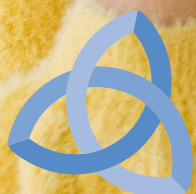
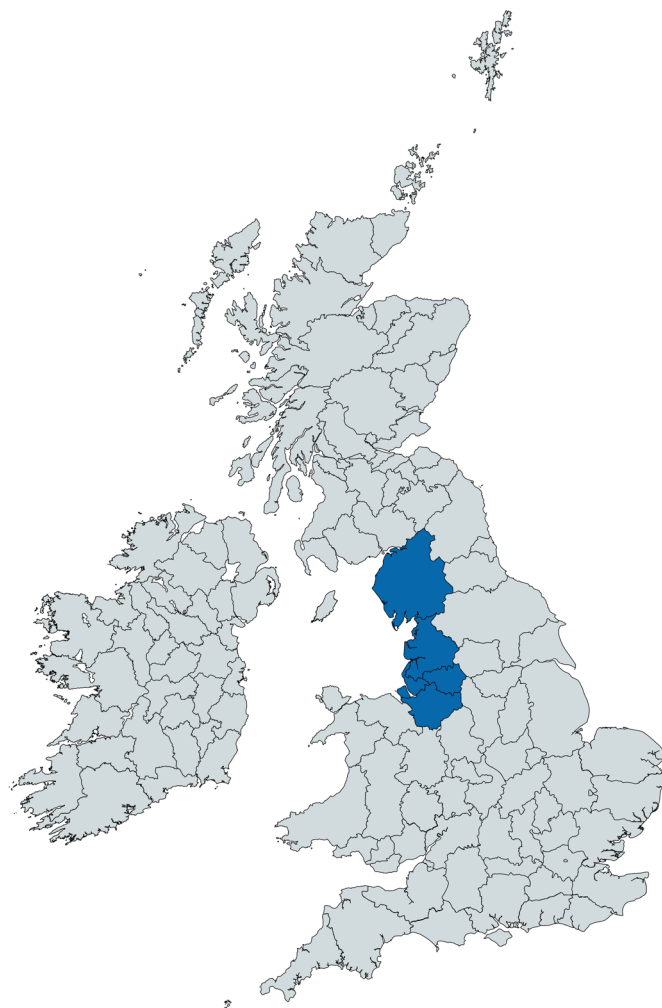


# **Closing the gap in child and youth mental health support:**

insights from North West England



**Anna Freud**  
National Centre for  
Children and Families



## Acknowledgements

With thanks to the individuals and organisations who have contributed to this report. We are indebted to a great many experts in practice, in policy, in research and by lived experience for sharing their learning and insight, spanning mental ill-health, social care, education, community wellbeing and more. We hope this report reflects the breadth of voices who have offered valued contribution, through engaging with recent discussions about closing the mental health support gap in the UK, and through sharing the promising work of services and communities in North West England to address it.



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A wide-angle photograph of a river at sunset. The sky is filled with dramatic, layered clouds in shades of orange, yellow, and grey. The sun is low on the horizon, creating a bright glow. In the middle ground, a white arch bridge spans the river. To the right, a tall, modern building with a glass facade is visible, along with a construction crane. The water in the foreground is calm, reflecting the sky and the bridge. The overall mood is serene and urban.

# Introduction



## Setting the scene -

### the national gap in child and youth mental health support

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Nationally there is a significant gap between children and young people's need for mental health support and the help available.

Pre-pandemic around one in eight children and young people experienced mental health difficulties severe enough to warrant specialist support, but only a quarter of those children and young people received it.<sup>1</sup>

The number of children and young people with a mental health disorder continues to rise. The most recent estimates are that one in six experience difficulties.<sup>2</sup>

Some groups are more likely to experience difficulties, and some groups find help harder to come by.<sup>3</sup> Social inequalities and discrimination exacerbate mental health challenges and undermine children, young people and families' abilities to access the help they need.<sup>4</sup>

Even when specialist help is available, for about half, problems persist.<sup>5,6</sup>

We know more about children and young people's mental health than ever before, but there are significant research gaps to address.

The evidentiary knowledge that we do have isn't acting to improve support for children and young people fast enough or widely enough.

## Insights from North West England - moving into the gaps

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Closing this gap will take coordinated ideas and collective action.

Cross-sector relationships are key to harnessing the insight, experience and energies of the wide range of people and diverse communities that need to be involved.

We are committed to bringing together experts in practice, in policy, in research and by lived experience to tackle the gaps.

Through our collaborations in North West England, we encounter a wealth of innovation and good practice. This discussion piece shares a little of this work, in relation to just six areas.

The six are chosen as areas in which we have some insight, and reflect conversations at a range of cross-sector roundtables and discussions with colleagues and communities in North West England. As well as representing challenges or support gaps, they are also areas where we know people are making real in-roads and learning rapidly. They are six among many.

In highlighting just some of the approaches that offer promise, we hope to spread learning emerging from the region, and to inspire further collaboration both in North West England and nationally.



## Six gaps in support across the UK - six opportunities to share promising work in North West England

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**The gap** between aspiration and capacity in delivering mentally healthy schools and further education (FE) colleges



**The gap** in services for families who have experienced trauma



**The gap** in support for fathers in the perinatal period



**The gap** in effective support for children and young people in complex contexts or with multiple difficulties



**The gap** in meaningful participation



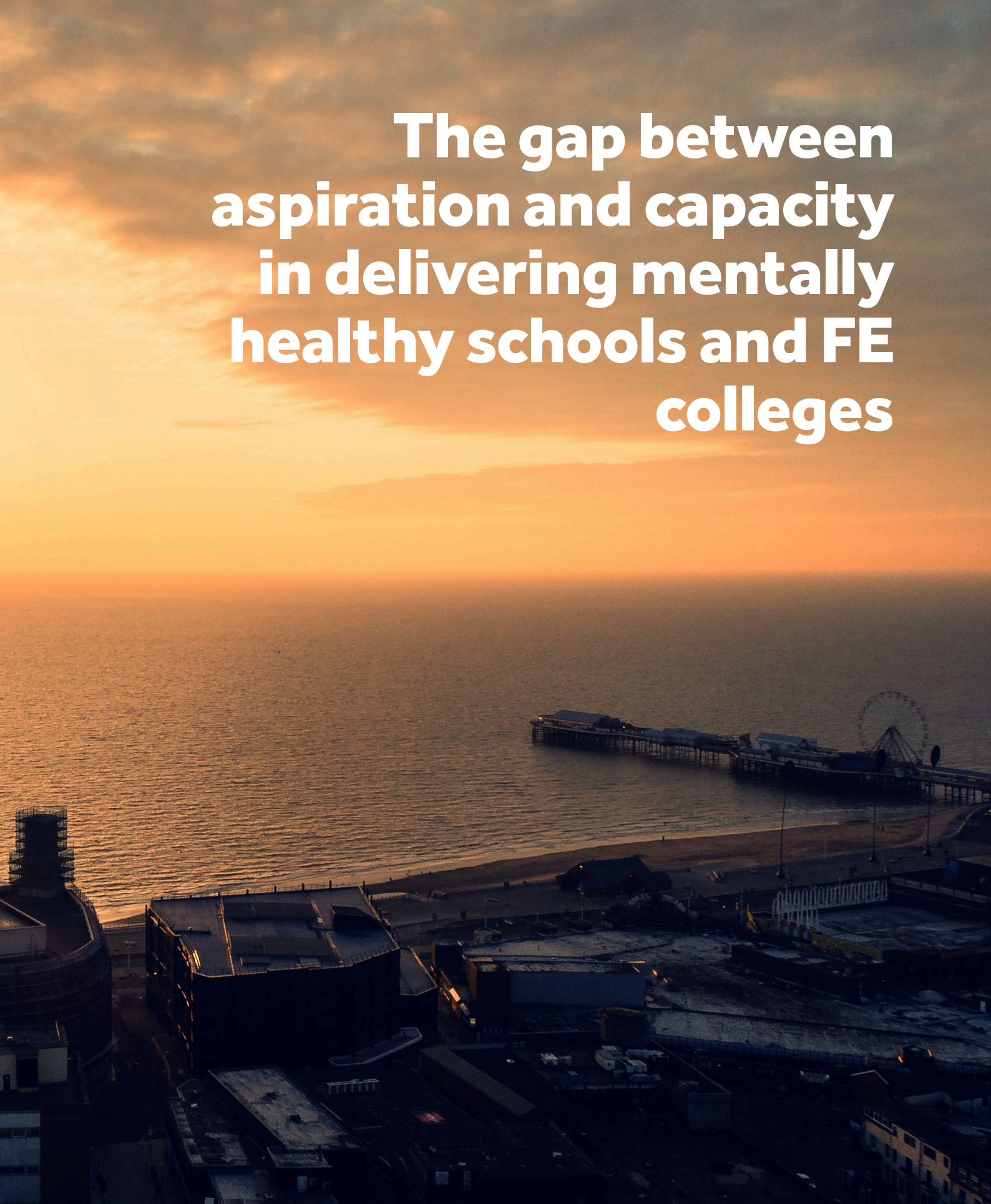
**The gap** between the research and the help that's offered







# **The gap between aspiration and capacity in delivering mentally healthy schools and FE colleges**





## The gap between aspiration and capacity in delivering mentally healthy schools and FE colleges

Schools are in a unique position in being able to reach children and young people across all personal circumstances and family backgrounds. The extent of focus in our schools and FE colleges on academic attainment can be to the detriment of children and young people's mental health: the education system needs to give greater parity to mental health and wellbeing.

A great deal of innovative work is happening at speed in schools and FE colleges to improve support for pupil and student mental health and wellbeing as well as the wellbeing of staff. Inevitably knowledge and good practice are spreading in an uneven way. From our discussions we know implementing a sustained and consistent whole school or college approach is a complex process involving whole system change. Considerations might include buy-in from leadership, including governors; aligning approaches to behaviour with approaches to mental wellbeing; identifying which pupils will benefit from what type of support; raising awareness and promoting open discussion about mental health across the whole school community, including school staff; and joining up support with a complex range of other local services.

This change requires leadership but cannot be fully embedded by just one person, instead calling for mental health to be the responsibility of everyone in the school or college community. A crucial part of this is pupil participation and the voice of parents and carers, so that the support offered is relevant and engaging to those it is intended to reach. Despite many examples of best practice across schools and colleges, there is currently a gap in offering the space and the training to support these principles.

Overleaf are some examples of promising practice in North West England where organisations are working to bridge gaps and to engage young people in improving support.

# 1/4

**Only one quarter of children and young people with a diagnosable disorder are receiving specialist support, while double that number will seek help from trusted adults at school<sup>1</sup>**





**The Oldham Mental Health in Education Team** works to embed the whole school and college approach to emotional health and mental wellbeing throughout Oldham. It supports schools to tackle mental wellbeing with a more holistic approach and embed universal support for all pupils and staff. Each school has an allocated advisor to offer bespoke support, driving forward the Oldham whole school and college approach to emotional health and mental wellbeing framework based on the individual needs of a school or college, identified through a self-assessment. The team offers consultation; curriculum planning support or training; collaborates with stakeholders to ensure a consistent approach to mental health across schools and health services; and helps embed and roll out Mental Health Support Teams.

See [www.oldham.gov.uk/info/200807/mental\\_health/1795/the\\_whole\\_school\\_and\\_college\\_approach\\_to\\_emotional\\_health\\_and\\_mental\\_wellbeing](http://www.oldham.gov.uk/info/200807/mental_health/1795/the_whole_school_and_college_approach_to_emotional_health_and_mental_wellbeing)

**Blackpool Sixth** developed a wellbeing platform to provide their students with resources, tools and information about how to support their wellbeing. The work was informed by surveys to understand what students were doing and how this has helped or harmed their wellbeing. The college achieved its aim to open up conversations about wellbeing by creating a series of podcasts involving both students and staff, which have been a massive hit.

See [www.blackpoolsixth.ac.uk/thrive/](http://www.blackpoolsixth.ac.uk/thrive/)

**In our own work:** through Schools in Mind, a free network for education professionals, we share practical, academic and clinical expertise about mental health and wellbeing in schools and FE colleges. Our evidence-based, accessible information and resources include webinars; animations; podcasts; guidance; and a 5 Steps to Mental Health and Wellbeing framework that helps schools and colleges support staff, lead change, and engage with parents, carers and the community to meet pupils' and students' needs.

See [www.annafreud.org/schools-and-colleges/](http://www.annafreud.org/schools-and-colleges/)







# **The gap in services for families who have experienced trauma**



## The gap in services for families who have experienced trauma

Research suggests one in three children and young people is exposed to a severe traumatic event by age 18 in England and Wales.<sup>7</sup> Trauma refers to the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope. Experiencing or witnessing traumatic events in childhood can have lasting consequences, including psychological, behavioural and emotional problems. These can occur into and throughout adulthood, presenting related challenges in many aspects of life.

Events that traumatised people are usually beyond a person's control and might be one-off incidents or ongoing events. The Manchester Arena bombing in 2017 is an example of a major event that drew attention to the far-reaching consequences of trauma in the North West region. Racism and other forms of group hatred and discrimination can result in a traumatic response. Recently, the pandemic has meant many children and young people have experienced a death of someone important to them in situations that make it more likely that the bereavement experience has been traumatic.

Across our collaborations and engagements in North West England, it is clear that colleagues and communities have identified the need to raise awareness about the impact of trauma and to transform services to ensure all those who support children, young people and families are informed by our best knowledge of how to nurture and protect those affected by it.

The North West has made impressive strides in knowledge, skills, provision and strategies that can help underpin trauma-responsive support and intervention. However, across the UK there remains a gap in getting that expertise and evidence out to those supporting children, young people and families. The examples that follow powerfully demonstrate how individuals can come together to address this challenge.

# 1/3

**Approximately one-third of all mental health problems are associated with exposure to childhood adversities<sup>8</sup>**





**The Greater Manchester Resilience Hub** is an innovative, all age, psychology-led NHS outreach service set up in the wake of the Manchester Arena attack to offer support to people across the UK impacted by the attack via telephone, email and some face to face events, including support through the Public Inquiry process. The services has expanded to also deliver in-reach support to the 10 complex safeguarding teams across Greater Manchester (GM), to provide emotional wellbeing support to health and social care staff and their families om the region, and to help drive the roll out of the Trauma Responsive GM programme.

See [www.penninecare.nhs.uk/your-services/manchester-resilience-hub](http://www.penninecare.nhs.uk/your-services/manchester-resilience-hub)

**Blackpool:** A Better Start is the biggest strategic investment from the National Lottery Community Fund in the transformation of maternal and early years approaches, funded in five areas of England. In Blackpool, the Better Start partnership has developed an innovative suite of trauma focused interventions alongside more widespread trauma awareness training and community education approaches. It is developing trauma informed systems which support and enhance specific programmes, and ensure a consistent and seamless journey through services for families. Together, the workforce and community will change culture and reduce the stigma surrounding trauma and adversity.

See [www.blackpoolbetterstart.org.uk/](http://www.blackpoolbetterstart.org.uk/)

**In our own work:** understanding and addressing the impacts of trauma is fundamental to much of our clinical work, including our Specialist Trauma and Maltreatment Service, Early Years Services and the Psychotherapy Service. Most recently we are delighted to be hosting and supporting the UK Trauma Council (UKTC), a multi-disciplinary group of experts from across the four nations, spanning research, policy, practice and lived experience. The UKTC works to harness and disseminate expertise and evidence about how to support, nurture and protect children and young people following experiences of trauma. The UKTC aims to better equip all those supporting children and young people. Our evidence-based resources are available through our website.

See [www.uktraumacouncil.org](http://www.uktraumacouncil.org)  
[www.annafreud.org/mental-health-professionals/our-help-for-children-and-families/](http://www.annafreud.org/mental-health-professionals/our-help-for-children-and-families/)









# The gap in support for fathers in the perinatal period





## The gap in support for fathers in the perinatal period

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Having a baby can be exciting, but can also feel challenging or overwhelming. Services are mobilised to support women with maternal mental health difficulties but often fail to focus on fathers, leaving them feeling alone, uncertain, isolated and marginalised by existing services.

Fathers' anxieties may relate to their new role and responsibilities, their relationship with their partner or how they relate to the new baby. Dads are particularly likely to experience perinatal mental health difficulties when their partners are already experiencing mental health difficulties.

Research shows that children of fathers with mental health difficulties in the perinatal period are at higher risk of developing difficulties in their cognitive, behavioural, social and emotional development than their peers.

Discussions with our networks have reflected that dads can be unaware of how their mental health may impact their baby. They may feel reluctant to use help, minimising their own needs to put their partner first, or be unaware of what services exist and how services might help them.

However, there are ground-breaking initiatives opening up conversations with and between new dads about how they are doing, linking them with service pathways, and actively investigating the service options that best meet their needs.

Overleaf we touch on just some of the promising interventions that are helping new dads with their own mental health, the transition to fatherhood, their relationship with their baby and the couple relationship.

# 10%

**Up to 10% of fathers report experiencing mental health difficulties during their partner's pregnancy and the year following birth<sup>9</sup>**



**Parents in Mind** has been a longstanding provider of peer support training for mums with lived experience of mental health difficulties during the perinatal period. Recently they have been able to offer peer support training in St Helens for partners – this may be baby’s dad, mum’s partner, a grandparent, a co-parent – anyone who is an active caregiver to a child under two. These partners then lead peer support groups of up to 10 through structured WhatsApp and Zoom sessions, and bi-monthly Saturday morning park walks. The dads involved have been keen to talk, and have been brave and honest about their feelings of ‘otherness’ as parents – often feeling overlooked by health care professionals. The contexts of a father’s role can also make it difficult to make space for their own self-care.

See [www.nct.org.uk/about-us/commissioned-services/parents-mind-perinatal-mental-health-peer-support](http://www.nct.org.uk/about-us/commissioned-services/parents-mind-perinatal-mental-health-peer-support)

**Dad Matters**, part of Home-Start HOST, works to engage dads, gives them opportunities to talk, and through peer support and information builds awareness of the role of mental health, attachment and bonding. Dads are engaged through midwifery and antenatal services, health visiting, and widespread outreach. They may get involved in a Dads Chat, walk and talks in the local park or one to one peer support. Home Start is part of NHS mental health support pathways and works to ensure dads benefit from those wider specialist services available to them. Initially established in Tameside, Dad Matters now works in several areas in North West England, and increasingly nationally.

See [www.dadmatters.org.uk/home-start/](http://www.dadmatters.org.uk/home-start/)

**In our own work:** our Mind the Dad initiative aims to help dads with their own mental health, their relationship with their baby, understanding and supporting their partners and improving their parenting confidence. An emphasis on co-production with dads and co-designing care pathways with stakeholders has been key to the work’s development. We provide online training and support to services and professionals, reflective parenting groups, a video-feedback programme, low intensity Cognitive Behaviour Therapy (CBT) and higher intensity parent-infant psychotherapy. An online resource with accessible blogs, videos, podcasts and infographics is in development.

See <https://www.annafreud.org/early-years/our-work-with-under-fives/support-for-parents-carers-and-under-5s/mind-the-dad/>









# **The gap in effective support for children and young people in complex contexts or with multiple difficulties**





## The gap in effective support for children and young people in complex contexts or with multiple difficulties

Children and young people affected by multiple problems are particularly likely to experience mental health difficulties. Research most commonly looks at what works with one problem at a time: our knowledge about how to help with complicated situations is less well developed.

Where multiple difficulties co-occur – such as family breakdown, substance use, exploitation, homelessness, conduct disorder or educational challenges – professionals may feel that children and young people need input from several different specialists. Yet their life experiences may have naturally led to low trust in relationships and a suspicion of public sector helpers. Building a helping relationship might be complicated by developmental trauma, which can make it harder for children and young people to recognise or describe feeling states.

Conversations with colleagues who work with children and young people in these situations have highlighted the importance of coordinating the multiple agencies so that the overall impact is not overwhelming. There is also a risk that such children and young people are bounced between, or fall through gaps between, these different services. Making sure the child's voice is heard, so that decisions about the support they are offered stays centred on their experience and what will most help them, is essential.

These discussions have also emphasised that positive change involves good working relationships at a strategic level across education, health and social care, and that a positive culture among commissioners and services involves acknowledging that none of our treatments or helping models offer a panacea for multi-faceted problems. Often, effective help calls for sustained, long-term support. It is therefore crucial to support the supporters, ensuring they have the backing and supervision to be well-equipped to develop positive helping relationships with children, young people, families and other professionals.

# 60%

**60% of children in care are reported to have a mental health difficulty<sup>10</sup>**



**In Lancashire and South Cumbria** a collaboration involving health, social care, education and the voluntary sector created an innovative whole-system training programme to address the need for effective multi-agency integration for children and young people who have multiple needs. As part of a service redesign in line with the THRIVE Framework for system change<sup>11</sup> it was recognised that there was a need for a common approach across services. Over 50 workers trained to become Local Facilitators in AMBIT (see below) and have disseminated the training across the local system, creating a shared language and approach.

**See** <https://www.healthyyoungmindspsc.co.uk/training-courses-and-events>

**Lancashire County Council** is part of research to understand whether the Reflective Fostering Programme - which helps foster carers to take a reflective stance towards both themselves and their foster child – is effective for foster carers and kinship carers of children aged 4–13. The approach was developed by specialists at the Anna Freud Centre and seeks to improve relationships and wellbeing of carers and the children in their care. Reflective Fostering groups are being delivered until December 2022, and the Reflective Fostering Study, funded by the National Institute for Health Research, will contribute to understanding what works best to support foster carers and children.

**See** [www.annafreud.org/parents-and-carers/the-reflective-fostering-study/](http://www.annafreud.org/parents-and-carers/the-reflective-fostering-study/)

**In our own work:** AMBIT (Adaptive Mentalization Based Integrative Treatment) is a method of working which aims to support existing services to work effectively with young people and their families who have multiple needs and find it difficult to trust and engage in usual methods of help. Our work in reflective fostering; specialist assessment; and in treatment for complex, relational and developmental trauma also seeks to improve life experiences and outcomes for these groups.

**See** [www.annafreud.org/mental-health-professionals/our-help-for-children-and-families/](http://www.annafreud.org/mental-health-professionals/our-help-for-children-and-families/)











# **The gap in meaningful participation**



## The gap in meaningful participation

There is increasing recognition that getting support right for children, young people, parents and carers involves recognising that they are experts by experience and hearing what they have to say about what works for them. Across all of our discussions we heard passionate voices communicate the case for involvement – however, we also hear that organisations’ and services’ efforts can seem tokenistic or insufficient.

Colleagues share concerns that a lack of representation from some groups means a lack of understanding of the needs of these young people; and that often minoritised or disempowered young people are the voices professionals are least attuned to or least likely to hear.

Practitioners acknowledge that participation can be hard to prioritise when services are under pressure. However, missing out on challenging feedback or new ideas can mean missing opportunities to improve support.

Practitioners’ time, and a personalised response, are hugely important to the feeling that participation has been meaningful. It’s clear from our conversations that a continuous, coordinated dialogue, with transparent follow-through as to how input has influenced practice, is important for building trust and making the investment worthwhile for young people, children, parents and carers.

Further to this, our recent conversations highlighted how peer support approaches are increasingly valued as a powerful opportunity for those with lived experience to support one another. This can come to the fore particularly in complementing specialist services, which are by their nature finite.

Overleaf are just a couple of helpful examples of models of participation and involvement enabling communities of children, young people and families to meaningfully contribute to closing gaps in child and youth mental health support in North West England.

***“If young people turned around and said actually we don’t like this at all, would they actually listen to that?”***

*Young person at a roundtable discussion*



**42nd Street** is a young people's mental health charity offering inclusive, accessible wellbeing support and opportunities in Greater Manchester. 42nd Street Peer Ambassadors are a group of young people who advocate for youth voice and who are passionate about making positive change and tackling issues and barriers that young people may face in their local communities, nationally or politically. Aged from 13 to 25, they campaign, influence service development and participate in social action whilst capturing young people's voice and inspiring people to understand the experiences of young people.

See [www.42ndstreet.org.uk/young-people/meet-our-peer-ambassadors/](http://www.42ndstreet.org.uk/young-people/meet-our-peer-ambassadors/)

**Calm Connections** is a community interest company offering early intervention and support to families. They host annual RESET events to enable the voices of young people and their families to be heard by the services that serve them, and to increase awareness of help within the locality and nationally. Families feel more empowered knowing they have a choice of where to access mental health and wellbeing support for their children and young people.

See [www.calmconnections.org/reset](http://www.calmconnections.org/reset)

**In our own work:** young people and parents shape our work and share their opinions, experiences and ideas through joining the team as a volunteer, joining our events, or participating in research. Parent Champions and Young Champions are involved in the design of services and projects, co-facilitation of events and training and influencing services and policy locally and nationally. Our online resource On My Mind empowers young people to be active participants in their own care by making informed choices about the mental health support they want, the treatments they receive and the outcomes they desire.

See [www.annafreud.org/on-my-mind/](http://www.annafreud.org/on-my-mind/)  
**Get involved (parents)** [www.annafreud.org/parents-and-carers/parent-champions/](http://www.annafreud.org/parents-and-carers/parent-champions/)  
**Get involved (young people)** [www.annafreud.org/on-my-mind/get-involved/](http://www.annafreud.org/on-my-mind/get-involved/)



**42<sup>ND</sup> STREET**









# The gap between the research and the help that's offered





## The gap between the research and the help that's offered

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Historically investment in child mental health research has been relatively low. While new research funding streams are beginning to open up, there are longstanding challenges in addressing evidence gaps and bringing new research knowledge into practice and policy. Too often the knowledge we do have is not accessed and applied in the day to day decisions of people delivering or commissioning mental health support.

Our discussions with colleagues in North West England have centred on three big opportunities for research to help improve support for children, young people and families:

1. getting better formal research evidence about what works;
2. drawing more on practice-based evidence, so people generate learning from their own work in their own contexts with which to improve their support;
3. making the evidence we have more widely known, understood and used in the help being offered.

Conversations have acknowledged some of the limitations in traditional formal research designs. Funded studies have tended towards medical and individual-based models of ill-health, missing out on opportunities to understand more about the role of community-based, non-traditional or early intervention supports. Research has often failed to give sufficient focus to finding out more about the situations of minoritised groups and those who are less likely to access help in mainstream services.

We see promise for research that addresses these gaps through creative approaches which actively involve the young people and the communities being investigated throughout. We also see promising examples of organisations harnessing their own routine data collections or quality improvement work to generate learning that can be used to develop their own services and inform those of others. These findings are a valuable opportunity for learning to be more swiftly disseminated to services and communities that are innovating rapidly.

# £124 million

**Approximately £124 million per year is spent on mental health research, or £9 for each person affected by mental illness. 26% of this is spent on research involving children and young people even though 75% of mental disorders begin before 18.<sup>12</sup>**



**#BeeWell** will survey the wellbeing of pupils in secondary schools across Greater Manchester from autumn 2021, to deliver insights that bring about positive change in communities: over 140 young people in 15 pathfinder schools have collaborated with a team of experts to design a wellbeing survey that captures what matters to them. Schools will be supported to act on the feedback and a wide coalition of partners has formed to mobilise communities to respond to young people's experiences.

See [www.gmbeewell.org/](http://www.gmbeewell.org/)



**YPAS** offers wellbeing and therapeutic services to children, young people and families citywide in Liverpool. YPAS use a number of simple outcome and feedback questionnaires to support people's progress through their sessions; offer the most appropriate support; and improve the service. Every year YPAS send all the questionnaire responses to the Child Outcomes Research Consortium (CORG) to do some analysis about how service-users' outcomes changed overall, and also so CORC can use the data alongside that of other services for larger scale research. YPAS are accredited for best practice in outcome measurement because their collection of feedback and evidence is meaningful for each individual completing a questionnaire, and is used at every level of the service, and nationally, to improve care.

See [www.ypas.org.uk/](http://www.ypas.org.uk/)

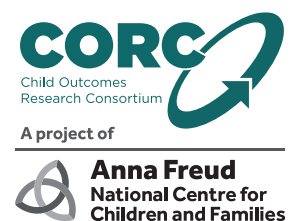


**Our own work in this area** includes new research, such as the Department for Education funded Education for Wellbeing Programme that trials the effectiveness of five school-based interventions, and the evaluation of the HeadStart programme where six community partnerships funded by the National Lottery Community Fund are working to build resilience. We also explore how specific therapies help different people. Through CORC we work with providers on collecting and using routinely collected outcome data and feedback to improve support. The Centre works closely with young research champions to ensure our research is shaped around their lived experience.

See [www.annafreud.org/research-and-policy/research-policy/research-units](http://www.annafreud.org/research-and-policy/research-policy/research-units)



See [www.corc.uk.net](http://www.corc.uk.net)









# What next?





## What next?

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In the opening of this report, we reflected on the scale of the challenge we face nationally to close the gap between the mental health needs of children and young people, and the help available.

As one contribution to this challenge we have drawn attention here to six gaps in particular, choosing those where we feel we can make real inroads by building on promising practice that we know of in North West England.

These six are six among many. In the engagement leading up to this report, colleagues, parents and carers and children and young people have also highlighted gaps in public awareness and education about mental ill-health; gaps in supporting lesbian, gay, bisexual, trans, nonbinary, and queer young people; and gaps in involving the police in addressing youth mental health difficulty - among others.

Nonetheless, some common themes have been voiced throughout discussions and across roles and contexts. These present three key principles that can guide our collaborative efforts to address gaps in support.

**Firstly**, we hear clearly the call for a wider range of people to be holding children and young people's mental wellbeing in mind - to be thoughtful about their own impact, awareness and potential role in reinforcing positive mental health, or in attuning to and responding to difficulties.

This wider mental health 'workforce' includes not just mental health professionals but all those in close contact with children and young people; from school staff to social workers; childcare providers to community groups; family members to faith leaders, police to primary care.

**Secondly**, it is of key importance that there is integration and effective cross-sector working across this diverse workforce to ensure children and young people don't fall through gaps in support. This is especially the case for those who experience multiple difficulties or who do not readily receive or engage with usual methods of help.

**Thirdly**, it is essential to ensure that the voices of children, young people and families are at the heart of decisions about the interventions, research and services introduced to support them. A strong awareness of the diversity of those voices, and of the importance of hearing those that may be minoritised or socially excluded is particularly important in building systems that are able to close the support gap for children, young people and families.







This report illustrates how much knowledge, experience and potential there is to work with. We invite people to share their learning, to be brave about identifying the gaps relevant to their own areas of work and to engage in initiatives with others. We invite people to make new connections with us and through our networks. We look forward to collaborating with others on closing the gap.

## Our networks and communities

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**The Anna Freud Learning Network** is a free national network for individuals and organisations which shares the latest research, resources and learning opportunities with those working to transform the mental health of children and young people.

[www.annafreud.org/mental-health-professionals/anna-freud-learning-network/](http://www.annafreud.org/mental-health-professionals/anna-freud-learning-network/)

**The Schools in Mind Network** is a free network for education professionals which shares practical, academic and clinical expertise about mental health and wellbeing in schools and FE colleges.

[www.annafreud.org/schools-and-colleges/](http://www.annafreud.org/schools-and-colleges/)

**Early Years in Mind** is a free online network for early years practitioners. It provides easy to read and easy to use guidance on supporting the mental health of babies, young children and their families.

[www.annafreud.org/early-years/early-years-in-mind/](http://www.annafreud.org/early-years/early-years-in-mind/)

**CORC** is a learning community whose members believe that using evidence in a meaningful way will help make child and youth mental health support more effective, responsive, and focussed on the outcomes important to children and young people. Those involved pool data and learning, and receive monthly updates on recent research, best practice, tools, shared learning and events.

[www.corc.uk.net/](http://www.corc.uk.net/)

**The UK Trauma Council** creates evidence-based resources to improve professionals and carers' understanding of the nature and impact of trauma. It aims to better equip all those supporting children and young people exposed to trauma.

[www.uktraumacouncil.org/](http://www.uktraumacouncil.org/)



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## About us

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The Anna Freud National Centre for Children and Families has developed and delivered pioneering mental health care for over 65 years. Our aim is to transform current mental health provision in the UK by improving the quality, accessibility and effectiveness of treatment. We believe that every child and their family should be at the heart of the care they receive, working in partnership with professionals.

**Our Patron:** Her Royal Highness The Duchess of Cambridge

The Anna Freud Centre, operating as the Anna Freud National Centre for Children and Families, is a registered charity, number 1077106, and a company limited by guarantee, company number 03819888.

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**Anna Freud**  
**National Centre for**  
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