

JSNA Health and Wellbeing Profile 2025/26

Emotional Health and Wellbeing of Children & Young People

Summary points

- The majority of children and young people in Bristol have positive emotional health and mental wellbeing, however rates of children and young people with poorer mental health are generally increasing, particularly since the COVID 19 pandemic and the cost-of-living crisis.
- Children and young people in Bristol have higher than national rates of hospital admissions for self-harm and mental health conditions.
- Poor mental health is often linked to a range of adverse childhood experiences that can have a traumatic impact and increase the likelihood of 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.
- Inequality is evident across the city, with those in the areas of highest deprivation and other groups achieving the poorest outcomes.

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 2024 Bristol Pupil Voice survey³ showed that three quarters (76%) of primary school pupils in Bristol achieved a score indicating positive mental wellbeing using the Stirling Children's Wellbeing Scale (down from 81% in 2022 and 88% in 2019). 13% had a score indicating poor mental health (up from 10% in 2022 and 5% in 2019). Six in ten (60%) secondary school pupils achieved a score indicating positive mental wellbeing using the Warwick-Edinburgh Mental Wellbeing Scale (up from 51% in 2022 but lower than 65% in 2019). One in ten (10%) achieved a score that suggested poor mental health (down from 14% in 2022 and similar to the 9% in recorded in 2019). These Bristol figures are consistent with national findings, that rates of mental disorder increase from primary to secondary school age⁴.

Based on national studies⁴, in 2023, one in five children and young people (20.3%) aged 8 to 16 had a probable mental health disorder. This has increased from 12.5% in 2017, reflecting the impact of COVID 19 and related policy on the population. In Bristol, the estimated number of children and young people therefore who are likely to be experiencing a mental disorder at any one time is 9,656 of the 47,566 aged 8 to 16 according to mid-2024 population estimates⁵.

Nationally, rates of emotional disorder among 5–19-year-olds have been known to be higher among females (10%) than males (6.2%); conduct disorders among 5–19-year-olds higher in

¹ [Bristol's Belonging Strategy for Children and Young People: Vision Statement 2021-24](#)

² [One City Plan 2023](#)

³ [The Bristol Pupil Voice Report 2024](#)

⁴ [Mental Health of Children and Young People in England 2023: Wave 4 follow up - NHS England Digital](#)

⁵ [Estimates of the population for England and Wales - Office for National Statistics Mid 2024](#)

males (5.8%) than in females (3.4%) and hyperactivity disorders are also higher in males (2.6%) than females (0.6%)⁶.

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 pandemic⁷. 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 minoritised young people, those who identify as LGBTQ+ and pupils with SEND⁸.

Adversity and Trauma

The trauma which is associated with adverse childhood experience⁹ (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 factors^{10,11}. Those living in adverse community environments will have a much higher risk of ACEs, and therefore of mental illness. Adverse Community Environments¹² include violence, community disruption and poor housing quality and affordability.

Figure 1: The Pair of ACEs Tree¹²

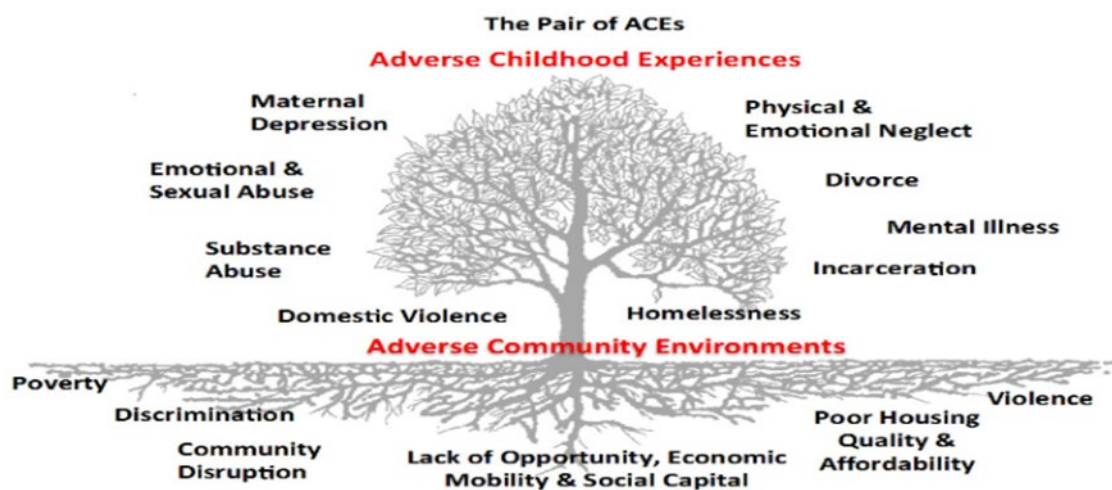


Figure 1 illustrates the link between adverse childhood experiences and adverse community environments, where community environments are represented by the tree roots and the childhood experiences by the leaves. The analogy is that trees with unhealthy roots are unable to thrive, affecting the health 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.

⁶ [Mental Health of Children and Young People in England 2017: NHS England Digital](#)

⁷ [Young people’s mental health deteriorated at greater rate during the pandemic | University of Oxford \(2023\)](#)

⁸ [The divergence of mental health experiences during the pandemic | Mental Health Foundation](#)

⁹ [Adverse Childhood Experiences and mental health | University of Oxford \(2021\)](#)

¹⁰ [ACE & Resilience Report | Public Health Wales \(2017\)](#)

¹¹ [Impact of adverse childhood experiences on the symptom severity of different mental disorders | PMC \(2022\)](#)

¹² [Pair of Ace Trees \(2023\)](#)

Adverse Community Environments

1. Poverty

Almost one quarter (23%) of children in Bristol aged 0-15 (approximately 18,884) live in relative low-income families.¹³ This is higher than in England as a whole, where 21.8% of children are in relative low-income families. More than half (54.2%) of children living in Lawrence Hill ward and nearly half (47.8%) of children living in Central ward live in low-income families¹⁴.

Figure 2: Percentage of school pupils in receipt of free school meals with low mental wellbeing scores (2024)³

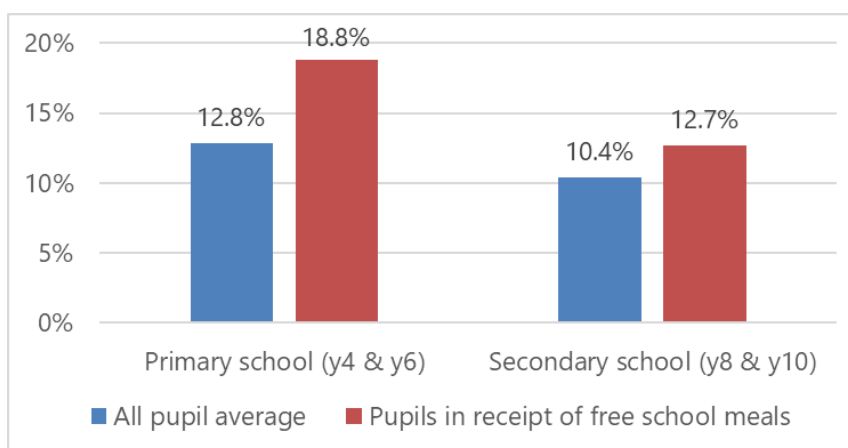


Figure 2 shows that pupils in receipt of free school meals were more likely to report a low mental and emotional wellbeing score compared to the Bristol school average. This disparity was statistically significant for primary school pupils, but not for secondary school pupils.

2. Discrimination

Bullying is identified by NHS Digital as a high risk factor for poor mental health¹⁵. Almost three quarters (72%) of secondary school respondents to the 2024 Pupil Voice survey reported experiencing one or more types of negative or bullying behaviours towards them during the previous month and 36% experienced this every day or often. Among primary school respondents 36% reported every day or frequent bullying experiences, while 79% reported some bullying in the previous month³.

Pupils with special educational needs and/or a learning difficulty were considerably more likely to have reported being bullied often/daily in the month before the Pupil Voice Survey (48% compared to all pupils 36%). **Disabled pupils** reported even higher proportions of bullying (55% compared to all pupils 36%)³. Around one in five pupils (20.6%) have special educational needs (SEN); that is over 14,500 pupils in total, higher than the national average. The number of pupils

¹³ [Children in low income families: local area statistics, financial year ending 2024 - GOV.UK](#)

¹⁴ [JSNA 2025.26 - Child Poverty](#)

¹⁵ [National Study of Health and Wellbeing: Children and Young People - NHS England Digital](#)

with SEN is rising both locally and nationally¹⁶. At ward level, Hartcliffe and Withywood has the highest proportion of children with SEN, at 27%¹⁶.

Figure 3: Percentage of school pupils with low mental wellbeing scores; all pupil average and average for pupils with a special educational need and/or learning difficulty³

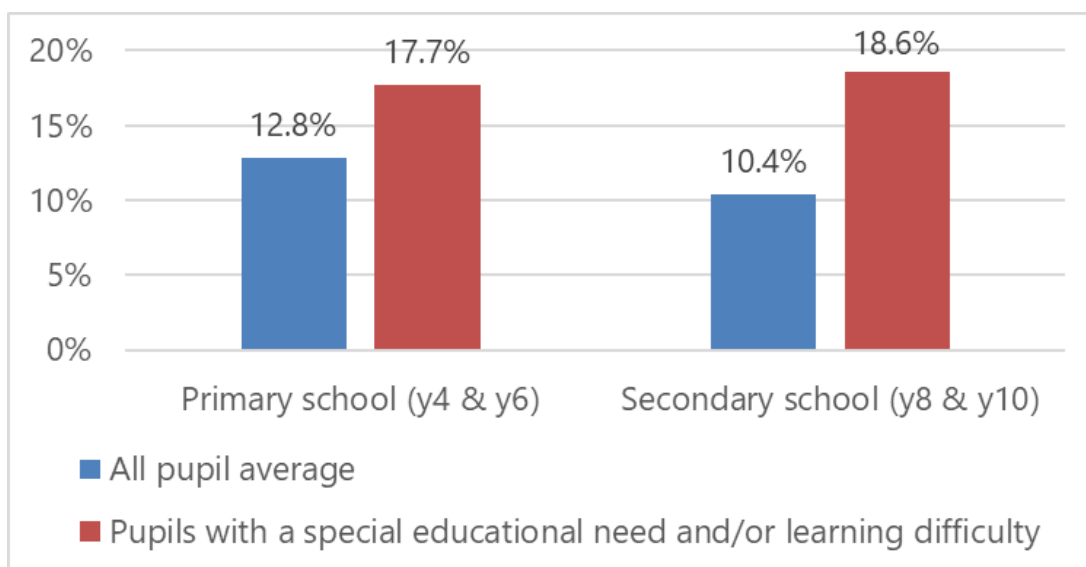


Figure 3 shows that pupils with special educational needs and/or a learning difficulty were significantly more likely to report a low mental and emotional wellbeing score compared to the Bristol school average, in primary schools and secondary schools.

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 minoritised communities^{17, 18, 19}. Black, Asian and minoritised children and young people make up approximately 39.3% of the nursery and school aged population in Bristol. This equates to approximately 19,000 children and young people²⁰. The highest percentages of these communities are in wards in the East Central locality, particularly in Lawrence Hill, where 59.6% of residents belong to Black, Asian and minoritized communities²⁰.

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+^{21,22}. In Bristol, 5% of secondary school respondents to the 2024 Pupil Voice survey, described their gender identity as ‘trans/transgender’, ‘gender diverse’, ‘DSD’ (difference of sexual development) or intersex’. 24% of these pupils reported low mental wellbeing, significantly higher than the all-pupil average (10%). Regarding sexual orientation, 18% of

¹⁶ [JSNA 2024.25 - SEND](#)

¹⁷ [Race and mental health: The unmistakables](#)

¹⁸ [Black, Asian and minority ethnic communities | Mental Health Foundation](#)

¹⁹ [Health inequalities: reducing ethnic inequalities | GOV.UK \(2018\)](#)

²⁰ [JSNA 2024.25 - Race and Health data headlines](#)

²¹ [LGBTIQ+ people: statistics | Mental Health Foundation](#)

²² [LGBT+ mental health | Rethink mental illness](#)

secondary school pupils described their sexual orientation as; gay/lesbian, bisexual, other, questioning or were not sure. 13% of these pupils reported low mental wellbeing compared to the all-pupil average of 10%, but this difference was not statistically significant³.

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 and inclusion in positive activities involving community networks. The number of 5–16-year-olds who were thought unlikely to have a mental decreased between 2017 (75.4%) and 2023 (67.7%)²³. Evidence shows that lockdowns did have an impact on mental health²⁴, with young people expressing concern about loss of contact with their friends²⁵, isolation²⁶, and an increase in loneliness²⁷. 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 health²⁸.

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 society²⁹.

Lack of social contact, especially during adolescence, is thought to have a severe impact on children and young people's mental health and development³⁰. Schools provide access to social networks and also 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 and for promoting activities that are known to improve mental wellbeing, such as physical activity.

Research carried out for Department of Digital Culture Media and Sport, 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 support³¹.

²³ [Mental health of children and young people | NHS England](#)

²⁴ [Impacts of lockdown on the mental health of children and young people | Mental Health Foundation](#)

²⁵ [Coronavirus: Impact on young people with mental health needs | Young Minds](#)

²⁶ [Loneliness in young people: research briefing | Mental Health Foundation](#)

²⁷ [TeenCovidLife: The results are in | The University of Edinburgh](#)

²⁸ [Crisis in lost learning | The Institute for Fiscal Studies](#)

²⁹ [Social capital in the UK | Office for National Statistics \(2020-21\)](#)

³⁰ [Social connection as a key target for youth mental health: ScienceDirect \(2025\)](#)

³¹ [Mental health and loneliness: the relationship across life stages - GOV.UK](#)

The main source of support for a variety of problems, which may impact on mental health for primary school children and for many issues affecting secondary pupils, the main source of support was their parents. However, particularly among secondary pupils in relation to many problems, most said they would keep the problem to themselves³.

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 whole life course through better outcomes improving access to employment and reducing the risk of poverty in adult life. Across all educational phases in Bristol, outcomes for pupils living in the 10% most deprived areas of Bristol are achieving below other pupils, with a wide gap between the highest and lowest performing wards. Performance gaps exist at all phases for key groups: boys, disadvantaged pupils, pupils with SEN and some Black and Minority Ethnic groups³².

Early years

By the age of 5 many children are already affected by wide inequalities, which puts their mental health at risk. In 2023/24, two thirds (68.4%) of children in Bristol were achieving a good level of development at the end of Reception; similar to but slightly higher than the England average of 67.7%³³. 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 Central (51.3%), compared to Cotham (91.3%)³².

Primary Schools

In 2024, 56% of Key Stage 2 pupils (age 10/11 yrs) reached the expected standard in Reading, Writing and Maths combined, below the England average of 61%³². Across Bristol this ranged from 33% in Hotwells & Harbourside to 84% in Redland. Attainment was lowest in pupils of Black Caribbean ethnicity (34%) and pupils of White Gypsy/Roma ethnicity (33%)³². There is a 29-percentage point difference in achievement between the pupils living in the most deprived 10% areas of Bristol compared to those in the least deprived 10%. Pupils with an Education, Health and Care Plan (EHCP) and pupils with Special Educational Need support were much less likely to meet the expected standard in reading, writing and maths (7% and 24% respectively)³².

Secondary Schools

In 2024/25, the average Attainment 8 score for pupils in Bristol at the end of key stage 4 was 45.2, lower than the England average of 46.1³². The average Attainment 8 score across 2022/23 for children who are in care in Bristol was 17.0 and for children eligible for Free School Meals was 36.9³⁴. Wards with the highest levels of deprivation have consistently had the lowest levels of attainment, such as Hartcliffe and Withywood with an average Attainment 8 score of 29.3³².

³² [JSNA 2024.25 - Education](#)

³³ [Fingertips | Department of Health and Social Care: School Readiness](#)

³⁴ [Fingertips | Department of Health and Social Care: Attainment 8 Score](#)

Employment

Access to training and employment is a protective factor for mental health and is linked to income, social networks, and other resources. Research has found that half of all adults from the poorest backgrounds receive no training at all after leaving school³⁵. Young people who are not in education, employment, or training (NEET) are particularly vulnerable to poor mental health³⁶.

A total of 6.6% of 16- to 17-year-olds in Bristol in 2023/24 were not in education, employment or training (NEET) or their activity was not known; higher than the 5.4% NEET or unknown in England³⁷. Inequalities across the city are evident, with the highest numbers of NEET 16–17-year-olds in the areas of highest deprivation³⁸, Hartcliffe & Withywood (10.6%) and Filwood (9.1%)³⁹. The difference in the unemployment rate between those from Black, Asian and minoritised communities and the wider population is 6.4% in Bristol, over twice the national level of 2.9%⁴⁰.

5. Poor Housing Quality and Affordability

The link between housing and mental health is well documented^{41,42}. 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.

Home ownership is less affordable in Bristol compared to England on average⁴³, although affordability across wards varies. The Bristol Quality of Life Survey for 2024/25 that 80.1% of respondents were satisfied overall with their accommodation, the lowest satisfaction rate since prior to 2018. Just 42.1% were satisfied with the cost of their rent/mortgage and 29.7% were extremely or moderately worried about keeping their home warm at winter⁴⁴. For many indicators, groups such as single parents and young adults had higher levels of risk to their mental health relating to housing factors.

6. Community Violence

The crime offence rate (all crimes) across Bristol for 2024/25 was 131.8 per 1,000 of the population, higher than the previous year (121.0). The highest rate was in Central Bristol (450

³⁵ [Employment and opportunity in the UK | Institute for Employment Studies \(2022\)](#)

³⁶ [The mental health of young people who are not in education, employment, or training: PMC \(2021\)](#)

³⁷ [Explore education statistics | Participation in education, training and NEET - GOV.UK](#)

³⁸ [Reducing the number of young people not in employment, education or training | Public Health England](#)

³⁹ [JSNA 2024.25 - Not in Education, Employment or Training \(NEET\) or activity unknown](#)

⁴⁰ [Bridge to Equality Report | Babbasa \(2020\)](#)

⁴¹ [Housing and mental health | Mental Health Foundation](#)

⁴² [Recognising the link between good housing and mental health | NHS Confederation \(2022\)](#)

⁴³ [Fingertips | Department of Health and Social Care: Affordability of Home Ownership](#)

⁴⁴ [Bristol Quality of Life Survey - 2024/25](#)

per 1,000), followed by Hotwells and Harbourside (317 per 1,000)⁴⁵. This is likely to be related to a high concentration of night time economy venues.

Bristol City Council 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 violence⁴⁶.

The results of the 2024 Pupil Voice survey³ showed that most secondary school pupils feel safe going out most of the time, although secondary boys reported feeling considerably safer in their neighbourhoods than girls.

Table 1: Percentage of secondary pupils rating their safety at the following times as ‘good’ or ‘very good’ in the area where they live

	Male	Female
1	Safety when going out during the day 83%	Safety when going out during the day 76%
2	Safety when going to and from school 75%	Safety when going to and from school 67%
3	Safety at school 68%	Safety at school 61%
4	Safety when using public transport 63%	Safety when using public transport 38%
5	Safety when going out after dark 45%	Safety when going out after dark 31%

Table 1 shows that going out after dark was when most respondents reported feeling less safe, with only 45% of secondary boys and 31% of secondary girls reporting their safety as ‘good’ or ‘very good’ in those circumstances³.

Adverse Childhood Experiences

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 14.73% of 0–17-year-olds in Bristol were living in households where an adult has severe mental ill-health symptoms, equating to 13,850 children and young people⁴⁷.

18.8% of respondents to the Bristol Quality of Life Survey who were parents reported poor mental wellbeing⁴⁴. Among single parents, 26.5% had below average mental wellbeing, significantly higher than parents in two parent households (17.7%) suggesting a risk to mental

⁴⁵ [JSNA 2025.26 - Crime](#)

⁴⁶ [Exposure to community violence and depressive symptoms: Examining community, family, and peer effects among public housing youth - PMC \(2021\)](#)

⁴⁷ [Children in families at risk - Local area maps | Children's Commissioner for England](#)

health for both parents and children growing up in these families⁴⁴. 31.3% of respondents in Central Bristol have below average mental wellbeing compared to the Bristol average of 19.9%⁴⁴. 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 role⁴⁸.

2. Emotional and Sexual Abuse and Physical and Emotional neglect

The link between childhood emotional and sexual abuse and mental ill health is well recognised⁴⁹. For Bristol, there were 2,097 children in 2024 who were assessed as being in need primarily due to abuse or neglect - a rise from 2023 (1,873 children)⁵⁰. This was the primary need for 70% of children in Bristol who were looked after in 2024; a rise from 67% in 2023 and higher than South West (64%) and England (66%) averages⁵¹.

In March 2025, the wards with the highest rate of children known to social care were Hartcliffe and Withywood (60.0 per 1,000) and Henbury and Brentry (51.9 per 1,000). Hartcliffe and Withywood also has the highest rate of children in care (18.7 per 1,000), followed by Henbury and Brentry (15.5 per 1,000). It is worth noting that not all cases relate to neglect and abuse. The proportion of looked after children in Bristol whose emotional wellbeing is a cause for concern was 50% in 2023/24; higher than the England figure of 41.0%. However, again this is all children in care and not just those who are in care for abuse and neglect⁵². There were 115,489 police recorded Child Sexual Abuse and exploitation offences across England and Wales in 2023; with around of a third of these crimes taking place within the family environment⁵³.

3. Substance Misuse

The number of children living in Bristol who are affected by a parent or carer's substance misuse is unknown. The Children's Commissioner for England estimated that 4.89% of 0–17-year-olds were living in households where an adult has an alcohol or drug dependency; equivalent to 4,600 children and young people⁴⁷. The Drugs and Young People Project Children affected by substances service (CABS) 2024/25 annual summary showed that the majority of parents whose children were referred for the CABS service use a number of substances⁵⁴.

In the 2024 Pupil Voice survey, 20% of primary school respondents reported that they worry 'a lot' or 'quite a lot' about 'someone in the family drinking alcohol'. 27% of Y6 pupils and 31% of secondary pupils reported that their parents/carers smoke (not including vaping), and pupils reporting that their parents/carers smoke were more than twice as likely on average to report either having tried smoking cigarettes or smoking them regularly. 21% of primary school

⁴⁸ [Still Hidden Still Ignored | Barnardos \(2017\)](#)

⁴⁹ [The impacts of child sexual abuse | CSA Centre \(2023\)](#)

⁵⁰ [Children in need | GOV.UK](#)

⁵¹ [Children looked after in England including adoptions | GOV.UK](#)

⁵² [Fingertips | Department of Health and Social Care: Looked after children](#)

⁵³ [National Analysis of Police-Recorded Child Sexual Abuse and Exploitation Crimes Report | Vulnerability Knowledge and Practice Programme \(2023\)](#)

⁵⁴ [Drugs and Young People Project Annual Summary \(2024-25\)](#)

respondents reported that they worry 'a lot' or 'quite a lot' about 'someone in the family using drugs'³. Secondary school pupils who recorded drug use in the past year and alcohol use in the previous month were more likely to record a low mental wellbeing score than the average score for all schools, but associations were not statistically significant. Children growing up in these families are at greater risk of misusing substances themselves.

4. Domestic Violence and Abuse

Around one quarter (24%) of secondary school pupils who responded to the 2024 Pupil Voice Survey reported that they were worried by shouting and arguing at home during the month before the survey. This proportion has increased with each iteration of the survey since 2013 when it was 14%³. One in twenty (6%) pupils said that they had been worried by bullying or controlling behaviour at home in the month before the survey, similar to that reported in 2022. 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 question³.

Domestic Abuse contacts during this period accounted for 13% of all referrals to Children's Social Care - this is the most common contact reason. The most common age group of children contacts in 2023/24 was 10-15 years old, closely followed by 5-9 years old⁵⁵.

5. Homelessness

The link between homelessness and mental health is well documented^{56,57}. The rate of homelessness among young people in Bristol in 2021/22 aged 16-24 was 2.4 households per 1000, the same as the average rate for England⁵⁸. The rate of homelessness among households in Bristol with dependent children across 2022/23 was 16.5 households per 1000, similar to but higher than the England average of 16.1 per 1000. Both rates have been increasing since the covid pandemic⁵⁸.

One in twenty (5%) secondary school respondents to the 2024 Pupil Voice survey said that they lived in temporary accommodation, 6% were unsure and 2% did not want to say. The numbers of pupils involved were too small to confidently identify an elevated risk of low mental wellbeing compared to other pupils, but there was a slightly higher proportion among the 5% identifying themselves as living in temporary accommodation reporting a low mental wellbeing score than the all pupil average for secondary pupils (12% compared to 10%)³.

⁵⁵ [Bristol Serious Violence Local Profile | Violence Reduction Partnership \(2024/25\)](#)

⁵⁶ [Mental health and homelessness: an inextricable link? | Homeless Link](#)

⁵⁷ [Mental health | Crisis UK](#)

⁵⁸ [Fingertips | Department of Health and Social Care: Homelessness](#)

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 recorded^{59 60}. In the 2024 Pupil Voice survey³, 11% of primary respondents and 5% of secondary respondents reported that they were young carers. Among young carers in primary school, 18% had a mental wellbeing score that indicated poor mental health, significantly higher than the 13% average for all primary respondents. Among young carers in secondary school, 17% had a mental wellbeing score indicating poor mental health, higher than the 10% average for all secondary respondents, but the small number of pupils in scope in this cohort means we cannot confidently conclude that this difference is meaningful.

Outcomes

1. Hospital Admissions

In 2023/24, the rate of hospital admissions for mental health conditions among children and young people in Bristol aged 0-17 was 131.3 per 100,000. This was significantly higher than the rate in England, which was 80.2 per 100,000⁶¹. The rates in Bristol have fluctuated year on year but have consistently been higher than rates in England. The COVID-19 pandemic had a significant impact on hospital activity with a reduction in admissions in 2020 to 2021 in Bristol, but fluctuation since⁶¹.

Table 2: Hospital admissions for mental health conditions among children and young people aged 0-17 in Bristol and England (rate per 100,000)⁶¹

	Bristol	England
2019/20	112.6	91.2
2020/21	96.8	89.8
2021/22	125.5	99.8
2022/23	92.6	80.8
2023/24	131.3	80.2

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. 3% of secondary school boys and 12% of secondary school girls who responded to the 2024 Bristol Pupil Voice survey said that they harm or cut themselves as a means of dealing with their problems, similar proportions to 2022³.

⁵⁹ [Young Carers and their Mental Health | The Lancet \(2021\)](#)

⁶⁰ [Young carers | RCPCH: State of Child Health](#)

⁶¹ [Fingertips | Department of Health and Social Care: Hospital admissions for mental health](#)

Table 3: Hospital Admissions for self-harm (10-24 years) in Bristol and England (rate per 100,000)⁶²

	Bristol	England
2019/20	697.3	436.1
2020/21	701.8	421.2
2021/22	643.7	426.7
2022/23	526.0	318.5
2023/24	482.8	266.6

The rates of hospital admissions for self-harm among 10–24-year-olds are consistently significantly higher in Bristol than in England. However, when this age group is divided further it can be seen that rates in the 15-19 group are extremely high (Table 4).

Table 4: Hospital admission rates per 100,000 for self-harm among 10–24-year-olds in Bristol and England in 2022-2023 by age group⁶³

Age band	Bristol	Average England rate per 100,000
10 – 14	269.2	251.2
15 – 19	790.9	468.2
20 – 24	510.0	244.4

National data shows that in all these age groups females have significantly higher rates of hospital admission for self-harm⁶⁴. It also shows a direct correlation with deprivation, with highest rates of admission in Lower Super Output Areas in the most deprived deciles⁶⁵.

3. Eating Disorders

National data from 2023 shows that eating disorders were identified in 20.8% of young women and 5.1% young men aged 17 to 19 years old. Four times as many girls (4.3%) were also found to have an eating disorder at 11 to 16 years old than boys the same age (1.0%). Nationally rates remained stable⁴. The most recent Pupil Voice Survey showed that the proportion of secondary pupils wanting to lose weight is increasing in Bristol. Around two thirds (62%) of year 10 girls wanted to lose weight in 2024 compared to just over half (52%) in 2022³.

Hospital admissions for eating disorders among 0-25 year olds involve relatively low numbers, but these have risen noticeably in 2021 for 0-15- and 16–17-year-olds, but have declined since. Number of admissions have remained higher than pre-pandemic for the 0-15 age group. There

⁶² [Fingertips | Department of Health and Social Care: Hospital Admissions as a Result of Self Harm](#)

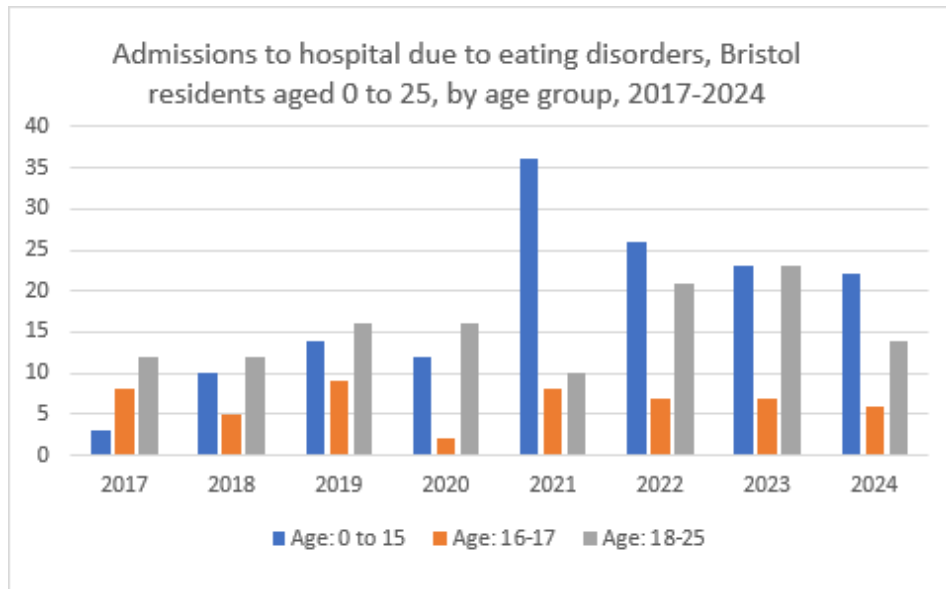
⁶³ [Fingertips | Department of Health and Social Care: Self harm](#)

⁶⁴ [Public Health Outcomes Framework | OHID \(2024\)](#)

⁶⁵ [JSNA 2024.25 - Self-harm](#)

has been more fluctuation in the 18-25 age group which saw increases in 2022 and 2023 (Figure 3)⁶⁶.

Figure 3: Admissions to hospital due to eating disorders, Bristol residents aged 0-25, by age group 2017-2024



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 course⁶⁷, including negative impacts on the social determinants of health^{68, 69}, and the adoption of health harming behaviours,^{70, 71, 72}. The number of adults in the population, including in Bristol, who have experienced ACES is still uncertain, but a study of the Welsh population⁷³ 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.

⁶⁶ [Hospital Episode Statistics | NHS Digital](#)

⁶⁷ [Adverse childhood experiences, mental health, and social functioning | ScienceDirect \(2023\)](#)

⁶⁸ [About Adverse Childhood Experiences | CDC \(2025\)](#)

⁶⁹ [ACES: Impact on adult health behaviours and health outcomes in UK \(2013\)](#)

⁷⁰ [Adverse childhood experiences: What we know, what we don't know, and what should happen next | Early Intervention Foundation \(2020\)](#)

⁷¹ [National household survey of adverse childhood experiences and their relationship with resilience to health harming behaviours | BMC medicine \(2014\)](#)

⁷² [Childhood adversity linked to how we engage with healthcare services | Public Health Wales \(2024\)](#)

⁷³ [ACES and their impact on health harming behaviours in the Welsh adult population | Public Health Wales \(2015\)](#)

Figures for the population of England are slightly lower for most of these ACE outcomes⁷¹, 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:

- Bristol JSNA Mental Health and Wellbeing: [JSNA Data Profiles](#)
- Bristol JSNA Health and Wellbeing Profile 2024/25: Self harm [JSNA 2024.25 - Self-harm](#)
- Bristol JSNA Children's Health: [JSNA Data Profiles](#)

Date updated: November 2025**Date of next update:** September 2026