

JSNA Health and Wellbeing Profile 2023/24

Emotional Health and Wellbeing of Children & Young People

Summary points

- Most children and young people in Bristol have positive emotional health and mental wellbeing.
- Poor mental health is often linked to a range of adverse childhood experiences that can have a traumatic impact and increase the likelihood of mental and physical ill health throughout the life course. These experiences are associated with adverse community environments. Bristol has a high proportion of children and young people who face these experiences.
- Children and young people in Bristol have higher than national rates of hospital admissions for self-harm.
- The COVID 19 pandemic has had an impact on the mental health of children and young people in Bristol.

Overview

Childhood emotional health and wellbeing is important as it lays the foundation for health outcomes, social outcomes, and educational attainment throughout an individual's life. The mental health and wellbeing of children and young people is therefore a priority for Bristol, and it is an important element within the Bristol Belonging Strategy¹ and the One City Plan².

The 2022 Bristol Pupil Voice survey³ was completed by 1,391 primary school pupils from Year 4 and Year 6 and 1,894 secondary school pupils from Year 8 and Year 10. The results suggest that most children and young people in the city experience positive mental wellbeing, although it is evident that this has reduced when compared to the results from the 2019 Pupil Voice survey⁴.

- In 2022 81% of primary school pupils in Bristol achieved a score indicating positive mental wellbeing using the Stirling Children's Wellbeing Scale (medium high/ high / maximum), down from 88% in 2019. 10% had a score indicating poor mental health, up from 5% in 2019.
- 51% of secondary school pupils in Bristol achieved a score indicating positive mental wellbeing using the Warwick-Edinburgh Mental Wellbeing Scales (medium high/high), down from 65% in 2019. 14% achieved a score that suggested poor mental health, up from 9% in 2019.

These Bristol figures are consistent with national findings, that rates of mental disorder increase with age⁵.

¹ [Belonging Strategy 2021-24: Putting children and young people at the heart of our recovery - bristol.gov.uk](https://www.bristol.gov.uk/belonging-strategy-2021-24-putting-children-and-young-people-at-the-heart-of-our-recovery/)

² [One City Plan 2021 \(bristolonecity.com\)](https://www.bristolonecity.com/)

³ Bristol City Council 2022 [Every Child Matters in Bristol](https://www.bristol.gov.uk/every-child-matters-in-bristol/) . Accessed Oct 2022

⁴ Bristol City Council, 2019 Every Child Matters in Bristol, Accessed March 2022

⁵ NHS Digital, Nov 2019 [Mental Health of Children and Young People in England, 2017 \[PAS\] - NHS Digital](https://www.nhs.uk/mental-health-of-children-and-young-people-in-england-2017-pas/) Accessed Oct 2020

Based on national studies ^{6, 7}, the estimated number of children and young people in Bristol⁸ who are likely to be experiencing a mental disorder at any one time is:

- 920 children aged 2-4 (1 in 18 or 5.5%).
- 9,600 children and young people aged 5-16 (1 in 6 or 16%). This has increased from 1 in 9 or 10.8% among this age group in 2017⁹, reflecting the impact of COVID 19 and related policy on the children and young people population.
- 9,900 young people aged 17-22 (1 in 5 or 20%)

Nationally, rates of emotional disorder among 5-19 year olds are higher among females (10%) than males (6.2%).

Conduct disorders among 5-19 year olds are higher in males (5.8%) than in females (3.4%).

Hyperactivity disorders are also higher in males (2.6%) than females (0.6%).¹⁰

Children and their parents have been identified as a group who are at higher risk of adverse psychological impacts from the COVID pandemic and related policy¹¹. There is evidence that children and young people who were already vulnerable to mental ill health have been further disadvantaged by the impact of the COVID pandemic. Those who were more likely to experience a deterioration in mental health include those living in the most deprived communities, those with pre-existing mental health needs, some Black, Asian and minoritized young people, those who identify as LGBTQ+ and pupils with SEND^{12, 13}.

Adversity and Trauma



Fig 1 The Pair of ACEs Tree¹⁴

⁶ NHS Digital, Nov 2019 [Mental Health of Children and Young People in England, 2017 \[PAS\] - NHS Digital](#) Accessed Oct 2020

⁷ NHS Digital, Oct 2020 [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#) Accessed Jan 2021

⁸ Open Data Bristol [Explore — Open Data Bristol](#) Accessed Oct 2020

⁹ NHS Digital, Oct 2020 [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#) Accessed Jan 2021

¹⁰ [Mental Health of Children and Young People in England, 2017 \[PAS\] - NHS Digital](#) Accessed June 2022

¹¹ NIHR ARC West April 2020 [The potential impact of COVID-19 on mental health outcomes and the implications for service solutions - ARC West \(nihr.ac.uk\)](#) Accessed Oct 2020

¹² Feb 2022 [State of the nation 2021: children and young people's wellbeing - GOV.UK \(www.gov.uk\)](#) Accessed June 2022

¹³ April 2022 [COVID-19 mental health and wellbeing surveillance: report - GOV.UK \(www.gov.uk\)](#) Accessed May 2022

¹⁴ Ellis, W and Deitz W, (2017) [Resource Description_Pair of ACEs Tree.pdf \(gwu.edu\)](#) Accessed March 2022

The trauma which is associated with adverse childhood experience (ACEs) is closely linked to mental health, and the risk of mental ill health is known to increase for people who experience higher numbers of ACE factors¹⁵. The link between adverse childhood experiences and adverse community environments is illustrated in Fig 1 above, where community environments are represented by the tree roots and the childhood experiences by the leaves. The analogy is that trees with unhealthy roots are unable to thrive, affecting the health of the leaves. These links suggest that those living in adverse community environments will have a much higher risk of ACEs, and therefore of mental illness, than those who live elsewhere.

Adverse Community Environments

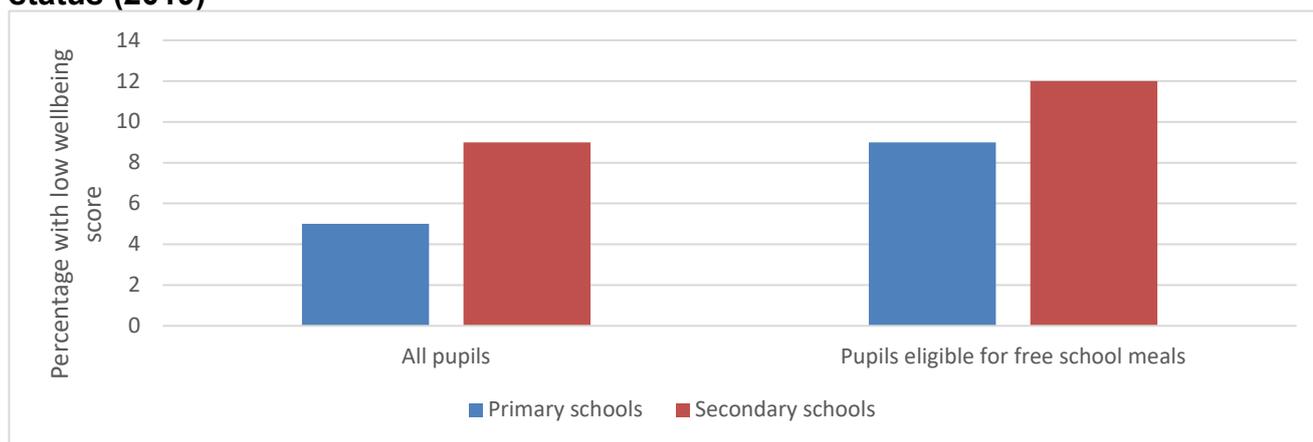
1. Poverty

20.6% of children in Bristol aged 0-15 (approximately 17,700) experience child poverty, growing up in income deprived families.¹⁶ This is significantly higher than in England as a whole, where 17.1% of children experience child poverty. At ward level, child poverty is highest in Lawrence Hill, where between 30.7% and 39.8% of children live in low-income families. In Hartcliffe & Withywood, Filwood, Ashley, Hillfields, Southmead and Central between 21.6% and 30.6% of children live in low income families¹⁷.

High numbers of pupils who are classed as disadvantaged through eligibility for the Pupil Premium are also seen in wards with high levels of child poverty¹⁸. In 2021 the highest proportion was in Hartcliffe and Withywood, where 50% of pupils were classed as disadvantaged. High rates are also seen in Lawrence Hill (47.3%), Filwood (47.1%) and Central (42.6%). Wide inequalities are evident between these wards and those in the northwest of the city, which have very low levels of pupils who are classed as disadvantaged: Redland has 2.9%, Westbury-on-Trym and Henleaze has 5.2% and Cotham has 5.8%.

Analysis of 2019 Pupil Voice data shows that those in receipt of free school meals were significantly more likely to report a low mental and emotional wellbeing score compared to the Bristol school average¹⁹ (Fig 2).

Fig 2 Percentage of school pupils with low mental wellbeing scores by free school meal status (2019)



In the 2022 Pupil Voice report, pupils in receipt of free school meals were also more likely to report a low mental and emotional wellbeing score compared to the Bristol school average, but

¹⁵ Public Health Wales 2018 [ACE & Resilience Report \(Eng_final2\).pdf \(wales.nhs.uk\)](#) Accessed Sept 2019

¹⁶ [Public health profiles - OHID \(phe.org.uk\)](#) Accessed April 2022

¹⁷ [Ward profile data - bristol.gov.uk](#) Accessed April 2022

¹⁸ [Pupils classed as disadvantaged in Bristol \(by Ward\) — Open Data Bristol](#)

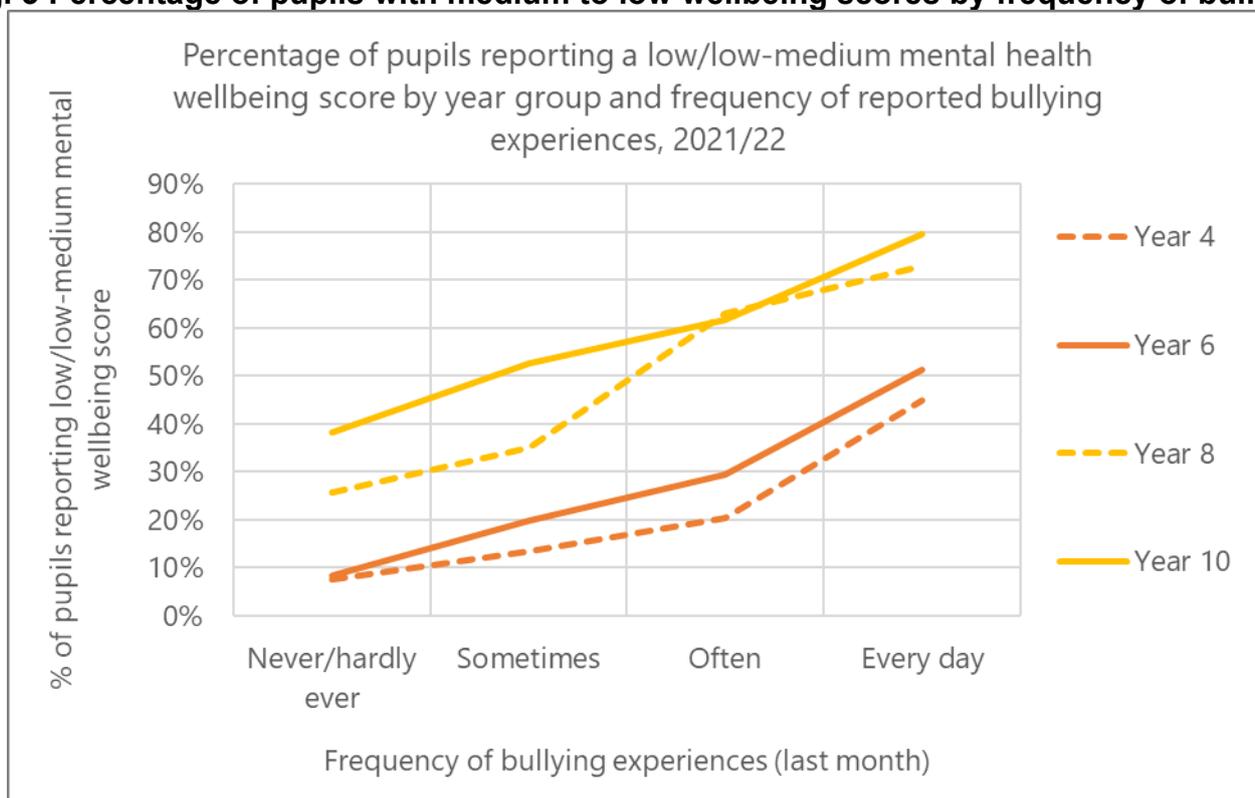
¹⁹ Bristol City Council, 2019 Every Child Matters in Bristol, Accessed June 2022

the difference was not identified as being significant. However, the percentage of pupils with a low wellbeing score had risen for both pupils in receipt of free school meals and all pupils²⁰. A considerably smaller response to the survey in 2021/22 compared to 2018/19 may have been a factor in the lack of a significant difference identified in 2021/22 as this has an impact on the statistical precision of analyses.

2. Discrimination

- Bullying** is identified by NHS Digital as a high risk factor for poor mental health. A large proportion of both primary and secondary school pupils in Bristol have experienced bullying²¹: 71% of secondary school respondents to the 2022 Pupil Voice survey reported experiencing one or more types of negative or bullying behaviours towards them during the previous month and 33% experienced this every day or often. Among primary school respondents 11% reported everyday bullying experiences and 30% reported everyday or frequent bullying experiences, while 74% reported some bullying in the previous month. Those who reported experiencing more frequent bullying were also more likely to report lower wellbeing scores (Fig 3).

Fig. 3 Percentage of pupils with medium to low wellbeing scores by frequency of bullying



- Pupils with Special Educational Needs and Disabilities (SEND)** are more likely to experience bullying at both primary and secondary age than other pupils²². 42% of pupils with SEND who completed the 2022 Pupil Voice Survey reported frequent or daily bullying experiences. This is significantly higher than 31% for all pupils, and the percentage has increased from 38% in 2019²³. 18.4% of school age pupils in Bristol have

²⁰ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

²¹ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

²² Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

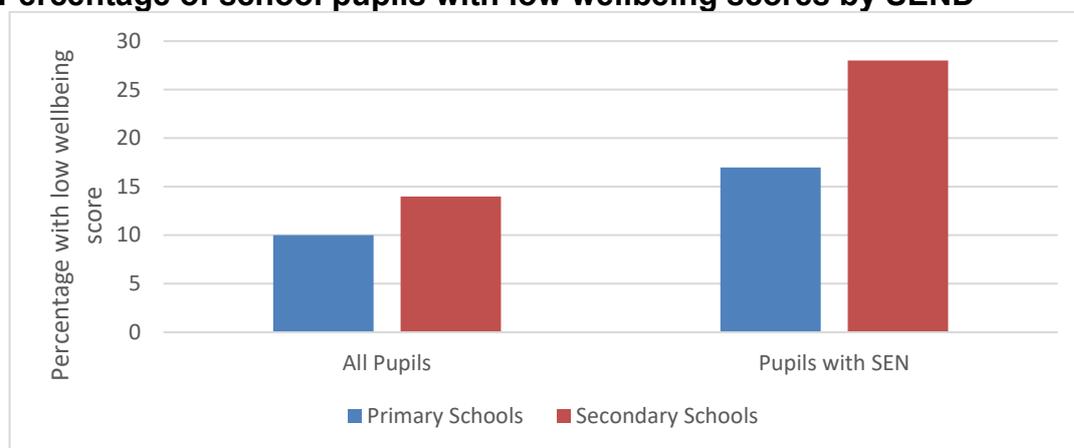
²³ Bristol City Council, 2019 Every Child Matters in Bristol, Accessed March 2022

SEND²⁴, higher than 16.6% for England²⁵. This figure has risen each year since 14.8% in 2017²⁶.

At ward level, Hartcliffe and Withywood has the highest proportion of children with SEND, at 24.5% (992 pupils). This is significantly higher than Filwood, which is second highest at 18.4% (578 pupils). Lawrence Hill has 17.8% (620 pupils). The ward with the lowest proportion is Cotham which has 9% (54 pupils).

Analysis of 2022 Pupil Voice data shows that pupils with SEND were significantly more likely to report a low mental and emotional wellbeing score compared to the Bristol school average²⁷. (Fig 4)

Fig 4 Percentage of school pupils with low wellbeing scores by SEND



- Racism and discrimination**, including systemic exclusionary processes, and social and economic inequalities, are frequently identified as significant factors contributing to disproportionate levels of mental ill health among Black, Asian and minoritized communities^{28, 29, 30}. Black, Asian and minoritized children and young people make up approximately 39.3% of the school aged population in Bristol, including nursery settings. This equates to approximately 19,000 children and young people³¹. The highest percentages of these communities are in wards in the East Central locality. The highest is Lawrence Hill, where 59.6% of residents belong to Black, Asian and minoritized communities and 25% of the population is aged 0-15. Neighbouring wards also have high populations of these communities, including Easton (37.9%), Eastville (34.6%) and Ashley (33.5%). Lockleaze, in the north locality, also has a high population of Black,

²⁴ [Explore — Open Data Bristol](#) Accessed June 2022

²⁵ June 2022 [Special educational needs in England, Academic Year 2021/22 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#) Accessed June 2022

²⁶ [Explore — Open Data Bristol](#) Accessed June 2022

²⁷ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

²⁸ Mental Health Foundation [Black, Asian and minority ethnic \(BAME\) communities \(mentalhealth.org.uk\)](#) Accessed may 2022

²⁹ NIHR ARC West May 2020 [The impact of COVID-19 on black, Asian and minority ethnic communities - ARC West \(nhr.ac.uk\)](#) Accessed Oct 2020

³⁰ [Health inequalities: reducing ethnic inequalities - GOV.UK \(www.gov.uk\)](#) Accessed March 2022

³¹ Pupil Census January 2022, Bristol City Council. Accessed June 2022

Asian and minoritized residents, at 30.1%³². In addition, these wards have some of the highest levels of deprivation and child poverty in Bristol³³.

Recent studies have shown that COVID 19 has had an additional disproportionate impact on the mental health of Black, Asian and minoritized groups³⁴, including young people in Bristol³⁵.

- **Discrimination, relating to homophobia and transphobia** has been identified as contributing significantly to disproportionate levels of mental ill health among those who identify as LGBTQ+³⁶. National research has identified high levels of bullying of LGBTQ+ young people in schools and online, with reports of homophobic and transphobic environments within education settings³⁷.

Recent research found a direct link between the impacts of loneliness and greater mental health distress³⁸. People in the LGBTQ+ community were found to be more likely to experience loneliness relating to social discrimination, with those who identified as gay or lesbian 1.4 times more likely to be lonely, and people who identified as bisexual 2.5 times more likely to be lonely than the general population.

In Bristol, 23% of secondary school pupils who responded to the 2022 Pupil Voice survey identified as lesbian, gay, bisexual, questioning, other or unsure. This is a considerable increase from 12% in the previous survey in 2019. 47% of secondary school pupils who reported their sexual orientation as lesbian, gay, bisexual or other (and/or their gender identity as transgender or non-binary) reported frequent or daily bullying, compared to 31% for all pupils. 30% had scores showing low wellbeing using WEMWBS (Warwick Edinburgh Mental Wellbeing Scales), compared to 14% of all respondents in Bristol secondary schools.

3. Community Disruption

Community disruption refers to the impact of events that cause widespread social disruption within communities over extended periods. This includes population health events such as the Covid 19 pandemic and the policies that were introduced in response to this.

Lockdowns prevented children and young people from having physical contact with supportive others such as friends, teachers, extended families. They also prevented inclusion in positive activities involving community networks. Most children were observed to have coped well during this time^{39, 40}, and the number of 5-16 year olds who were thought unlikely to have a mental disorder stayed stable between 2017 (75.4%) and 2020 (74.4%). However, evidence shows that lockdowns did have an impact on mental health, with young people expressing concern about

³² [Explore — Open Data Bristol \(opendatasoft.com\)](#)

³³ [Explore — Open Data Bristol](#)

³⁴ OHID 2022 [4. Children and young people - GOV.UK \(www.gov.uk\)](#) Accessed June 2022

³⁵ NIHR ARC West May 2020 [The impact of COVID-19 on black, Asian and minority ethnic communities - ARC West \(nihr.ac.uk\)](#) Accessed Oct 2020

³⁶ Stonewall 2018 [lgbt in britain health.pdf \(stonewall.org.uk\)](#) Accessed June 2022

³⁷ Stonewall 2017 [the school report 2017.pdf \(stonewall.org.uk\)](#) Accessed May 2022

³⁸ June 2022 [Mental health and loneliness: the relationship across life stages - GOV.UK \(www.gov.uk\)](#). Accessed June 2022

³⁹ [Mental Health of Children and Young People Surveys - NHS Digital](#) Accessed Sept 2021

⁴⁰ [The Good Childhood Report 2021 | The Children's Society \(childrenssociety.org.uk\)](#) accessed June 2022

loss of contact with their friends⁴¹, isolation⁴², and an increase in loneliness⁴³. Rates of loneliness were reported to be highest during periods when schools were closed to most pupils⁴⁴.

Other research found that lockdowns had a variable impact on the mental health of young people: a study carried out during the first lockdown, focusing on year 9 pupils in Bristol and the South West, found that there was an overall decrease in the risk of anxiety and an increase in wellbeing among this group, but no noticeable change in risk of depression. This was particularly noticeable among pupils who had experienced poor mental health and wellbeing before lockdown. The researchers suggested that the reduction in anxiety may be due to the removal of stressors within the school environment, such as pressure of academic work and challenging peer relationships, including bullying. However, some vulnerable groups, including those who identified as LGBTQ+ and those with a health problem or disability, showed no reduction in anxiety. The researchers concluded that factors influencing the mental health of these groups were probably wider than the school environment.

The experience of further episodes of lockdown and the continuing stress associated with the longer-term pandemic, has had a more detrimental effect on the mental health of children and young people⁴⁵. This includes those in exam years and those with more difficult domestic arrangements⁴⁶. The Institute for Fiscal Studies predicts that lost learning will continue to impact on young people into adulthood and will translate into lower incomes, higher inequality, and potentially expensive social ills, which are likely to include mental ill health⁴⁷.

In addition, the lifting of lockdown put further pressure on the mental health of children and young people. 23% of primary school pupils and 13% of secondary school pupils who responded to the 2022 Pupil Voice survey, said that they were worried about starting up activities again, after covid related lock downs and reduction in activities⁴⁸.

4. Lack of Opportunity, Economic Mobility and Social Capital

- **Social capital** refers to the extent and nature of connections with others and the collective attitudes and behaviours between people that support a well-functioning, close-knit society⁴⁹.

Lack of social contact, especially during adolescence, is thought to have a severe impact on children and young people's mental health and development⁵⁰. Educational settings play a key role in promoting social skills, access to a social network and social activities.

⁴¹ Young Minds 2020 [youngminds-coronavirus-report-march2020.pdf](#) Accessed March 2022

⁴² Mental Health Foundation Feb 2021 [Loneliness in young people: research briefing | Mental Health Foundation](#) Accessed March 2022

⁴³ August 2020 [TeenCovidLife: The results are in | The University of Edinburgh](#) Accessed June 2022

⁴⁴ Feb 2022 [State of the Nation Children and Young People's Wellbeing \(publishing.service.gov.uk\)](#) Accessed June 2022

⁴⁵ The Children's Commissioner for England, September 2020

[file:///S:/PUBLIC_HEALTH/PH%20Programmes/Mental%20Health/CYP%20Mental%20Health/JSNA/Data%20Profiles/cco-childhood-in-the-time-of-covid.pdf](#) Accessed December 2020

⁴⁶ NIHR August 2020 <https://sphr.nihr.ac.uk/research/young-peoples-mental-health-during-the-covid-19-pandemic/> Accessed Feb 2021

⁴⁷ Institute for Fiscal Studies, Feb 2021, <https://www.ifs.org.uk/> Accessed Feb 2021.

⁴⁸ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

⁴⁹ [Social capital in the UK - Office for National Statistics \(ons.gov.uk\)](#)

⁵⁰ The Lancet, June 2020 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31013-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31013-X/fulltext) Accessed Jan 2021

These are important protective factors for mental wellbeing throughout the whole life course. Schools also provide a safe space for children who experience ACE factors including safeguarding risks at home or in the wider community and enable children experiencing food poverty to have access to a healthy diet. In addition, schools offer opportunities for other activities that are known to be linked to mental wellbeing, such as physical activity.

New research carried out for Dept of Digital Culture Media and Sport⁵¹, which included young adults aged 18-30, explored the link between loneliness and poor mental health. It found that this relationship was bidirectional and cyclical. Respondents described their loneliness and lack of connection with others in terms of not having anyone they could turn to for emotional support.

The 2022 Pupil Voice survey⁵² asked pupils about sources of support for a variety of problems, which may impact on mental health (Tables 1 and 2). For primary school children the main sources of support were parents. For secondary school pupils the main sources of support were parents and friends. However, particularly among secondary pupils, a high proportion said they would keep the problem to themselves. It is not possible to tell whether this was an active choice when support was potentially available or a lack of close and supportive others.

Table 1 Primary pupil responses to: ‘If you had a problem, whom would you share it with first?’ (Pupils had one choice only)

Primary	Mum and/or Dad	Brother or Sister	Friend	Teacher	Other adult	Keep it to myself
Problem with school	57%	4%	9%	15%	1%	13%
Family problem	47%	10%	10%	7%	3%	23%
Health problem	75%	2%	3%	2%	3%	15%
Problem with friends	42%	8%	10%	16%	1%	21%
Bullying problem	47%	4%	6%	26%	1%	14%

⁵¹June 2022 [Mental health and loneliness: the relationship across life stages - GOV.UK \(www.gov.uk\)](https://www.gov.uk) Accessed June 2022

⁵² Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](https://www.bristol.gov.uk/jsna) Accessed Oct 2022

Table 2. Secondary pupil response to ‘If you had a problem, whom would you share it with? (Pupils had more than one choice)

Secondary						
	Mum and/or Dad	Brother or sister	Friend	Teacher	Other adult	Keep it to myself
School-work	60%	19%	26%	24%	2%	22%
Money	62%	8%	7%	2%	2%	28%
Bullying	50%	14%	25%	20%	4%	29%
Health inc. mental health	47%	11%	20%	6%	3%	39%
Family	32%	15%	26%	5%	5%	38%
Friends	41%	17%	24%	7%	3%	34%
The way you look	26%	10%	18%	1%	2%	58%
Relationships	28%	12%	33%	1%	2%	42%
Environment	39%	12%	20%	10%	4%	39%
Crime	50%	13%	21%	8%	6%	31%

The impact of covid on children and young people’s social capital seems to have been marked. Bristol 2022 Pupil Voice survey included questions about covid. Just over half of primary respondents and less than half secondary respondents said they felt happy or positive during this time⁵³.

Table 3 Experiences about life during covid and impact on close relationships

	Primary	Secondary
I have felt generally quite positive/happy	53%	42%
It has improved my relationship with my family	42%	34%
I have struggled to maintain my friendships	25%	24%
I have found easy ways of communicating with people (e.g., via Internet)	52%	66%
I have struggled to maintain my relationships with family who I don't live with	22%	18%
I have struggled to maintain my relationships with family I live with	15%	10%
I have felt closer to my friends	38%	33%

- **Economic Mobility** is associated with school attainment for most children and young people, and with gaining independence and moving into employment for most young adults. Education outcomes are strong protective factors for mental health throughout the

⁵³ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](https://www.bristol.gov.uk/every-child-matters-in-bristol) Accessed Oct 2022

whole life course. Better outcomes in education provide increased opportunities for economic mobility by improving access to employment and reducing the risk of poverty in adult life. The Social Mobility Commission has highlighted poor progress in social mobility between 2013 and 2020 and has made several policy recommendations to increase the opportunities for economic mobility, especially in the context of the COVID pandemic and the impact that has had on widening inequality⁵⁴.

The recommendations cover a range of areas including reducing inequality in education. The Institute for Fiscal Studies predicts that if lost learning relating to COVID is not tackled quickly, it will continue to have an impact on young people into adulthood and will translate into lower incomes, wider inequality, and potentially expensive social problems, which are likely to include mental ill health⁵⁵.

Based on education outcomes in Bristol, many children in the city face a lifelong risk of poor mental health. Inequality is evident across the city, with those in the areas of highest deprivation achieving the poorest education outcomes.

○ **Early years**

By the age of 5 many children are already affected by wide inequalities, which puts their mental health at risk. In 2018/19 70.7% of children in Bristol were assessed as having reached a good level of development at the end of reception year, close to 71.8% in England⁵⁶.

Areas of highest deprivation in Bristol had a much lower percentage of children who reached a good level of development at the end of reception year, including Hartcliffe and Withywood (56.1%), Central (59.7%) Brislington West (60.5%) and Lawrence Hill (61.2%), Southmead (62.6%) and Filwood (64.7%). The highest rates can be seen in wards in the north of the city, including Westbury-on-Trym and Henleaze, Bishopston and Ashley Down, Cotham and Redland and in Southville in the South of the city. These wards frequently have over 80% of children reaching a good level of development at the end of reception year⁵⁷.

○ **Primary Schools**

The impact of covid on school attainment can be seen to be affecting the mental wellbeing of primary school children in Bristol. 69% of primary school pupils say they worry about at least one issue related to school and covid⁵⁸. The most frequent school/covid related concern for both boys (37%) and girls (39%), is understanding schoolwork. The next most frequent school/covid related concern for boys (31%) and girls (35%) is catching up with schoolwork.

⁵⁴ June 2020 [Monitoring social mobility 2013 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/monitoring-social-mobility-2013-to-2020) Accessed June 2022

⁵⁵ Institute for Fiscal Studies, Feb 2021, [The crisis in lost learning calls for a massive national policy response - Institute For Fiscal Studies - IFS](https://www.ifs.org.uk/publications/1000) Accessed April 2022.

⁵⁶ OHID [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data) Accessed January 2022

⁵⁷ Open Data Bristol [Explore — Open Data Bristol](https://www.opendatabristol.org/) Accessed January 2022

⁵⁸ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](https://www.bristol.gov.uk/pupil-voice-report-2022) Accessed Oct 2022

○ **Secondary Schools**

The Social Mobility Commission highlights a wide attainment gap at national level with only 24.7% of disadvantaged students getting a good pass in English and maths GCSE at age 16, compared with 49.9% of all other pupils⁵⁹.

In 2020/21 the average Attainment 8 score for pupils in Bristol at the end of key stage 4 was 49.5, statistically significantly worse than 50.1 for England. The average Attainment 8 score for children who are in care in Bristol was 22.8⁶⁰.

Wards with the highest levels of deprivation, including Hartcliffe and Withywood, Filwood and Lawrence Hill have consistently had the lowest levels of attainment, with average scores over the last four years below 40. Avonmouth and Lawrence Weston also had low average scores. Redland and Westbury-on-Trym and Henleaze, have consistently achieved average scores above 60⁶¹. These scores cannot be compared with 2019/20 and 2020/21 data because grades were awarded differently during the Covid-19 pandemic.

The most frequent covid related concern for secondary boys (26%) and girls (47%) is understanding schoolwork. The next most frequent covid related concern for boys (26%) and girls (43%) is catching up with schoolwork⁶².

These concerns help to explain why the continuing impact of COVID on the mental health of young people in exam years has been particularly marked⁶³.

○ **Employment**

Access to training and employment is a protective factor for mental health and is linked to income, social networks, and other resources.

The Social Mobility Commission highlights inequalities in training and employment, identifying that half of all adults from the poorest backgrounds receive no training at all after leaving school⁶⁴.

Young people who are not in education, employment, or training (NEET) are particularly vulnerable to poor mental health. 6.8% of 16 and 17 year olds in Bristol were recorded as NEET in 2020. This is significantly worse than 5.5% in England⁶⁵. Inequalities across the city are evident, with the highest numbers of NEET young people in the areas of highest deprivation, including Filwood (15.2%), Hartcliffe and Withywood (13.1%), Southmead (11.4%) and Avonmouth and Lawrence Weston (11.1%). The lowest numbers are in wards in the north, in Clifton Down (1.7%) and Redland (1.1%).

The difference in the unemployment rate between those from Black, Asian and minoritized communities and the wider population is 6.4% in Bristol, over twice the

⁵⁹ June 2020 [Monitoring social mobility 2013 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/monitoring-social-mobility-2013-to-2020) Accessed June 2022

⁶⁰ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) Accessed May 2022

⁶¹ Open Data Bristol <https://opendata.bristol.gov.uk/pages/homepage/> Accessed January 2021

⁶² Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](https://www.bristol.gov.uk/childrens-services/childrens-voice-report-2022/) Accessed Oct 2022

⁶³ The Children's Commissioner for England, December 2021 [The state of children's mental health services 2019/20 | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](https://www.childrenscommissioner.gov.uk/2021/12/21/the-state-of-childrens-mental-health-services-2019-20/) Accessed April 2022

⁶⁴ June 2020 [Monitoring social mobility 2013 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/monitoring-social-mobility-2013-to-2020) Accessed June 2022

⁶⁵ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) Accessed May 2022

national level of 2.9%. Those from Black, Asian and minoritized communities are also more likely to be employed in low skilled, lower paid jobs⁶⁶.

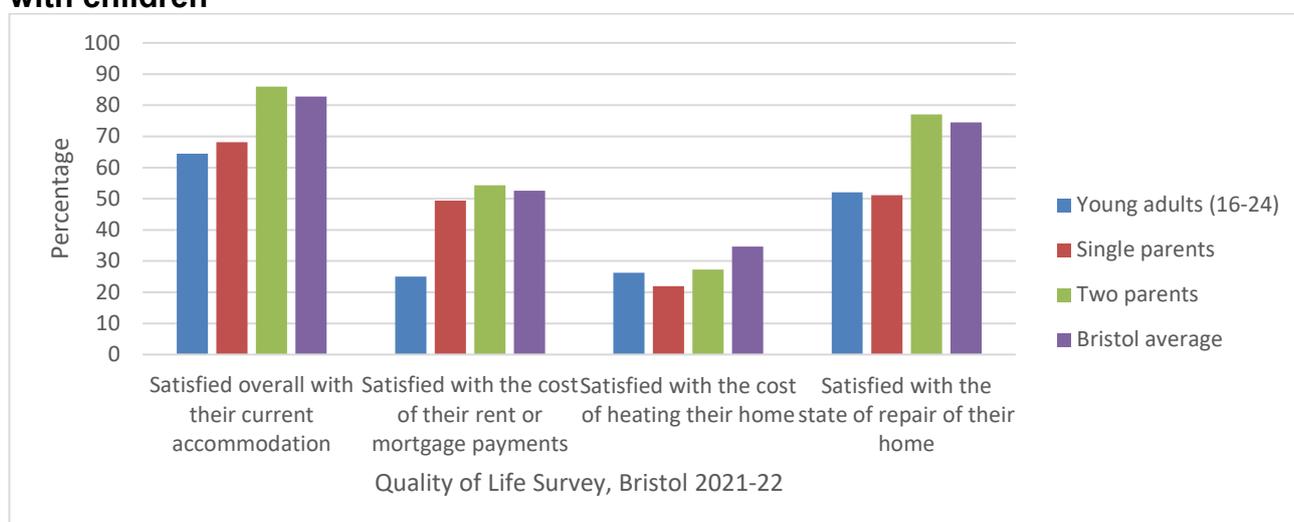
5. Poor Housing Quality and Affordability

The link between housing and mental health is well documented⁶⁷. Some understanding of the impact that this has on children and young people can be drawn by looking at levels of satisfaction with factors related to housing for young adults and for parents. Parental mental illness is a risk factor for the mental health of their children.

Affordability of home ownership in Bristol is comparable to England as a whole⁶⁸, although affordability across different wards varies. The Bristol Quality of Life Survey for 2021/22⁶⁹ showed that although 82.8% of respondents are satisfied overall with their current accommodation, only 52.6% of respondents are satisfied with the cost of their rent or mortgage repayments and only 34.7% are satisfied with the cost of heating their home. Families with children expressed a low level of satisfaction with the cost of rent and mortgage payments, and for the cost of heating their home. This level of dissatisfaction is likely to increase and have a considerable impact on mental health as the 2022/23 cost of living crisis unfolds. Single parents had higher levels of risk to their mental health relating to housing factors than those in two parent families.

The mental health of young adults is particularly at risk, with only 25% of respondents in this group saying they are satisfied with the cost of rent or mortgage payments and only 26% saying they are satisfied with the cost of heating their home (Fig 5).

Fig 5 Satisfaction with housing quality and affordability for young adults and families with children⁷⁰



6. Community Violence

Between 2017/18 and 2020/21 the rate of violence against the person and sexual offence incidents in Bristol reported to the police remained relatively steady between 36 and 37.5 per 1000 population. In 2021/22 the rate rose significantly to 45.3 per 1000 population. The greatest rise was in city centre locations with Hotwells and Harbourside showing a rate of 153.9 per 1000

⁶⁶ Babbasa 2020 [Bridge to Equality 2020-PDF12.5KB.pdf \(babbasa.com\)](#) Accessed Nov 202

⁶⁷ Centre for Mental Health 2016 [More than shelter | Centre for Mental Health](#) Accessed June 2022

⁶⁸ [Public health profiles - OHID \(phe.org.uk\)](#)

⁶⁹ [Explore — Open Data Bristol](#) Accessed June 2022

⁷⁰ [Explore — Open Data Bristol](#) Accessed June 2022

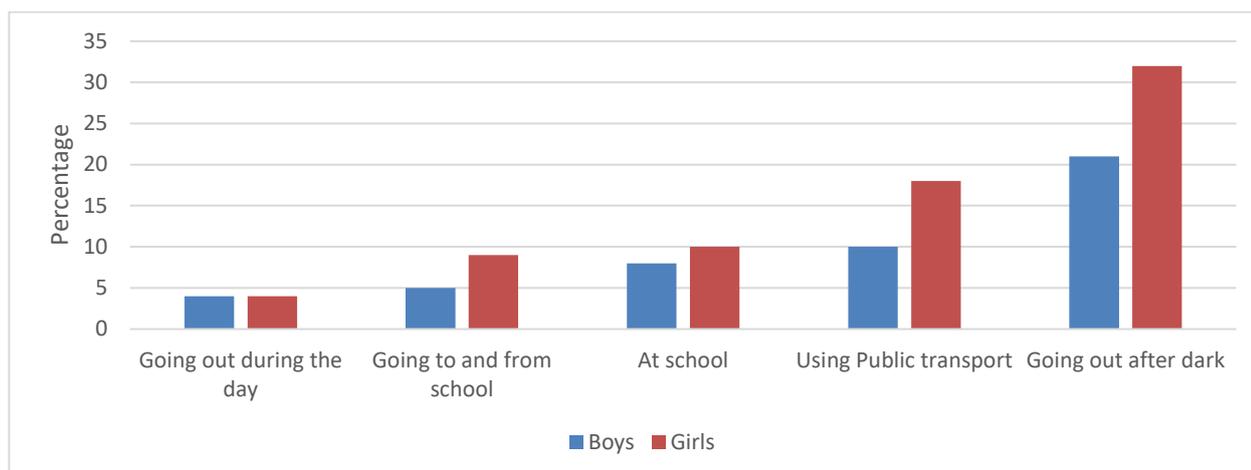
ward population and Central recording 111.6 per 1000 population. This is likely to be related to a high concentration of night time economy venues. Lawrence Hill has the third highest rate at 70.7 per 1000 population and Hartcliffe and Withywood has 69 per 1000. Lowest levels were recorded in the north locality in Westbury-on-Trym and Henleaze (11.1 per 1000), Clifton (16.3 per 1000) and Clifton Down (16.5 per 1000)⁷¹

Bristol City Council (BCC) reports an increase in serious violence following the lifting of each period of covid-19 lockdown, including an increase in youth violence and in knife crime⁷². Drug supply and neighbourhood rivalry were identified as influential factors in these cases and strong links were made between serious youth violence and child criminal exploitation. BCC has identified factors which increase the risk of young people being involved in serious youth violence; these include living in an area of high deprivation and crime, attending a pupil referral unit, experiencing domestic abuse, experiencing childhood neglect and family involvement in crime⁷³, illustrating the relationship between adverse community environments and adverse childhood experiences. BCC also found a significant correlation with the deterioration of young people’s mental health and a range of factors relating to serious violence including experiencing serious violence themselves, hearing about peers’ experiences of violence and being a family member of a child harmed through serious violence⁷⁴.

In all three localities in Bristol serious violence happens most frequently at key points along the main roads where young people are likely to be present, including shops and transport links. Other areas showing multiple serious violence offences include education settings and open spaces such as parks. This makes it likely that young people will be involved as victims, offenders and witnesses.

In the Pupil Voice survey 2022, most secondary school pupils feel safe going out most of the time, although secondary boys feel safer in their neighbourhoods than girls. Going out after dark was when most respondents reported feeling less safe⁷⁵.

Fig 6. Percentage of pupils rating their safety at the following times as ‘poor’ or ‘very poor’ in the area where they live



⁷¹ [Explore — Open Data Bristol](#) Accessed June 2022

⁷² BCC Serious Youth Violence: Problem Profile 2022 (draft) Accessed Sept 2022

⁷³ Serious Youth Violence: Problem Profile 2022 (draft) Accessed Sept 2022

⁷⁴ BCC Serious Youth Violence: Problem Profile 2022 (draft) Accessed Sept 2022

⁷⁵ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

Adverse Childhood Experiences

The trauma which is associated with adverse childhood experience (ACEs) is closely related to mental ill health⁷⁶ and the risk of mental illness is known to increase for people who experience higher numbers of ACE factors. The list of identified ACE factors shown earlier in Fig 1 is not exhaustive. Instead, these are examples that are known to cause trauma. Individuals vary and ACEs can be more traumatic for some people than they are for others⁷⁷.

1. Maternal Depression and Mental Illness

The number of children and young people in Bristol who are affected by maternal depression is difficult to measure as most data record parental mental health rather than maternal depression. The Children's Commissioner for England estimates that in 2019/20 the rate of 0-17 year olds in Bristol who were living in households where there was parental severe mental illness was 147.7 per 1000, equivalent to 13,900 children and young people. This includes 1,400 0-1 year olds and 3,600 0-4 year olds⁷⁸. This estimate places Bristol in the 88th centile, suggesting that this vulnerability is more prevalent in Bristol than in most other areas in England.

The Bristol Quality of Life Survey⁷⁹ records the parental status of respondents and reports that 20.9% of parents recorded below average mental wellbeing. Among single parents, 37.1% had below average mental wellbeing, significantly higher than parents in two parent households (18.5%) suggesting a risk to mental health for both parents and children growing up in these families. In the Pupil Voice survey, 18% of secondary school pupils from single parent families in Bristol had low mental wellbeing scores compared to 14% for Bristol as a whole⁸⁰. This was a statistically significant difference.

Mental wellbeing is significantly worse in Lawrence Hill, where 34.6% of respondents to the Quality of Life survey have below average mental wellbeing. This is also a ward with the second highest population of children and young people in the city so maternal depression may be a significant factor here. Inequalities continue to be marked across the city with wards in the north showing better mental wellbeing: 9.7% of respondents from Stoke Bishop had below average mental wellbeing.

It has been estimated that over one in three young carers in the UK provide care for someone with a serious mental health problem who is their parent or holds a parental role^{81, 82}.

⁷⁶Public Health Wales NHS Trust 2018 [ACE & Resilience Report \(Eng_final2\).pdf \(wales.nhs.uk\)](#) Accessed Feb 2022

⁷⁷Public Health Wales NHS Trust [ACE & Resilience Report \(Eng_final2\).pdf \(wales.nhs.uk\)](#)

⁷⁸[CHLDREN - Local and national data on childhood vulnerability | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#) Accessed August 2022

⁷⁹[Explore — Open Data Bristol](#) Accessed June 2022

⁸⁰Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

⁸¹Roberts et al (2008), [SCIE Research briefing 24: Experiences of children and young people caring for a parent with a mental health problem](#) Accessed Oct 2022

⁸²Sempik, J., & Becker, S. (2013) [young-adult-carers-at-school.pdf](#) Accessed Oct 2022

2. Emotional and Sexual Abuse and Physical and Emotional neglect

The link between childhood emotional and sexual abuse and mental ill health is well recognised⁸³. The number of children in Bristol in care for abuse and neglect rose slightly between 2015/16 and 2019/20 from 419 to 434⁸⁴.

The rate of children in need in Bristol due to abuse or neglect in 2018 was 193.6 per 10,000. This rate fell over the preceding 3 years but was still higher than the rate for England, which is 181.4 per 10,000. The rate of children who started to be looked after due to abuse or neglect in Bristol has fallen significantly from 23.2 per 10,000 in 2016 to 14.4 per 10,000 in 2018. This is statistically close to the national rate, which is 16.4 per 10,000⁸⁵.

In March 2022, the highest rate of children in care was in Hartcliffe and Withywood (16.3 per 1,000), and this ward also has the highest rate of children known to social care (49.5 per 1000), although these cases do not all relate to neglect and abuse.

The proportion of looked after children in Bristol whose emotional wellbeing is a cause for concern is 32.3%⁸⁶. This is statistically close to the England figure of 36.8%. However, again this is all children in care and not just those who are in care for abuse and neglect.

In addition to children whose mental health is at risk because of familial harm, Bristol is also focused on contextual safeguarding, recognising that some children and young people experience significant harm outside of their families, and that in these cases parents are frequently unable safeguard their children on their own⁸⁷. Extra familial abuse includes child sexual exploitation; child criminal exploitation, including county lines networks; modern slavery; trafficking; peer-on-peer abuse, including serious violence; harmful sexual behaviour and radicalisation⁸⁸.

Between 1st January 2021 and 30th November 2021 780 individual children in Bristol were identified as being harmed through extra-familial abuse. 444 of these cases related to child criminal exploitation and/or serious violence and 380 related to child sexual exploitation. A small number related to children who were missing and/or where there were concerns about radicalisation. As the numbers of young people in these cases add up to more than 780, some children were clearly being abused through more than one type of harm. The number of referrals peaked in March 2021 with high numbers of referrals continuing into early summer as lockdown was lifting. This suggests that extra familial abuse was a factor in lockdown and covid related community disruption⁸⁹.

Between 2016 and 2022 an average of 123 children and young people per year, who were identified as victims of child sexual exploitation, have required Children and Families Service involvement because of ongoing safeguarding concerns. This is likely to be lower than the real

⁸³ March 2021, [Child abuse and neglect: new evidence they can cause mental health problems \(theconversation.com\)](https://theconversation.com/child-abuse-and-neglect-new-evidence-they-can-cause-mental-health-problems), accessed Oct 2022

⁸⁴ [Explore — Open Data Bristol](#) Accessed April 2022

⁸⁵ [Children and Young People's Mental Health and Wellbeing - OHID \(phe.org.uk\)](https://phe.org.uk/children-and-young-peoples-mental-health-and-wellbeing) Accessed April 2022

⁸⁶ OHID, 2021/22 [Children and Young People's Mental Health and Wellbeing - OHID \(phe.org.uk\)](https://phe.org.uk/children-and-young-peoples-mental-health-and-wellbeing) Accessed Nov 2022

⁸⁷ University of Bedfordshire, 2020 [cs-briefing-2020-final.pdf \(contextualsafeguarding.org.uk\)](https://contextualsafeguarding.org.uk/cs-briefing-2020-final.pdf). Accessed September 2022

⁸⁸ Bristol City Council 2021 [People Scrutiny Report - Contextual Safeguarding.pdf \(bristol.gov.uk\)](https://bristol.gov.uk/people-scrutiny-report-contextual-safeguarding.pdf) Accessed September 2022

⁸⁹ Bristol City Council 2021 [People Scrutiny Report - Contextual Safeguarding.pdf \(bristol.gov.uk\)](https://bristol.gov.uk/people-scrutiny-report-contextual-safeguarding.pdf) Accessed September 2022

number because many of these children are difficult to identify and there are significant barriers to them disclosing their own abuse⁹⁰.

3. Substance Misuse

The number of children living in Bristol who are affected by a parent or carer’s substance misuse is unknown. In 2019/20 800 adults engaging with the Bristol Recovery Orientated Alcohol and Drug Service (ROADS) were recorded as parents who have a child or children living with them at least one night each week⁹¹. However, the number of these children is not recorded. In addition, many parents who misuse drugs and alcohol will not be accessing support via ROADS and will therefore not be included in this data.

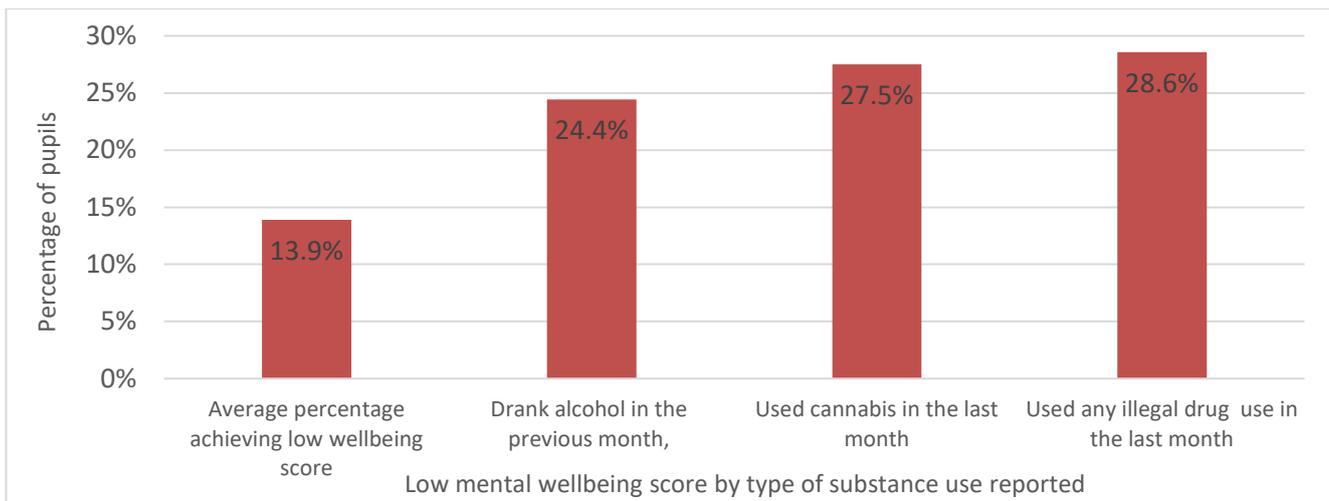
The Children’s Commissioner for England estimates that in 2019/20 there were 4,600 children and young people aged 0-17 living in households in Bristol with a parent who has alcohol or drug dependence, which is a rate of 48.9 per 1000⁹²

The Bristol Quality of Life Survey recorded that 10.4% of respondents who were parents were at higher risk of alcohol related health problems than the average for Bristol⁹³. Single parents had highest levels, with 11.1% of that group identified as being at a higher risk of alcohol related health problems compared to 10.3% of those who were in a two parent family.

Children growing up in these families are at greater risk of becoming young carers and are also at greater risk of misusing substances themselves.

In the 2022 Pupil Voice survey, secondary school pupils who recorded drug and alcohol use in the previous month were much more likely to record a low mental wellbeing score than the average score for all schools.

Fig 7 Low wellbeing score for pupils in years 8 and 10 by drug and alcohol use in the previous month⁹⁴



⁹⁰ Bristol City Council 2021 [People Scrutiny Report - Contextual Safeguarding.pdf \(bristol.gov.uk\)](#) Accessed September 2022

⁹¹ Bristol City Council unpublished ROADS data

⁹² [CHLDREN - Local and national data on childhood vulnerability | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#) Accessed August 2022

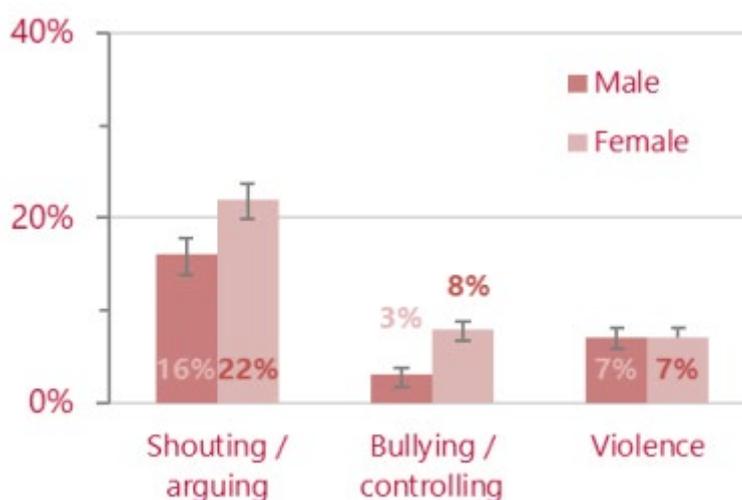
⁹³ [Explore — Open Data Bristol](#) Accessed June 2022

⁹⁴ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

4. Domestic Violence and Abuse

21% of secondary school pupils who responded to the 2022 Pupil Voice Survey reported that they were worried by shouting and arguing at home during the month before the survey. 6% of pupils said that they had been worried by bullying or controlling behaviour at home in the month before the survey. The proportion of female pupils that reported shouting, arguing, bullying or controlling behaviours at home was significantly higher than the response from male pupils to the same question. 7% of secondary pupils said that there was violence at home in the month before the survey, and there was little variation between the female and male proportions reporting this⁹⁵.

Fig 8 Percentage of secondary pupils reporting conflict and violence at home in the month before the survey, by gender⁹⁶.



In the 2022 Pupil Voice survey, many pupils recorded that the experience of covid and related policies had had an impact on their feeling of safety at home. 16% of primary school respondents and 11% of secondary respondents to the 2022 Pupil Voice survey said that they felt less safe within their home because of increased family tensions.

5. Homelessness

The link between homelessness and mental health is well documented⁹⁷. The rate of homelessness among young people in Bristol aged 16-24 is 2.4 households per 1000⁹⁸. This has risen from 1.8 per 1000 in 2018/19. This is close to the rate for England which has remained at 2.6 per 1000 since 2018/19⁹⁹.

The rate of homelessness among households in Bristol with dependent children is 11.8 households per 1000, close to the England average of 11.6 per 1000. This has fallen from 14.8 per 1000 in 2018/19¹⁰⁰

⁹⁵Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

⁹⁶Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

⁹⁷ [22.7 HEALTH AND HOMELESSNESS_v08_WEB_0.PDF \(local.gov.uk\)](#) Accessed June 2022

⁹⁸ [Public health profiles - OHID \(phe.org.uk\)](#) Accessed June 2022.

⁹⁹ [Public health profiles - OHID \(phe.org.uk\)](#) Accessed June 2022.

¹⁰⁰ [Public health profiles - OHID \(phe.org.uk\)](#) Accessed June 2022.

4% of secondary school respondents to the 2022 Pupil Voice survey said that they live in temporary accommodation and 3% did not want to say¹⁰¹.

6. Parental Incarceration and Divorce

There are no data to identify how many young people in Bristol are affected by these ACE factors.

7. Additional experiences

Young Carers

The links between being a young carer and poor mental health are frequently recorded¹⁰², ¹⁰³. The number of young carers in Bristol is probably not known because schools and other services do not always identify them. However, the data should improve in the future because a new indicator has been added to the school census starting in Spring 2023, recording whether a pupil has been identified as a young carer and by whom¹⁰⁴. In the 2022 Pupil Voice survey, 9% of primary respondents and 5% of secondary respondents reported that they were young carers, but 3% and 2% respectively reported that they were a carer, but their school did not know this.

Among young carers in primary school 15% had a score that indicated poor mental health, significantly higher than the 10% average for all primary respondents. This was the second highest percentage for this age group, after pupils with SEND.

Among young carers in secondary school, 30% had a score indicating poor mental health, significantly higher than the 14% average for all secondary respondents. This was the joint highest percentage for this age group, alongside LGBTQ+ pupils¹⁰⁵.

Outcomes

1. Hospital Admissions

In 2020/21 the rate of hospital admissions for mental health conditions among children and young people in Bristol aged 0-17 was 95.3 per 100,000¹⁰⁶. This is similar to the rate for England, which is 87.5 per 100,000. The rates in Bristol for 2018/19 and 2019/20 were much higher at 111.5 and 111.7 per 100,000 respectively. However, the COVID-19 pandemic had a significant impact on hospital activity with a reduction in admissions in 2020 to 2021 and it is not known at the current time what impact it had on these admissions.

¹⁰¹ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

¹⁰² [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(21\)00213-3/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(21)00213-3/fulltext) Accessed October 2022

¹⁰³ [Young carers – RCPCH – State of Child Health](#) Accessed October 2022

¹⁰⁴ [Complete the school census - Changes for 2022 to 2023 - Guidance - GOV.UK \(www.gov.uk\)](#)

¹⁰⁵ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](#) Accessed Oct 2022

¹⁰⁶ [Public health profiles - OHID \(phe.org.uk\)](#), accessed April 2022

Table 4: Hospital admissions for mental health conditions among children and young people aged 0-17 in Bristol and England (rate per 100,000) -95% confidence intervals (C.I.s) included ¹⁰⁷

	Bristol	England
2016/17	75.8 (95% C.I. 59.2- 95.6)	81.5
2017/18	58.5 (95% C.I. 44.1-76.2)	84.7
2018/19	111.7 (95% C.I. 93.3-137.5)	88.3
2019/20	111.5 (95% C.I. 91.2-135)	89.5
2020/21	95.3 (95% C.I. 74.8- 114.8)	87.5

2. Self-Harm

There is a strong association between self-harm and mental health conditions such as depression. It is also a key risk factor for suicide.

4% of secondary school boys and 12% of secondary school girls who responded to the 2022 Bristol Pupil Voice survey said that they harm or cut themselves as a means of dealing with their problems¹⁰⁸.

The rates of hospital admissions for self-harm among 10-24 year olds are consistently significantly higher in Bristol than in England¹⁰⁹.

Table 5: Hospital Admissions for self-harm (10-24 years) in Bristol and England (rate per 100,000) -95% confidence intervals included

	Bristol	England
2016/17	607.3 (C.I. 558.2-659.4)	407.1
2017/18	618 (C.I. 568.6-670.5)	421.2
2018/19	679.9 (C.I. 627.8-735.0)	444
2019/20	684 (C.I. 631.9-739.2)	439.2
2020/21	692.9 (C.I. 640.4-748.3)	421.9

However, when this age group is divided further it can be seen that while rates in all groups are significantly higher than the rates for England, the rates in the 15-19 group are extremely high (Table 6).

Table 6: Hospital admission rates per 100,000 for self-harm among 10-24 year olds in Bristol and England in 2021-2022 by age group -95% confidence intervals included ¹¹⁰

Age band	Bristol	Average England rate per 100,000
10 – 14	332.6 (C.I. 265.7-411.3)	307.1
15 – 19	982(C.I. 862.7-1,097.7)	641.7
20 – 24	628 (C.I. 559-703.3)	340.9
10 – 24	644.7 (C.I. 595.1-697.2)	427.3

¹⁰⁷ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) Accessed April 2022

¹⁰⁸ Bristol City Council Pupil Voice Report 2022 [Every Child Matters in Bristol](https://www.bristol.gov.uk/every-child-matters-in-bristol/) Accessed Oct 2022

¹⁰⁹ [Child and Maternal Health - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) Accessed April 2022

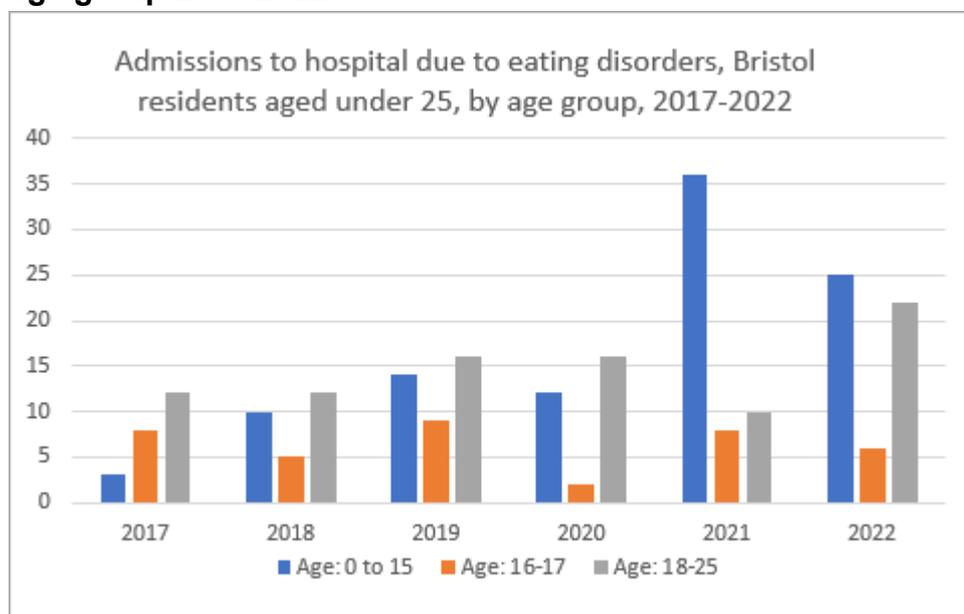
¹¹⁰ [Child and Maternal Health - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) Accessed April 2022

National data shows that in all these age groups females have significantly higher rates of hospital admission for self-harm than males. It also shows a direct correlation with deprivation, with highest rates of admission in LSOAs (Lower Super Output Areas) in the most deprived deciles¹¹¹.

3. Eating Disorders

Hospital admissions for eating disorders among 0-25 year olds involve relatively low numbers, but these have risen noticeably since 2020, especially for those aged 0-15 (Fig 9)¹¹². The reduction in admissions in 2020 among some age groups is probably related to the impact of the COVID 19 pandemic on hospital activity, but the reason for the significant rise since then is not clear at the current time.

Fig 9: Admissions to hospital due to eating disorders, Bristol residents aged under 25, by age group 2017-2022



4. Impact of Adverse Childhood Experiences on the Whole Life Course

Several studies demonstrate that adverse childhood experiences are predictors of poor mental and physical health throughout the life course¹¹³, including negative impacts on the social determinants of health^{114, 115} and the adoption of health harming behaviours,^{116, 117, 118}. The number of adults in the population, including in Bristol, who have experienced ACES is still

¹¹¹ [Child and Maternal Health - OHID \(phe.org.uk\)](https://www.phe.org.uk) Accessed April 2022

¹¹² [Hospital Episode Statistics \(HES\) - NHS Digital](https://www.nhs.uk) (Accessed April 2023)

¹¹³ [ACE Report \(scotphn.net\)](https://www.scotphn.net). Accessed August 2022

¹¹⁴ <https://www.linca.org.uk/media/Bellis%20Lowey%20et%20al%202014%20-%20ACEs.pdf>

¹¹⁵ [Adverse childhood experiences: a retrospective study to understand their associations with lifetime mental health diagnosis, self-harm or suicide attempt, and current low mental wellbeing in a male Welsh prison population | SpringerLink](https://www.springerlink.com)

¹¹⁶ [Adverse childhood experiences: What we know, what we don't know, and what should happen next | Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk)

¹¹⁷ [1741-7015-12-72.pdf \(biomedcentral.com\)](https://doi.org/10.1186/1741-7015-12-72)

¹¹⁸ <https://phw.nhs.wales/files/aces/the-prisoner-ace-survey/>

uncertain, but a study of the Welsh population¹¹⁹ estimated that, when compared to the adult population as a whole, those who had experienced 4 or more ACE are:

- 4 times more likely to be a high risk drinker
- 6 times more likely to have been directly involved in an unintended teenage pregnancy
- 6 times more likely to smoke or use e-cigarettes
- 6 times more likely to have had sex before the age of 16
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been the victim of violence over the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been in prison at any point in their life.

Figures for the population of England are slightly lower for most of these ACE outcomes¹²⁰, but these risk factors are closely linked to mental and physical ill health and demonstrate the lifelong negative impact of these experiences, emphasising the importance of reducing childhood adversity and trauma, in order to improve health and reduce inequalities.

Further data / links:

- Keeping Bristol Safe Partnership- Trauma informed practice [Welcome to the Keeping Bristol Safe Partnership website. \(bristolsafeguarding.org\)](https://www.bristolsafeguarding.org/)
- Bristol JSNA Chapter 2017-18: Emotional and Mental Health and Wellbeing of Children and Young People: <https://www.bristol.gov.uk/documents/Children and Young People Mental Health report March 2017>
- Bristol JSNA reports for the wider determinants of health [Wider determinants of health \(bristol.gov.uk\)](https://www.bristol.gov.uk/documents/Wider determinants of health (bristol.gov.uk))
- Bristol JSNA chapter: Special Educational Needs and Disability Spotlight report 2019 <https://www.bristol.gov.uk/files/documents/1726-send-jsna-spotlight-report-july-2019/file>
- Bristol JSNA chapter: Looked After Children and Care Leavers 2018 <https://www.bristol.gov.uk/files/documents/1724-jsna-chapter-lac-and-care-leavers-nov-18/file>
- Bristol JSNA chapter: Young People and Substance Misuse 2017: <https://www.bristol.gov.uk/files/documents/1718-yp-and-substance-misuse-jsna-chapter-jan-2017/file>
- Bristol JSNA Health and Wellbeing Profile 2022/23: Child Poverty [JSNA Child Poverty 2022.23 \(bristol.gov.uk\)](https://www.bristol.gov.uk/documents/JSNA Child Poverty 2022.23 (bristol.gov.uk))
- Bristol JSNA Health and Wellbeing Profile 2021/22: Self harm [JSNA Health and Wellbeing profile 2021-22 Self-harm \(bristol.gov.uk\)](https://www.bristol.gov.uk/documents/JSNA Health and Wellbeing profile 2021-22 Self-harm (bristol.gov.uk))
- Bristol JSNA Health and Wellbeing Profile 2021/22: NEET [JSNA 2021/22 - Not in Education, Employment or Training \(NEET\) or activity unknown \(bristol.gov.uk\)](https://www.bristol.gov.uk/documents/JSNA 2021/22 - Not in Education, Employment or Training (NEET) or activity unknown (bristol.gov.uk))
- Bristol City Council, Serious Youth Violence: Problem Profile [bristol-problem-profile-2021-data-update.pdf \(bristolsafeguarding.org\)](https://www.bristol.gov.uk/documents/bristol-problem-profile-2021-data-update.pdf)

Date updated: August 2023

Date of next update: November 2024

¹¹⁹ [ACEReportFINALE.pdf](#)

¹²⁰ [1741-7015-12-72.pdf \(biomedcentral.com\)](#)