

Mental Health of Children and Young People in England, 2017

Summary of key findings

This is an Official Statistics publication

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The figures on children and young people aged 5 to 19 years old in this summary are Official Statistics.

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The figures on preschool children (2 to 4 year olds) in this summary are Experimental Statistics.

Experimental Statistics are official statistics published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. Limitations apply to the interpretation of these data. More details are given in the Preschool Children topic report.

Find out more about Experimental Statistics at
https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics_1.0.pdf

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About the Mental Health of Children and Young People survey

This survey series provides England's best source of data on trends in child mental health.

Major surveys of the mental health of children and young people in England were carried out in 1999, 2004, and 2017.

While many surveys use brief tools to screen for nonspecific psychiatric distress or dissatisfaction, this series applied rigorous, detailed and consistent methods to assess for a range of different types of disorder according to International Classification of Disease (ICD-10) diagnostic criteria (WHO 1992). All cases were reviewed by clinically-trained raters.

The latest survey was funded by the Department of Health and Social Care and commissioned by NHS Digital. The survey was carried out by:

NatCen
Social Research

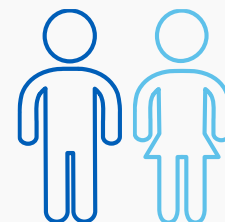


Office for
National Statistics

youth*in*mind

The 2017 survey collected information about mental health and wellbeing from a stratified probability sample of children and young people living in England and registered with a GP. Information was collected on 9,117 children aged 2 to 19 between January and October 2017. The survey combines reports from children, their parents and teachers (depending on the age of the selected child).

This survey for the first time provides findings on the prevalence of mental disorder in 2 to 4 year olds, and spans the transition into adulthood by covering 17 to 19 year olds. Unless specified otherwise, 'children' is generally used here to refer to 5 to 19 year olds and 'young people' usually refers to those aged 11 to 19.



This summary report presents key findings from the survey series

In addition to this **Summary report** a range of other outputs are available online at <http://digital.nhs.uk/pubs/mhcypssurvey17>:

Ten topic reports with supporting tables

- Trends and characteristics
- Emotional disorders
- Behavioural disorders
- Hyperactivity disorders
- Autism spectrum, eating and other less common disorders
- Predictors of mental disorders
- Multiple conditions and wellbeing
- Professional services, informal support, and education
- Behaviours, lifestyles and identities
- Preschool children

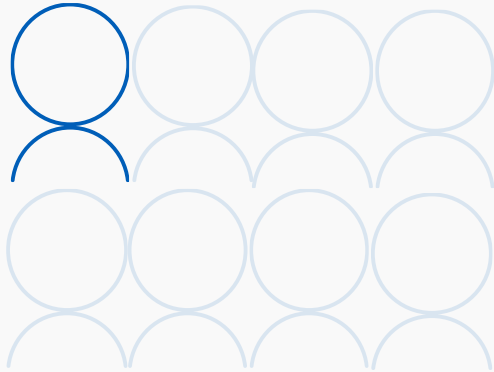
Survey design and methodology report with technical details about the survey series

Documentation including questionnaires and survey materials

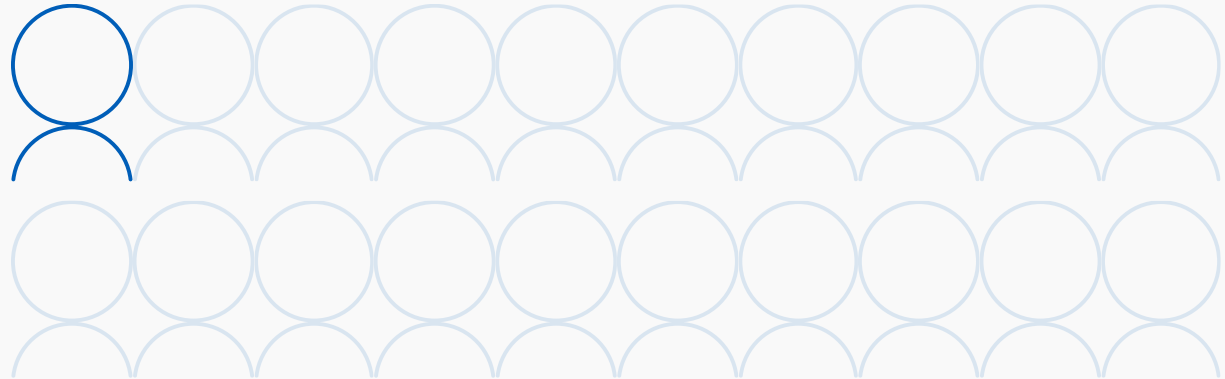
Dataset available from 2019, with approval from NHS Digital, for secondary analyses.

One in eight 5 to 19 year olds had a mental disorder in 2017

One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.



One in twenty (5.0%) 5 to 19 year olds met the criteria for two or more individual mental disorders at the time of the interview.



Mental disorders were identified according to International Classification of Diseases (ICD-10) standardised diagnostic criteria, using the Development and Well-Being Assessment (DAWBA). To count as a disorder, symptoms had to cause significant distress to the child or impair their functioning. All cases were reviewed by clinically trained raters.

Disorders were grouped into four broad types

Emotional disorders

- Include anxiety disorders (characterised by fear and worry), depressive disorders (characterised by sadness, loss of interest and energy, and low self-esteem), and mania and bipolar affective disorder.
- One in twelve (8.1%) 5 to 19 year olds had an emotional disorder, with rates higher in girls (10.0%) than boys (6.2%). Anxiety disorders (7.2%) were more common than depressive disorders (2.1%).

Behavioural (or conduct) disorders

- A group of disorders characterised by repetitive and persistent patterns of disruptive and violent behaviour in which the rights of others, and social norms or rules, are violated.
- About one in twenty (4.6%) 5 to 19 year olds had a behavioural disorder, with rates higher in boys (5.8%) than girls (3.4%).

Hyperactivity disorders

- Include disorders characterised by inattention, impulsivity, and hyperactivity. The number of children with a hyperactivity disorder (as defined by ICD-10) is likely lower than the number of children with ADHD (as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)) as hyperactivity disorders have a more restrictive set of criteria
- About one in sixty (1.6%) 5 to 19 year olds had a hyperactivity disorder, with rates higher in boys (2.6%) than girls (0.6%).

Other less common disorders

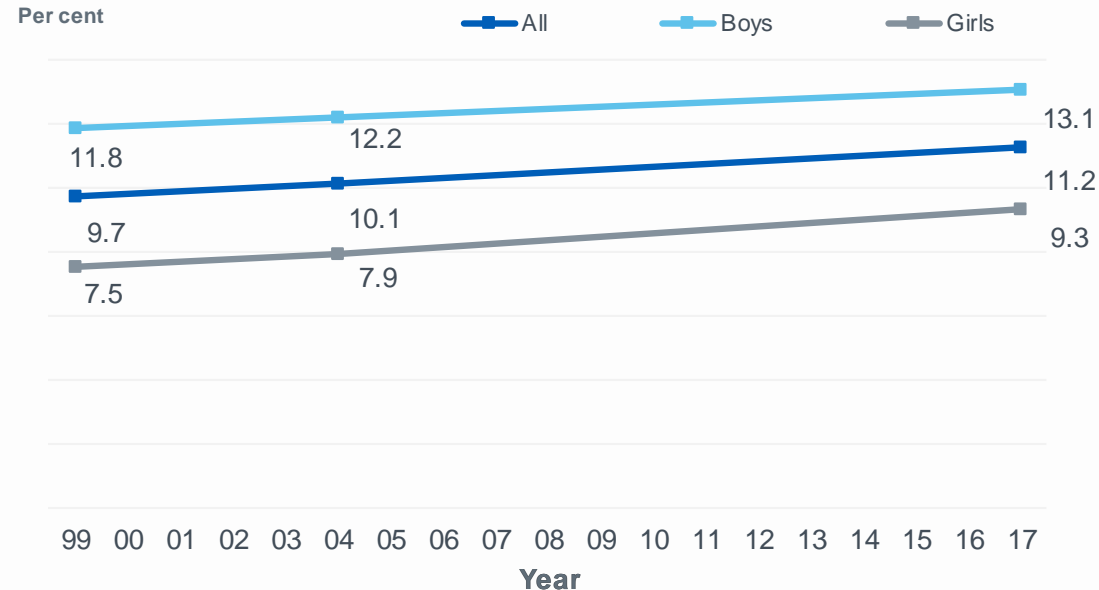
- Include autism spectrum disorders (ASD), eating disorders, tic disorders, and a number of very low prevalence conditions.
- About one in fifty (2.1%) 5 to 19 year olds were identified with one or more of these other types of disorder: 1.2% with ASD, 0.4% with an eating disorder, and 0.8% with tics or another less common disorder.

There has been a slight increase in overall rates of mental disorder

Background There is a widespread perception that children and young people today are more troubled than previous generations (Murphy and Fonagy, 2013). Treatment and referral data indicate increased demand for specialist mental health interventions over the past decade (e.g. Sarginson et al., 2017, Royal College of Emergency Medicine 2017). General surveys have found increased levels of low wellbeing in children in England. But it has not been possible before now to establish the trend in underlying rates of mental disorder in children.

Trends Data from this survey series reveal a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017.

Trends in any disorder in 5 to 15 year olds by sex, 1999 to 2017



Emotional disorder rates increased, while other disorder types were stable

Increase in emotional disorder

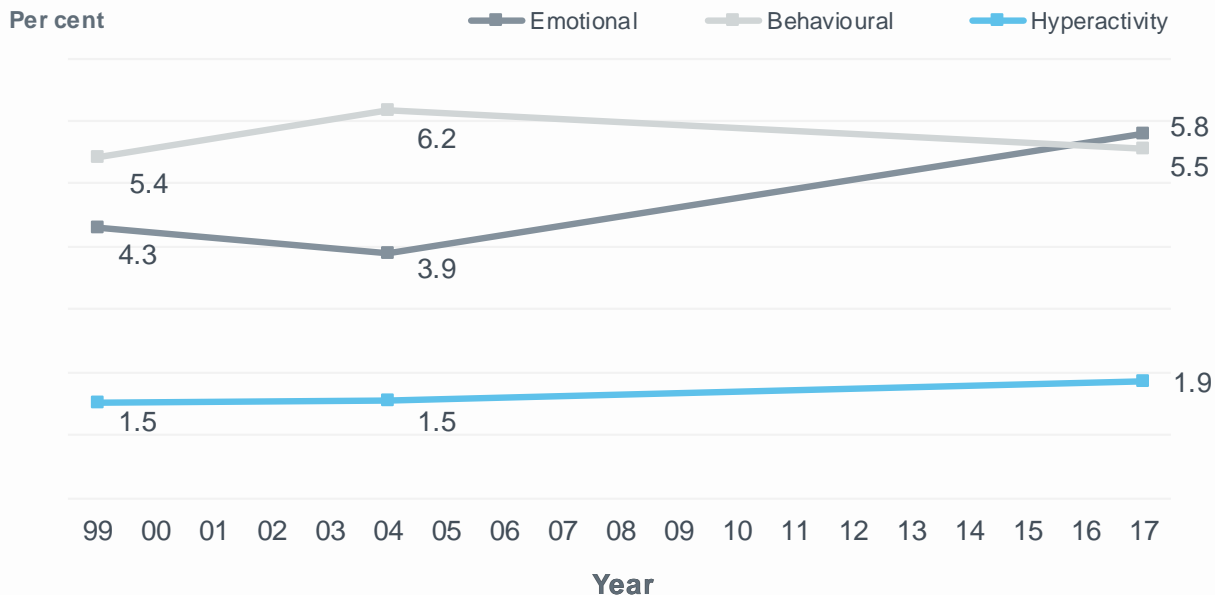
Emotional disorders have become more common in 5 to 15 year olds: up from 4.3% in 1999 and 3.9% in 2004, to 5.8% by 2017. The increase since 2004 in emotional disorders is evident in both boys and girls.

Stability in other types

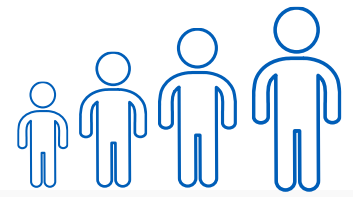
All other types of disorder - behavioural, hyperactivity, and other less common disorders - have remained broadly stable in prevalence among 5 to 15 year olds over time.

Methods note: trend figures were calculated based on a consistent group of disorders included on every survey in the series.

Trends in different types of disorder in 5 to 15 year olds, 1999 to 2017



Rates of mental disorder were higher in older age groups

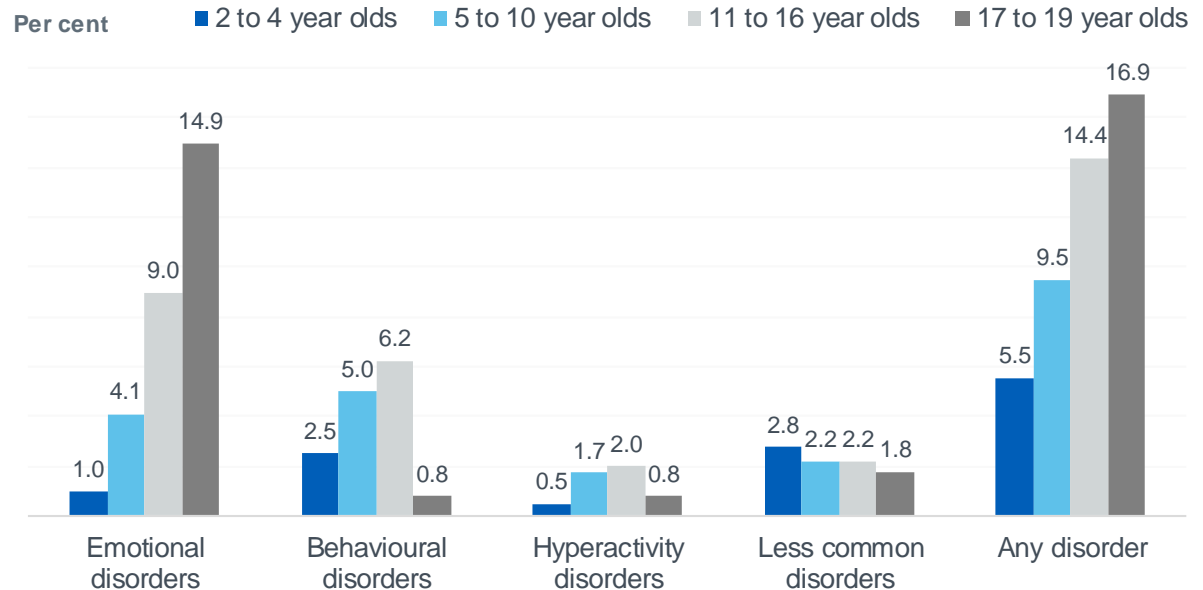


Young people aged 17 to 19 were three times more likely to have a disorder (16.9%) than preschool children aged 2 to 4 (5.5%).

Different disorders were prominent at different stages of childhood. For example, rates of emotional disorder were highest in 17 to 19 year olds. While rates of behavioural and hyperactivity disorders were highest in children aged 5 to 16.

Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5 to 16 year olds.

Rates of different types of disorder in 5 to 19 year olds by age



Preschool children: one in eighteen 2 to 4 year olds had a disorder

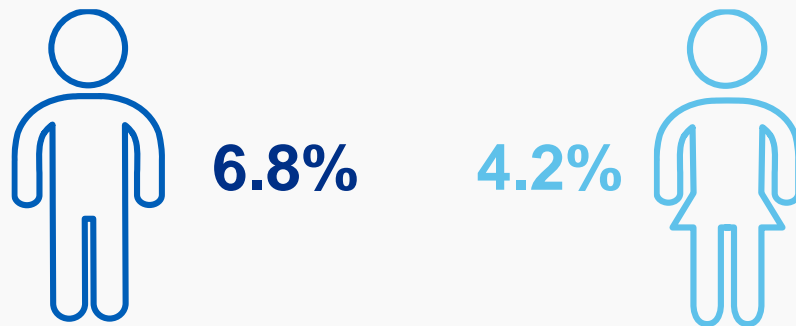
The early years are a critical time of rapid development.

These Experimental Statistics are England's first estimates of disorder prevalence in 2 to 4 year olds based on high quality assessments with a national, random sample.

One in eighteen (5.5%) preschool children were identified with at least one mental disorder around the time of the interview.

Behavioural disorders were evident in 2.5% of preschool children, consisting mostly of oppositional defiant disorder (1.9%). Autism spectrum disorder (ASD) was identified in 1.4% of 2 to 4 year olds. Other disorders of specific relevance to this age group were also assessed, of which sleeping (1.3%) and feeding (0.8%) disorders were the most common.

Among 2 to 4 year olds, boys were more likely than girls to have a disorder



Primary school years: one in ten 5 to 10 year olds had a disorder

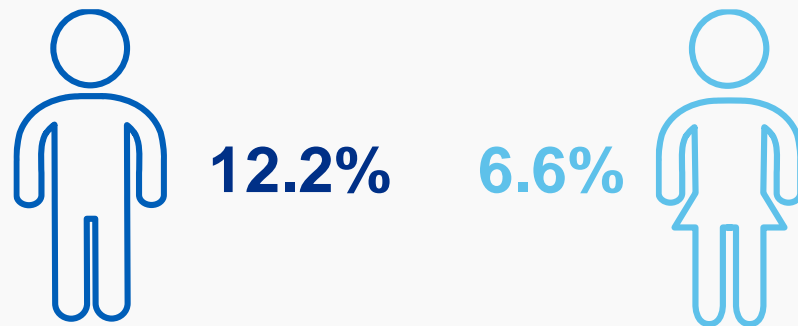
Primary school is a major stage in early childhood.

About one in ten (9.5%) 5 to 10 year olds had at least one disorder. And about one in thirty (3.4%) met the criteria for two or more mental disorders around the time of the interview.

Behavioural disorders (5.0%) and emotional disorders (4.1%) were the most common types in this age group.

At this age, rates of emotional disorder were similar in boys (4.6%) and girls (3.6%). However, other types of disorder were more than twice as likely in boys as girls. For example, 2.6% of 5 to 10 year old boys were identified with a hyperactivity disorder, compared with 0.8% of 5 to 10 year old girls.

Among 5 to 10 year olds, boys were about twice as likely as girls to have a disorder



Secondary school years: one in seven 11 to 16 year olds had a disorder

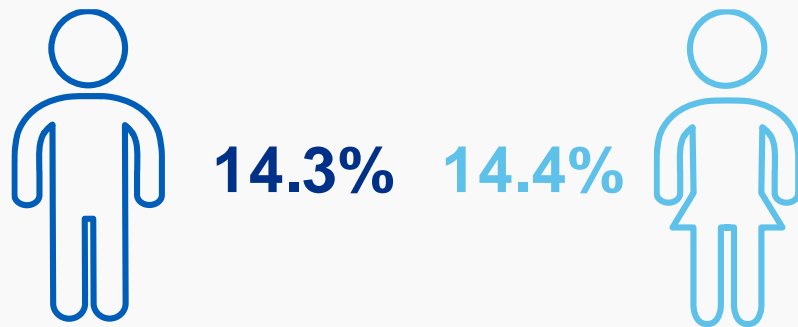
The move to secondary school coincides with the start of adolescence.

About one in seven (14.4%) 11 to 16 year olds were identified with a mental disorder. And one in sixteen (6.2%) met the criteria for two or more mental disorders at the time of the interview.

Emotional disorders were the most common type at this age, present in 9.0% of 11 to 16 year olds. This was followed by behavioural disorders (6.2%).

While at this age boys and girls were equally likely to have a disorder, they tended to have different types of disorder. Girls were more likely than boys to have an emotional disorder (10.9% compared to 7.1%), while boys were more likely than girls to have a behavioural disorder (7.4%, compared with 5.0%) or a hyperactivity disorder (3.2% compared with 0.7%).

Among 11 to 16 year olds, boys and girls were equally likely to have a disorder



Transitioning to adulthood: one in six 17 to 19 year olds had a disorder

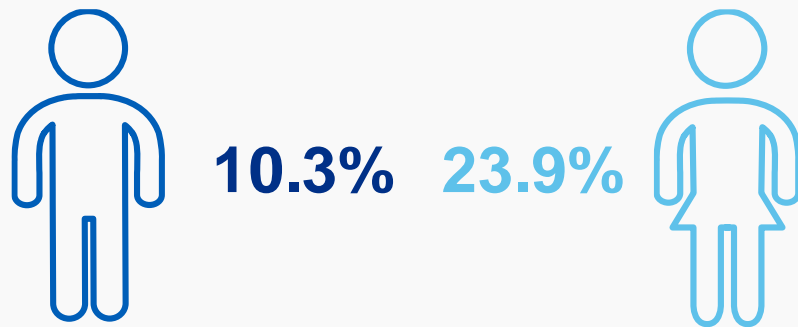
Adolescence is an extended period of change.

About one in six (16.9%) 17 to 19 year olds had a mental disorder. And one in sixteen (6.4%) met the criteria for more than one mental disorder at the time of the interview.

Emotional disorders were the most common type in this age group, present in 14.9% of 17 to 19 year olds. 13.1% were identified with an anxiety disorder and 4.8% with depression. The other disorder types (behavioural, hyperactivity, and other less common disorders) all had an overall prevalence of less than one in fifty at this stage.

Among boys, the likelihood of having a disorder was highest at age 11 to 16. In girls, however, the disorder rate was highest in those aged 17 to 19. These differences in the pattern of association between age and presence of disorder were due in part to differences in the types of disorder boys and girls had.

Girls aged 17 to 19 were more than twice as likely as boys that age to have a disorder



Focus on young women: one in four 17 to 19 year old girls



Young women have been identified as a high risk group in relation to mental health.

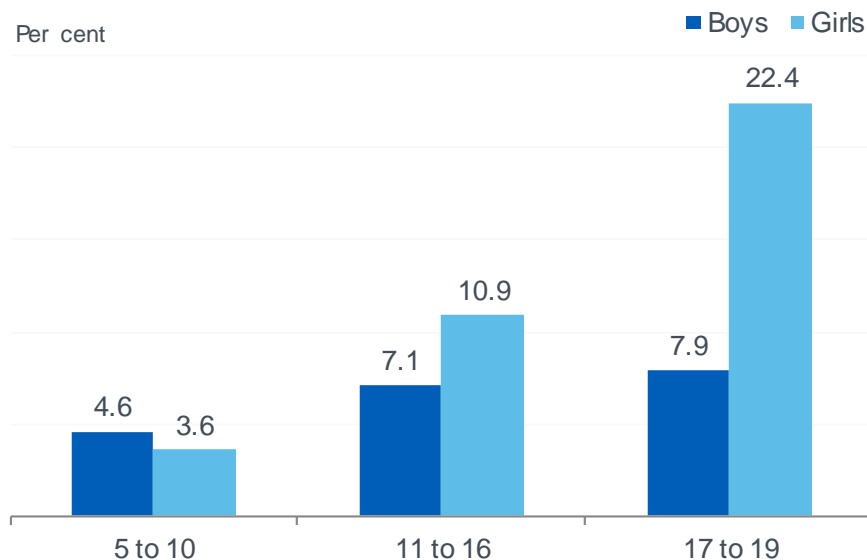
This survey also found rates of emotional mental disorder and self-harm were higher in this group than other demographic groups.

Nearly one in four (23.9%) 17 to 19 girls had a mental disorder. And 22.4% had an emotional disorder.

One in eighteen (5.6%) young women were identified with body dysmorphic disorder (BDD). BDD is an anxiety disorder characterised by the obsessive idea that some aspect of one's body part or appearance is severely flawed and warrants exceptional measures to hide or fix. 1.6% of young women were identified with an eating disorder.

Half (52.7%) of young women with a disorder at the time of the interview also reported having self-harmed or made a suicide attempt.

Emotional disorder in 5 to 19 year olds, by age and sex

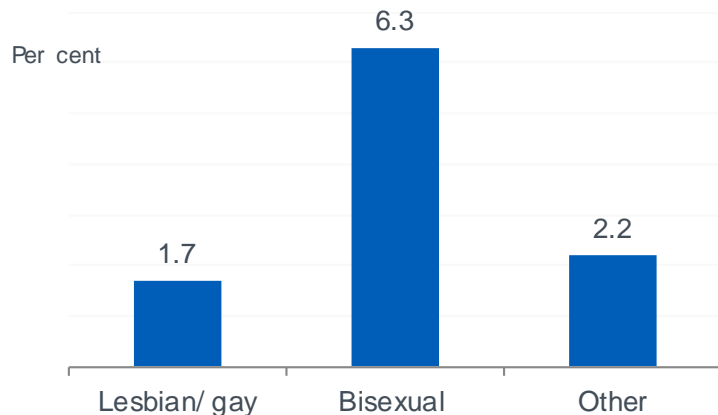


Non-heterosexual identity was associated with mental disorder

Sexual identity in 14 to 19 year olds

While most 14 to 19 year olds identified as heterosexual, one in ten (10.2%) described themselves as lesbian or gay (1.7%), bisexual (6.3%), or other (2.2%). Girls were more likely to identify with a non-heterosexual identity (13.2%) than boys (7.1%).

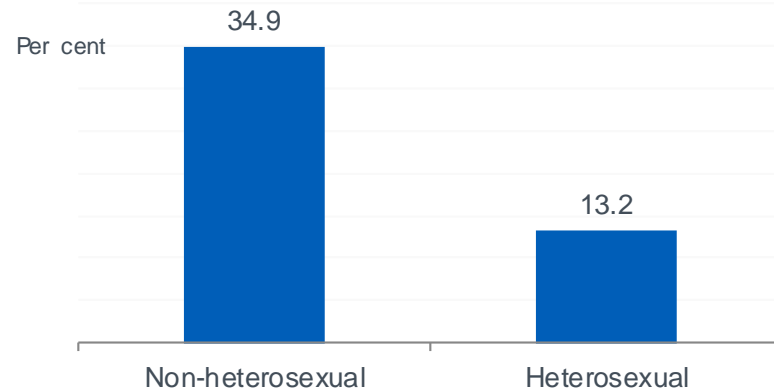
Non-heterosexual identity in 14 to 19 year olds



Associations with mental disorder

Young people who identified as lesbian, gay, bisexual or with an other sexual identity were more likely to have a mental disorder (34.9%) than those who identified as heterosexual (13.2%).

Any mental disorder in 14 to 19 year olds by sexual identity



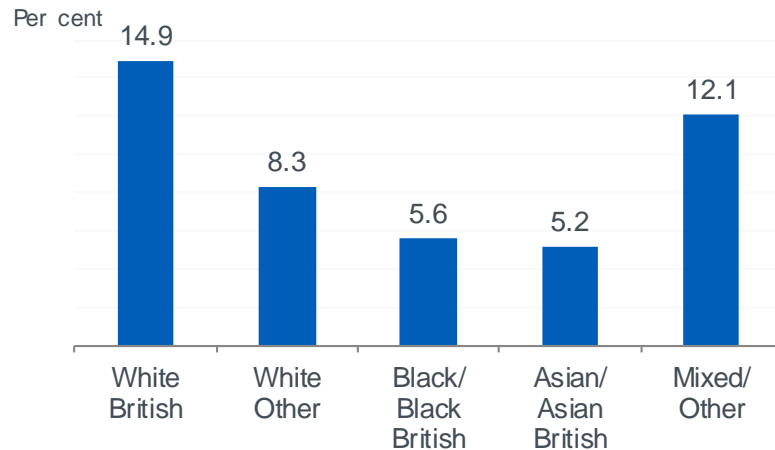
Ethnic and socioeconomic context of mental disorder



Ethnic group

Rates of disorder in 5 to 19 year olds varied between ethnic groups and tended to be higher in White British children and lower in those who were Black/Black British or Asian/Asian British. This pattern was evident overall (for rates of 'any disorder'), as well as for different types of disorder.

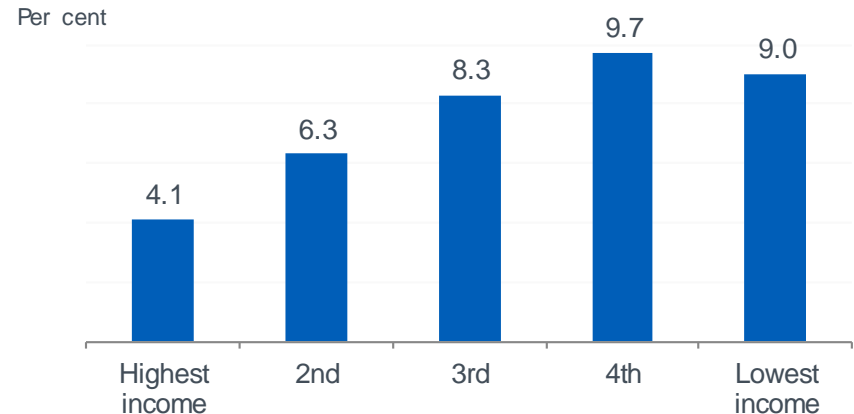
Any mental disorder in 5 to 19 year olds by ethnic group



Socioeconomics

Mental disorders tended to be more common in children living in lower income households. This was evident for emotional, behavioural and autism spectrum disorders, but not for hyperactivity or eating disorders. Disorder rates tended to be higher in children whose parents were in receipt of low income benefits. Neighbourhood deprivation, however, was not associated with most types of disorder.

Emotional disorder in 5 to 19 year olds by household income



Social and family context was associated with mental disorder



Detail about the context of children's lives was collected. Cross-sectional survey data like these can be used to profile circumstances and associations at one point in time, but cannot show whether one factor caused another.

Parent's mental health

Rates of mental disorder tended to be highest in children living with a parent with poor mental health, or in children living with a parent in receipt of disability related income.

Adverse life events

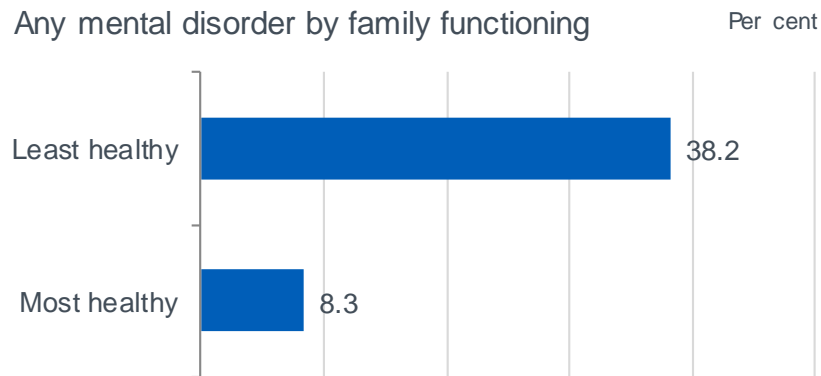
Children with a mental disorder were more likely than those without one to have experienced certain types of adversity in their lives, like parental separation or financial crisis at home.

Social support and participation

Having low levels of social support, a smaller social network, and not participating in clubs or organisations (either in or out of school) were all associated with the presence of mental disorder.

Family functioning

Family functioning was associated with the presence of mental disorder. Over a third (38.2%) of children living in families with the least healthy functioning had a mental disorder. While problems with family functioning may contribute to the onset of mental disorder, the presence of mental disorder could also lead to problems with family functioning.



Mental and physical health and impairment were closely interrelated



Children with a disorder were more likely to have poor general health, a limiting long-term illness, a physical or developmental problem, or a special educational need.

Nearly three-quarters (71.7%) had a physical health condition or developmental problem. For example, epilepsy was five times more common in children with a disorder than in those without, and they were three times more likely to have migraines, or to be obese.

A quarter (25.9%) had a limiting long-term illness, compared with 4.2% of children without mental disorder.

A third (35.6%) had recognised special educational needs, compared with 6.1% of children without mental disorder.

Sometimes these health conditions and impairments would have been additional to a child's mental disorder, sometimes they were a part or a symptom of the mental disorder.

Some developmental problems are features of neurodevelopmental disorders such as autism spectrum disorder and hyperactivity disorder. And among children identified with less common disorders:

- 39.7% had speech and language problems
- 29.2% had difficulty with co-ordination.

While the survey data make clear how closely different indicators of mental, physical and developmental impairment are linked, it was not possible to say which of these indicators were a part of the mental disorder and which were additional to it.

Self-esteem and mental wellbeing were higher in boys than girls



High self-esteem in 11 to 19 year olds

More than one in five (22.5%) 11 to 19 year olds had high self-esteem (assessed using the Rosenberg Self-Esteem scale). Two-thirds had moderate levels, and one in ten (11.1%) were identified with low self-esteem. Boys were more likely to have high self-esteem (26.3%) than girls (18.6%).

High self-esteem was five times more common in young people without a disorder (25.1%) than in those with a disorder (5.2%).

Levels of high self-esteem varied by type of disorder present, ranging from 14.1% of young people with a neurodevelopmental disorder down to 3.7% of those with an emotional disorder.

Positive mental wellbeing

The average mental wellbeing score (assessed using the Warwick Edinburgh Mental Well-Being Scale) in 11 to 19 years olds was 51.7.

Boys had a higher mean wellbeing score (52.9) than girls (50.6). A higher score indicates a higher level of mental wellbeing.

Mental wellbeing was higher in those without a disorder (53.0) than in those with (43.1).

Levels of positive mental wellbeing varied by the type of disorder present. The mean score ranged from 48.4 in 11 to 19 year olds with a neurodevelopmental disorder down to 41.8 in those with an emotional disorder.

Daily social media use was more common in young people with a disorder



Using social media daily

11 to 19 year olds with a mental disorder were more likely to use social media every day (87.3%) than those without a disorder (77.8%).

Hours on social media

Among young people who used social media daily, those with a disorder tended to be on social media for longer. 29.4% of daily users with a disorder were on social media for more than four hours on a typical school day (compared with 12.0% of daily users without a disorder).

Views about social media

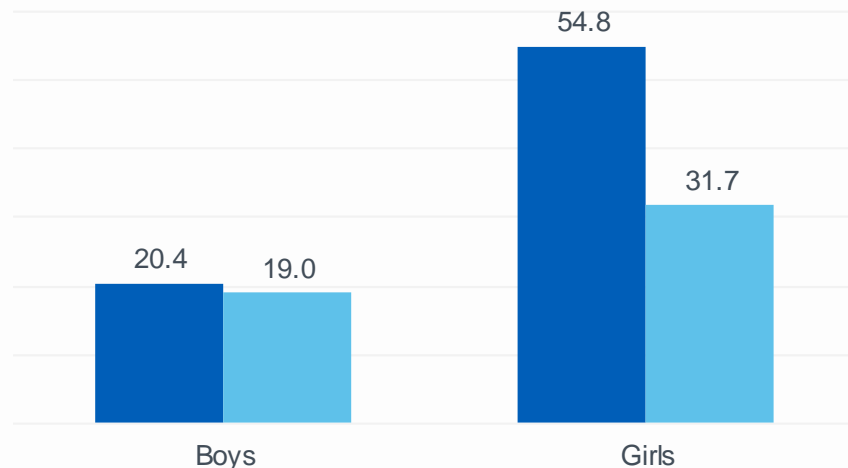
11 to 19 year olds girls with a mental disorder were more likely to feel that they compared themselves to others on social media. Young people with a disorder (both girls and boys) were more likely to feel that the number of 'likes' they got affected their mood than those without a disorder.

Compare self to others on social media, in 11 to 19 year olds by any mental disorder and sex

Per cent

■ Any disorder

■ No disorder



Being bullied - and bullying others - was more common in young people with a disorder

Bullying

11 to 19 year olds with a mental disorder were nearly twice as likely to have been bullied in the past year (59.1%) as those without a disorder (32.7%).

Young people with a mental disorder were also more likely to have bullied others in the past year (28.3%) than children with no disorder (14.0%).



59.1%

of young people with a disorder were bullied in the past year

Cyberbullying

11 to 19 year olds with a mental disorder were more than twice as likely as those without a disorder to have been cyberbullied in the past year (41.5% compared to 18.1%).

Young people with a mental disorder were also more likely to report having cyberbullied others (14.6%) than those without a mental disorder (6.9%).



41.5%

of young people with a disorder were cyberbullied in the past year

Risky health behaviours were more common in young people with a disorder



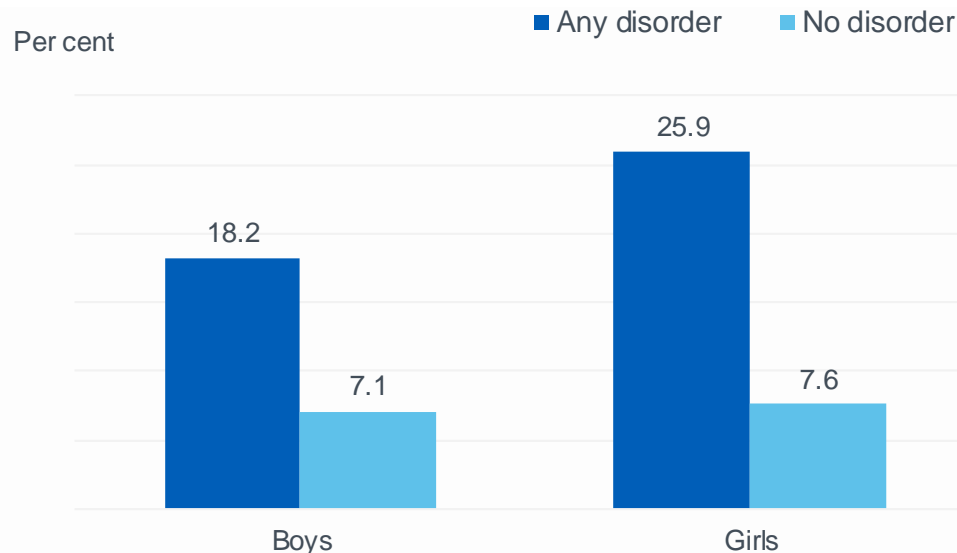
Tobacco 11 to 16 year olds with a disorder were three times more likely to have tried a cigarette (22.5%) than those without a disorder (7.3%).

E-cigarettes The pattern was similar for having tried an e-cigarette, with 24.1% of 11 to 16 year olds with a mental disorder having used one compared with 11.2% of children without a disorder.

Alcohol use was more common in 11 to 16 year olds with a mental disorder. They were also more likely to drink more frequently.

Illicit drug use was three times more likely in 11 to 16 year olds with a mental disorder (13.9%) than in those without one (4.1%). Girls aged 11 to 16 with a disorder were five times more likely to have tried drugs (14.2%) than girls without a disorder (2.6%).

Tried smoking a cigarette in 11 to 16 year olds by any disorder and sex



Self-harm or suicide attempt in one in four 11 to 16 year olds with a disorder

Ever self-harmed or attempted suicide

11 to 16 year olds with a mental disorder were more likely to have self-harmed or attempted suicide at some point (25.5%) than those without a disorder (3.0%). The association with mental disorder was clear in both boys and girls. In 17 to 19 year olds with a disorder, nearly half (46.8%) had self-harmed or made a suicide attempt.

Recent self-harm or suicide attempt

11 to 16 year olds with a disorder were more likely to have self-harmed or attempted suicide in the past four weeks (13.0%) than those without a disorder (0.3%). They were also more likely to have spoken about self-harm or suicide (16.5% compared with 1.4%).

Variation by type of disorder

Rates of having ever self-harmed or attempted suicide varied by the type of disorder present, and at one in three (34.0%) this was highest in children with an emotional disorder.

25.5%

of 11 to 16 year olds with a disorder reported self-harm or suicide attempt

3.0%

of 11 to 16 year olds without a disorder reported self-harm or suicide attempt

Exclusion from school was more common in children with disorders



Truancy

Children with a disorder were more likely to play truant (8.5%) than children without a disorder (0.8%). Truancy rates varied by type of disorder, and were highest in those with an emotional (9.7%) or a behavioural (11.2%) disorder.

Exclusion

School exclusion was also more common in children with a disorder (6.8%) than in those without (0.5%). Boys with a disorder (9.9%) were more likely than girls with a disorder (2.4%) to be excluded from school.

Exclusion rates varied by type of disorder and were highest in those with a hyperactivity (11.7%) or behavioural (11.6%) disorder. About one child in twenty with a hyperactivity (4.9%) or behavioural (5.7%) disorder had been excluded from school on three or more occasions.

**One boy in ten
with a disorder
had been
excluded from
school**



Recognition of special educational needs

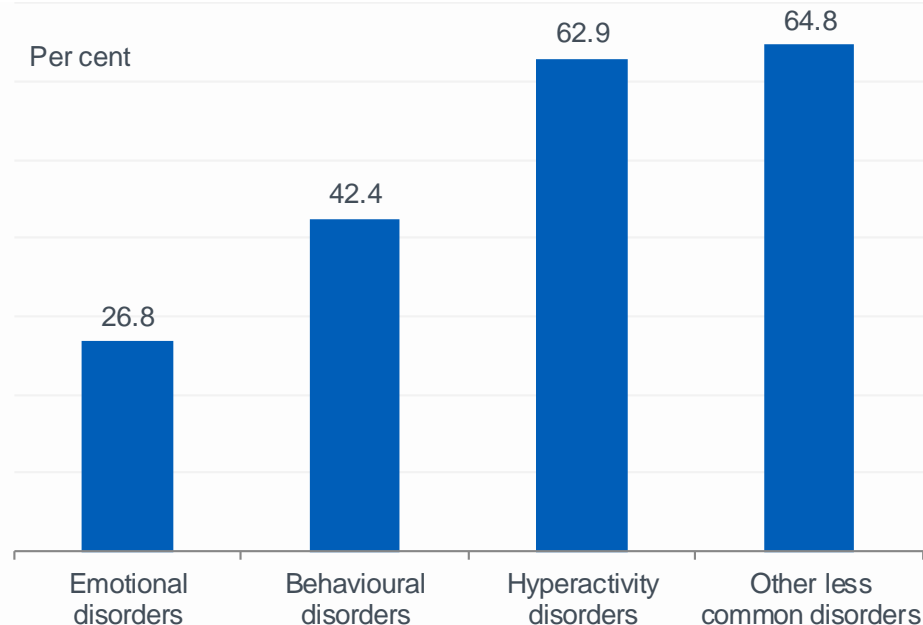
Over a third of 5 to 19 year olds with a disorder (35.6%) were recognised as having special educational needs.

This ranged from a quarter of children with an emotional disorder, to about two thirds of children with a hyperactivity disorder and two thirds of those with an other less common disorder such as autism. The survey did not establish to what extent these special educational needs related directly to the disorder itself.

Half of children (49.6%) with recognised special educational needs had an Education, Health and Care Plan in place.

Contact with professional services and informal support was more likely where parents and young people recognised that there were severe and definite difficulties with emotions, concentration, behaviour, or getting on with others.

Special educational needs in 5 to 19 year olds by type of disorder



Two-thirds of children with disorder had contact with professional services

Professional services

Two-thirds (66.4%) of 5 to 19 year olds with a disorder had contact with a professional service in the past year because of worries about mental health. Teachers were the most commonly cited source (48.5%), followed by primary care professionals (33.4%), mental health specialists (25.2%), and educational support services (22.6%).



66.4% of children with a disorder had any professional service contact



25.2% of children with a disorder had contact with a mental health specialist

Informal support

Half (48.6%) of children with a disorder had contact with informal sources of support because of mental health worries. Family and friends were the most common source of informal support (44.6%) to children with a disorder.



48.6% of children with a disorder had informal support

Neither services nor informal support

One in four (24.1%) children with a disorder had no contact with either professional services or informal support in relation to worries about their mental health.

Note: in relation to 5 to 16 year olds, 'contact' with services and support may have been with the parent due to their worries about their child.

Professional services tended to be viewed as helpful

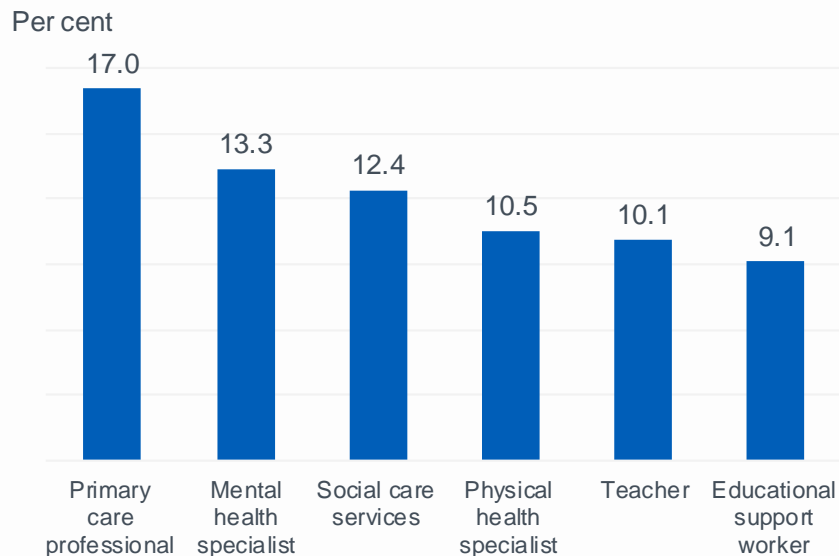
Helpful

Most children with a disorder who had used professional services found them to be helpful. This ranged from 73.1% who found educational support services to be helpful, to 60.5% who found social care services to be helpful.

Unhelpful

The service most likely to be rated as unhelpful by those who had contact with it was primary care. 17.0% of 5 to 19 year olds with a disorder who had contact with a primary care professional due to worries about mental health described this as either unhelpful or very unhelpful.

Proportion who found service to be unhelpful, in 5 to 19 year olds with a disorder and contact with that service



One in five with a disorder reported over six month wait to see a specialist

Waiting more than six months

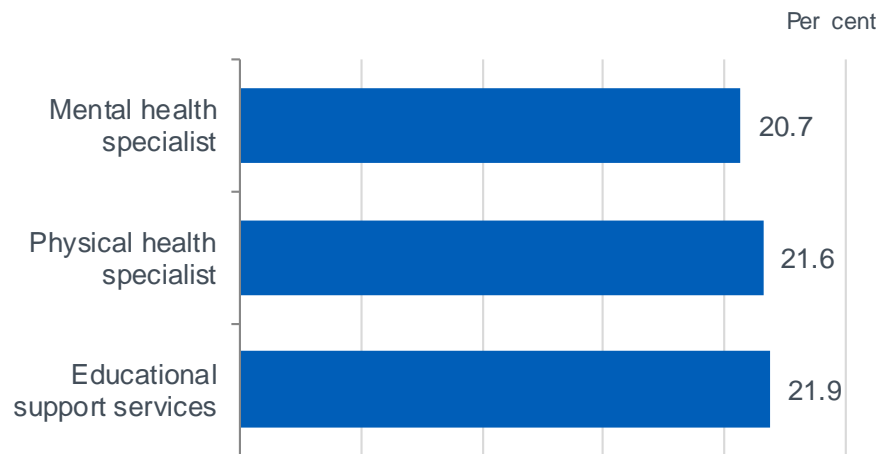
Among children with a disorder, around one in five reported waiting over six months for contact with a mental health specialist (20.7%), a physical health specialist (21.6%), or for educational support services (21.9%).

Reported waiting times tended to be longest for children with neurodevelopmental disorders (like hyperactivity and autism spectrum disorders).

Waiting less than ten weeks

Overall, more than two thirds of 5 to 19 year olds who accessed professional services for a mental health reason reported waiting less than ten weeks to see the specialist. This ranged from 65.2% of those who had contact with a physical health specialist, to 93.0% of those who had contacted teachers about mental health.

Proportion of 5 to 19 year olds with a disorder waiting more than six months for each type of service contact



Methods note: these figures are based on reported waiting times only. Service records were not reviewed.

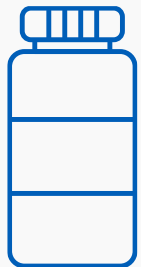
Psychotropic medication was taken by one in fifty 5 to 19 year olds



Overall, about one in fifty (2.5%) 5 to 19 year olds were taking medication for a mental health related problem around the time of the interview.

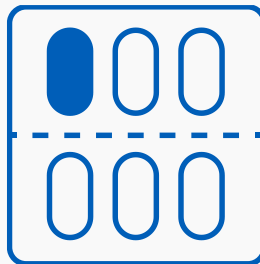
Among children with a disorder, one in six (16.4%) were taking psychotropic medication. This ranged from about 15% of children with a behavioural (14.8%) or emotional disorder (15.2%), up to 45.9% of those with a hyperactivity disorder.

5 to 16 year olds with a disorder were most likely to be prescribed stimulants and melatonin (reflecting the higher rate of hyperactivity disorder in this age group). **17 to 19 year olds with a disorder** were most likely to be prescribed antidepressants.



2.5%

of 5 to 19 year olds
were taking mental
health medication



16.4%

of 5 to 19 year olds with
a disorder were taking
psychotropic medication



The Mental Health of Children and Young People (MHCYP) survey was previously conducted with 5 to 15 year olds in 1999 and 5 to 16 year olds in 2004, who were living in Britain and sampled from Child Benefit records. For the 2017 survey, a stratified multistage random probability sample of children was drawn from the NHS Patient Register in October 2016. Children and young people were eligible to take part if they were aged 2 to 19, lived in England, and were registered with a GP.

Children, young people and their parents were interviewed face-to-face at home using computer assisted personal interviewing (CAPI) and computer assisted self interviewing (CASI), between January and October 2017. A short paper or online questionnaire was completed by a nominated teacher for children aged 5 to 16 years old.

Data collection varied with the selected child's age:

- 2 to 4 year olds: parent interview
- 5 to 10 year olds: parent and teacher interviews
- 11 to 16 year olds: parent, child and teacher interviews
- 17 to 19 year olds: young person and parent interviews (if parent present at the same address).

The survey response rate was 52%. Prevalence estimates for 5 to 16 year olds were adjusted slightly upwards with a factor designed to take account of the fact that only some of this age group had data from teachers. See the Survey Design and Methods Report for detail about the calculation and application of adjustment factors.

If you need help or information about child mental health



Local Help

Your GP

They will be able to provide help and advice. Your GP can also provide access to appropriate specialist services and local organisations.

Call 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

NHS mental health services

Find local mental health services on the NHS website. <http://www.nhs.uk>

Local organisations

They provide a range of services including support groups, help lines and information. Details can be obtained from your GP, your local library, or the internet.

National Help

Childline Free 24-hour counselling service for children and young people up to their 19th birthday. 0800 1111 <https://www.childline.org.uk>

Mind - Infoline Offers advice and support to service users; has a network of local associations in England and Wales to which people can turn for help. 0300 123 3393, text number: 86463 <http://www.mind.org.uk>

SANE Provides practical help, emotional support and specialist information for people aged 16 and over with mental health problems, their family, friends and carers. 0300 304 7000 www.sane.org.uk

Supportline Confidential telephone helpline offering emotional support to any individual on any issue. 01708 765200 www.supportline.org.uk

Beat Provides helplines, self-help groups and online support to anyone affected by eating disorders. Helpline: 0808 801 0677, Youthline: 0808 801 0711, Studentline: 0808 801 0811 www.b-eat.co.uk

The Samaritans The Samaritans provide a confidential service for people in despair and who feel suicidal. 116 123 www.samaritans.org.uk

NSPCC Provides helplines and information on child abuse, child protection and safeguarding children. 0808 800 5000 <https://www.nspcc.org.uk/>

Young Minds Young Minds has a Parent Helpline that offers free confidential telephone and email support to any adult worried about the wellbeing of a child or young person. 0808 802 5544 http://www.youngminds.org.uk/for_parents

Useful websites



Youth Wellbeing Directory

Helps you find support for mental health and wellbeing of young people up to age 25 across the UK.

<https://www.annafreud.org/on-my-mind/youth-wellbeing/>

HaveIGotAProblem.com

Free resource about mental health and addiction issues. It has advice and documents on issues including depression, anxiety, self-harm, bipolar, eating disorders and coping.

<http://www.haveigotaproblem.com/>

Helplines partnership

Provides a comprehensive list of mental health helplines in the UK.

<https://helplines.org/helplines/>

Mental Health Foundation

This website offers a wide range of information about mental health issues. <http://www.mentalhealth.org.uk>

Health Talk Online

Aims to provide balanced information about the experience of everyday life with a range of health conditions and issues, what to expect both physically and mentally, overcoming practical difficulties, making decisions about treatment and talking to health professionals. <http://www.healthtalk.org/>

Youth*in*Mind

Youth*in*Mind is an online resource for information about mental health and offers brief assessments. It also provides links to other useful books, websites and services. <http://youthinmind.info/py/yiminfo/>

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