Insight into Children and Young People's Mental Health in Leeds

over 18 months

Part 1:What are children and young people in Leeds telling us about their mental health?

Part 2: Professional perspectives on mental health challenges for children and young people in Leeds



Report compiled in August 2026 by:

- Liz Neill (Common Room) - Future in Mind Leeds Programme lead on Voice and Influence - liz.neill@commonroom.uk.com
- Charlotte Hanson - Public Health, Leeds City Council - charlotte.hanson@leeds.gov.uk

MindMate

We are a child friendly Leeds

Leeds Health & Care Partnership

COMMON ROOM

Context

The voices of families have been integral to the Future in Mind Leeds programme since the first strategy in 2016. The current strategy is due to end in 2026. Going forward, children and young people's mental health will form part of a new all-age mental health strategy which is in development currently.

In a time of major organisational change, it is important that meaningful particpation and insight leading to action is not lost.

Common Room (led by Liz Neill) are funded by the NHS to lead Voice and Influence work on this topic, to ensure that the views of children, young people and parent/carers influence at a strategic level.

A consistent finding from insight work over the last 10 years is that families and young people often struggle to get timely support for mental health difficulties.

We identified a mismatch between our communications approach (key message: 'go on the MindMate website to find help') and the experience families were reporting. In response we developed a new page on MindMate in 2025 entitled 'How are we listening and acting?'

The aim is to share the themes that are captured in ongoing insight work and where possible to share the work taking place to improve this, to build trust with families and partners that their views are being heard.

This was informed by the Framework for Trauma-Informed Communications Planning in Health and Care which advocates that we should 'Tailor messages to resonate with the audience's needs, concerns, and preferences.'

Next steps

We will continue to update this page in response to the findings from this report, and to share any feedback about how insight is influencing change.

We hope that other organisations will also take on board the findings in this report to influence service development. Please let us know how you use this insight by emailing Liz Neill - liz.neill@commonroom.uk.com

Part 1: What are children and young people in Leeds telling us about their mental health?

October 2024 - March 2026

This document draws together insight from 18 months of engagement with children, young people and families in Leeds.

- Local insight was gatherred through engagement carried out by Common Room (e.g. student engagement in schools), and partners such as Voice and Influence LCC team (e.g. SEND youth forum) and YouthWatch (e.g. Let's talk health and wellbeing' project). Case studies of individual young people/families with mental heatlh challenges were also included.
- Summaries were collated for each piece of engagmenet then uploaded into Co-Pilot with the instruction to identify themes.
- This was checked by report authors to ensure it represents the views that were presented during engagement.

Key themes identified:

- Mental health is one of the biggest issues affecting young people.
- Young people want adults to listen, understand & show empathy.
- Relationships matter more than services.
- Anxiety is a defining experience for many young people
- Schools can be both a source of support and a source of stress.
- Accessing mental health support is difficult.
- Neurodivergent young people face additional barriers

Across 18 months of insight, the dominant message is that they do not simply want more services; they want better relationships, earlier help, genuine listening, and systems that prioritise wellbeing over attendance, behaviour measures and bureaucracy. They repeatedly describe mental health as one of the most significant challenges facing their generation, while highlighting that trusted adults, friends, understanding schools, timely support and compassionate care make the biggest difference to their wellbeing.

MindMate · We are Child Friendly Leeds · Leeds Health & Care Partnership · COMMON ROOM

1. Mental health is one of the biggest issues affecting young people in Leeds.

Young people repeatedly described mental health as a major concern, often viewing it as more important than physical health because it affects every aspect of life. Stress, anxiety and emotional wellbeing were consistently raised across schools, youth groups and city-wide surveys.

What is affecting mental health?

- Academic pressure, exams, deadlines
- Anxiety about the future.
- Cost of living pressures affecting families
- Bereavement and family difficulties
- Concerns about violence and safety
- Bullying and discrimination
- Challenges linked to neurodiversity/SEND
- School attendance pressures and anxiety

2. Young people want adults to listen and show empathy

"Just because you're good in lesson doesn't mean your mental health is good and you're not struggling." (Year 9 pupil)

The strongest and most consistent message was that young people want trusted adults who listen without judgement. They frequently reported feeling misunderstood, dismissed or judged by professionals and school staff.

Young people emphasised that struggles are often invisible and that good grades or good behaviour do not mean someone is coping emotionally

3. Relationships matter more than services

Young people consistently identified positive relationships as the biggest protective factor for mental wellbeing. Supportive teachers, trusted adults, friends and family were often described as more valuable than formal interventions alone.

What helps?

- One-to-one conversations
- Friends and peer relationships
- Feeling known as an individual.
- Being listened to
- Feeling appreciated

4. Anxiety is a defining experience for many young people

Anxiety was the most common emotional challenge described.

Young people talked about **anxiety affecting**:

- School attendance
- Learning
- Friendships
- Confidence
- Participation in lessons
- Sleep

"I wish teachers knew that I really struggle with coming into school due to anxiety."
(Year 9)

5. Schools can be both a source of support and a source of stress

Young people and families described a mixed experience of schools. While some individual teachers were praised for being caring and supportive, many reported that schools prioritised attendance, behaviour and academic outcomes over wellbeing.

Common concerns

- Punitive responses to anxiety
- Lack of understanding of trauma
- Rigid policies
- Lack of flexibility for SEND and health conditions
- Feeling labelled as "lazy" or "skiving"

"Try to understand more and shout less." (Year 7)

What helps? Small things matter:..

- Teachers checking in
- Kind teachers
- One to one conversations
- Friends and peer relationships
- Feeling known as an individual
- Feeling appreciated
- Activities that help them feel calm
- Safe spaces

6. Accessing mental health support is difficult

A major theme across all reports was frustration about accessing help. Families and young people reported:

- Long waiting lists frequently discussed including CAMHS and MindMate SPA.
- Delays in referrals.
- Poor communication.
- Difficulty navigating services.
- Limited follow-up after crises.
- Feeling forgotten while waiting.

Examples

- George (age 9) waited six months without seeing a professional despite severe needs.
- Andrea received no support after a suicide attempt.

Young people were clear that support should be:

- Easy to find
- Flexible
- Non-judgemental
- Available quickly
- Tailored to individual needs
- Available both in person and online
- Feel welcoming rather than clinical

Trust matters. Barriers include:

- Fear of being misunderstood
- Concerns abut confidentiality
- Cultural stigma
- Previous negative experiences

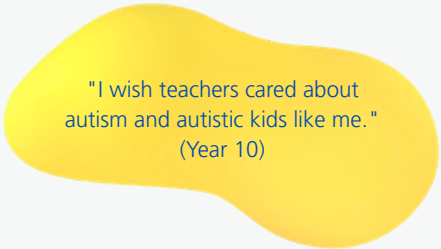
"Where am I on the waiting list? Have you forgotten about me or my child?"

7. Neurodivergent young people face additional barriers

Young people with autism, ADHD and other neurodivergent conditions repeatedly described difficulties obtaining support, diagnosis and understanding.

Key issues

- Long waits for assessment.
- Schools requiring diagnoses before offering support.
- Difficulties accessing medication.
- Lack of understanding from staff.
- Need for neuro-affirming approaches.



Part 2: Professional perspectives on key mental health issues and challenges for children and young people in Leeds

July 2026

Below is a summary of themes based on feedback from professionals in Leeds about the challenges facing children and young people's mental health in the city.

There were 67 respondents including:

- Mental health practitioners such as social workers, clinical psychologists, counsellors and those within CAMHS
- Education practitioners in school-based roles such as teachers, SendCos, inclusion advisors
- Service managers and those in leadership roles

The responses reveal a remarkably consistent picture across services, sectors and roles. While many respondents acknowledged strengths within Leeds' mental health system, there was strong agreement about significant gaps in provision, access and support pathways.

The findings suggest that professionals view the key challenges not simply as a lack of services, but as a combination of increasing complexity of need, service thresholds, long waiting times, inequalities in access, and insufficient support for specific groups of children and young people.

The most significant challenge: The "Missing Middle"

The most common theme by far was concern about a large group of children and young people whose needs fall between early intervention services and specialist mental health provision.

Professionals repeatedly described young people who are:

- Too complex for lower intensity services
- Too risky or vulnerable for brief interventions
- Not meeting criteria for CYPMHS
- Being left without an appropriate support pathway

Examples included young people with:

- Repeated self-harm
- Suicidal thoughts
- Emotional dysregulation
- Trauma histories
- Emerging personality difficulties
- School attendance difficulties
- Complex family circumstances

Professionals described these young people as frequently "falling through gaps", with schools, families and other practitioners left trying to manage increasingly complex needs without adequate specialist support.

Lack of longer-term therapeutic support

A major concern across services was the lack of long-term therapeutic support.
Professionals repeatedly highlighted that many available interventions are short-term, often limited to six to twelve sessions, and are insufficient for children experiencing:

- Trauma, abuse and adverse childhood experiences
- Care experience
- Chronic emotional difficulties
- Family instability

Many respondents referred to the closure of The Market Place as having reduced access to longer-term counselling opportunities for young people.

There was widespread concern that young people may begin to build trust and engage emotionally, only for support to end before meaningful therapeutic work has been completed.

Long waiting times and delayed access to help

Long waiting times were identified as a city-wide challenge.
Professionals reported lengthy waits for:

- CYPMHS
- Neurodevelopmental assessments
- Therapeutic services
- Cluster counselling
- Specialist trauma services
- Eating disorder support

Several respondents described waits of many months, with some reporting years-long waits for assessment or support. Delays were seen as contributing to:

- Escalating mental health difficulties
- Increased school absence
- Family stress
- Greater risk of crisis presentations

Many professionals felt opportunities for early intervention were frequently missed because children often wait so long that needs become more severe by the time support is available.

Rising levels of anxiety and emotional distress

Professionals reported increasing levels of anxiety as one of the most common presentations among children and young people.
Areas frequently highlighted included:

- School anxiety
- Social anxiety
- Emotional regulation difficulties
- Anxiety linked to neurodiversity
- Anxiety contributing to non-attendance

Many respondents felt anxiety-related difficulties are becoming increasingly severe and are contributing directly to emotional-based school avoidance and poor attendance.

Emotional Based School Avoidance (EBSA) and school attendance

School non-attendance emerged as a significant concern, particularly among neurodivergent children and young people.
Professionals described:

- Rising anxiety linked to school attendance
- Emotional-based school avoidance
- Reduced timetables
- Children becoming increasingly isolated at home
- Schools managing increasingly complex emotional needs

Respondents frequently linked attendance issues to underlying mental health difficulties, trauma, anxiety and unmet SEND needs.

Trauma is a major driver of mental health need

Many professionals argued that services are often not equipped to respond appropriately to trauma-related mental health difficulties.

Groups identified as requiring greater trauma-informed support included:

- Children experiencing abuse
- Victims of sexual violence
- Care-experienced young people
- Children on Child Protection plans
- Children affected by domestic abuse
- Young people involved in criminal investigations

Respondents repeatedly emphasised that trauma presentations are often labelled as behavioural difficulties rather than understood as responses to adversity and lived experiences

Children in crisis cannot always access appropriate support

A consistent concern was the lack of responsive support for young people experiencing mental health crises.

Professionals described situations involving:

- Self-harm
- Repeated overdoses
- Suicide attempts
- Suicidal thoughts
- Severe emotional dysregulation
- where children did not meet criteria for ongoing specialist support

Several respondents also highlighted a lack of alternatives to hospital and limited non-clinical crisis support, particularly for younger children.

Particular groups experience greater barriers to support

Professionals identified several populations who appear disproportionately affected by gaps in provision:

- Neurodivergent children and young people (the most frequently mentioned group).
- Care-experienced children and young people (particularly those in adoption, special guardianship arrangements and kinship care).
- Children with SEND and learning disabilities

Professionals highlighted major concerns around accessibility of mental health services for children with communication needs and learning disabilities.

- Deaf children and young people

Respondents described substantial barriers linked to language, communication and access to appropriately trained practitioners.

- Children from ethnic minority communities

Professionals noted concerns about lower engagement with services, cultural barriers and inequalities in access.

- Young men

Several professionals suggested that boys and young men may be less likely to access formal mental health support and are therefore at risk of unmet need.

- 16-25 year olds

Many respondents identified a significant gap during transition to adulthood, with young people often losing support as they move between children's and adult services. Professionals highlighted fewer support options, particularly around crisis support and specialist provision.

Increasing pressure on schools and frontline services

A recurring message throughout the survey was that schools, colleges, Family Hubs, youth workers and early intervention services are increasingly managing mental health needs that sit beyond their intended role.

Professionals reported:

- Growing referral volumes
- More complex cases
- Increased risk presentations
- Staff feeling under-equipped
- Schools acting as default mental health providers

Many respondents expressed concern that education staff are being required to manage significant mental health difficulties while lacking specialist training, resources and access to onward support.

Overall conclusion

Professionals across Leeds paint a consistent picture of a system under pressure. Across sectors there is a strong perception that mental health needs are becoming more complex, while schools, families and community organisations are increasingly being required to bridge gaps in formal provision.

The most significant concern is the growing number of children and young people whose needs are too complex for early intervention services but who do not meet criteria for specialist mental health support.

Alongside this, professionals identify major challenges relating to neurodiversity, long waiting times, lack of long-term therapeutic support, trauma, school anxiety, crisis provision and inequalities in access.