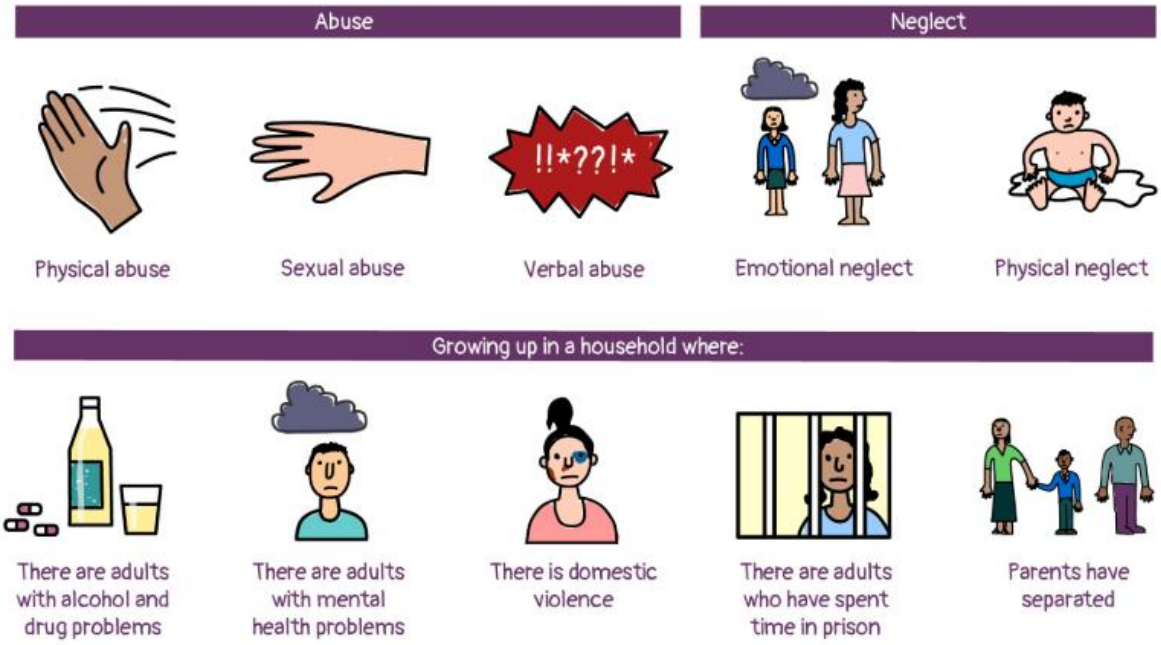
[43] London Sport (2024). Tower Hamlets Area Profile. Retrieved from: https://londonsport.org/wp-content/uploads/2024/04/Tower-Hamlets.pdf
[44] Play England (2023). Children's Mental Health and Play. Retrieved from: https://www.playengland.org.uk/
[45] Tower Hamlets (2022). Pupil Attitudes Survey 2022. https://www.towerhamlets.gov.uk/Documents/Borough_statistics/Education/Main-Report-PAS-2022-F.pdf

conducted in January – March 2025, 18% of respondents reported that they experience difficulties in bonding with their baby.

There are other ways that parents and families may influence a child's mental health and wellbeing. Awareness of and attitudes towards mental health and emotional wellbeing topics can also influence a child or young person's experiences and access to support. Voluntary and community sector organisations in Tower Hamlets such as Women's Inclusive Team and Bangladeshi Mental Health Forum have shared that parents they work with are concerned about how to support their children with mental health issues.

Adverse childhood experiences (ACEs) refer to traumatic events that occur during childhood, including both direct experiences such as abuse, and neglect and indirect experiences caused by household dysfunction. There are 10 widely recognised examples of ACEs (Figure 10), which are linked to significant and lasting effects on a child's physical and mental health.[46]

Figure 16: 10 Adverse Childhood Experiences



Research consistently shows that individuals with four or more ACEs face an increased risk of poor health outcomes including mental health disorders, substance misuse and sexual risk taking compared with those who have no ACE.[47] Notably, around one-third of mental health problems are directly connected to ACEs.[48] The effect of ACEs are not always immediate and can often have a lasting effect throughout an individual's life.

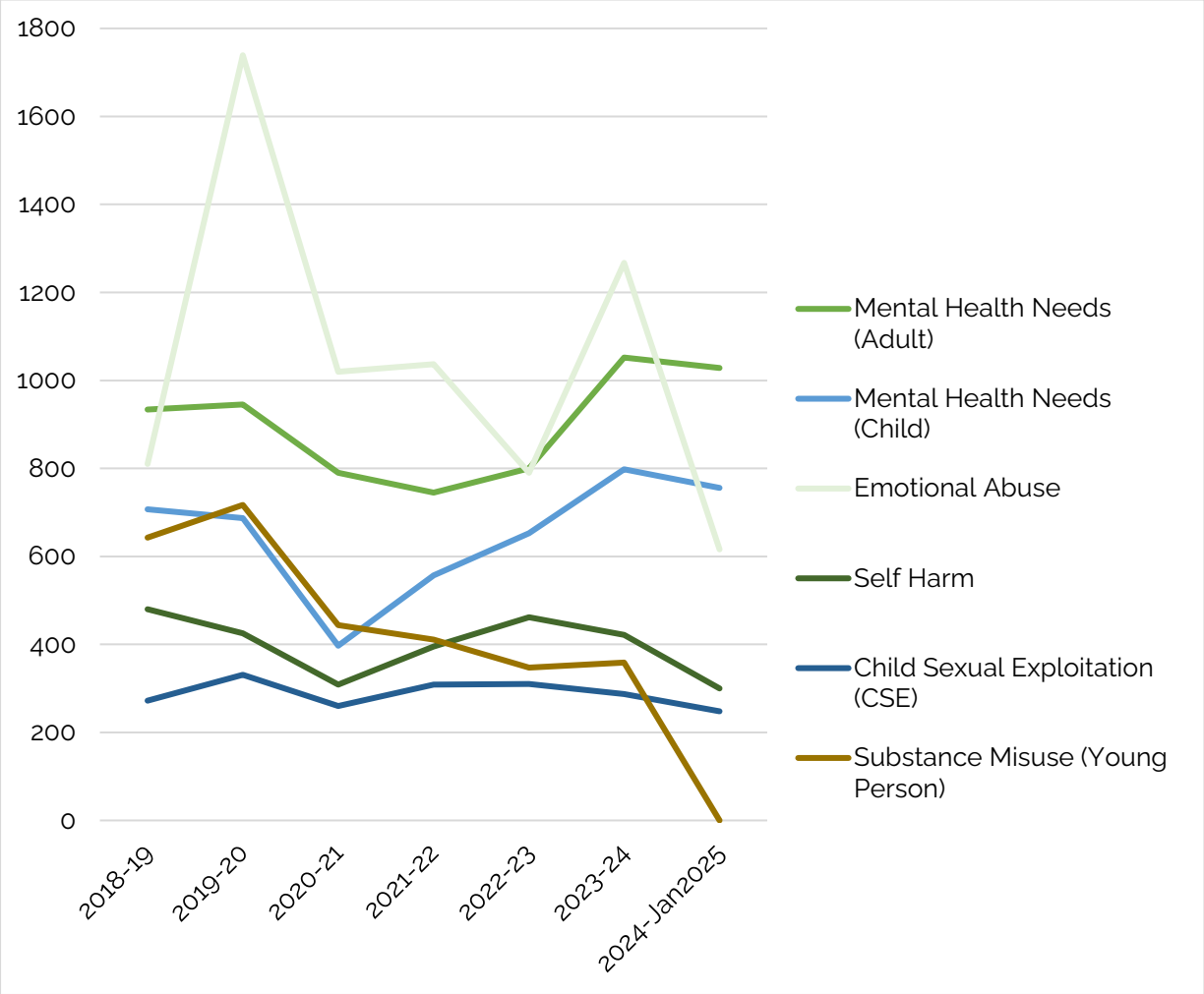
[46] Liverpool CAMHS. What are Adverse Childhood Experineces (ACES)? Retrieved from: https://www.liverpoolcamhs.com/aces/what-are-adverse-childhood-experiences/
[47] Hughes et al. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health, 2:8*. Retrieved from: 10.1016/S2468-2667(17)30118-4
[48] Kessler, R. (2010) 'Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys' British Journal of Psychiatry 197(5): 378–385.

In Tower Hamlets, about one in four mums and one in five dads experience poor mental health during the perinatal period.[49] Additionally, adults in Tower Hamlets have higher rates of common mental illness than in other North East London boroughs.[50] This can impact the mental health of children and young people who live with or are cared for by them.

Different forms of abuse are also prevalent in the borough. Tower Hamlets had the fourth highest rate of domestic abuse offences per 1,000 population in London in 2022-2023, and the second highest in North East London for the years 2019-2023. Furthermore, over 800 sexual offences were reported to Police in 2023-2024.[51]

In Tower Hamlets, between September 2020 and August 2021, the Multi-Agency Safeguarding Hub (MASH) received a total of 21,225 referrals, which illustrates how frequently some examples of ACEs are being reported in the borough.

Figure 17: Referral numbers to Tower Hamlets MASH by presenting needs, 2018-2025



[49] Office for Health Improvement and Disparities (2022). Public health profiles. Retrieved from: https://fingertips.phe.org.uk/search/perinatal#page/3/gid/1/pat/6/ati/502/are/E09000030/iid/94103/age/332/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[50] East London Database (2024).

[51] Metropolitan Police Service (2023). MPS Monthly Crime Dashboard Data. Retrieved from: https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet

Local community level

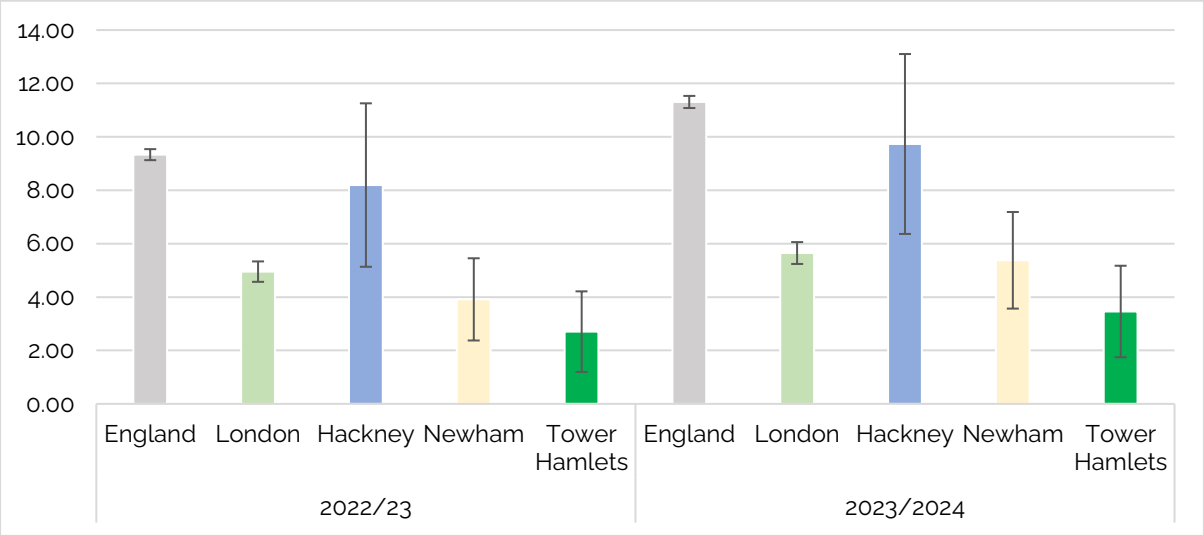
Education: Education has wide ranging impacts on children and young people's mental health and wellbeing in the short and long-term, providing opportunities for building relationships, skills, and sense of self as well as increasing access to economic opportunities.

However, certain challenges within the educational experience (such as absenteeism, bullying, academic pressure, and suspension or exclusion) are associated with poorer mental health outcomes in children and young people. These issues can disrupt learning, weaken social connections, and contribute to feelings of isolation, stress, and low self-esteem.

In Tower Hamlets, the overall school absence rate was 10.7% in 2023-2024; similar to the London average (11.1%) but higher than England average (7.4%) – this includes primary, secondary, and special educational needs (SEN) schools. Nationally, persistent and severe absence from school has increased in recent years since the Covid-19 pandemic. Drivers of school absenteeism include socioeconomic factors as well as challenges with mental and physical health and special educational needs.

Tower Hamlets has significantly lower rates of suspensions from school than England and similar to London and neighbouring boroughs (Figure 18).

Figure 18: Rate of suspensions from school per 1,000 (2022/2023 and 2023/2024)



Peer Relationships: Bullying is a concern with significant impacts on children's mental health and wellbeing. Research highlights its detrimental effects, both immediate and long-term, on those who experience it. In Tower Hamlets, with 30% of primary school children and 15% of secondary school children reporting being affected by bullying in the Pupil Attitudes Survey. A national survey of over 13,000 young people aged 12-18 found that nearly 2 in 3 of those bullied experienced a moderate to extreme impact on their mental health with consequences of bullying including anxiety, depression, suicidal thoughts, self-harm and school absenteeism. [52]

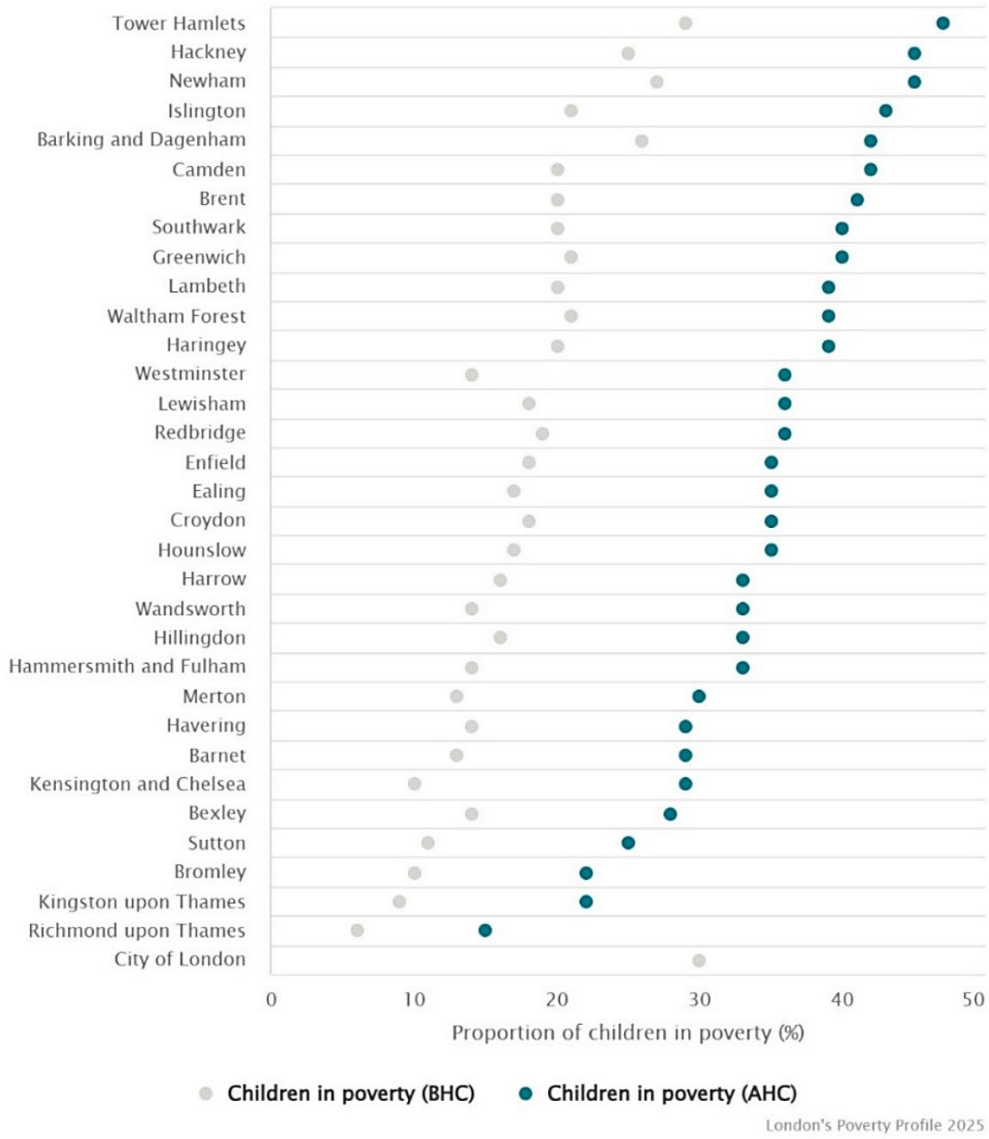
[52] Ditch the Label (2020). The annual bullying survey 2020. Retrieved from: https://dtl-beta-website-assets.s3.amazonaws.com/The_Annual_Bullying_Survey_2020_2_a8a474bb3f.pdf

Wider environment and society level

Poverty: Poverty is a significant risk factor for poor mental health among children and young people.[53] In Tower Hamlets, nearly half (48%) of children live in poverty after housing costs (2022/23); this is the highest rate of any London borough (Figure 19).[54]

The Millennium Cohort Study, which examined the mental health of 11-year-old children across the UK, found that children in the poorest 20% of households are four times more likely to experience mental health problems compared to those in the highest-earning 20%. These challenges often intersect with other factors. For example, children experiencing both poverty and poor parental mental health (53%) have significantly worse outcomes than those from wealthier households with good parental mental health.

Figure 19: Proportion of children in poverty before and after housing costs by London borough (2023/2024)



[53] Public Health England. Mental health and wellbeing: JSNA toolkit. Children and young people.
[54] Trust for London (2024). Child poverty by London borough. Retrieved from: https://trustforlondon.org.uk/data/child-poverty-borough/

Ethnicity, culture and faith: People within the same ethnic, cultural or faith group can have varying experiences and views about mental health. The Race Equality Foundation found that that 'minority groups' are less likely to seek mental health support in primary care and more likely to end up only being supported at a point of crisis, indicating missed opportunities for early intervention and prevention[55]. The reasons for this can differ but may relate to mistrust of statutory services due to previous or vicarious harm, as well as barriers related to language or racial discrimination.

Studies have shown that in some communities, the cultural norms encourage the internalisation of mental ill health (for example by masking feelings and 'pushing on' when fatigued), which can contribute to under-reporting and underdiagnosis.[56] In addition, views of mental ill health differ across communities, for example, where mental illness is perceived as being caused by spiritual/magical entities, it is seen as both untreatable and in some cases as infectious, which can increase isolation for the individual experiencing symptoms. Additionally, in some cultural groups there is widespread somatisation of psychiatric disorders due to prevailing stigma, which can also impact help seeking.[57]

Different faith and spiritual beliefs, which children and young people often learn from their families, can also influence attitudes towards mental health and typical forms of support. Some families may prefer to address mental health problems and distressing situations through prayer or support from a faith leader rather than through a statutory service.

There is also discrimination in the UK against some religious, ethnic and cultural groups (e.g., such as Islamophobia and antisemitism), which can negatively impact mental health.[58] All forms of discrimination can impact negatively on mental health, this includes the experience of racism, which is associated with higher rates of stress, trauma and associated symptoms.[59] Additionally, some may have different cultural idioms of distress and will therefore interpret symptoms of a mental health problem differently due to their spiritual beliefs, such as jinn possession in Islam[60]. Shame and stigma for certain

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[55] Race Equality Foundation (2020). Racial disparities in mental health: Literature and evidence review. Retrieved from: https://raceequalityfoundation.org.uk/health-and-care/mental-health-and-racial-disparities-report/

[56] Guan, Coughlan, Evans & Duschinsky (2024). Associations between ethnicity and mental health problems among children and adolescents in the United Kingdom: A systematic review and narrative synthesis. *BMC Public Health 24, 3267*. https://doi.org/10.1186/s12889-024-20695-3

[57] Faruk et al. Mental illness stigma in Bangladeshi: Findings from a cross-sectional survey. *Glob Ment Health (Camb), 10:e59*. doi: 10.1017/gmh.2023.56.

[58] Jordanova, Crawford, McManus et al. (2015). Religious discrimination and common mental disorders in England: a nationally representative population-based study. *Soc Psychiatry Psychiatr Epidemiol 50*, 1723–1729. Retrieved from: https://doi.org/10.1007/s00127-015-1110-6

[59] Williams, Lawrence, Davis & Vu. Understanding how discrimination can affect health. *Health Serv Res, 54(Suppl 2):*1374–1388. doi: 10.1111/1475-6773.13222

[60] Choudhury (2022). Neuropsychiatric condition or jinn possession? Royal College of Psychiatry. Retrieved from: https://www.rcpsych.ac.uk/docs/default-source/members/divisions/london/london-essay-prizes/5-naila-choudhury_med-student_essay-prize-2022.pdf?sfvrsn=1c69cd48_2

behaviours or characteristics can sometimes be more significant among some faith groups, which can negatively impact one's wellbeing and social relationships.

Social media and digital technologies

Social media offers both challenges and opportunities in terms of its influence on mental health and wellbeing, which families and professionals share concerns about. Some positive influences include opportunities for building relationships and communities, particularly where young people might feel excluded in their daily life but can interact with likeminded people online.

Social media and the wider internet can also enable young people to feel empowered by engaging with social causes and learning about issues they consider important. On the other hand, some research suggests that adolescents perceived social media as a threat to mental wellbeing and three themes were identified:[61]

- It was believed to cause mood and anxiety disorders for some adolescents
- It was viewed as a platform for cyberbullying
- The use of social media itself was often framed as a kind of 'addiction'.

There is currently limited evidence that greater use of mobile phones and wireless devices being associated with worse mental health, however, there is still a need for higher quality research examining this topic.[62]

Housing and Overcrowding

Living in insecure or overcrowded conditions can lead to chronic stress, sleep disruption, and a lack of privacy or space to study and play, factors that are essential for healthy social and emotional development.[63] Tower Hamlets has higher rates of overcrowding than London and England, with the highest rate of overcrowding in London for couples with dependant children. The areas of the borough with the highest overcrowding are also those with the highest levels of deprivation.[64]

[61] O'Reilly et al (2018). Is social media bad for mental health and wellbeing? Exploring the perspectives of adolescents. Retrieved from: https://journals.sagepub.com/doi/abs/10.1177/1359104518775154

[62] Girela-Serrano et al. (2022). Impact of mobile phones and wireless devices use on children and adolescents' mental health: a systematic review. *Eur Child Adolesc Psychiatry 33*, 1621–1651. https://doi.org/10.1007/s00787-022-02012-8

[63] Shelter (2021). Denied the Right to a Safe Home: Children Growing Up in Temporary Accommodation. Retrieved from: https://england.shelter.org.uk

[64] Office for National Statistics (2023). Overcrowding and under-occupancy by household characteristics, England and Wales: Census 2021. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/overcrowdingandunderoccupancybyhouseholdcharacteristicsenglandandwales/census2021

Experiences that increase risk of poor mental health

Mental health challenges can affect all children and young people, but certain groups face an increased risk due to specific vulnerabilities and experiences. These risk factors can also overlap, with some children and young people having multiple characteristics that increase their risk of poor mental health and wellbeing. Identifying these specific groups is important both for prioritisation and tailoring of support.

Experience	Description
Care experience	• Children in care face high mental health risks due to early trauma and instability. National estimates suggest 45% have a mental health disorder, much higher than the general population.[65][66] • In 2023/2024, Tower Hamlets had 277 children in care (44 per 10,000), similar to London but lower than the overall rate across England.[67] • One-third (32%) scored poorly on the Strengths and Difficulties Questionnaire (SDQ), indicating emotional distress. On average, 23 were also supported by local CAMHS monthly between 2022–2024.[68]
Special educational needs (SEN) and disabilities	• Children with SEND often have increased emotional and social needs. Additionally, there may be varying levels of awareness and provision of reasonable accommodation in services, including police and A&E. • In January 2024, 19.4% of Tower Hamlets pupils had identified SEN (12.6% on SEN Support; 6.8% with an Education Health and Care Plan or EHCP), with EHCP rates above the national average (4.8%)
Carers	• Young carers often experience poorer mental health than peers, with nearly half of carers aged 16–18 reporting dissatisfaction with their mental health. • There are an estimated 3,300 young carers in Tower Hamlets. Census 2021 indicated that 1.4% of 5–17-year-olds in England and Wales were young carers.
Pregnancy and parenthood	• Teenage mothers are at significantly higher risk of depression and anxiety, which can affect parent-child bonding and long-term outcomes. • In 2021, 30 girls under 18 in Tower Hamlets became pregnant (6 per 1,000), a rate lower than London and England.

[65] NHS England (2025). Safeguarding guide. Retrieved from: https://safeguarding-guide.nhs.uk/
[66] NICE (2021). Looked-after children and young people: NICE guideline. Retrieved from: https://www.nice.org.uk/guidance/ng205/chapter/Context
[67] Office of Health Improvement and Disparities (2025). Children in care. Retrieved from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133238/pat/6/par/E12000007/ati/502/are/E09000030/iid/90803/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
[68] Office of Health Improvement and Disparities (2025). Percentage of looked after children whose emotional wellbeing is a cause for concern. Retrieved from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133238/pat/6/par/E12000007/ati/502/are/E09000030/iid/92315/age/246/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Experience	Description
Not in education, employment or training (NEET)	• Young people who are NEET are more likely to experience mental health challenges including depression and substance misuse. Mental health can also act as a barrier to securing and maintaining employment.[69] Those not in school may also miss out on interventions that are delivered via school settings. • In Tower Hamlets, 3.4% of 16–17-year-olds were NEET, similar to London and below the national rate.[70]
Experience of the justice system	• Children in contact with the justice system are at elevated risk of mental health issues including depression, PTSD, and self-harm. • In 2023, 32 young people in Tower Hamlets entered the justice system (115.4 per 100,000), aligning with national rates. Black and mixed ethnicity children remain overrepresented. CAMHS supported 0–2 youth justice-involved children at any time between 2022–2024.
Identifying as lesbian, gay or bisexual and/or gender nonconforming (LGBT+)	• LGBT+ youth face increased mental health risks, including higher rates of loneliness, anxiety, and self-harm due to homophobia, biphobia and transphobia in families and wider communities. Nearly half report limited positive representation in schools. • Tower Hamlets' 2021 Census shows 9% of females and 5.7% of males aged 16–24 identify as LGB+. • Local level data on trans or non-binary young people remains limited, and recent legal rulings may reduce trust in statutory services.
Seeking asylum or being a refugee	• These young people are at high risk of trauma-related mental health issues due to past experiences (e.g., conflict, displacement) and current challenges (e.g., housing instability, racism). • In 2024, over 19,000 asylum applicants under 18 arrived in the UK. • Numbers in Tower Hamlets vary, but instability in placement disrupts access to care and integration.

[69] Association for Young People's Health (2022). Closing the employment gap for young people. Retrieved from: https://ayph.org.uk/mental-health/

[70] Department for Education (2025). 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known. Retrieved from: https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview

Understanding Best Practise

This section sets out the types of systems and interventions that should be in place to promote good mental health and reduce poor mental health at a local level.

What works – effective interventions

Public Mental Health Approaches

The What Good Looks Like for Public Mental Health report written by Association of Directors of Public Health outlined key evidence-based interventions to improve population mental health and reduce inequalities.[71] This report recommended:

Recommendation	Description
Local system leadership	• Consideration of public mental health in all policy decisions • Having a partnership with a wide range of local organisations and a shared vision • Shared understanding of outcomes and how to measure them • Strategic aims are translated into actions and operational plans with adequate resources
Life course approach	• Understanding that risk and protective factors that influence mental health accumulate across the life course • Identification of opportunities to minimise risk and enhance protection across key life stages including pre-conception, pregnancy, early childhood, adolescence
Application of evidence	• Data, intelligence, and evidence from high quality sources are used to develop a shared picture of local mental health needs and assets, shape strategies, and measure impact • Outcomes are agreed and system partners know how to measure them
Upstream interventions	Action on wider determinants of health and reducing inequalities

Advancing mental health equity and cultural responsiveness

The National Collaborating Centre for Mental Health sets out the practical steps that services and organisations can take to improve health equity of mental health services and interventions.[72] These are:

[71] Association of Directors of Public Health (2019). What Good Looks Like for Public Mental Health. Retrieved from: https://www.adph.org.uk/what-good-looks-like/

[72] National Collaborating Centre for Mental Health (2019). Advancing mental health equity. Retrieved from: https://www.rcpsych.ac.uk/improving-care/nccmh/service-design-and-development/advancing-mental-health-equity

1. Identify the inequalities (in access, experiences, and outcomes) in collaboration with communities
2. Design new ways of doing things by:
    - Asking the community, referring to existing evidence base, and identifying examples of good practice
    - Formulating plans with a theory of change, group engagement and priority setting
3. Deliver improvements with a clear strategy, resourcing, and accountability
4. Evaluate those ideas

To move towards equity in mental health for people from different cultural backgrounds, there are a range of strategies and approaches to improving the cultural responsiveness in mental health services and interventions.[73] These include:

- Language interpreters,
- Link workers and culture brokers,
- Cultural tailoring and/or adaptation of interventions (such as Tree of life narrative therapy, Islamic psychotherapy and somatic or body-oriented therapies)[74,75,76]
- Training and accreditation in cultural competence, safety and anti-racism among professionals and organisations.

Mental Health Prevention and Promotion

In April 2025, the Centre for Mental Health shared a set of recommended interventions for preventing mental ill health among children and young people, based on analysis of existing evidence, with consideration of different life course stages and influencing environments.[77] The recommendations which apply to local systems included:

- Tackling social determinants of children and young people's mental health including poverty, racial injustice and gender-based violence.
- Improve mental health support of mothers during the perinatal period and invest in evidence-based parenting programmes.
- Invest in health visiting and school nursing workforces.
- Adopt a whole setting approach to mental health in early years settings, schools, colleges and universities and review policies around behaviour and attendance from a mental health lens.
- Establish early support hubs for young people's mental health that help with issues like housing, employment and other topics affecting young adults as they transition to working life.

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[73] Kirmayer & Jarvis (2019). Culturally responsive services as a pathway to equity in mental healthcare. *Healthc Pap; 18(2):*11-23. doi:10.12927/hcpap.2019.25925

[74] Ncube & Denborough (2006). The Tree of Life: An approach to working with vulnerable children, young people and adults. Retrieved from: https://dulwichcentre.com.au/the-tree-of-life/

[75] Akib, Ishak, Zabidi, Sa'ari, Muhsin & Yahya (2025). Systematic literature review of the impact of Islamic psychotherapy on adolescent spiritual well-being. *J Relig Health*. https://doi.org/10.1007/s10943-025-02304-8

[76] Kuhfuss, Maldei, Hetmanek & Baumann (2021). Somatic experiencing – effectiveness and key factors of a body-oriented trauma therapy: A scoping literature review. *European Journal of Psychotraumatology, 12(1).* https://doi.org/10.1080/20008198.2021.1929023

[77] Centre for Mental Health (2025). Invest in Childhood. Retrieved from: https://www.centreformentalhealth.org.uk/publications/invest-in-childhood/

In addition to these priorities, regular self-care activities can also offer benefits for mental health prevention and promotion by building positive feelings, thoughts and relationships. Researchers have looked different ways of describing self-care common in academia and worked with young people to choose more relevant and less relevant language:[78]

- **Less relevant terms:** Empowerment, recovery, coping, self-improvement, life skills, religious activities, and preventing illness
- **More relevant terms:** Self-awareness, self-compassion, monitoring wellbeing, balance, improving life satisfaction, personal care, meeting mental health needs, and entertainment activities.

There are some existing frameworks which offer practical actions for how individuals as well as public health interventions can enhance resilience and promote emotional wellbeing in everyday life:

- Research by the New Economics Foundation has identified five simple, evidence-based actions that can improve mental wellbeing and help maintain a healthy mind, known as the **Five Ways to Wellbeing:** *Connect with others; Be active; Take notice; Keep learning and Give*.[79]
- **Five to Thrive,** sets out five kinds of activities that encourage social and emotional development as well as parent-infant bonding during the early years: *Talk; Play; Relax; Cuddle; Respond*. [80]

Participation and involvement

Improving mental health outcomes requires actively involving children and young people in shaping the services and policies that affect them. Guidance for ensuring children and young people have their voices and views heard and reflected in policies and programmes include can be drawn from. **The Lundy Model of Child Participation** outlines four essential elements to uphold children's rights: [81] creating safe, inclusive spaces for young people to express their views; supporting them to do so; listening meaningfully; and acting on what they say.

Community-centred approaches emphasise the importance of co-production and local voice in tackling health inequalities.[82] An example of this approach relevant to young people and mental health in the United Kingdom is the 'Kailo' programme.[83] International

[78] Truscott, Hayes, Bardsley, Choksi & Edbrook-Childs (2023). Defining young people's mental health self-care: a systematic review and co-development approach. European Child & Adolescent Psychiatry, 33:3765-3785. Retrieved from: https://doi.org/10.1007/s00787-023-02320-7
[79] New Economics Foundation. Five ways to wellbeing. Retrieved from: https://neweconomics.org/uploads/files/five-ways-to-wellbeing-1.pdf
[80] KCA & Barnardo's. Five to thrive. Retrieved from: https://families.barnardos.org.uk/five-to-thrive
[81] European Commission (2022). Lundy model of participation. Retrieved from: https://commission.europa.eu/system/files/2022-12/lundy_model_of_participation_0.pdf
[82] Public Health England (2018). Health matters: Community-centred health and wellbeing approaches. Retrieved from: https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches
[83] Allen et al. (2025). Developing programme theory for a place-based, systems change approach to adolescent mental health: A developmental realist evaluation. Retrieved from: https://journals.plos.org/mentalhealth/article?id=10.1371/journal.pmen.0000226#sec001

models like the **Icelandic Prevention Model** demonstrate the value of youth engagement in designing community-wide interventions.[84]

THRIVE framework

The THRIVE framework, established in 2019, offers a whole system approach to addressing the mental health and wellbeing needs of children and young people.[85] Moving away from the traditional tier-based system of services, the THRIVE framework emphasises needs-led approaches by considering five categories of needs that babies, children and young people might have.

The aim of this framework is to enable empowerment, self-management, as well as earlier identification and access to the appropriate kinds of support for different needs. The aims are meant to be achieved through adhering to the following principles, across all services and activities in a local system:

Principle	Description
Common language	Having a common conceptual framework across all target groups, with the following five needs-based groupings: • Thriving • Getting Advice • Getting Help • Getting More Help • Getting Risk Support
Needs-led	Plans and roles are focused on meeting individual's need, rather than diagnosis or severity
Shared decision making	Voices of children, young people and families are central to decision making
Proactive Prevention and Promotion	A focus on the whole community being enabled to support mental health and wellbeing by building on strengths, including safety planning where relevant
Partnership Working	Cross-sector working with shared responsibility, accountability, and mutual respect.
Outcome-informed	Clarity and transparency about goals, measurement and action plans, considering the range of options of individual and community approaches
Reducing stigma	Ensuring mental health is everyone's business across target groups.

[84] Hoare et al. (2019). Lessons from Iceland: Developing scalable and sustainable community approaches for the prevention of mental disorders in young Australians. Retrieved from: https://doi.org/10.1016/j.mhp.2019.200166

[85] Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press. Retrieved from https://implementingthrive.org/about-us/the-thrive-framework/

Accessibility	Children, young people and families can get the advice, help or risk support needed in a timely way in their community.

The five needs-based groupings are described as:

Category	Description
Thriving	All children, young people and their families not currently needing individualised mental health advice or help. The THRIVE Framework suggests that this group engage in community initiatives that support mental wellness, emotional wellbeing and resilience of the whole CYP population
Getting Advice	The children, young people (CYP) and families who may require or choose to access temporary support within the community, access to information and self-management resources, or advice regarding the self-management of long-term conditions
Getting Help	For children, young people (CYP) and families who would benefit from focused, evidence-based treatment.
Getting More Help	The children, young people (CYP) and families who would benefit from extensive long-term treatment. Some conditions such as psychosis, eating disorders, emerging personality disorders and complex neurodevelopmental needs are likely to require this input.
Getting Risk Support	These are the children, young people (CYP) and families for whom evidence-based treatment are not eliciting changes in outcomes. Severe needs, often long-term, cross generational, with minimal resources etc. are compounded by significant and high level mental health needs

Mental health interventions

National guidelines also offer evidence-based recommendations to improve mental health care and support offered for children and young people with different mental health and wellbeing needs. Below are some of the key national guidelines relevant to children and young people's mental health:

Guideline topic	Description
Infant and early childhood mental health (2023)	• Provision of appropriate training, skills and expertise for professionals to understand how under 5s communicate and develop, and how to observe and interpret pre-verbal behaviours and cues • Emphasis on strengthening parent-infant/child relationships for 0-5s and providing assessment and intervention for emerging conditions • Parent-infant psychotherapy can improve the parent-infant relationship by improving maternal mood, reducing parental stress and improving the maternal view of the infant
Parenting support for 0-10 year olds (2025)	• Provision of parenting support programmes tailored to ages and stages of social and emotional development • Use strengths-based approaches to engage parents and offer support across the system • Ensure equitable access and tailoring for parents from minoritised backgrounds • Prioritise families where a parent has poor mental health
Social, emotional and mental wellbeing in primary and secondary education (2022)	• Adoption of whole school approach in primary and secondary education • Supporting staff through CPD, supervision, and information about local early help offers • Universal curriculum content to include evidence-based, culturally appropriate information, taking account of the Department for Education's guidance • Emphasis on relational approaches, psychological safety, inclusion, trauma-informed approaches with a focus on self-worth, skills, and resilience
Relationships, Sex and Health Education (2025)	• For primary schools, curriculum content includes information about general wellbeing activities, recognition and communication of emotions, bullying, seeking support and connection, as well as online and digital influences • For secondary schools, curriculum content builds on primary school content adding information specifically about mental ill health and distinguishing between normal feelings of worry and feeling down • For secondary schools, there is also consideration regarding high quality, evidence-based staff awareness training for safely addressing suicide prevention, self-harm and eating disorders • Language and content should be accurate, straightforward and appropriate for the level of understanding of the class

Guideline topic	Description
	• The guidance regarding relationships and sex education can also support the prevention of experiences that can negatively impact on mental health and wellbeing
Creative approaches	Artistic and creative activities that have preventative or mitigating effects on mental health and wellbeing. These approaches may be more preferred among children or young people who are less comfortable with expressing their thoughts and feelings by speaking.
Depression in children and young people (2019)	• Training for professionals should enable them to recognise symptoms and risk factors for depression early. • Professionals should build a collaborative relationship with the patent and family/carers and make all efforts necessary to engage them in treatment decisions, ensuring informed consent • Care pathways should be integrated and coordinated across services to ensure timely and flexible access • Professionals should be trained in cultural competence and be able to consider impact of race
Antisocial behaviour and conduct disorders in children and young people: recognition and management (2017)	• Health and social care professionals should be trained and competent to work with children and young people of all levels of learning ability, cognitive capacity, emotional maturity and development • Professionals should consider variations in presentation between genders, ages, cultures, ethnicities, religions • Selective prevention of targeted individuals or groups who have risk factors e.g. low school achievement, impulsiveness, child abuse, parental involvement in criminal justice system • Initial and comprehensive assessment approaches should take possible coexisting conditions into account
Self-harm: Assessment, management and preventing recurrence (2022)	• Professionals should not use risk assessment tools and scales to predict behaviour re: self-harm or suicide nor determination of treatment or discharge by low, medium or high risk • Risk formulation and safety plans should be developed in collaboration between the person who has self-harmed and the professional(s) involved • Use of multi-agency approaches and consider safeguarding concerns such as abuse, violence or exploitation
Psychosis and schizophrenia in children and young people (2024)	• Specific guidance regarding referral, assessment, care planning, treatments (e.g., medication, psychology, art therapy), monitoring and reviewing, transfer, discharge, safety, communication, and cultural safety • Health and social care professionals should ensure they can assess capacity and competence in children and young people of all ages and understand how to apply legislation in their care and treatment: ○ Children Act (1989; amended 2004)

Guideline topic	Description
	○ the Mental Health Act (1983; amended 1995 and 2007; including the Code of Practice: Mental Health Act 1983) ○ the Mental Capacity Act (2005)
Eating disorders (2020)	• Assessment and treatment should start at the earliest opportunity – the guidance provides specific symptoms and additional needs among young people to assess for • Awareness in a range of settings including education, social care, primary and secondary health care settings • Immediate referrals should be made to community-based, age appropriate eating disorder services for further assessment and treatment
Transition from children's to adults' services	• Support must be strengths-based and focusing on what is positive and possible rather than being pre-determined • Transition planning must be developmentally appropriate

Policy context

There are a range of national policies that inform what local areas should have in place to promote good mental health and wellbeing and prevent or reduce poor mental health and wellbeing among children and young people. These policies relate to a range of settings including local authorities, health and care services, and education.

Theme	Policy
Prevention and early intervention	• Prevention Concordat for Better Mental Health • Addressing stigma (Five Year Forward View for mental health 2016) • Mental health champions in each council (Five Year Forward 2016)
Antenatal and early years	• Early years: Best Start for Life: A Vision for the 1,001 Critical Days - Funding provided for Family Hubs, workforce development, perinatal mental health and parent-infant relationships, parenting programmes, infant feeding and improving information/ communication from 2022-2026 in the 75 most deprived local • Increased investment and transformation in adult mental health services including perinatal (relevant to early years mental health due to impact of parental mental health and parent-infant relationships) • Early Years Foundation Stage Statutory Framework sets out personal, social and emotional development as a 'prime' area of learning and development in settings, through modelling, guidance, and supported interaction. • Healthy Early Years London: A pan-London voluntary awards scheme designed to improve health, wellbeing and development among 0-5 year olds in early years

Theme	Policy
	settings, including emotional wellbeing and mental health – re-committed to by the Mayor of London for 2025-2028.
Communication and Information	• Local authorities are required to publish information about services available for children and young people, including those with special educational needs and care leavers, called the Local Offer. • The national Family Hubs and Start For Life programme requirements include requirements about communication and information, including digital and in-person.
Access to mental health support	• Implementation of 'Children and Young People's Improving Access to Psychological Therapies' programmes with evidence-based interventions and outcome monitoring • Reduction in waiting times to access specialist CAMHS to 4 weeks (Transforming CYP MH Green Paper 2017) • Need for support while waiting for mental health treatment (Five Year Forward View for Mental Health 2016) • Collaboration/ consider use of single point of access in community (Future in Mind 2015) • 24-hour community-based mental health crisis care available all 7 days of the week for those in need, including those under 18 (Five Year Forward View for Mental Health, NHS Long Term Plan) • Support for transition to adulthood, expansion of current 0-18 years mental health service model to 0-25 (NHS Long Term Plan 2019) • Adopt models of mental health service provision that fosters collaboration between sectors (Future in Mind) • Single point of access and 'one stop shop' (Future in Mind) • The NHS Operational Planning Guidance for 2025/2026 committed to neighbourhood-level multi-disciplinary teams (MDTs) for children and young people to enable access to specialist advice including mental health through primary care-led team working.
Patient and carer race equality framework (PCREF)	The Patient and Carer Race Equality Framework (2023) provides an approach to anti-racism that mental health trusts and mental health providers should take to improve experiences of care for racialised and ethnically and culturally diverse communities. These organisations are expected to: • Make a commitment to implementing the PCREF and other mechanisms for advancing mental health equalities. • Improve governance structures, to include better representation of racialised people and improve services accordingly.

Theme	Policy
	• Improve data collection around ethnicity and other demographics. • Examine the information to improve services to better meet your local population needs. • Use ethnicity data to co-produce plans to improve access to services and outcomes for racialised groups and make them publicly available. • Commit to improving interactions with racialised groups. PCREF is split into: 1. Legislative and regulatory obligations 2. National organisational competencies 3. Patient and carers feedback mechanism.

School based approaches	• 8 key principles a whole school approach to mental health
	  • Leadership and management that support and champions efforts to promote emotional health and wellbeing
	  • Curriculum teaching and learning to promote resilience and support social and emotional learning
	  • Enabling student voice to influence decisions
	  • Staff development to support their own wellbeing and that of students
	  • Identifying need and monitoring impact of interventions
	  • Working with parents and carers
	  • Targeted support and appropriate referral
	  • An ethos and environment that promotes respect and values diversity
	  (Public Health England)
	• The Transforming children and young people's Mental Health provision: a Green Paper in 2018 led to: the introduction of Mental Health Support Teams (MHSTs) which aimed to:
	  • Provide direct support for children and young people with 'mild to moderate' mental health problems
	  • Support schools and colleagues with their whole school approach to mental health and wellbeing
	  • Work with education staff and specialist mental health services to ensure children get the support they need.
	• Designated senior mental health lead roles and training
	• Statutory guidance re: keeping children safe in education (Department for Education)

Prevention of suicide and self harm	• **National suicide prevention strategy** • Strategy from 2012-2023 – emphasis on local all-age partnership groups, training for

Theme	Policy
	professionals, addressing risk of self-harm, tailored approaches for CYP • New strategy for England published 2023-2028 – added focus on targeting high-risk groups of CYP, family involvement, and addressing impact of digital/social media
Highly specialised services for severe and complex needs	• NHS England commissions specialist mental health services at a national level. Tier 4 Children and Adolescent Mental Health Services (CAMHS), which provide services for children and young people with complex and severe mental health difficulties requiring intensive, specialised care including eating disorder services
Emergency and crisis	• Section 136 of the Mental Health Act (MHA) enables police to use emergency powers to move a person (regardless of age) from a public place to a place of safety, with consultation from a health professional. • The MHA Code of Practice is clear that children and young people should have: • appropriate physical facilities • suitably trained staff • a hospital routine that will allow their personal, social and educational development to continue as normally as possible • equal access to educational opportunities as their peers. • A new Mental Health Bill was introduced to the House of Lords in 2024 to modernise the current MHA, which seeks to improve choice and person-centredness, reduce restriction, and increase therapeutic benefit. • Royal College of Paediatricians and Child Health guidance has a set of standards related to emergency or crisis mental health care for children and young people • In 2024, the NHS extended its 24/7 offer for locally-delivered, telephone-based crisis support through the '111 Mental Health option'
Addressing Mental Health inequalities	• **Equality Act (2010)** • Protection from discrimination by age, disability, and other protected characteristics • Reasonable adjustments requirements – adjustments for needs e.g. communication differences, locations, neurodiversity • Data collection and monitoring to ensure inequalities are identified and reduced • **Core20Plus5** • Identification of key priority groups to reduce inequalities amongst such as areas of higher deprivation and people with different protected characteristics

Theme	Policy
	• One of the '5' is about access rates for mental health services among ethnic groups, ages, genders and deprivation levels • **Advancing our health: prevention in the 2020s:** Taking action to address risk factors that contribute to poor mental health and advocate for investment in protect factors that build resilience • The Centre for Mental Health produced a **Mentally Healthier Council Manifesto** with pledges that could address inequalities in mental health by reducing poverty, improving the environment, supporting the best start in life and providing better access to quality services https://www.centreformentalhealth.org.uk/manifesto-ideas-for-the-upcoming-local-council-elections/
Safeguarding and Protection	The government released statutory guidance 'Working Together to Safeguard Children' in 2023, bringing together the existing legislation relevant to safeguarding and promoting the welfare of children: • Children Act 1989 • Children Act 2004 • Children and Social Work Act 2017 • Education Acts • Childcare Act 2006 • Legal Aid, Sentencing and Punishment of Offenders Act 2012 • Police Reform and Social Responsibility Act 2011 • Crime and Disorder 1998 • Housing Act 1996 • Homeless Reduction Act 2017 • Domestic Abuse Act 2021 • Data Protection Act 2018 The implementation of this legislation at a local level enables protection of children and young people from adverse childhood experiences that increase the risk of poor mental health in the short and long term.
Digital technology	• NHS England » Principles for using digital technologies in mental health inpatient treatment and care: • Human rights to life, liberty, security, privacy, dignity, autonomy, freedom from unintended serious harm • Online Safety Act 2023 includes new protections that can prevent or reduce exposure to harmful online experiences: • Required social media companies to enforce age limits • Requires sites to rapidly remove illegal suicide and self-harm content and proactively protect users from content

Theme	Policy
	• New criminal offence for encouraging or assisting serious self-harm • Requirement to prevent children from seeing content that encourages, promotes or provides instruction re: self-harm • Duties to put systems and processes in place to remove harmful illegal content that disproportionally affects women and girls such as harassment, stalking and intimate image abuse

Understanding the Local Picture

This section describes the current system of interventions in place in Tower Hamlets to promote good mental health and prevent or reduce poor mental health among children and young people.

Governance, Coordination and Partnerships

Governance and coordination of children and young people's mental health in North East London (NEL) is evolving but faces ongoing challenges:

- **Collaboration and oversight:** Regionally, the North East London Mental Health, Learning Disabilities and Autism Collaborative, part of the wider NCEL Provider Collaborative, aims to coordinate care and service development, although further clarity and progress depend on forthcoming NHS England planning guidance. While there are some joint arrangements in place across NEL and neighbouring areas, alignment and integration remain in development. A new multi-agency group regarding children and young people's mental health and emotional wellbeing has been established in summer 2025 to enhance coordination and oversight across services and organisations in the borough.
- **Communication and awareness:** One issue that stakeholders and residents have both highlighted is the challenge with knowing what support is available for children, young people and families' mental health. Information about services and self-care opportunities in Tower Hamlets is not readily available in one place for families to access, nor is it available in different languages.
- **Data and insight:** There is not currently a centralised approach for bringing together and using data and information relevant to mental health and emotional wellbeing of children and young people, including resident insight and feedback. Some children and/or their families have had several opportunities to contribute to decision making related to mental health and wellbeing in Tower Hamlets. Examples of these opportunities include the Young Scrutineers and a people participation group for service users of Tower Hamlets CAMHS. However, there is not currently a space where insight from these different projects is brought together for knowledge exchange and wider application. This may lead to potential duplication and missed opportunities for acting on insight that has already been highlighted.

Strategies and Plans

These strategies and plans include priorities that can influence children and young people's mental health and emotional wellbeing in Tower Hamlets:

Plan	Description
Tower Hamlets Local Transformation plan for Children and Young People Mental Health and Emotional Wellbeing 2019-2024	This plan, last refreshed in 2020/2021, had the following aims: • All children and young people will get the right support to thrive and to become resilient to life's challenges. • Carers and professionals working with children and young people will be supported to identify emotional wellbeing and mental health needs and be confident in accessing appropriate and timely support.

Plan	Description
	• There will be a joined up offer so children and young people can get help earlier with their emotional wellbeing, • And more accessible specialist and crisis support for those who need more help with their mental health.
North East London (NEL) Integrated Care Strategy	This strategy launched in 2023 identified the following components to align with or make the most of as a Tower Hamlets integrated care system. This includes specific system priorities for both mental health and babies, children and young people: • Mental health: improving focus on prevention, access to services, integration, and involvement of service users and carers. • Babies, children and young people: improve access to mental health services; provide better support in transition to adult mental health services; reduce loneliness and social isolation; and collaboration between education, health and social care. The strategy also included cross-cutting ambitions and themes, to incorporate into the approach for planning and implementation regarding the mental health and wellbeing of 0-19 year olds in the borough: • Ambitions: foster greater equity, deepen collaboration, create value and improve quality and outcomes • Themes: prevention, tackling health inequalities, co-production, personalisation, and learning
Accelerate (The Tower Hamlets Children and Families Partnership Strategy) 2024-2029	This strategy highlights 8 ambitions aimed at improving outcomes for children and families in the borough. **Ambition 3** of this strategy focuses on supporting good mental health and wellbeing, the four areas to address are: 1. Implement the 'Thrive' framework as the cornerstone of our partnership approach to mental health services for young people. We will work as a system to expand and invest in early intervention and prevention, and work towards integrated referral pathways. 2. Improve mental health support for children and young people with SEND and with learning disabilities, those we look after, children in trouble with the law or children who are bereaved. 3. Improve well-being for all our children and young people by introducing the evidence-based 'five ways to wellbeing' into play, youth, leisure and culture services. 4. Ensure more children, families and professionals are aware of how to support mental health in Tower Hamlets The strategy also identifies values which are aligned with the Thrive Framework Principles: being child-focused, working with the whole family (collaborative and co-production

Plan	Description
	approaches), strengths-based and trauma-informed, and combating discrimination and racism. The development of the strategy itself was done through synthesis of feedback and evidence from young people, and stakeholder consultations. It also aims to tackle issues such as safety and bullying, which can affect mental wellbeing.
Tower Hamlets Health and Wellbeing Strategy 2021-2025	This strategy outlines key ambitions to support the mental health of children and young people. These include fostering an environment where children and families are happy, healthy, confident, and able to thrive, as well as ensuring that anyone in need knows how to access support and receives the right help. The strategy emphasizes the importance of collaboration to maximize existing resources that support health and well-being, alongside better targeting through effective use of data.
Tower Hamlets Council Strategic Plan 2022-2026	The Council strategic plan includes ambitions to enhance the experiences of children and young people through initiatives such as investing in youth centres, expanding school meal programmes, and implementing early help strategies.
Tower Hamlets for All: Our New Partnership Plan 2023-2028	This plan includes two relevant ambitions: • A child-friendly borough where children and young people from all backgrounds thrive, achieve their best, have opportunities and are listened to • Everyone in Tower Hamlets should be able to enjoy good mental health and wellbeing ○ This includes a commitment to signing the Prevention Concordat for Better Mental Health, with a focus on prevention-based approaches to improving mental health and well-being across all age groups Other ambitions would also influence children and young people's mental health and emotional wellbeing by addressing wider determinants: • Fair, inclusive and anti-racist borough • Feeling safe and living in good quality homes and healthy neighbourhoods • Having access to good work and skills.
Tower Hamlets Suicide Prevention Strategy for 2023-2026	The local suicide prevention strategy includes action on reducing suicide and self-harm risks and tailoring approaches for mental health (including for children and young people). There is also a focus on improving information and support for people The strategy takes a multi-agency approach and the steering group that is involved in delivery includes

Plan	Description
	services and partners who work with children and young people.
Tower Hamlets Early Help Strategy 2023-2025	This strategy's focus was on identifying needs within families early and providing coordinated support before problems become complex, offering a mechanism for prevention and early intervention for poor mental health. The strategy identified different levels of need that services could address: 1. Universal services 2. Targeted Early Help Services 3. Child in Need 4. Child Protection Mental health and wellbeing was an identified priority of this strategy, including an action to develop clear and integrated pathways with adult mental health services. Additionally, the top priority for the strategy was to develop an Early Help workforce that is relational, trauma-informed and works with the whole family.

Workforce development

Training and development for professionals and volunteers who work with children and families across Tower Hamlets have had a focus on improving awareness and skills regarding different mental health and wellbeing topics. Opportunities like Youth Mental Health First Aid, Suicide First Aid and trauma-informed care courses have been offered to professionals in Tower Hamlets that work with children and young people since 2021, These trainings emphasise increasing skills for having conversations about mental health challenges with children and young people, as well as connecting them to services and support.

- Perinatal mental health and parent-infant relationships training
- Learning Academy training for LBTH Supporting Families and Early Help
- Emotional literacy support assistance (ELSA) for teaching assistants and other specialist roles in schools
- Senior Mental Health Lead in Schools training

Participation varies due to capacity challenges and there can be challenges with application in practice. Additionally, workforce development opportunities were organised by different groups (e.g., Public Health, the Learning Academy, different NHS organisations) and was not always well coordinated across partners.

Interventions for children, young people, parents and carers

This section provides an overview of mental health interventions in Tower Hamlets that support residents aged 0–19. These have been grouped according to the five Thrive categories:

- Thriving
- Getting advice
- Getting help
- Getting more help
- Getting risk support

Many services address a range of needs and may therefore fall into more than one Thrive category. Children may also have a range of different levels of need, rather than fitting neatly into one THRIVE category. In addition, understanding the capacity of each service, along with the sustainability of its funding and resources, is essential for informing future strategic and service planning.

Figure 20: THRIVE Framework categories of need experienced by babies, children and young people

Thriving: mental health promoting and preventing

The focus at this level is to create environments that support mental health and prevent issues before they arise.

'Thriving' intervention	Description
Health Visiting Services	Universal services providing advice and support to families with young children to promote healthy development and wellbeing**.** Health visitors are nurses or midwives with specialised training in child development and public health, who help families keep their children healthy by identifying early signs of problems, and who offer guidance on topics such as nutrition and breastfeeding. The service also includes the Family Nurse Partnership (FNP) for young, first-time parents, offering intensive home visits to improve health and social outcomes and Maternal Early Childhood Sustained Home-visiting programme provides extra support in Tower Hamlets.
Family Hubs and Children and Families Centres	Tower Hamlets has 12 centres across the borough which aim to provide a wide range of activities and services, currently mostly aimed and families with younger children. There has been significant investment into the centres and programming through the national Family Hubs and Start for Life programme grant in 2022-2025, including activities that promote emotional wellbeing and bonding between parents and children (such as baby massage and Stay and Play classes).
Early Education and Childcare Services	Tower Hamlets has a range of early education and childcare settings that include childminders, pre-school play groups and nurseries who support the learning, development, and care of young children to prepare them their futures. The council's Early Education and Childcare Service aims to ensure high quality provision across these settings to support learning, development and care. This includes some provision of staff training and the Healthy Early Years London programme, an awards scheme where settings are supported and incentivised to engage with health promotion activities.
Schools	Tower Hamlets has 69 primary schools and 19 secondary schools (including academies and specialist colleges). There are also 7 state-funded special or alternative schools, and 14 independent schools (including Islamic schools). Schools
Youth Services	The Council's youth service, Young Tower Hamlets, provides activities and support to young people aged 11-19 or up to 25 years old with SEND. The aim of the service is to provide safe spaces, recreational activities, and access to support for young people.

'Thriving' intervention	Description
	There are seven youth centres located across Tower Hamlets with a range of activities and provision offered by youth workers.
Young WorkPath	In Tower Hamlets, Young WorkPath provides information, advice and guidance regarding careers including getting into education, training or work. Advisers work in schools and colleges across the borough and offer guidance interviews. The service is available for young people aged 13-19 years old (and up to 25 years old for young people with SEND).
Voluntary and Community Sector (VCS) Organisations	There are numerous organisations that deliver programmes and activities that can promote wellbeing. The 2023-2027 Mayor's Community Grants Fund and Small Grants Fund. These range by age group, geographic location, and other factors. Some funded projects include the Canaan Project for young women and Toynbee Hall's Nurturing Bodies and Minds project. Resources for VCS organisation programmes can be limited or funded on a temporary basis, which can limit the sustainability and continuity of available activities in the borough.
Parks and play spaces	Tower Hamlets has many parks and green spaces, including multiple award-winning spaces. There are also over 60 playgrounds across the borough. There has been investment in recent years to improve the quality of play offerings in the borough, including play streets and inclusion for children with special needs.

Getting advice

This section lists the options that Tower Hamlets children and young people can seek for accessible advice, guidance, and early interventions for emerging mental health needs:

'Getting Advice' Intervention	Description
Digital sources of help and advice	Tower Hamlets offers a variety of websites and newsletters where people can seek advice regarding children and young people's mental health and well-being. These include: • Tower Hamlets website • Local offer • Family Hubs website • Young Tower Hamlets website • Resident newsletter (in English and in Bengali) • Families Matter newsletter While these platforms provide valuable information, there is room for improvement in ensuring accessibility and consistency. At times, key details may be spread across

'Getting Advice' Intervention	Description
	multiple sites and pages, creating challenges for both residents and professionals to find the information they need regarding mental health and wellbeing offerings. Furthermore, pages can become out of date quickly due to frequent changes to service offerings. Much of the existing content focuses on services, with opportunities to expand information on general mental health, self-care, and peer support opportunities. Additionally, the content of these resources are not often tailored to reflect the realities and needs of Tower Hamlets residents in terms of cultural preferences and channels.
Health Visiting	This universal service, commissioned by Public Health, involves specialist community public health nurses working in partnership with families with children from 28 weeks antenatally to the age of five years. The aim is to identify needs early and provide support or referrals, including for mental health and emotional wellbeing as well as early attachment issues. There is a specialist provision within the service for perinatal mental health, with strong partnership working with the specialist perinatal mental health service. Additionally, health visitors in Tower Hamlets have participated in training regarding perinatal mental health, early emotional development and communication, as well as Newborn Behavioural Observation.
Baby Feeding and Wellbeing Service	This service offers support for breastfeeding, infant nutrition, and bonding between parents and infants. It is universally offered and presents an opportunity for early intervention and signposting to further support, which may present opportunities for signposting to support with wellbeing and parent-infant bonding.
Parent and Family Support Service	Deliver workshops and initiatives to help parents build skills for fostering their children's mental and emotional health. These include: • Triple P (Positive Parenting Programme) • Emotional First Aid • Speakeasy (skills and confidence in talking with their child about growing up). This service also provides a newsletter for parents and professionals to learn about services and activities (Families

'Getting Advice' Intervention	Description
	Matter), a Dad's Engagement Network, and a Parent Ambassador programme with over 40 active volunteers. The content of these activities sometimes includes mental health of both children and parents. Team members have increased capacity and knowledge regarding parental and child emotional needs through recent training participation.
School Health	The **School Nursing** service delivered support for mental health concerns to 355 young people during In 2023/24.. School nurses also made referrals for pupils to seek mental health support through specialist services like CAMHS. Children can access drop-in sessions for children aged 5-18 in schools, youth centres, and for those in the Youth Justice system. The **Educational Psychology** service works with 0-25 year olds with a range of different needs and also support schools and Tower Hamlets Council to develop systems for supporting children and young people. The level of involvement and support provided to schools varies depending on the commissioning arrangements each school has with the service. **Tower Hamlets Education Wellbeing Service (THEWS)** is the local version of the national Mental Health Support Teams in schools programme. The team delivers workshops in some primary schools for students, parents, and staff, with up to 12 workshops per academic year per school. The coverage of this offer varies by school and is not currently offered in every school in the borough. THEWS teams have delivered workshops and groups to around 7,000 CYP and parents since their launch. The **Healthy Lives** team, based within the Council, engages with primary and secondary schools through group-based health promotion activities across multiple health topics. Healthy eating and physical activity are more often covered than mental health and emotional wellbeing. An evaluation conducted in 2024 indicated that schools had an overall positive perception of the service as a good resource that provides help with activities and signposting information. However, schools' feedback also suggested that there is a lack of consistency across schools and requests for more workshops for parents or children and support regarding social media's effect on mental health.
GP practices	GPs and other allied primary care professionals can provide information, advice and treatment and can refer individuals to a mental health or psychological therapies service. There are 32

'Getting Advice' Intervention	Description
	GP practices in the borough, which sometimes work together as part of Primary Care Networks based on geographic areas of the borough. One example of specialist primary care provision is **Health Spot**, a service for young people in Tower Hamlets integrated with specialist youth provision, mental health workers, sexual health and substance use, and speech and language support. The service aims to be open and non-judgemental. About 7% of patients are referred to Health Spot's mental health and emotional wellbeing offer. Services are provided only in the North East locality of the borough (offering appointments one evening per week in Spotlight in Langdon Park and one evening per week at the Eastside Youth Centre in Bow).
Early Help	This service provides support to families, from pregnancy through to young people transitioning to adulthood, for challenges that may have a negative impact on children's mental health and wellbeing. These challenges might be parental conflict, special educational needs, school attendance, and financial insecurity. This service can help address both the arising issues causing distress among families as well as refer or signpost to mental health services. Parents and families can seek an Early Help Assessment, which is meant to identify needs and direct the family to the appropriate kinds of support. Early help staff have participated in various mental health workforce development programmes to enhance their capabilities to support with mental health challenges.
KOOTH	A free online counselling platform offering self-help tools, with 383 users accessing resources between Nov 2023 and Oct 2024.
Wellbeing ambassadors	A peer led initiative for young people aged 15-18 year; focus on reducing stigma and improving access to additional mental health support. 66 Wellbeing Ambassadors participated, with up to 5 young people from each school recruited and trained as wellbeing ambassadors.

Getting help

Interventions in this need-based category address more specific mental health concerns:

'Getting Help' Intervention	Description
Mental Health Support Teams (MHSTs)	In Tower Hamlets, MHSTs are called Tower Hamlets Education Wellbeing Service (THEWs). Mental health support teams (MHSTs) provide school-based interventions for children and

'Getting Help' Intervention	Description
	young people with mild to moderate mental health difficulties. Interventions include individual and group-based support, including face-to-face, telephone and video-based support. Since launching in 2019, the coverage in Tower Hamlets has been expanding each year, however, it does not yet include all schools and varies by school. Recent performance reports show that referrals have increased from around 20 per month in 2021 to over 40 per month in 2024-2025. The service can work with pupils who have additional needs such as ADHD, mild learning disability, specific learning difficulties, long-term physical health needs, and autistic pupils. However, THEWs does not work with children who attend school less than 75% of the time. Other exclusion criteria include current safeguarding risks, self-harm, suicidal thoughts, risk of violence to others, nor those who have recently attended A&E for mental health. Additionally, THEWs does not provide support to children and young people with symptoms of post-traumatic stress nor disordered eating.
Educational Psychology	This team offer one-to-one and group interventions to promote learning and emotional resilience, as well as specific support during times of crisis (such as a bereavement). The offering varies between schools due to different commissioning arrangements, so pupils attending different schools have access to differing levels and types of support.
Voluntary sector organisations	Docklands Outreach provide support for parents and children aged 3-25 years old, including wellbeing activities and counselling services for children and parents/families with emotional and behavioural difficulties. Step Forward offers counselling and support to young people aged 11-25, including targeted support for vulnerable groups such as LBGTQ+ young people. Multiple voluntary sector organisations specialist in support for mental health and relational needs during pregnancy and the early years including Toyhouse, Sister Circle, St Luke's and Social Action for Health. These include group-based and one-to-one support which have both universal elements and aspects tailored to more vulnerable families. Recent investment from the Start for Life and Family Hubs Programme has enabled expansion of these perinatal mental health and parent-infant relationships services, however, the funding term is limited.
Digital offers	**KOOTH** provide free online counselling platform offering counselling in addition to self help tools. Between November 2023 and October 2024, there were 96 users accessing counselling**.**

Getting more help

Some children and young people can experience more complex mental health needs that require additional help. This section describes what is being delivered for children with mental health needs by specialist mental health services.

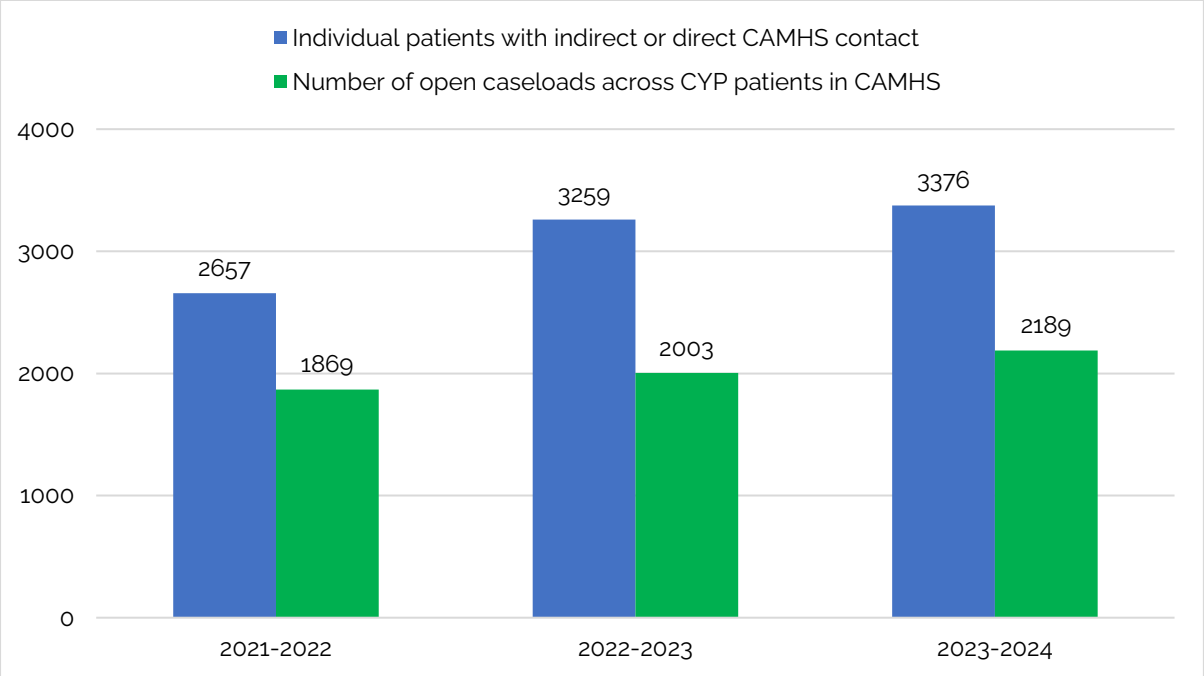
Tower Hamlets Child and Adolescent Mental Health Services (CAMHS)

Overall delivery and access

Specialist CAMHS consists of a multidisciplinary team that provides assessment and treatment for children and young people (up to aged 17) who are experiencing mental health difficulties. The service has increased the numbers of individual patients it is in contact with as well as its overall caseloads between 2021 and 2024 (Figure 21). Specialist CAMHS reporting is currently based on a national reporting framework which presents challenges in assessing need due to the indicators included.

Service contacts vary greatly in level of intervention; contacts include *indirect contact* (such as professionals participating in case meetings) and *direct contact* (such as assessment appointments). Additionally, one patient may have more than one type of mental health need and therefore may have multiple recorded caseloads within CAMHS. Without further detail such as duration or contact type, these high-level data definitions can make it challenging to understand what is being delivered and how well patients' needs are being met through the service.

Figure 21: Tower Hamlets CAMHS service contacts and caseload levels, 2021 to 2024



Waiting times

Referrals are managed through a single point of access, where they are triaged and allocated to the appropriate team. More than three-quarters of people referred to specialist CAMHS in Tower Hamlets are assessed within 5 weeks. There is limited information available about the time from assessment to treatment, but this is expected to vary depending on the needs of the child accessing the service.

Types of Mental Health Needs Supported

Following assessment, CAMHS offers multiple pathways for different mental health and emotional wellbeing needs, including Emotional Disorders, Behavioural Disorders, Psychosis & Bipolar, and Neurodevelopmental Teams.

There is also a dedicated team of Specialist CAMHS in Social Care Team, which is a multidisciplinary group of professionals working with children who have a Tower Hamlets Social Care plan, funded by Tower Hamlets Council. The caseload of children in care known to CAMHS has ranged between 18-25 children each month.

There are also about 80-100 children each month with Special and Educational Needs and 60-90 children with an Education Health and Care Plan (EHCP).

Outcomes

The current national reporting framework only requires reporting on the proportion of paired outcome measures completed and data about the performance of outcomes is not readily available. Different measures are used in CAMHS depending on the treatment pathway(s). Current levels of completeness of outcome data limit interpretation of how well the service is meeting needs:

- Fewer than 50% of patients and parents or carers within the core CAMHS service complete outcome measures that can be compared at different time points throughout treatment. The low level of completeness is also seen at a national and regional level.
- Patients within the Eating Disorder pathway complete most or all outcome measures.
- Clinician reported outcome measures are completed most (80%) of the time. This is higher than national and London completeness.

At a national level, analysis of completed self-reported paired outcome measures show that about 50% show measurable improvement; 40% show no measurable change and 10% show measurable deterioration.[86]

Equity

Demographic information about people accessing local services is not readily available at the Tower Hamlets level currently; it must be requested through the NEL ICB performance team. There are also the same data quality issues to consider in terms of the meaning of key indicators (contacts and caseloads). This presents challenges with regular and accurate monitoring of equity in access or outcomes by different characteristics such as age, ethnic group, gender, or socioeconomic status.

Tower Hamlets CAMHS data regarding contacts and caseloads from 2023-2025 indicates that:

Characteristic	Description

[86] NHS England (2025). Mental Health Time Series data dashboard. Retrieved from: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/dashboards/mental-health-services-monthly-statistics

Age	Most caseloads are for 6-17 year olds and very few children aged 5 and under have been supported. Needs may not be observed by parents or professionals until later in childhood and there is limited capacity for specialist CAMHS support for babies and children aged 0-5. There is one part-time specialist psychotherapist that can deliver parent-infant support within the Specialist Perinatal Mental Health Team, which is part of the same trust (East London NHS Foundation trust), for adults with moderate or severe levels of need and babies from pregnancy to 24 months old.
Gender	According to the most recent CAMHS Access Data report (2024-2025), slightly more than half of patients who accessed CAMHS from ELFT were males (54%). There are similar levels of **contacts** between males and females but a higher number of **caseloads** among males than females. This is in contrast to prevalence data which indicates that female children are twice as likely to have a recorded mental health disorders in primary care than male children.
Ethnic groups	1 in 3 caseloads were Bangladeshi children, fewer than 1 in 5 were White British, and other ethnic groups had far smaller caseload levels. About 1 in 3 caseloads had an ethnicity labelled as 'Other', indicating a need to improve the completeness of ethnicity recording for further analysis regarding ethnicity to be made.

Tower Hamlets Paediatric Liaison Team

Based in Royal London Hospital, this team supports children and young people managing the emotional impact of living with a health condition. The team provide support in various settings, including A&E for mental health crises, hospital admissions with combined physical and mental health needs, and outpatient services. The service only accepts professional referrals.

Grief in Pieces: Support for Suicide Loss

Mind in City, Hackney and Waltham Forest deliver a service for people across North East London who have been bereaved or affected by suicide. In 2025, the service launched dedicated pathway in 2024/2025 specific to children and young people aged 7 years old and older. This new service offers tailored support including art-based activities and support for schools.

Getting risk support

This section sets out different services and support that children and young people may access when there are additional safety risks and/or other forms of support have not met needs.

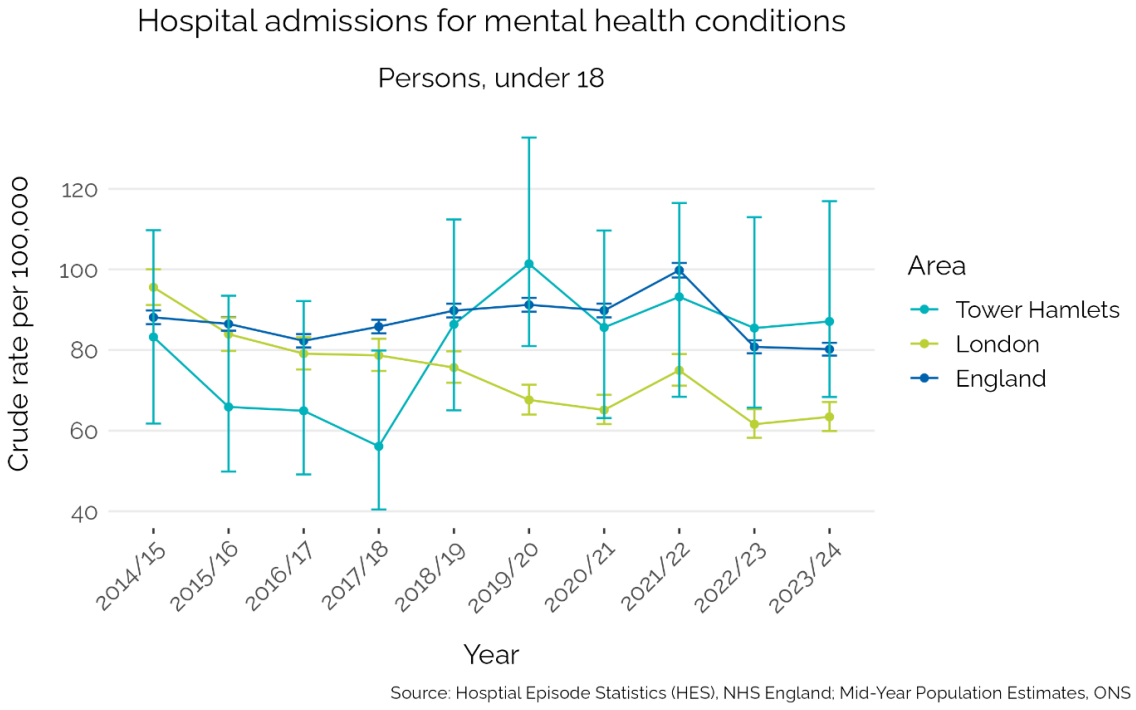
Telephone-based crisis support

Tower Hamlets all ages mental health crisis line is available 24 hours a day and callers will be given support and advice from mental health professionals. This was previously a regular freephone line, but changed in 2023-224 to be 'NHS 111 – option 2'; in North East London, delivered by a regional team. The service can provide brief psychological support and also signpost to local services and organisations like Tower Hamlets CAMHS.

Hospital admissions and inpatient care

When a young person aged 12-18 is presenting with complex or severe mental health difficulties, specialist CAMHS or emergency services may refer the person to The Coborn Centre for Adolescent Mental Health, an inpatient and day service for young people. The service is based in the neighbouring borough of Newham and is primarily for residents of Newham, Tower Hamlets, Hackney, and the City of London. The centre has 12 acute beds, 16 psychiatric intensive care beds, and six day service places. Referrals may be accepted from or directed to other areas depending on capacity and specific circumstances of the child or young person. The rate of children and young people aged 0-17 years old admitted to hospital with a mental health condition (87.1 per 100,000) was similar to the England rate (80.2 per 100,000) in 2023/2024.[87]

Figure 22: Hospital admissions for mental health conditions for children under the age of 18 from 2014-15 to 2023-24 in Tower Hamlets, London and England



[87] Office of Health Improvement and Disparities (2024). Tower Hamlets Child Health Profile March 2024. Retrieved from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133228/pat/6/par/E12000007/ati/402/are/E09000030/iid/90812/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

There were more than 1,000 self-harm inpatient admissions between 2021 and 2024, of which more than 300 were by 13-19 year olds in Tower Hamlets. A small number (23) of inpatient admissions for self-harm were among 0-12 year olds during this period. More than 80% of these children and young people were female. Half of the people aged 0-19 that self-harmed as an inpatient were Asian/Asian British, with other ethnicities making up much smaller proportions.

Data from CAMHS inpatient units across North Central and East London (NCEL) from 2018-2020 indicated patterns in the characteristics of patients as well as their interaction with services. About half (49%) were admitted to inpatient units across NCEL voluntarily while just under one-third (30%) were involuntary (they were 'sectioned' under the Mental Health Act). Detentions under the Mental Health Act were significantly more likely among males than females and significantly more likely among Black and Asian children and young people than White children and young people. These differences may indicate a need to focus efforts towards reducing the use of the Mental Health Act among young males and Black and Asian children and young people.

CAMHS Intensive Community Crisis Team

The CAMHS Crisis Team provide intensive community-based support and appropriate therapeutic interventions to young people and their family as an alternative to admission to a specialised day or inpatient CAMHS mental health unit. In these instances, presenting needs may include severe psychosis or significant risk to self.

Over the past two years, the most frequently presenting needs to the Tower Hamlets CAMHS Crisis team have been acts or thoughts of self-harm (two-thirds); depression/low mood (one-third); and social problems (one-quarter). Other less frequently presenting needs included anxiety, alcohol/drug misuse, psychosis, eating disorders, and learning disabilities.

Body & Soul

Body & Soul, a pan-London voluntary sector organisation, provides You Are Not Alone (YANA), a service which offers 6 months of group and 1:1 support based on dialectical behaviour therapy to people aged 16-35 that are most at risk of suicide across London (people who have already self-harmed or attempted suicide). This programme is currently partially funded by the LBTH Mayor's Community Grant Fund until 2027 (self-referrals accepted). Between April 2024 and March 2025, Body & Soul received 37 referrals from young people at risk of suicide who lived in Tower Hamlets (including some young people over the age of 19). Programme participants report outcomes including:

- 98% decreased presentations to A&E and crisis services
- 92% made no further attempts on their lives.
- 100% have not self-harmed

Other outcomes that participants report include improved overall wellbeing, confidence, community participation, and emotional regulation.

YANA has also had a Decolonising DBT initiative where members identifying as 'Black or of Colour', including members from Tower Hamlets, reviewed the service's tools from a racial and cultural lens and provided suggested changes to enhance accessibility and effectiveness.

Public perspectives

This section presents insights from consultation, co-production, surveys and research conducted in Tower Hamlets, highlighting some challenges, barriers, and priorities identified by the local community in supporting mental and emotional wellbeing.

In 2018, an online survey of 209 parents and carers with children of all ages in Tower Hamlets provided the following key findings:

- **Information gaps:** 30% of parents and carers said they have not had enough information to support their children in dealing with their feelings.
- **Health and wellbeing worries:** Nearly two thirds (64%) of parents and carers say they worry about their children's health and well-being often.
- **Bullying prevalence**: Nearly a quarter (24%) of parents and carers report that their children have been bullied in the past year.
- **Confidence in discussing emotional health:** 20% of parents and carers felt only a bit confident/not confident at all in talking to children about emotional health and wellbeing (5% selected don't know)

Perinatal mental health and parent-infant relationships: In 2024-2025, insight gathered by Barnardo's with parents and carers of babies and toddlers in Tower Hamlets also indicated that there are challenges with knowing what kinds of support are available and that services are often not well integrated with each other. Respondents also expressed that they wanted interactions with services to feel more relational and less transactional. Additionally, these respondents identified that there was a gap in support for dads in the first 1,001 days, with most support being focused on mums and babies.

Tower Hamlets Youth and Parents Survey Report (2022-2023): Online survey of youth parents and carers in Tower Hamlets gathering insight on a variety of topics to reshape the Youth Service including concerns and priorities of young people in Tower Hamlets.

A total of 167 parents of young people responded. Respondents highlighted mental health as one of three key themes for the resources requested by parents in a youth service. Specific subtopics included: counselling, mental health support, self-esteem support, substance abuse advice/prevention, conflict resolution, debt management and activities to support positive interaction with others, collaboration with anti-gang/crime organisations and parent or carer engagement sessions.

A total of 937 young people aged 11-25 were surveyed, with nearly two-thirds of the of participants between the ages of 11-18.

- Concerns among young people included mental health (24%), school/exams, friendships, relationships, loneliness, bullying, mental health and physical well-being
- Mental health as a concern was more noticeably prominent among female respondents, 28%, than male, 20%.
- Family members, relatives, and friends were seen as primary sources of support (64%) in addition to teachers and mentors (50%).
- When asked what young people want – young people emphasised mental health support (50%) making it the 2nd requested after creating safe spaces for young people.

Young People's Emotional Support: Toynbee Hall and Thrive LDN conducted a participatory action research project alongside young peer researchers aged 16-22 in Tower Hamlets to understand emotional support needs of young people and their families in the context of the cost-of-living crisis, published in 2025.[88] Some findings from the project included:

Topic	Findings
Sources of emotional support in young people's lives	• Close family members were highlighted as the first point of call, with friends and opportunities to connect with those with shared experiences also highlighted. • Professional services including therapists, school support staff and helplines also noted for those who feel less able to turn to family and friends • Activities like walking, spending time in green spaces, engaging in sports, arts, music, and social outings played a key role in supporting emotional wellbeing.
Transition to adulthood	• Changes in circumstances regarding work, studies, costs were creating anxiety for participants. • Participants also shared their concerns about changes in access to mental health services, particularly when transitioning from CAMHS to adult services.
Barriers to receiving emotional support	• Young people reported barriers to them seeking emotional support from their parents such as their parents' lack of time due to long and unsocial work hours and as well as differences in understanding of emotional wellbeing and how to cope • Lack of shared language and differences in lived experiences also presented challenges for child-parent bonding • Young men reported additional stigma with expression while young women reported taking on additional supporting roles (checking in on others while not being checked in on)
Barriers to receiving emotional support overall	• Lack of confidence in discussing emotional wellbeing • Strained mental health services, including long waiting times for therapists and hotlines • Structural inequalities such as adequate housing; access to recreation and community activities; neighbourhood factors such as access to green space play important roles in driving poor mental health outcomes and impacting the emotional support they can receive

[88] Toynbee Hall (2025). The crisis makes us more alone: A Participatory Action Research investigation into emotional support for young people in the context of the cost-of-living crisis. The-crisis-makes-us-more-alone-Toynbee-Hall-peer-research-report-Feb-2025.pdf

Key Findings and Future Recommendations

The recommendations below are based on the aim of the Tower Hamlets Children and Families Partnership Strategy to 'Implement the THRIVE Framework', which involves adhering to the following principles: ***common language, needs-led, shared decision making, proactive prevention and promotion, partnership working, outcome-informed, reducing stigma, and accessibility*** across the five needs-based categories: ***Thriving, Getting Advice, Getting Help, Getting More Help, and Getting Risk Support***.

Enhance system coordination and integration by strengthening collaboration, clarifying pathways, embedding preventative support, optimising resource, and promoting continuous learning

Current assets	Main issues or gaps	Further details
• There are a range of activities and interventions being implemented to address different THRIVE needs-based categories • A new partnership group has been established for improving collaboration and decision-making regarding children and young people's mental health and emotional wellbeing • There is an existing steering group to enable partnership working focused on self-harm and suicide prevention	• Demand for support with mental health needs is expected to increase as mental health prevalence has increased and the numbers of children and young people in the borough are also projected to increase up to the year 2031 • Services and organisations do not always have a good understanding of each other's roles and how to refer or signpost • Unclear whether mild-moderate levels of need can be met by current service offering • Education settings express challenges with dedicating time and resource to mental health and emotional wellbeing amongst other competing priorities • Education-based interventions are delivered inconsistently across the borough and there is overlap between actors • Compared with other age groups, young people have the highest rate of self-harm and report suicide attempts more frequently in primary care	• Well-resourced and clear coordination between universal and specialist activities across the life course • Uptake of activities and interventions across the full THRIVE framework, and identify what the gaps are within this • Stronger collaboration and across education-based initiatives, addressing geographic inequities between schools • System partners have processes in place for supporting children and young people with self-harm and suicidal thoughts, including initial response and referrals in line with NICE guidance

Develop and implement a cross-system, inclusive communication approaches that are consistent, accessible, and coordinated

Current assets	Main issues or gaps	Further detail
• Existing communication channels including webpages, newsletters, and engagement forums • Workforce training has been implemented around mental health and emotional wellbeing topics including suicide prevention, restorative and trauma-informed approaches • Parents' workshops and sessions about range of mental health topics at different ages	• Lack of coordination and consistency in messaging and channels • Both families and workforce report lack of knowledge regarding local support and pathways • Mental health stigma and awareness remain a barrier • Parents express concerns regarding how to support their children regarding mental health • Lack of cultural tailoring regarding mental health communication	• Communication plan with key messages about mental health and wellbeing and the range of activities and support available, based on evidence and involvement from a diverse group of families, with an emphasis on prevention • Enhanced digital communication approach with clearer referral and signposting pathway for both families and professionals • Addressing awareness of and attitudes towards mental health and emotional wellbeing among families using evidence/theory based and culturally appropriate approaches • Collaboration with adult mental health and wellbeing promotion initiatives to enable alignment in messaging and reduced duplication

Improve data quality to enable identification of opportunities for improvement in access, experience and outcomes

Current assets	Main issues or gaps	What we could have

• Some existing data recording and reporting frameworks exist, including real-time surveillance of suspected suicides
• ELFT and NEL ICB partners have access to key mental health services data
• LBTH Public Health can access prevalence data and information from some universal services
• A new data system is being established for measuring health needs in schools (Medical Tracker), which three-quarters of schools have signed up to
	• The estimated number of children and young people experiencing mental health challenges is far greater than the recorded prevalence
	• Data lacks integration from range of different sources for ease of use
	• Indicator definitions and quality of measurement varies
	• Availability limitations mean that it has not been possible to assess how well needs are being met by available services (and changes over time)
	  ○ Outcomes
	  ○ Time from assessment to appointment
	  ○ Equalities
		• Data quality (completeness, validity, accuracy, timeliness, usefulness) of quantitative measurement of mental health and emotional wellbeing needs
		• Data quality (completeness, validity, accuracy, timeliness, usefulness) of quantitative measurement of the delivery of THRIVE interventions (e.g., types of interventions addressing different needs; outcomes data; demographic characteristics)
		• Quality of qualitative data collection mechanisms that enable insight to be used for service improvement and identification of system issues from children and families' perspectives
		• Recording of protected characteristics across THRIVE interventions to enable equity analysis regarding access, experience, and outcomes

Address inequities in interventions to ensure support is inclusive, accessible and continuously improving for all children and young people, regardless of their background and protected characteristics

Current assets	Main issues or gaps	Further detail
• Data regarding prevalence of mental health needs recorded in primary care is available by age, sex, ethnicity and IMD • Some data is available regarding age, sex and ethnicity regarding CAMHS service usage • Some voluntary sector organisations capture service usage data by protected characteristics	• Tower Hamlets' population are exposed to a wide range of risk factors for poor mental health including poverty, violence, discrimination, and housing insecurity • Young girls have higher reported rates of mental illness than young boys in primary care while boys have higher rates of admission under the Mental Health Act • Mental health challenges and parent-infant relationship difficulties are prevalent among 0-4 year olds in the borough but there is limited provision • Data regarding protected characteristics and vulnerabilities is not readily available for many THRIVE interventions in Tower Hamlets, so equity of access, experience, and outcomes is not fully assessed • Families report challenges with accessing mental health promoting activities due to time and cost of living • Lack of cultural tailoring regarding mental health communication to address the different needs of Tower Hamlets' significant cultural diversity among families	• Interventions across the THRIVE categories are based on population levels, evidence of effective interventions, and consideration of vulnerable groups and perinatal/early years • Interventions are accessible for children and families who may experience additional challenges and barriers including those living in poverty, with special needs, care experience, carers, justice system experience, LGBTQ+, refugee/asylum seekers, and those not in education, employment or training • Evidence and collaboration with families is used to design and deliver activities that address wider determinants and use culturally responsive approaches

Maximise the impact of participation and co-production with children and their families by sharing learning, insights and good practices

Current assets	Main issues or gaps	Further detail
• Multiple forums and examples of children or young people providing feedback or contributing to projects in different TH organisations and services • New guidance regarding participation with young people being developed by LBTH • Community engagement is a priority for local stakeholder organisations	• Insight does not get shared beyond the immediate project, which may lead to duplication and/or missed opportunities for improvement across the system • Skills, knowledge, and scope of influence regarding co-production and involvement vary across teams and services	• Opportunities for a diverse group of residents (children and their families) to influence initiatives with clear scope of influence and adequate support and resource • Channels for sharing learning, insight, and good practice regarding participation and co-production with children, young people and families regarding mental health and emotional wellbeing

References, Acknowledgements, and Feedback

Data sources:

NHS Digital Survey – Mental Health of Children and Young People	This survey explored the mental health of children and young people across England between the ages of 5-15 years in 1999, 2004 and 2017. The 2017 survey expanded to include experimental data for the age 2-4 as well as young people aged 16-19. There have been subsequent surveys following the participants in the 2017 survey group - wave 1 (2020), wave 2 (2021), wave 3 (2022) and wave 4 (2023) – these given insight into the mental health during the COVID-19 pandemic and in the years following. Using prevalence estimates from the 2017 national mental health survey and applying them to 2023 mid-year population estimates, we can estimate the number of children aged 2-19 that are experiencing mental health disorders in Tower Hamlets.
East London Database (ELDB)	ELDB contains health information for all residents registered with GP practices in North East London. The data represent a snapshot as at the 1st April of each year. It includes demographic data that can be analysed at the borough level, such as Tower Hamlets, giving a snapshot of the local population of all ages. The ELDB holds information on a variety of health conditions, including asthma and diabetes. For mental health, the dataset includes conditions such as anxiety, depression, autism, eating disorders, personality disorders, and severe mental illness. Data will only be presented for ages 5-19, as the counts amongst the under 5 group were too low to be represented. GP practices use SNOMED coding to record patient information in their systems.
Pupil Attitudes Survey	The survey was carried out across primary and secondary schools in the borough with 1,787 pupils participating, there were 1,516 primary school students aged 9 – 11 and 271 secondary school students. While Tower Hamlets typically conducts this survey every two years, the previous report available for comparison is from 2017, as the 2020 survey was impacted by the pandemic.

Mental health conditions are often classified and recorded using different measures in different settings. The national survey captures a broader range of mental health disorders than those recorded in primary care and data for children under 5 from the East London Database was supressed due to low counts. Despite this, a significant number of children and young people (CYP) remain at risk of mental health issues and go undetected.

Mental Health Disorder type	NHS Survey: Conditions	NHS Survey estimated prevalence	Primary care: conditions	Primary care: Prevalence

		applied to Tower Hamlets		
Emotional disorder	Anxiety Depression Bipolar	8.0%	Anxiety Depression (18-19 year olds) Severe Mental Illness (e.g. Bipolar, Depressive Psychosis)	2.4%
Hyperactivity disorder	Hyperkinetic disorder Other hyperactivity disorder	1.6%	No data	-
Behavioural disorder	Oppositional defiant disorder Conduct disorder confined to family Unsocialised conduct disorder Socialised conduct disorder Other conduct disorder	4.5%	No data	-
Other less common disorders	Autism Spectrum Disorder Eating disorder Tics Selective mutism Psychosis Attachment disorder Feeding disorder Sleep disorder Eliminating disorder	0.2%	Autism Eating disorders Personality disorders Severe Mental Illness (e.g. Schizophrenia)	3.8%

Availability of data on mental health conditions by source

	Survey	ELDB	Notes
Emotional	Anxiety	Anxiety	
	Depressive	Depressive	
	Bipolar	Bipolar (included in SMI)	

Hyperactive disorder	Hyperkinetic disorder	-	No hyperactivity data within ELDB
	Other hyperactivity disorder	-	No hyperactivity data within ELDB
Behavioural ('conduct') disorders	Oppositional defiant disorder	-	No conduct data within ELDB
	Conduct disorder confined to family	-	No conduct data within ELDB
	Unsocialised conduct disorder	-	No conduct data within ELDB
	Socialised conduct disorder	-	No conduct data within ELDB
	Other conduct disorder	-	No conduct data within ELDB
Other less common disorders	ASD	ASD	
	Eating disorder	Eating disorder	
	Tics	-	
	Selective mutism	-	
	Psychosis	SMI?	
	Attachment disorder	-	
	Feeding disorder	-	
	Sleep disorder	-	
	Eliminating disorder	-	
	-	Personality disorder	This account for very few overall counts (n~10) of diagnosis