



HEREFORDSHIRE MENTAL HEALTH EPIDEMIOLOGICAL PROFILE 2024

As part of the Herefordshire Mental Health Needs Assessment 2024

Version 1.0

August 2024

Executive summary

Introduction

- The aim of the Herefordshire Mental Health Needs Assessment (MHNA) is to review the mental health and wellbeing issues (and their wider determinants) experienced by Herefordshire residents, map and engage with local providers and stakeholders, and produce recommendations that will support the improvement of health, prevention of illness, and reduction of inequalities.
- The MHNA will review mental health and wellbeing across the life course, it includes problems or conditions of any severity, and aims to include all stakeholders who provide care or support for mental health and wellbeing. Suicide and dementia are excluded.
- This Mental Health Epidemiological Profile (Epi Profile) forms part of the MHNA, reviewing and summarising available quantitative data related to mental health and wellbeing and identifying gaps in knowledge.
- Data are included from various sources, including the Office for Health Improvement and Disparities' Fingertips website, Herefordshire Council surveys, and data from stakeholders, including local Trusts and Voluntary, Community, and Social Enterprise (VCSE) organisations.

What do we know?

- Most Herefordshire children and young people (CYP) and adults enjoy good mental health and wellbeing. The prevalence of common and serious mental health conditions for adults in Herefordshire is lower or similar to the national average (e.g. depression prevalence of 12.8% locally vs 13.2% nationally, serious mental illness prevalence of 0.9% locally vs. 1% nationally), while wellbeing ratings are comparatively better or similar (e.g. average score of 7.6 out of 10 for life satisfaction locally vs. 7.45 nationally, average score of 2.93 out of 10 for anxiety yesterday locally vs. 3.24 nationally). However, some data offer cause for concern.
- Compared to the England average, Herefordshire has higher rate of hospital admissions for mental health conditions among under 18s (309 per 100,000 locally vs 81 for England) and for self-harm among 10-14 year olds (437 per 100,000 locally vs 251 for England). It also has more school pupils with social, emotional, and mental health needs (3.5% locally in 2021 vs. 2.8% in England). Herefordshire adults may also have a lower rate of people attending contacts with community and outpatient mental health services compared to England (30,071 per 100,000 locally vs 30,674).
- Health-related behaviours can be protective against, or increase the risk of, poor mental health and wellbeing. Herefordshire CYP experience a higher rate of hospital admissions for injuries compared to the national average (143 per 1,000 in children under five years of age locally compared to 119 for England), while adults who smoke may be comparatively more reluctant and less successful when trying to quit (e.g. 792 per 100,000 smokers that have successfully quit at 4 weeks locally vs. 1808 for England).
- Health protective behaviours like volunteering decrease (e.g. 27% at least once a month in primary school vs 18% in Further Education [FE]) and health risk

behaviours like drinking increase with age (e.g. 2% had an alcoholic drink in the last 7 days in primary school vs. 48% in FE) among Herefordshire CYP. There was also a comparatively lower proportion of adults in Herefordshire entering drug treatment who needed and were receiving treatment for their mental health (65.1% locally vs. 74.8% nationally).

- Some wider determinants of health disproportionately affect the health and wellbeing of Herefordshire residents of all ages compared to the national average. These include fuel poverty (20% vs. 13%), low wages (31% of County jobs paying less than the living wage in 2017, amongst the lowest 10% in England), and less access to the internet (12% of adults do not use it regularly). A higher proportion of Herefordshire adults are also more obese compared to the national average (13.2% vs. 11.4%). However, there is also less violent crime (28% vs. 34%) and children eligible for free school meals (a marker of deprivation; 18% vs. 24%) in Herefordshire when compared to England.
- There are many groups who may be at higher risk of poor mental health and wellbeing represented in Herefordshire. Among CYP, there are higher rates of children in care (121 per 10,000 locally vs. 71 for England), children with an episode of need (1066 per 10,000 locally vs. 606 for England), school-aged pupils with special educational needs (19% locally vs. 17% nationally), and school-aged pupils with learning disabilities (LD; 7.3% locally vs. 5.6% nationally) when compared to national averages.
- Among adults, there are a higher proportion of Herefordshire residents with long standing health conditions (58% locally vs. 56% nationally) and a lower proportion of adults with LD living in stable and appropriate accommodation (72% locally vs. 81% nationally) compared to England. There is also a comparatively higher rate of households owed a duty under the Homelessness Reduction Act (15 per 1,000 locally vs. 12 for England).
- Some groups in Herefordshire have evidence of a significant unmet need. While Herefordshire has less CYP with an Education, Health and Care Plan (EHCP) for Autism Spectrum Disorder (ASD) than nationally (23.2% locally vs 32.2% for England), this reflects the very long local waiting lists for assessment required for a diagnosis of autism. Similar challenges are experienced by neurodivergent adults in Herefordshire.

What don't we know?

- Herefordshire has a higher proportion of older people than England and Wales. As such, older adults may be under-represented among people accessing support for their mental health and wellbeing.
- The longer-term impacts of the COVID-19 pandemic and the cost-of-living crisis on mental wellbeing are yet to be fully manifest.
- Engagement with stakeholders has cast some doubt on the accuracy of some indicator data and the scale of potential problems where Herefordshire performs significantly worse when compared to the England average. This most notably includes CYP mental health admissions and self-harm indicators.
- An important limitation is the lack of mental health and wellbeing data for several at-risk groups in Herefordshire among both CYP and adults. Some at-risk groups could

only be numerated (e.g. CYP with LD), while other important groups were omitted entirely because even determining their prevalence in Herefordshire proved difficult (e.g. sex workers).

What is already happening?

- There is a strong focus on children and young people in work across all areas in Herefordshire Council.
- There is a commitment to investment towards ensuring Herefordshire CYP get the Best Start in Life (BSiL).
- The Herefordshire and Worcestershire Integrated Care Board have just published a Joint All-Age Autism Strategy and are in the process of transforming and recommissioning CYP mental health services.
- Herefordshire Council's smoking cessation service is expanding following the receipt of national funding.
- There are implementation plans underpinned by collaborative working for achieving the Herefordshire Joint Local Health and Wellbeing Strategy 2023-2033's priorities of BSiL and Good Mental Wellbeing throughout lifetime.

Recommendations

- Investigate the accuracy and understand the local context of data where Herefordshire is substantially significantly different to the national average.
- Collaborate with stakeholders to facilitate the collection and sharing of relevant and timely data.
- Continue supporting the delivery of local Children and Young People's Quality of Life and Herefordshire Community Wellbeing surveys to collect rich and crucial local data on, and associated with, the mental health and wellbeing of the population, the prevalence of health risk and protective factors and inequalities, and to address knowledge gaps.
- Prioritise data collection for the most vulnerable and hard-to-reach groups in order to improve support for these communities particularly where needs would otherwise go unmeasured

Contents

Executive summary.....	2
List of tables.....	8
List of figures.....	11
Chapter 1 Introduction	17
Chapter 2 Background	19
1. Mental health and wellbeing.....	19
2. National and local policy context.....	21
2.1. National Health Service (NHS) Long Term Plan (2019)	21
2.2. Advancing Mental Health Equalities Strategy (2020).....	21
2.3. Major Conditions Strategy.....	21
2.4. Joint Local Health and Wellbeing Strategy 2023-2033	21
2.5. Herefordshire and Worcestershire Mental Health and Wellbeing Strategy 2021-2026	21
2.6. Herefordshire and Worcestershire Mental Health Collaborative	22
2.7. Herefordshire Suicide Prevention Strategy refresh.....	22
3. New opportunities	23
3.1. Integrated Care System and One Herefordshire Partnership	23
3.2. Herefordshire Together (Community Paradigm)	23
3.3. Talk Community	23
3.4. Herefordshire Council's Plan 2024-2028	23
3.5. Healthy tots and Healthy schools programme	24
3.6. Herefordshire and Worcestershire Children and Young Peoples' Mental Health Transformation Plan 2023/2024	24
3.7. Primary care networks	24
Key takeaways	24
Chapter 3 Herefordshire Council surveys	26
1. Children & Young People's Quality of Life Surveys (2021 & 2024)	26
2. Community Wellbeing Surveys (2021 & 2023)	26
Key takeaways	27
Chapter 4 Wider determinants of health	28
1. At a glance	28
2. Climate and ecosystem breakdown	29
3. COVID-19 pandemic	32
4. Cost of living crisis	33
5. Poverty and deprivation	34
5.1. Fuel poverty	38
6. Social mobility	40
7. Digital exclusion	41
8. Crime and anti-social behaviour	43
8.1. Mental health markers and included full offence titles.....	46
8.2. Mental health keywords.....	53
8.3. Mental health and police incidents	61
8.4. Anti-social behaviour	63
8.5. Domestic violence and abuse.....	67
9. Unemployment, sickness absence, and economic inactivity	70
Key takeaways	72
Chapter 5 Mental health and wellbeing throughout the life course	74
1. Perinatal mental health	74

1.1.	Mental health and wellbeing	74
1.2.	Health-related behaviours.....	76
1.3.	Smoking	76
1.4.	At-risk groups.....	77
1.5.	Teenage or young pregnancies	77
	Key takeaways	78
2.	Children and Young People	79
2.1.	Mental health and wellbeing	79
2.2.	At a glance	79
2.3.	Health-related behaviours.....	88
2.4.	At a glance	88
2.5.	Smoking and vaping	89
2.6.	Substance misuse.....	90
2.7.	Bullying and relationship abuse	927
2.8.	Healthy eating	94
2.9.	Physical activity and extracurricular activities	894
2.10.	Volunteering	961
2.11.	School exclusion	96
2.12.	Hospital admissions for injuries	96
2.13.	CYP-specific wider determinants	97
2.14.	At a glance	97
2.15.	Healthy weight.....	98
2.16.	School readiness.....	99
2.17.	At-risk groups	99
2.18.	At a glance	99
2.19.	CYP of parents with poor mental health.....	101
2.20.	CYP in care/who are looked after and care leavers	103
2.21.	CYP carers	105
2.22.	CYP who are not in education, employment, or training (NEET)	1072
2.23.	CYP from Armed Forces families	111
2.24.	Gypsy, Roma, and Traveller CYP	113
2.25.	CYP migrants, refugees, and asylum seekers	1149
2.26.	LGBTQ+ CYP.....	1150
2.27.	CYP with Learning Disabilities	117
2.28.	CYP with SEN(D) and EHCPs	118
2.29.	Neurodivergent CYP	123
2.30.	CYP with long-term health conditions and disability.....	130
	Key takeaways	131
3.	Adults	133
3.1.	Mental health and wellbeing	133
3.2.	At a glance	133
3.3.	Wellbeing	142
3.4.	Health-related behaviours.....	145
3.5.	At a glance	145
3.6.	Community Wellbeing surveys activities	147
3.7.	Smoking	149
3.8.	Substance misuse.....	150
3.9.	Problem gambling	151
3.10.	Healthy eating	153
3.11.	Physical activity	1538
3.12.	Adult-specific wider determinants.....	1549
3.13.	Healthy weight.....	155
3.14.	At-risk groups	156
3.15.	At a glance	156
3.16.	Older adults	157

3.17.	Armed Forces personnel and veterans	162
3.18.	Adult carers	167
3.19.	Adults from the agricultural community	171
3.20.	Gypsy, Roma, and Traveller (GRT) adults	1738
3.21.	Homeless and rough sleeping adults	175
3.22.	Adult migrants, refugees, and asylum seekers	179
3.23.	Adults living with long-term health conditions and disability	180
3.24.	Neurodivergent adults	183
3.25.	Adults with Learning Disabilities	187
3.26.	LGBTQ+ adults.....	191
	Key takeaways	194
	Chapter 6 Recommendations	197

List of tables

Table 1 A comparison of Herefordshire and England values for wider determinants of health indicators.....	29
Table 2 Other mental health included offences under ten occurrences.....	50
Table 3 All offences with an included mental health offence between 1 April 2020 and 31 March 2024	51
Table 4 Number of offences with mental health as an included offence by location and year	52
Table 5 The use of keywords within an MO log text of an offence between April 2016 and March 2024	55
Table 6 Number of offences with mental health related keywords by location and year	60
Table 7 Other offences with mental health related keywords with two or under occurrences	61
Table 8 All offences with mental health keywords between 1 April 2020 and 31 March 2024	61
Table 9 All incidents with a mental health qualifier between April 2020 and March 2024.....	62
Table 10 Repeat locations for incidents with mental health qualifiers between 01 April 2020 – 31 March 2024	62
Table 11 All incidents with mental health qualifiers between 1 April 2020 and 31 March 2024 by time and day of the week	63
Table 12 ASB with a Mental Health qualifier broken down by ASB type by year	64
Table 13 A breakdown of ASB recorded incidents by the recurrence of mental health key words	65
Table 14 Number of ASB incidents related to mental health and percent increase from previous year by financial year	65
Table 15 Repeat locations of ASB incidents in Herefordshire between 01 April 2020 – 31 March 2024	66
Table 16 Number of ASB incidents related to mental health by day of the week and time of day	67
Table 17 A breakdown of domestic abuse offences by the recurrence of mental health key words	69
Table 18 A breakdown of domestic abuse crimed incidents by the recurrence of mental health key words	69

Table 19 A comparison of Herefordshire and England values for CYP mental health and wellbeing indicators.....	80
Table 20 A comparison of Herefordshire and England values for CYP health-related behaviour indicators.....	89
Table 21 A comparison of Herefordshire and England values for CYP-specific wider determinants of health indicators	98
Table 22 A comparison of Herefordshire and England values for CYP at-risk group indicators	100
Table 23 Number of service children taking up the SPP and the associated monetary total by financial year.....	112
Table 24 NHSE Data Return CYP Autism Diagnostic Assessments April - December 2023 for Herefordshire by service.....	125
Table 25 A comparison of Herefordshire and England values for adult mental health and wellbeing indicators.....	134
Table 26 People aged 18-64 predicted to have a mental health problem, by gender, projected to 2040	139
Table 27 People aged 18-64 in Herefordshire predicted to have a mental health problem, by gender, projected to 2040	139
Table 28 Comorbidities of people with a mental health need that are supported by ASC (February 2019)	140
Table 29 A comparison of Herefordshire and England values for adult health-related behaviour indicators.....	147
Table 30 Smoking prevalence estimates for adults in Herefordshire, West Midlands, and England by source.	149
Table 31 A comparison of Herefordshire and England values for adult-specific wider determinants of health indicators	154
Table 32 A comparison of Herefordshire and England values for adult at-risk group indicators.....	157
Table 33 People aged 65 and over in Herefordshire predicted to have depression, by age, projected to 2040	160
Table 34 People aged 65 and over in Herefordshire predicted to have depression, by age and gender, projected to 2040	161
Table 35 People aged 65 and over in Herefordshire predicted to have severe depression, by age, projected to 2040	161

Table 36 Number of older adult patients who had their assessment with and received treatment from the Talking Therapies service between 1 st January 2022 and 30 th April 2024	162
Table 37 Number of carer patients who had their assessment with and received treatment from the Talking Therapies service between 1 st January 2022 and 30 th April 2024.....	171
Table 38 Number of offences recorded involving the keyword 'homeless'	178
Table 39 Incidence of mental health keywords in recorded offences between 2015/16 and 2019/20	179
Table 40 Number of patients with a disability who had their assessment with and received treatment from the Talking Therapies service between 1 st January 2022 and 30 th April 2024	183
Table 41 The age distribution of people in Herefordshire with autism by sex.....	185
Table 42 Number of patients by learning disability status who had their assessment with and received treatment from the Talking Therapies service between 1 st January 2022 and 30 th April 2024.....	190

List of figures

Figure 1 The percent difference and strength of evidence of this difference between Herefordshire and England values for wider determinants of health indicators	29
Figure 2 Change in overall mental health and wellbeing since start of the coronavirus outbreak for children and young people in Herefordshire and Worcestershire	33
Figure 3 Maps showing the areas of Herefordshire that are amongst the most deprived in England according to the Income Deprivation Affecting Children supplementary index.....	36
Figure 4 Maps showing the areas of Herefordshire that are amongst the most deprived in England according to the Children and Young People's Education and Skills sub-domain..	38
Figure 5 Violent offences per 1,000 of population	44
Figure 6 Sexual offences per 1,000 of population	45
Figure 7 Children 10 to 17 years in the youth justice system (crude rate per 1,000).....	46
Figure 8 Recorded offences with a mental health marker	47
Figure 9 Mental Health as an included offence between 2020/2021 and 2023/2024 across West Mercia regions	48
Figure 10 Local policing area comparison of offences where mental health is an included offence between 2020/2021 and 2023/2024.....	49
Figure 11 Offence grouping for mental health included offences between April 2020 and March 2024	50
Figure 12 How and why offences in relation to mental health were committed	52
Figure 13 'Mental Health' keyword October 2015 to September 2020	53
Figure 14 The use of keywords within an MO log text of an offence	54
Figure 15 Frequency of use of the 'mental health' keyword recorded by year	56
Figure 16 Frequency of use of the 'depression' keyword recorded by year	56
Figure 17 Frequency of use of the 'anxiety' keyword recorded by year.....	57
Figure 18 Frequency of use of the 'schizophrenia' keyword recorded by year.....	57
Figure 19 Frequency of use of the 'bipolar' keyword recorded by year	57
Figure 20 Frequency of use of the 'OCD' keyword recorded by year	58
Figure 21 Frequency of use of the 'panic attack' keyword recorded by year.....	58
Figure 22 Frequency of use of the 'paranoia' keyword recorded by year	58
Figure 23 Frequency of use of the 'PTSD' keyword recorded by year.....	59

Figure 24 Frequency of use of the 'self harm' keyword recorded by year	59
Figure 25 Frequency of use of the 'trauma' keyword recorded by year	59
Figure 26 Offence breakdown for Union Walk, Herefordshire Hospital between April 2020 and March 2024	60
Figure 27 ASB with a Mental Health qualifier broken down by ASB type by year	64
Figure 28 ASB with Mental Health qualifier from 01 April 2016 to 31 March 2024	66
Figure 29 Number of domestic police incidents over time	68
Figure 30 Responses to the question "If you experienced, or are experiencing, low mood or wellbeing in the first 12 months of your baby's life, which, if any, of these factors may have contributed? (Select all that apply)" from the 2023 'Health and Wellbeing survey for Herefordshire women and families after having a baby' survey	75
Figure 31 Number of perinatal patients who had their assessment with and received treatment from the Talking Therapies service between January 2023 and April 2024	76
Figure 32 The percent difference and strength of evidence of this difference between Herefordshire and England values for CYP mental health and wellbeing indicators	79
Figure 33 Responses to Children & Young People's Quality of Life Survey 2021's 'Emotional health & wellbeing' questions by educational setting	81
Figure 34 Responses to Children & Young People's Quality of Life Survey 2021 questions about asking for help with their mental health, types of mental health support used or wanted, and whether the support was helpful.....	82
Figure 35 Responses to questions on problem solving on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	83
Figure 36 Number of Herefordshire CAMHS referrals over time (April 2021 to October 2023)	85
Figure 37 Referrals to the Herefordshire CAMHS service April 2019 - February 2021	85
Figure 38 Number of CYP referred to the CLD trust for emotional health and wellbeing support per month for 2023/24.....	86
Figure 39 Sources of referral to CLD Trust for 2023/24.....	87
Figure 40 Ten most common presenting issues among CLD Trust clients for 2023/24	88
Figure 41 The percent difference and strength of evidence of this difference between Herefordshire and England values for CYP health-related behaviour indicators	89
Figure 42 Responses to smoking related questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	90
Figure 43 Responses to alcohol intake questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	91

Figure 44 Responses to drugs consumption questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	92
Figure 45 Responses to questions on bullying on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	92
Figure 46 Responses to questions on negative behaviours in relationships on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	93
Figure 47 Responses to food questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	94
Figure 48 Responses to physical activity questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	95
Figure 49 Responses to questions on extracurricular activities on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	95
Figure 50 Responses to questions on volunteering on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	96
Figure 51 The percent difference and strength of evidence of this difference between Herefordshire and England values for CYP-specific wider determinants of health indicators	97
Figure 52 Prevalence of overweight (including obesity) for Reception and Year 6 children in Herefordshire compared to West Midlands and England	98
Figure 53 The percent difference and strength of evidence of this difference between Herefordshire and England values for CYP at-risk group indicators.....	100
Figure 54 The Toxic Trio in Herefordshire	102
Figure 55 Percentage of children in local authority care for 12 months or more with SEN support	99
Figure 56 Percentage of children in local authority care for 12 months or more with EHCP	105
Figure 57 Responses to questions on caring on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting	107
Figure 58 Proportion of NEET cohort by destination descriptions by year	109
Figure 59 The proportion of the NEET cohort with: a past history of illness (destination code); with current illness (destination description); with a record note referring to mental health problems or illness; and the proportion of the NEET cohort with a mental health record note among those with history of or current illness by year	109
Figure 60 The proportion of young people who are NEET receiving varying levels of support by year	110

Figure 61 The proportion of young people who are NEET by what they are receiving support for by year	110
Figure 62 % EHCP (up to 25 years) who are Not in Education, Employment, or Training (NEET)	111
Figure 63 Learning disability annual health checks	118
Figure 64 % pupils with SEN Support (All schools)	120
Figure 65 % EHCP by primary need - Social, Emotional, and Mental Health.....	120
Figure 66 % of pupils with EHCP (All schools)	121
Figure 67 Number of children with an EHCP maintained by Herefordshire	122
Figure 68 % EHCP by primary need - Severe Learning Difficulties	122
Figure 69 % EHCP by primary need – Autism Spectrum Disorder	125
Figure 70 Herefordshire ASD Diagnostic Assessment – wait times to Initial Assessment (weeks)	127
Figure 71 Herefordshire ASD Diagnostic Assessment – wait times from Initial Assessment to Completion (weeks)	127
Figure 72 The number of children and young people with a learning disability and/or autism in Tier 4 beds during 2023/24	128
Figure 73 Number of children and young people with autism or ADHD working with the CLD trust between 2020/21 and 2023/24	129
Figure 74 The percent difference and strength of evidence of this difference between Herefordshire and England values for adult mental health and wellbeing indicators.....	133
Figure 75 Recorded prevalence of depression (aged 18+).....	135
Figure 76 2023 Community Wellbeing Survey Question 24: Using a scale of 0 to 10 where 0 is not at all anxious and 10 is completely anxious, how anxious did you feel yesterday? ..	136
Figure 77 Prevalence of patients on GP mental health registers in Herefordshire by LSOA	137
Figure 78 Data over time of the proportion of people on the SMI register in Herefordshire and Worcestershire completing a full health check and the proportion completing individual health checks compared to England.....	138
Figure 79 Number of detentions by IMD decile in Herefordshire and Worcestershire in 2022-23	142
Figure 80 2023 Community Wellbeing Survey Question 27: I would like to read out some statements about your feelings and thoughts. Please tell me which best describes your experience over the last two weeks.	143

Figure 81 2023 Community Wellbeing Survey Question 27: Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) – score distribution.....	144
Figure 82 Mean score (out of 10) for life satisfaction.....	144
Figure 83 Mean score (out of 10) for feeling that things done in life are worthwhile.....	145
Figure 84 Mean score (out of 10) for happiness yesterday	145
Figure 85 Mean score (out of 10) for anxiety yesterday	145
Figure 86 The percent difference and strength of evidence of this difference between Herefordshire and England values for adult health-related behaviour indicators	146
Figure 87 2023 Community Wellbeing Survey Question 20: Can you tell me whether you are doing the following activities the same, more or less than you used to do before the Covid-19 pandemic?	148
Figure 88 Smoking prevalence in adults (aged 18+) over time (Annual Population Survey)	149
Figure 89 Proportion of adults aged 16 and over participating in any gambling activity (excluding National Lottery) in past year 2021.....	152
Figure 90 Estimated rate per 100,000 adult population of adults who would benefit from gambling treatment by type of treatment from combined 2015, 2016 and 2018 data.....	153
Figure 91 The percent difference and strength of evidence of this difference between Herefordshire and England values for adult-specific wider determinants of health indicators	15449
Figure 92 Prevalence of overweight (including obesity) for adults in Herefordshire compared to West Midlands and England	1550
Figure 93 The percent difference and strength of evidence of this difference between Herefordshire and England values for adult at-risk group indicators	1561
Figure 94 2021 Herefordshire population pyramid.....	1583
Figure 95 Distribution of the veteran population across Herefordshire.....	16459
Figure 96 Number of Armed forces veterans (ex-services members) and their dependents who had their assessment with and received treatment from the Talking Therapies service between 1 st January 2022 and 30 th April 2024.....	1672
Figure 97 Estimates of the number of residents who provide unpaid care in Herefordshire	1694
Figure 98 The changing volume of recorded crimes with a 'homelessness' keyword between October 2015 and September 2020.....	1794
Figure 99 Monthly numbers of adults with a learning disability and/or autism in locked or secure hospitals for the period 2023/24.....	1872

Figure 100 Proportion of adults with a learning disability who live in their own home or with their family..... 1894

Figure 101 Proportion of adults with a learning disability in paid employment 1905

Figure 102 Number of patients by sexual orientation who had their assessment with and received treatment from the Talking Therapies service between 1st January 2022 and 30th April 2024..... 1938



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Chapter 1 Introduction

The Herefordshire Mental Health Epidemiological Profile 2024 is the first output from the Herefordshire Mental Health Needs Assessment (MHNA) 2024. The aim of the MHNA was to review the mental health and wellbeing issues experienced by Herefordshire residents, identify and quantify health risk and protective factors impacting upon mental wellbeing, map and engage with local providers and stakeholders, and produce recommendations that will support the improvement of health, prevention of illness, and reduction of inequalities. The MHNA will review mental health and wellbeing across the life course, it includes problems or conditions of any severity, and aims to include all stakeholders who provide care or support for mental health and wellbeing. It does, however, exclude suicide (which will be covered in its own strategy) and dementia. This aims of the MHNA will be accomplished by completion of the following actions:

- Review and summarise available data related to mental health and wellbeing (and wider determinants), obtain data from stakeholders, and identify gaps in knowledge
- Meet with and survey stakeholders to map mental health care and support provision and gain insights on potential issues
- Obtain and review public engagement data from stakeholders
- Produce an insights summary from qualitative data and final recommendations
- Feed back into the Herefordshire Joint Local Health and Wellbeing Strategy implementation plans (Best Start in Life and Good Mental Health Throughout Lifetime)

This Mental Health Epidemiological Profile (or Epi Profile, for short) is the product of the first action, namely reviewing and summarising available data related to mental health and wellbeing, obtaining data from stakeholders, and identifying gaps in knowledge. These data come from various sources, including the Office for Health Improvement and Disparities' Fingertips website¹ (a large public health data collection from various sources including national surveys), Herefordshire Council surveys, and data from stakeholders, including local Trusts and Voluntary, Community, and Social Enterprise (VCSE) organisations.

Chapter 2 sets out the background to this work, including a short introduction to mental health and wellbeing, a review of relevant national and local policy, and highlighting new local opportunities to tackle mental health and wellbeing.

Chapter 3 introduces Herefordshire Council's recent local surveys, from which data are included throughout the following sections of the report.

Chapter 4 explores the wider determinants of health that affect the mental health and wellbeing of Herefordshire residents across the life course.

Finally, Chapter 5 reports the key findings on mental health and wellbeing throughout the life course. This chapter is broken into three sections: perinatal, children and young people

¹ <https://fingertips.phe.org.uk/>

(CYP), and adults. For CYP and adults sections, these are further broken down into the following four sub-sections:

- **Mental health and wellbeing:** a summary of Herefordshire mental health and wellbeing data for each group
- **Health-related behaviours:** a summary of Herefordshire data on health-risk and health-protective behaviours that can negatively or positively affect mental health and wellbeing
- **Specific wider determinants of health:** a summary of Herefordshire data related to wider determinants of health specific to either CYP or adults
- **At-risk groups:** beginning with a review of national evidence, each sub-section includes a summary of Herefordshire data for specific CYP or adult population sub-groups that may be at greater risk of experiencing poor mental health and wellbeing

The preceding recommendations from this Epi Profile are specific to knowledge from, and gaps in knowledge due to a lack of, local Herefordshire quantitative (numeric) data related to mental health and wellbeing. These recommendations will contribute to broader, final recommendations that will be produced in another MHNA report, to then be fed back into and reflected by the Health and Wellbeing Strategy priority implementation plans.

Chapter 2 Background

1. Mental health and wellbeing

One in four people are affected by a mental health disorder at some point in their lives.² Nearly two-thirds of people say that they have experienced a mental health problem.³ One in six people are affected by a common mental health problem every week, such as depression or anxiety.⁴ Based on the results of the last national Adult Psychiatric Morbidity Survey (APMS) in 2014, it was estimated that 18.9% of adults aged 16 to 64 years in England had at least one common mental health disorder (CMD), which includes depression and anxiety.⁵ Based on research conducted in 2016, Public Health England (PHE, now the Office for Health Improvement and Disparities [OHID]) stated that all mental and substance misuse disorders grouped together accounted for 21.3% of the total morbidity burden in England, with depression, drug use, anxiety, autistic spectrum disorders, schizophrenia and bipolar disorders among the top 15 causes.⁶ Furthermore, PHE reported that ‘it is likely that the total burden of mental health problems is an underestimate due to a number of reasons, including the overlap with neurological disorders and the grouping of self-harm as a separate category.’⁷

Looking forward, analysis by the Mental Health Foundation estimated that across the UK as a whole by 2030 there would be some 2 million more adults and 100,000 more children and young people with mental health problems than there were in 2013.⁸ Significantly, this analysis was based purely on demographic projections and assumed prevalence rates for mental health problems would remain unchanged, which, given the degree and pace of societal, economic and environmental change that is occurring, is unlikely.

Mental ill health is not something that only affects adults; in 2023 it was estimated that one in five (20%) children and young people aged 8 to 25 years had a probable mental disorder⁹ and in the 2021-22 financial year, 30% of people (992,647) known to have been in contact with secondary mental health, learning disabilities, and autism services that year were under 18 years of age.¹⁰

Recently, there has been rising concern that the UK may be facing a mental health “epidemic”, particularly amongst children and young people, with the potential to have a lasting impact on their health and wellbeing throughout the life course.¹¹ Figures show that the number of children in mental health crisis has reached record levels in England, with three times higher urgent referrals to mental health crisis teams in May 2023 compared to May 2019, and 46% more urgent referrals in the year up to March 2023 compared to 2022.¹²

² [The World Health Report 2001: Mental disorders affect one in four people](#). WHO. 2001.

³ [Surviving or thriving? The state of the UK's mental health](#). Mental Health Foundation, 2017.

⁴ [Prevention and mental health](#). Mental Health Foundation, 2022.

⁵ [Health Profile for England](#). Public Health England, 2018.

⁶ [Health Profile for England](#). Public Health England, 2018.

⁷ [Health Profile for England](#). Public Health England, 2018.

⁸ [Starting today: The future of mental health services](#). Mental Health Foundation, September 2013, pp.16-17.

⁹ [Mental Health of Children and Young People in England, 2023](#). NHS Digital, 2023

¹⁰ [Mental Health Bulletin, 2021-22 Annual Report](#). NHS Digital, 2023

¹¹ [Tackling mental ill-health among young people across the UK](#). UCL, 2022

¹² [Number of children in mental health crisis at record high in England](#). The Guardian, 2023

New data reported by the Children's Commissioner for England in March 2024 shows more than a quarter of a million (270,300) children and young people are still waiting for mental health support after being referred to Children and Young People's Mental Health Services in 2022-23.¹³

At the other end of the life course, in 2019 it was estimated that 1 in 4 older people live with common mental health conditions (e.g. depression and anxiety) with only 15% receiving help from the NHS. By 2025, it's estimated that over one million people in the UK will have a diagnosis of dementia,¹⁴ and an estimated 20-40% of people living with dementia are depressed.¹⁵ Dementia also makes the diagnosis and treatment of other mental health conditions more difficult, as their symptoms can be similar and individuals may struggle to express how they are feeling.¹⁶

In terms of the cost of mental health problems to the UK economy, a 2022 report by the Mental Health Foundation estimated a cost of at least £117.9 billion a year (5% of the UK's GDP in 2019), rising to over £125 billion a year when including health and quality of life impacts associated with self-harm and suicide. The authors considered these estimates as highly conservative as they did not include dementia, workplace presenteeism and absenteeism, or sub-threshold conditions as well as additional costs of managing co-occurring physical health problems.¹⁷ While every pound invested in early mental health intervention delivers a three-fold return on investment and significantly improves outcomes, just 2% of England's public health budget is spent on mental health.¹⁸

Addressing the underlying causes of poor mental wellbeing, as well as helping people who already suffer from mental health disorders, is more important than ever in terms of benefits not just to the individual but to communities and society as a whole in terms of happiness, better social cohesion, reduced crime, and improved productivity. However, the causes of mental ill-health are often multiple, complex and inter-related and mitigating these risks requires a holistic approach that considers wider family, community and societal factors.

¹³ [Over a quarter of a million children still waiting for mental health support](#), Children's Commissioner, 2024

¹⁴ [What is dementia?](#) Dementia UK, 2023

¹⁵ [Mental health \(England\)](#), Age UK, 2019

¹⁶ [Mental health \(England\)](#), Age UK, 2019

¹⁷ [The economic case for investing in the prevention of mental health conditions in the UK](#), Mental Health Foundation, 2022

¹⁸ [One third of UK public says their mental health has deteriorated as a result of the pandemic](#), Royal College of Psychiatrists, 2022

2. National and local policy context

2.1. National Health Service (NHS) Long Term Plan (2019)

The NHS Long Term Plan sets out the strategic direction for NHS mental health services nationally over the next 5-10 years. Addressing health inequalities has been and continues to be a priority in mental health and will be influenced locally.¹⁹

2.2. Advancing Mental Health Equalities Strategy (2020)

The Advancing Mental Health Equalities Strategy is committed to creating more equitable access, experience, and outcomes in mental health services in England. It sits alongside the NHS Mental Health Implementation Plan 2019/20–2023/24²⁰ and as such is similarly focused in scope. This strategy is also an important element of the overall NHS plans to accelerate action to address health inequalities.²¹

2.3. Major Conditions Strategy

The Major Conditions Strategy has a focus on preventing ill health by reducing the impact of risk factors on health outcomes. The strategy will empower individuals to lead healthy lives, focusing on smoking, diet, physical activity, and alcohol and drug use, which account for most of the burden of ill health. Mental ill-health is one of 6 focus areas in the strategy.²²

2.4. Joint Local Health and Wellbeing Strategy 2023-2033

The Joint Local Health and Wellbeing Strategy sets out how the Council and its local partners plan to address the health and wellbeing needs of its population (identified through the Joint Strategic Needs Assessment). It is a key document that is jointly owned and one that promotes collective action to meet those needs. The two priorities of the 2023-2033 strategy are Best Start in Life (BSiL) and Good Mental Wellbeing (GMW) throughout lifetime. This needs assessment will influence and support priority setting within the GMW throughout lifetime implementation plan and associated outcomes dashboard.²³

2.5. Herefordshire and Worcestershire Mental Health and Wellbeing Strategy 2021-2026

The strategy for Herefordshire and Worcestershire sets out ambitions to support and treat people with mental health issues over the next 5 years, in terms of delivering the national strategy in a way that works for each area, as well as identifying local priorities to meet specific needs based on feedback from stakeholders.²⁴

¹⁹ [The NHS Long Term Plan](#), NHS England, 2019

²⁰ [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#), NHS, 2019

²¹ [Advancing mental health equalities strategy](#), NHS England, 2020

²² [Major conditions strategy: case for change and our strategic framework](#), DHSC, 2023

²³ [Herefordshire Joint Local Health and Wellbeing Strategy 2023 – 2033](#), Herefordshire Council, 2023

²⁴ [Herefordshire and Worcestershire Mental Health and Wellbeing Strategy 2021-2026](#), Herefordshire and Worcestershire Integrated Care System, 2021

2.6. Herefordshire and Worcestershire Mental Health Collaborative

The Mental Health Collaborative Executive is a multi-organisational forum tasked with ensuring all matters regarding the transformation, commissioning, and contracting of in-scope mental health services are duly considered. The Executive ensures that the requirements of an effective provider collaborative are complied with and the outcomes are delivered, and will act as a sub-group to the Herefordshire and Worcestershire Health and Care Trust Mental Health Collaborative Committee, a sub-committee of the Trust board. In Herefordshire, the Adult Better Mental Health Partnership will support a place-based approach.

2.7. Herefordshire Suicide Prevention Strategy refresh

The 5 year cross-sector suicide prevention strategy was launched in September 2023. In line with this, our local strategy is undergoing a refresh and is due to be published in 2024. The aims are to reduce suicide rates, improve support for people who have self-harmed, and improved support for people bereaved by suicide.

3. New opportunities

3.1. Integrated Care System and One Herefordshire Partnership

Integrated care systems aim to ‘*make shared decisions with providers on how to use resources, design services and improve population health*’. Our local integrated care system and board covers Herefordshire & Worcestershire.²⁵

One Herefordshire is the place-based partnership board within Herefordshire supporting a whole system plan. In 2023, the aforementioned Joint Health and Wellbeing Strategy was developed in Herefordshire. Two priorities were identified through the strategy: Best Start in Life and Good Mental Wellbeing Throughout Lifetime, One Herefordshire has adopted the two Health & Wellbeing Board priorities and will have oversight of activity.²⁶

3.2. Herefordshire Together (Community Paradigm)

The community paradigm shift is a pivotal approach from one of a market paradigm, where the state commissions the provision largely through the public sector, to a way of working where communities have the power to design the solutions they need and the resources to deliver this. Herefordshire Council public health recently invested funding into the community paradigm ‘Herefordshire Together fund’ in partnership with Herefordshire Community Foundation. The fund supported impactful, community led initiatives supporting the overarching Health & Wellbeing Strategy priorities.²⁷

3.3. Talk Community

Talk Community is the council’s approach to working in partnership with local residents, groups and organisations to build stronger, more connected communities where everyone can thrive. It works with the voluntary and community sector to help residents stay independent for longer, improve their wellbeing and reduce inequalities.

Talk community hubs exist across the county and Talk community has an online web presence in the form of a directory.²⁸ Talk community hubs are located in various locations across the county, run by volunteers, and provide a space for communities to meet and participate in activities.²⁹ The hubs often provide support for people who are lonely and need community support. The online directory provides advice and information of local activities.

3.4. Herefordshire Council’s Plan 2024-2028

The Council Plan sets out Herefordshire Council’s priorities for the next four years and is presented across four key areas – people, place, growth and transformation (as described below). The delivery plan will describe how services will achieve the priorities, all of which will have an impact on mental wellbeing.

²⁵ [Herefordshire and Worcestershire Integrated Care System](#)

²⁶ Integrated Care Systems and One Herefordshire - Integrated Primary and Community Services, Herefordshire Health and Wellbeing Board, 2019

²⁷ [Community paradigm update](#), presented at Herefordshire Council Health and Wellbeing Board meeting, 2023

²⁸ [Talk Community Directory](#), Talk Community

²⁹ [Talk Community Hubs](#), Talk Community

- **People** - Encourage and enable all residents to live well, thrive, and have the best start in life.
- **Place** - Protect and enhance our environment through innovation and best practice and ensure that Herefordshire is a great place to live.
- **Growth** - Support sustainable growth across the County to develop the economy through inward investment, creation of jobs, additional housing, and support businesses.
- **Transformation** - Transform Herefordshire Council to become a thriving organisation that is sustainable for the future.³⁰

3.5. Healthy tots and Healthy schools programme

Herefordshire Council public health team have recently launched a healthy tots and healthy schools programme. The programme provides a template for teaching, planning, tracking, and monitoring Health & Wellbeing in early years settings, primary, and secondary schools. The programme aims to help support and celebrate the good work in schools around:

- Emotional Health & Wellbeing
- Physical Activity
- Healthy Food, Drink & Oral Health
- Personal, Social, Health and Economic (PSHE) education (schools only)

3.6. Herefordshire and Worcestershire Children and Young Peoples' Mental Health Transformation Plan 2023/2024

Local transformation plans are an NHS England (NHSE) requirement. The 2023/24 Herefordshire and Worcestershire Children and Young Peoples' Mental Health Transformation Plan sets out how system partners will work together to improve children's emotional wellbeing, mental health, and support those with mental ill-health.³¹

3.7. Primary care networks

General practices (GPs) work together with other services in their local areas to enhance their offer providing more integrated health and social care for people close to home. Primary Care Networks (PCN's) provide a wider range of primary care services to patients in their area, including mental wellbeing support. This provides an opportunity to support wellbeing at a PCN area level to meet the needs of the population.

Key takeaways

- Most people experience mental health problems, and many are affected by a mental health disorder, over their lifetime.
- Demand for mental health support has increased, resulting in long waits for support following referrals, in particular for children and young people.

³⁰ [The Herefordshire Council Plan](#), Herefordshire Council, 2024

³¹ [Children & Young People Transformation Plan](#), Herefordshire and Worcestershire Integrated Care System

- Older adults may be under-represented among those seeking support for their mental health based on estimated prevalence of mental health problems in this group
- National and local strategies aim to prevent ill health and reduce health inequalities, through improving the delivery, access, experience, and outcomes of services, and reducing the impact of risk factors on health outcomes.
- The Herefordshire Joint Local Health and Wellbeing Strategy 2023-2033 has two priorities: Best Start in Life and Good Mental Wellbeing (GMW) throughout lifetime, with associated implementation plans and outcomes dashboards. The MHNA will inform the development of the GMW implementation plan and outcome dashboard.
- There are several new opportunities to improve mental health and wellbeing support. These include new Council and community plans and initiatives, as well as the launch of new programmes like the Healthy tots and Health schools programme, and a new local NHS transformation plan for children and young people's mental health.

Chapter 3 Herefordshire Council surveys

1. Children & Young People's Quality of Life Surveys (2021 & 2024)

The Children & Young People's Quality of Life (CYP QoL) survey 2021³² collected data from a sample of primary pupils aged 8 to 11, secondary pupils aged 12 to 15, and sixth form students in Herefordshire in the summer term of 2021. The work was commissioned by Herefordshire Council on behalf of the Children and Young People's Partnership, following a recommendation in the 2018 Children's Integrated Needs Assessment. It was designed to provide robust information to inform plans and strategies, as part of the Joint Strategic Needs Assessment (JSNA). The survey aimed to collect information to better understand local CYP's quality of life by asking questions on several topics, including healthy lifestyles (e.g. food, physical activity, use of substances, etc.), emotional health and wellbeing, safety, and being part of the community. The survey was originally planned for Spring 2020, but delays due to the coronavirus pandemic mean that the 2021 data instead provides a post-Covid baseline. Teachers were informed on how to collect the most reliable data and then pupils completed a version of the questionnaire appropriate for their age group. 1,559 Year 4 - 6 pupils completed the primary version (some questions were only asked of Year 6 pupils) and 3,167 pupils in Years 7 – 11 completed the secondary version of the questionnaire (again some questions were only asked of older pupils). 169 students in sixth form completed the FE version. All surveys were undertaken anonymously. Schools were given the choice of using online or paper-based questionnaires. In 2021, a total of 4,895 pupils took part across 25 primary schools and 11 secondary schools and 2 FE settings in Herefordshire. Data collection for the CYP QoL 2024 survey, the second wave of the CYP QoL survey, is currently ongoing as of August 2024.

2. Community Wellbeing Surveys (2021 & 2023)

In late 2020, Herefordshire Council commissioned DJS Research to deliver two waves of a Community Wellbeing Survey across the county to provide the data and intelligence needed to inform the ongoing delivery of Talk Community. The first wave was completed in early 2021 (fieldwork dates of 7th January to 15th March 2021),³³ and the second wave took place in early 2023 (fieldwork dates of 9th January to 27th February 2023).³⁴

The overarching objective of the Community Wellbeing Surveys was to “improve understanding of the wellbeing and resilience of Herefordshire's communities, and the residents living in them following the experience of flooding and Covid-19 in 2020 and 2021 and during the cost-of-living crisis in 2022–2023.” The surveys aimed to:

- Achieve a representative sample of Herefordshire residents aged 18+ by age, gender and deprivation
- Ensure representative coverage of the county at a primary care network (PCN) level

³² [Children & Young People's Quality of Life Survey 2021](#), Herefordshire Council, 2021

³³ Community Wellbeing Survey, Herefordshire Council, 2021

³⁴ Community Wellbeing Survey, Herefordshire Council, 2023

- Understand the impact of COVID-19 and local flooding on Herefordshire residents and their feelings about the future (2021)
- Understand the impact of the cost of living crisis on Herefordshire residents (2023)
- Establish a set of indicators related to community wellbeing which can be used to measure change over time

A two-stage sampling process was used to ensure surveying as geographically and demographically representative a sample as possible given the resources available. The interviews were conducted using a mixed-mode method of computer-aided telephone interviewing and in-street face-to-face interviewing. To provide sufficient confidence in the data across the county, and by PCN, a total of 1,101 interviews in 2021 and 1,123 interviews in 2023 were conducted with adults aged 18+.

Key takeaways

- The Children & Young People's Quality of Life (CYP QoL) and Community Wellbeing surveys are important sources of data on the health and wellbeing of Herefordshire residents across the life course.
- The CYP QoL survey was completed by various education settings across the County and asked questions on several topics, including healthy lifestyles, emotional health and wellbeing, safety, and being part of the community.
- The first CYP QoL survey took place in 2021, with 4,895 respondents across primary, secondary, and further education, while the second survey is currently ongoing.
- The Community Wellbeing surveys aimed to improve understanding of the wellbeing and resilience of Herefordshire's communities and their residents following events such as the COVID-19 pandemic, local flooding, and the cost of living crisis.
- Community Wellbeing surveys took place in 2021, with 1,101 respondents, and 2023, with 1,123 respondents aged 18 and over.

Chapter 4 Wider determinants of health

There is a wealth of evidence showing that some people are more at risk of developing mental health problems than others, and that increased risk is influenced by socio-economic and environmental factors. The 2014 Adult Psychiatric Morbidity Survey (APMS) identified that Common Mental Disorders (CMDs) were more prevalent among black women, adults under the age of 60 who lived alone, women who lived in large households, adults not in employment, those in receipt of benefits and those who smoked cigarettes.³⁵ As well as such individuals, who are scattered throughout the general population, some specific groups are also at greater risk. Some of the groups that are represented in significant numbers in Herefordshire are discussed in their respective sections. Of course, these groups are not mutually exclusive, and some people may find themselves a member of more than one, thus compounding the risk to their mental health.

As discussed in Chapter 1, mental health is determined by the interaction of a wide range of factors from the genetic to the macro-societal. In this chapter, some of the wider determinants of mental health are explored in detail. While Herefordshire is no different from anywhere else in the factors that impact upon mental health, Herefordshire as a place does have certain characteristics that differentiate it from England as a whole and which mean some of these factors are more, or less, significant here than in the rest of the country. This section explores some of the most significant of these factors.

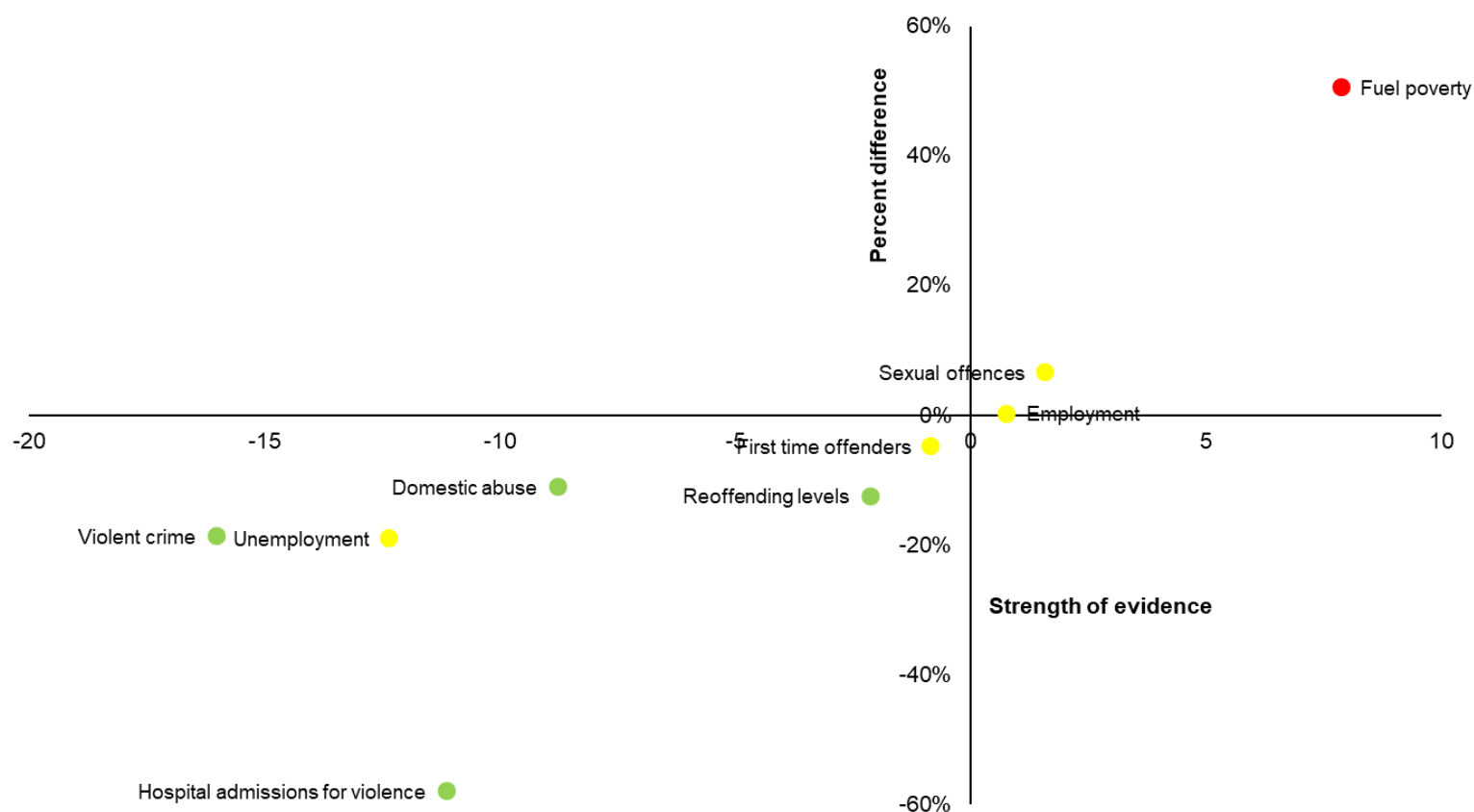
1. At a glance

A visualisation of the comparison between Herefordshire and England values for indicators associated with the wider determinants of health is shown in Figure 1, while full details are shown in Table 1.³⁶ While Herefordshire compares favourably or similarly to England with respect to crime and employment, it fares considerably worse with respect to fuel poverty. The estimated proportion of fuel poverty in 2022 was 50% higher for Herefordshire (19.7%) than England (13.1%) and may be worsening as a result of the cost-of-living crisis.

³⁵ [Mental Health and Wellbeing in England Adult Psychiatric Morbidity Survey 2014](#). Sally McManus, Paul Bebbington, Rachel Jenkins, and Traolach Brugha (eds.), NHS Digital, 2016, p.38.

³⁶ A strength of evidence of 2 or more typically represents a statistically significant (or strong evidence of a) difference between Herefordshire and England values. Figure data markers and table rows use 'RAG rating' colours, such that red indicates Herefordshire values are worse or poorer than England values, yellow indicates similar values, and green indicates Herefordshire values are better or more favourable than England values.

Figure 1 The percent difference and strength of evidence of this difference between Herefordshire and England values for wider determinants of health indicators



Indicator	Year	Type	Herefordshire	England	Strength of evidence	Percent difference	≤ 5yr Trend	1	2	3	4	5
Hospital admissions for violence	2018/19	Rate / 100,000	18	42	-11	-58%		16.5	15	15.2	17.6	17.6
Unemployment	2023	Proportion (%)	3	3.7	-12	-19%		2.3	3.2	3.4	2.6	3
Violent crime	2022/23	Rate / 1,000	28	34	-16	-19%		21.7	23.5	23.2	30.3	28
Reoffending levels	2020/21	Proportion (%)	21	24	-2	-12%		27.2	24.3	23.6	21.7	21.1
Domestic abuse-related incidents and crimes	2022/23	Rate / 1,000	27	31	-9	-11%		29	30.8	30.4	30.5	27.2
First time offenders	2022	Rate / 100,000	158	166	-1	-5%		209	196	187	172	158
Percentage of people in employment	2022/23	Proportion (%)	76	76	1	0%		80.3	80.9	79.6	76.6	75.9
Sexual offences	2022/23	Rate / 1,000	3.2	3	2	7%		2.4	2.4	2.4	3.3	3.2
Fuel poverty	2022	Proportion (%)	20	13	8	51%			16.5	16.7	19.2	19.7

Table 1 A comparison of Herefordshire and England values for wider determinants of health indicators

2. Climate and ecosystem breakdown

As global climate and ecological breakdown risks intensifying in the coming decades, the state of the natural environment will become an increasingly important determinant of mental wellbeing.

The United Kingdom is already one of the world's most nature-depleted countries. In 2019, the State of Nature Partnership reported that across the UK there has been a 13% decline in average species abundance and a 5% decline in average species distribution since 1970. 41% of species have declined in abundance, compared to 26% that have increased. 53% of species show strong changes in abundance over the short term and 15% of species in Great

Britain are classified as threatened with extinction in Britain, with 2% already extinct.³⁷ Climate breakdown, combined with other threats such as habitat destruction and pollution is likely to accelerate this decline. There is also widespread evidence that environment pollution can damage the brain and epidemiological evidence shows an emerging association between certain air pollutants and a range of negative mental health outcomes, including depression, anxiety, psychosis and dementia, as well as impaired childhood cognitive development.^{38 39}

Researchers have warned that social, economic, and physical systems are critical determinants of psychological wellbeing and by disrupting these systems, climate change is likely to exacerbate known risk factors for mental disorders.⁴⁰ Eco-anxiety describes the negative feelings, including stress, fear, anger and grief that some people experience when confronted with the existential threats of climate breakdown and nature loss.

An article published in 2017 observed how, globally, ‘climate-related weather events and environmental changes... have been linked to a wide variety of acute and chronic mental health experiences, including: strong emotional responses, such as sadness, distress, despair, anger, fear, helplessness, hopelessness and stress; elevated rates of mood disorders, such as depression, anxiety, and pre- and post-traumatic stress; increased drug and alcohol usage; increased suicide ideation, attempts and death by suicide; threats and disruptions to sense of place and place attachment; and loss of personal or cultural identity and ways of knowing.’⁴¹ It concluded that ‘ecological grief will become an increasingly common human response to the losses encountered in the Anthropocene’, the period of time spanning from the start of significant human planetary impact up to the present day.⁴² A 2018 study similarly concluded that ‘climate change affects mental health in a variety of direct, indirect, and overarching pathways—disproportionately affecting those most marginalized.’⁴³

Conversely, a sizeable and growing body of international research suggests that access to the natural world and green spaces, in itself, can act as a protective factor for mental health. It may additionally aid in the recovery of people with certain mental health disorders, though the exact nature of the relationship is complex.⁴⁴ Studies have shown that simply walking in the countryside can have positive benefits for mental wellbeing, and walking, like other

³⁷ [The State of Nature 2019](#). The State of Nature Partnership, 2019

³⁸ [Air pollution, mental health, and implications for urban design: a review](#). Jacob King, *Journal of Urban Design and Mental Health*, Vol.4, No.6 (2018).

³⁹ ‘[Air pollution linked to bipolar disorder and depression](#).’ Sarah Gibbens, *National Geographic*, 21 August 2019.

⁴⁰ [Empirical evidence of mental health risks posed by climate change](#). Nick Obradovich, Robyn Migliorini, Martin P. Paulus, and Profilelyad Rahwan, *Proceedings of the National Academy of Sciences of the United States of America (PNAS)*, Vol.115, No.43 (October 2018), p.10953.

⁴¹ [Ecological grief as a mental health response to climate change-related loss](#). Ashlee Cunsolo and Neville R. Ellis, *Nature Climate Change*, Vol.8, No.4). p.275.

⁴² [Ecological grief as a mental health response to climate change-related loss](#). Ashlee Cunsolo and Neville R. Ellis, *Nature Climate Change*, Vol.8, No.4). p.275.

⁴³ [Climate change and mental health: risks, impacts and priority actions](#). Katie Hayes, G. Blashki, J. Wiseman, S. Burke and L. Reifels, *International Journal of Mental Health Systems*. Vol. 12, No.1 (December 2018), p.28.

⁴⁴ See, for example, [The impacts of nature experience on human cognitive function and mental health](#). Gregory N. Bratman, Paul Hamilton and Gretchen C. Daily, *Annals of the New York Academy of Sciences*, Vol.1249, No.1 (February 2012), pp.118-136; [How might contact with nature promote human health? Promising mechanisms and a possible central pathway](#). Ming Kuo, *Frontiers in Psychology*, 25 August 2015.

physical activities, releases endorphins that improve mood and reduce stress and anxiety.⁴⁵ In addition, the World Health Organization (WHO) have pointed to the important influence environmental conditions have on the development and maintenance of healthy behaviours, such as walking and cycling, that can act as a protective factor for mental health throughout the life course.⁴⁶

Herefordshire suffered severe flooding events in October 2019 and February 2020 and national research has found that a quarter of people still experience mental health problems at least two years after experiencing flooding.⁴⁷ The Herefordshire Preliminary Flood Risk Assessment (PFRA) (2011) estimated that there were 10,357 people, 4,426 residential properties, 5,107 non-residential properties and 241 critical infrastructure sites at risk from surface water flooding across Herefordshire.⁴⁸ PHE had warned of the importance of not underestimating the stress and upheaval of being flooded and the process of cleaning up after floods.⁴⁹ Research by the University of York and the National Centre for Social Research found that experiencing weather damage to one's home, even when relatively minor, was as great a risk to mental health as living in a disadvantaged area.⁵⁰ Research from Australia suggests the most common mental health problems following extreme weather event disasters are PTSD, depression, complicated grief, followed by substance use, and other anxiety disorders, with approximately 30% of affected people at risk.⁵¹

Herefordshire has generally low levels of air pollution but there are still two air quality management areas where levels of nitrogen oxide are higher than government standards, which are mainly related to road traffic. However, the main environmental hazard to Herefordshire concerns water quality in the Wye and Lugg catchments. Both river systems are suffering significant degradation due to high levels of pollution from phosphates and nitrates associated with intensive agriculture and waste water discharges from residential and industrial developments.⁵² The River Lugg has been particularly affected.⁵³ Other threats include invasive species, acidification from acid rain and commercial forestry around headwaters, and the construction of legal and illegal flood barriers and dredging.⁵⁴ All of these activities are degrading riverine ecosystems and may be causing irreversible damage.⁵⁵ More frequent flooding events driven by climate change exacerbate these problems.

Herefordshire also faces a number of climate-related vulnerabilities that include:

⁴⁵ For example, Nature experience reduces rumination and subgenual prefrontal cortex activation. Gregory N. Bratman, J. Paul Hamilton, Kevin S. Hahn, Gretchen C. Daily, and James J. Gross, *PNAS*, Vol.112, No.28 (July 2015), pp.8567-8572.

⁴⁶ [Ageing and health](#). World Health Organization.

⁴⁷ [Prepare for flooding to reduce impacts on mental health](#). Environment Agency and Department for Environment, Food & Rural Affairs, 21 January 2020.

⁴⁸ Local Flood Risk Management Strategy, Herefordshire Council, 2017

⁴⁹ [Health advice: General information about mental health following floods](#). Public Health England, February 2014.

⁵⁰ [Scientists draw link between flooding and poor mental health](#). Chris Ogden, *Environmental Journal*, 5 September 2019.

⁵¹ [Climate change and health](#). Australian Psychological Society.

⁵² What's wrong with the River Wye? Andrew Nixon, Herefordshire Wildlife Trust, 15 December 2020.

⁵³ [Water Quality and the Nutrient Management Plan](#), Campaign to Protect Rural England Herefordshire.

⁵⁴ What's wrong with the River Wye? Andrew Nixon, Herefordshire Wildlife Trust, 15 December 2020.

⁵⁵ [Herefordshire Local Plan Core Strategy 2011 – 2031](#), Herefordshire Council, 2015; [River Wye SAC Nutrient Management Plan Evidence base and options appraisal](#), C. Allaway, Atkins Global, 2014.

- A much higher proportion of detached and older (pre-1900) housing than nationally, which can be poorly insulated and require more energy to heat.⁵⁶
- Relatively large numbers of properties without access to mains services, some of which still use coal for heating.⁵⁷
- The rural nature of the county, with meat and dairy farming playing a significant role in the local economy (methane released by ruminating cows and sheep produces around 28 times as much warming in the atmosphere as carbon dioxide).⁵⁸
- The agricultural industry is also one of the sectors most at risk from climate breakdown.

3. COVID-19 pandemic

There is substantial evidence that the coronavirus pandemic had a negative and disproportionate impact on mental health. A mixed-methods study describing UK adults' experiences and perceptions of inequalities and related mental health impacts during the pandemic found that it had exacerbated existing inequalities and created new ones, with one in five of the surveyed population reporting a sustained increase in poor mental health by September 2020.⁵⁹ A national survey commissioned by the Royal College of Psychiatrists in 2022 found nearly one in three (29%) adults reported that their mental health had deteriorated in the past two years, rising to 81% for people with pre-existing mental health problems. Age, disability, and physical health problems also affected the magnitude of deterioration.⁶⁰ ONS found that the prevalence of moderate or severe depressive symptoms among adults in Great Britain rose after the start of the pandemic. This peaked at 21% (one in five) from January to March 2021.⁶¹ 83% of young people with mental health needs agreed that the pandemic had worsened their mental health.⁶²

According to the British Medical Association, the pandemic has left a lasting negative legacy with regard to mental health, with young people, disabled people, and people living in more deprived areas disproportionately impacted by reduced social interaction, concerns about access to healthcare and medication, and financial stress. In addition older people and people advised to shield were particularly vulnerable to social isolation and loneliness.⁶³ Accordingly, demand for both children's and adult's mental health services increased in the wake of the pandemic⁶⁴ and the Children's Commissioner reported in March 2024 that over a quarter of a million children and young people in England were still waiting for mental health support after being referred to Children and Young People's Mental Health Services (CYPMHS) in 2022-23.⁶⁵

⁵⁶ See also 'rural housing and mental health'.

⁵⁷ See also 'rural housing and mental health'.

⁵⁸ Methane emissions are not currently included in emissions targets.

⁵⁹ [Inequalities and mental health during the Coronavirus pandemic in the UK: a mixed-methods exploration](#), Lombardo et al., 2023

⁶⁰ [One third of UK public says their mental health has deteriorated as a result of the pandemic](#), Royal College of Psychiatrists, 2022

⁶¹ [Mental health statistics: prevalence, services and funding in England](#), House of Commons Library, 2023

⁶² [Coronavirus: Impact on young people with mental health needs](#), YoungMinds, 2020

⁶³ The impact of the pandemic on population health and health inequalities. BMA, 2 October 2023.

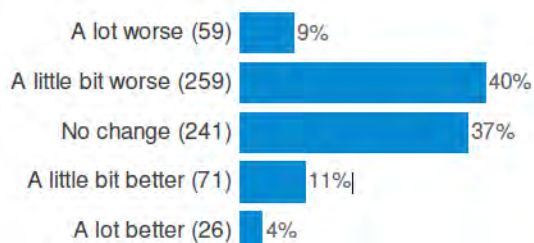
⁶⁴ [The pandemic has driven unprecedented surge in demand for mental health services for children and young people.](#) Nuffield Trust, 18 February 2022.

⁶⁵ [Over a quarter of a million children still waiting for mental health support](#). The Children's Commissioner, 15 March 2024.

A survey of children and young people in Herefordshire and Worcestershire during the pandemic found that in Herefordshire 49% of respondents felt that their overall mental health and wellbeing was worse since it began (see Figure 2).⁶⁶

Figure 2 Change in overall mental health and wellbeing since start of the coronavirus outbreak for children and young people in Herefordshire and Worcestershire

How has your overall mental health and wellbeing changed since the start of the coronavirus outbreak?



18% were somewhat worried or very worried about lack of access to mental health support. Of those who needed mental health support, 43% (29 respondents) felt that they had not got the support on mental health and wellbeing they needed.⁶⁷

Restrictions on social interaction affected adults too, but most people were able to return to normal once restrictions were lifted. Locally, the Herefordshire Community Wellbeing Survey found that in early 2021, 28% of adults said they were talking to friends and family less than before the pandemic; this had fallen to 9% in early 2023. Similarly, 17% said they were talking to neighbours less; this too fell to 10% in 2023. Proportions who were sleeping well, eating healthy and nutritious food, and exercising the same amount or more also improved between 2021 and 2023.⁶⁸

The pandemic also appeared to have strengthened community resilience, though potentially only temporarily. The Herefordshire Community Wellbeing Surveys found that:

- 82% of adults felt that their local community has become stronger in the past year as a result of Covid-19 in 2021, falling back to 75% in the same period in 2023.
- 59% felt that if they needed help, there were people in their local community who were there for them in 2021. This fell to 46% in 2023.
- 82% felt that generally, people in their local community had supported each other during the last year as reported in 2021. This fell to 78% in 2023.⁶⁹

4. Cost of living crisis

The cost of living crisis triggered by Russia's invasion of Ukraine in February 2022 struck before the UK economy had fully recovered from the pandemic and by increasing financial insecurity has had a detrimental impact on both mental and physical wellbeing, as well as widening existing health inequalities.

⁶⁶ CYP Covid Mental Health – Herefordshire Summary, p.4.

⁶⁷ CYP Covid Mental Health – Herefordshire Summary, p.43.

⁶⁸ Community Wellbeing Survey 2023, Herefordshire Council, 2023

⁶⁹ Community Wellbeing Survey 2023, Herefordshire Council p.20

In 2022 Public Health Wales concluded that the cost of living crisis was not just a temporary economic squeeze but a long-term public health issue affecting the whole population, potentially on the same scale as the pandemic. Its research found that by July 2022, approximately 43% of people in Wales reported that their current financial position has a negative impact on their mental health. In January 2023, a major report by the Mental Health Foundation found that the cost of living crisis was extending people's mental health risk across the UK with already higher risk groups, including people with pre-existing mental health problems, lone parents, young people, people with disabilities, people who are Black or from minority ethnic communities, and asylum-seekers and refugees disproportionately affected.⁷⁰

In October 2023, the mental health charity MIND claimed that three in every 50 people in England and Wales had considered ending their lives because of cost-of-living pressures, with one in five reporting worsening depression, and one in ten saying they had developed disordered eating as a result.⁷¹

Locally, the 2023 Herefordshire Community Wellbeing Survey found that:

- Asked to think about their household's total monthly or weekly income, 38% of those who expressed a view said it wasn't easy to pay usual expenses (e.g. rent/mortgage, food, bills): up from 14% in 2021. For those living in the most deprived areas it was 65%, for social renters 69%, and private renters 62%.⁷²
- Asked in the last 12 months, how often, if at all, they or their household had cut back on the use of heating 21% always or often had, rising to 36% amongst those of an ethnic minority background, 29% amongst those from the most deprived areas, and 29% amongst private renters. 3% of all adults said they always or often skipped meals or ate less.⁷³
- Asked about measures they might take to reduce outgoings, 75% said they had started, were already, or were thinking about not turning their heating on when they usually would have and 51% said they have either started, are already, or are thinking about socialising less. 16% said they had started, were already, or were thinking about skipping meals.⁷⁴

5. Poverty and deprivation

The official government measure of child poverty in the UK is the proportion of children living in low-income families. In 2022/23, 19.7% of children (under 16) in Herefordshire were living in low-income families, lower than the West Midlands rate of 28.4% and similar to England as a whole (19.8%).⁷⁵ However, independent commentators have made a compelling case that because this measure does not take account of fixed costs, actual levels of child poverty

⁷⁰ [Mental Health and the Cost of Living Crisis: Another pandemic in the making?](#) Mental Health Foundation, January 2023, p.6.

⁷¹ ['Mind reveals mental health toll of cost-of-living crisis, with 2.7 million people considering suicide because of financial pressure'](#). Mind, 27 October 2023.

⁷² Community Wellbeing Survey, Herefordshire Council, March 2023.

⁷³ Community Wellbeing Survey, Herefordshire Council, March 2023.

⁷⁴ Community Wellbeing Survey, Herefordshire Council, March 2023.

⁷⁵ [Public health profiles](#), OHID, 2023 Relative low income refers to children living in households with income below 60% of the median in that year. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.

are much higher. When housing costs are factored in, data published by the charity End Child Poverty suggest that 30.7% of children in Herefordshire were living in poverty, a higher proportion than nationally (29.2%) but less than the West Midlands region (38%).⁷⁶ This equates to around 10,900 children in Herefordshire living in poverty.

In 2022/23, the percentage of pupils known to be eligible for free school meals who attend state-funded nursery, primary, secondary, alternative provision (AP) schools and special schools, and non-maintained special schools was significantly lower in Herefordshire than nationally and in the West Midlands region; 18.3% compared to 23.8% and 27.9%, respectively.⁷⁷

The Indices of Deprivation (2019) showed there to be around 3,900 children living in income deprivation across Herefordshire, representing 12% of the population aged under 16 compared to 14% in 2015. There are 14 LSOAs⁷⁸ in Herefordshire that are among the 25% most deprived in England, all having between 23% and 30% of their under 16s living in income deprivation – this compares to 10 LSOAs among the 25% most deprived in England in 2015, having between 27% and 38% living in income deprivation (see Figure 3).⁷⁹

Although the number of LSOAs within the most deprived 25% across England increased between 2015 and 2019, with the exception of two, the proportion of children living in deprived households fell; in 'Ross – John Kyrle' the proportion increased from 23% to 28% while the figure for 'Leominster - Meadows Rugg' remained the same.

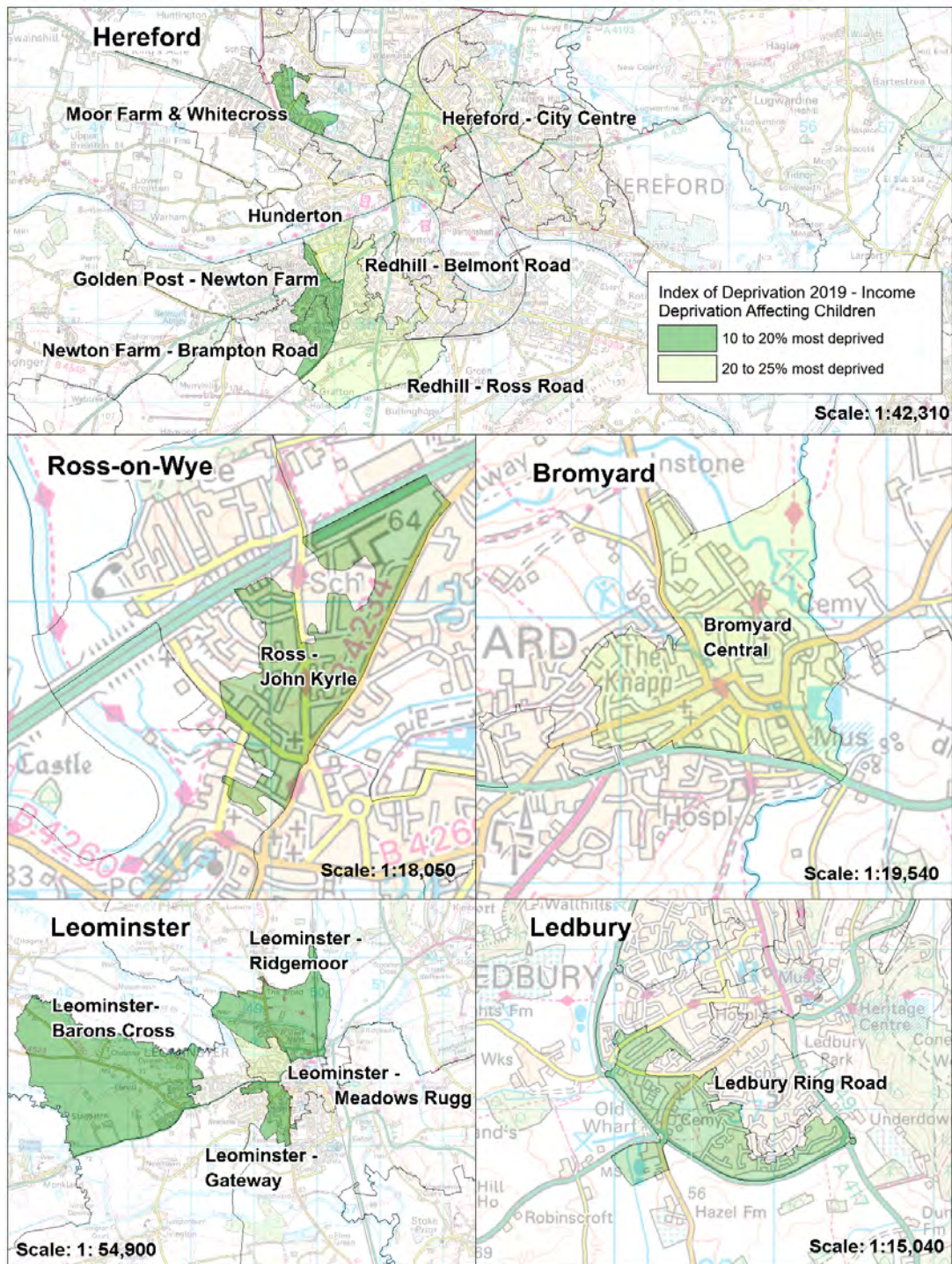
⁷⁶ [Child Poverty in your Area](#), End Child Poverty

⁷⁷ [Public health profiles](#), OHID, 2019

⁷⁸ Lower Super Output Areas (LSOAs) are fixed statistical geographies of about 1,500 people designed by the Office for National Statistics (ONS).

⁷⁹ Ministry of Housing, Communities and Local Government, 2019

Figure 3 Maps showing the areas of Herefordshire that are amongst the most deprived in England according to the Income Deprivation Affecting Children supplementary index



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However, children and young people's education and skills⁸⁰ is the biggest issue for the county across the people-related domains of deprivation (i.e. excluding barriers to housing &

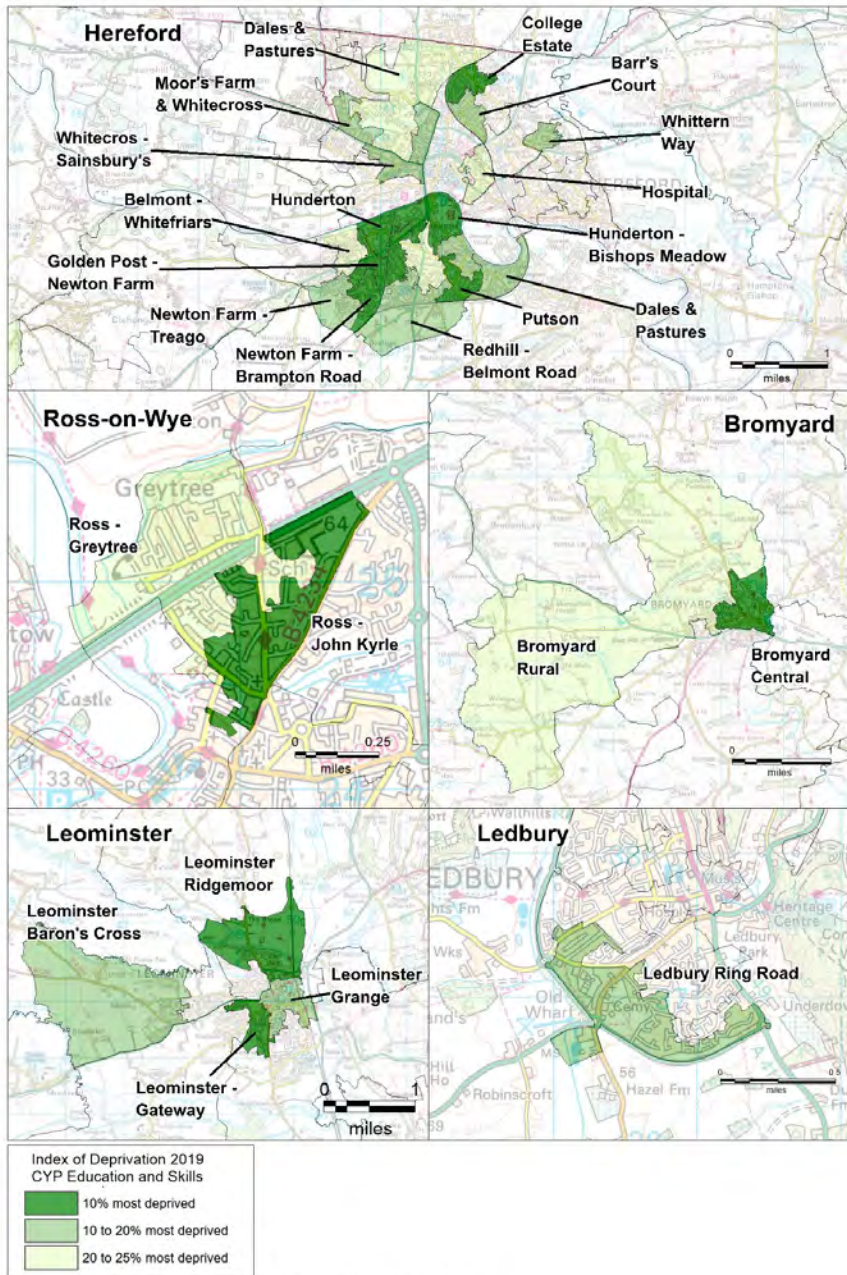
⁸⁰ This domain measures the lack of attainment and skills in the local population relating to children and young people and is made up of the following indicators: Key Stage 2 attainment, Key Stage 4 attainment, Secondary school absence, Staying on in education post 16, and Entry to higher education.

services and living environment) – with the largest number of areas in the most deprived nationally and the smallest in the least deprived.

In 2019, there were 32 Herefordshire LSOAs amongst the quarter most deprived in England in terms of children and young people's education and skills – four more than in 2015. These include 11 LSOAs which are within the 10% most deprived nationally, of which six are in south Hereford, one is in north Hereford, two in Leominster and one each in Ross-on-Wye and Bromyard. A further 12 LSOAs are within the 20% most deprived across the country with six being in south Hereford, three in the north of the city, two in Leominster and one in Ledbury. The remaining nine LSOAs within the 25% most deprived include two each within north and south Hereford with the other five dispersed through rural areas across the county (see Figure 4).⁸¹

⁸¹ Ministry of Housing Communities and Local Government

Figure 4 Maps showing the areas of Herefordshire that are amongst the most deprived in England according to the Children and Young People's Education and Skills sub-domain



5.1. Fuel poverty

Recent research by the University of York's Cost of Living Research Group found that fuel poverty has increased significantly during the cost-of-living crisis, despite government interventions aimed at protecting the most vulnerable.⁸² Furthermore, while there is a link between fuel poverty and deprivation in general, it is not a linear one; individuals or families

⁸² [Sticking Plasters and Systemic Solutions: Cost of living responses in the UK](#). University of York Cost of Living Research Group, p.5

with a reasonable income living in an energy-inefficient dwelling may still slip into fuel poverty.⁸³

Before the cost-of-living crisis started in 2022, Herefordshire already had a number of pre-existing risk factors for fuel poverty and excess cold, which are linked to its rurality, including:

- Lower average earnings compared to nationally (in 2023, workplace-based median weekly earnings for all employees (full and part-time) in Herefordshire were £505.50 (+/-£19.21): significantly lower than the average for England (£577.10 (+/-£1.15)).
- A higher proportion of detached houses (40%) compared to nationally (23%)
- A higher proportion (39%) of houses built pre-1900 than nationally (8%)
- A higher proportion (37%) of households not on mains gas grid compared to nationally (15%)

These factors are known to increase the risk of fuel poverty, as such homes can be particularly expensive and inefficient to heat. In 2019, Herefordshire commissioned a report by BRE which found that 14,300 Herefordshire homes (17%) were deemed to have an excess cold hazard compared to 3% for England. Excess cold was more likely to affect owner occupied dwellings (20%) than private rented (16%) or social rented (4%) dwellings.⁸⁴

Applying the Government's 'low income, low energy efficiency' measure, in 2022, the West Midlands had the highest rate of fuel poverty of any English region. Around 19.7% (c.16,900) of households in Herefordshire were in fuel poverty in 2022: a higher proportion than in England (13.1%) and the West Midlands (19.6%) and an increase from 19.2% (c.16,300 households) in 2021.⁸⁵

Within Herefordshire, there is a wide variation in the proportions of households in fuel poverty, ranging from 6.1% of households in Ledbury – New Mills LSOA to 33.3% in Aymestrey Horseshoe LSOA.⁸⁶

The drivers of fuel poverty (low income, poor energy efficiency and energy costs) are strongly linked to cold homes. The 2019 BRE report estimated there to be around 14,300 dwellings in Herefordshire that are subject to excess cold hazard,⁸⁷ the vast majority of which are owner occupied.⁸⁸ The highest proportions of households that are both low income⁸⁹ and identified as 'excess cold' are found in the Golden Valley, Kington and Mortimer localities on the western border of the county.

⁸³ [Fuel poverty: significant cause of preventable ill health](#). Edin Lakasing and James G. Johnson, *GM*, 04 April 2019.

⁸⁴ [BRE Integrated Dwelling Level Housing Stock Modelling and Database for Herefordshire Council](#), BRE, July 2019

⁸⁵ [Sub-regional fuel poverty data 2024 \(2022 data\)](#). Department for Energy Security and Net Zero, 24 April 2024.

⁸⁶ [Sub-regional fuel poverty data 2024 \(2022 data\)](#). Department for Energy Security and Net Zero, 24 April 2024.

⁸⁷ Excess cold is a hazard which covers the threats to health from sub-optimal indoor temperatures. [CIEH guidance on enforcement of excess cold hazards in England](#). The Chartered Institute of Environmental Health, July 2011, p.6.

⁸⁸ [BRE Integrated Dwelling Level Housing Stock Modelling and Database for Herefordshire Council](#), BRE, July 2019, p.35.

⁸⁹ Households with an income of less than £15,860 per annum.

Excess cold is associated with numerous adverse health impacts and there is a continuous relationship between indoor temperature and vulnerability to cold-related death.⁹⁰ Cold has a direct effect on the incidence of heart attack, stroke, respiratory disease, flu, falls, injuries and hypothermia.⁹¹ Both fuel poverty⁹² and excess cold⁹³ are also known risk factors for mental health.

Research has shown that across England 'more than one in four adolescents living in cold housing are at risk of multiple mental health problems compared with a rate of one in 20 for adolescents who have always lived in warm housing.'⁹⁴ According to the pressure group National Energy Action, 'cold indoor conditions have also been linked to poor mental health resulting from anxiety and stress. Social isolation can be exacerbated where the home does not present a welcoming environment and there is evidence that cold homes can reduce educational attainment.'⁹⁵

Fuel poverty is a particular problem for older people, who are vulnerable to the health effects of excess cold.⁹⁶ Tackling fuel poverty not only reduces the risk of hypothermia, death and serious illness, it also has significant mental health benefits for those affected.⁹⁷

6. Social mobility

Herefordshire is known to have particular barriers to social mobility. Despite a relatively small proportion of children coming from deprived backgrounds, the county has been flagged as a 'cold spot' by the government's social mobility index. This means that, along with many other isolated rural areas, it's one of the worst 20% of local authorities in England (ranked 271 out of 324 local authorities) in terms of the chances that disadvantaged children will do well at school and go on to get a good job and secure housing.⁹⁸

According to the 2017 index, the key driver of Herefordshire's poor social mobility rating is low wages, with 31% of County jobs at the time paying less than the living wage of £8.75 an hour and an average residents' salary of just over £350 per week – amongst the lowest 10% in England. This suggests that, although attainment isn't poor among young people from disadvantaged backgrounds, their future is hindered by the job opportunities available locally. This makes it harder to obtain a job whose salary is above the national living wage in

⁹⁰ [CIEH guidance on enforcement of excess cold hazards in England](#). The Chartered Institute of Environmental Health, July 2011, p.6.

⁹¹ [Excess winter deaths and illness and the health risks associated with cold homes](#). NICE guideline [NG6], National Institute for Health and Care Excellence, 5 March 2015

⁹² In England, households are regarded as fuel-poor if they have fuel costs that are above the national median level, and, were they to spend that amount, they would be left with a residual income below the poverty line. There are 3 important elements in determining whether a household is fuel poor: household income, household energy requirements and fuel prices. See <https://www.gov.uk/government/collections/fuel-poverty-statistics>.

⁹³ A healthy indoor temperature is around 21°C. There is small risk of health effects below 19°C. Below 16°C, there are serious health risks for the elderly, including greatly increased risks of respiratory and cardiovascular conditions. Below 10°C there is a greater risk of hypothermia, especially for the elderly. Source: [Excess Cold](#). Cornwall Council.

⁹⁴ [Health Equity in England: The Marmot Review 10 Years On](#). Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison, The Health Foundation, 2020, p.84.

⁹⁵ [Fuel Poverty and Health](#). National Energy Action.

⁹⁶ [CIEH guidance on enforcement of excess cold hazards in England](#). The Chartered Institute of Environmental Health – July 2011, p.4.

⁹⁷ [Fuel Poverty Impacts on Mental Health](#). News Item. University of Ulster, 6 February 2012.

⁹⁸ [The Social Mobility Index](#), Social Mobility Commission, 2023

order to have a good standard of living as adults, with all of the associated risk factors for mental health that brings.

An important proxy-indicator for mental wellbeing among the 16 to 17 year old age group is whether a young person is in employment, education or training, which has been associated with increased psychosocial service needs, notably regarding problematic substance use and crime or violence. Risk factors associated with not being in education, employment or training (NEET) include low academic achievement, parental unemployment, lower socioeconomic status, low self-confidence, mental health problems, and young parenthood.⁹⁹

In Herefordshire, there were thought to be around 160 (4.3%) 16-17 year olds who are NEET, or whose activity is not known, in 2022/23. In comparison, the rate for both West Midlands and England as whole at that time was 5.2%. Young people with special educational needs and disability (SEND) are much more likely to be NEET. In Herefordshire in 2022/23, 7.4% of 16-17 year old with SEND support were NEET, compared to 3.5% of non-SEND.¹⁰⁰ Young people living in the most deprived areas of the county are much more likely to be NEET than those in the least deprived.¹⁰¹

Transport links play an important role in facilitating social mobility: being further away from good jobs means that people either need to relocate or commute, both of which have costs that may prove a barrier, particularly for those from poorer backgrounds. This is undoubtedly an issue in Herefordshire, which has limited access to the rail and motorway networks and where more than half of the county is classified as amongst the worst in England in terms of geographical access to services.¹⁰²

Children and young people have reported wanting to be better prepared for adult life, to be given more opportunities to experience work, and have better chances to realise their ambitions.¹⁰³ This suggests there are opportunities for local business and community leaders to make a difference to disadvantaged youngsters living in isolated rural areas. This is thus another area where initiatives such as Talk Community can mobilise communities to help themselves have the potential to make a real difference.

7. Digital exclusion

Technological change means that digital skills are increasingly important for connecting with others, for accessing education, information and services, and meeting the changing demands of the workplace and economy. This is leading to a digital divide between those who have access to information and communications technology, and have the skills and knowledge to use it, and those who do not, giving rise to inequalities in access to opportunities, knowledge, services and goods.¹⁰⁴ As digital technologies become an ever more omniscient part of daily life, and as the internet increasingly becomes regarded as the

⁹⁹ [Not in employment, education or training: Mental health, substance use, and disengagement in a multi-sectoral sample of service-seeking Canadian youth](#), Henderson et al., Children and Youth Services Review, 2017

¹⁰⁰ [16- to 17-year-olds recorded in education and training and NEET by local authority, 2023](#), Department for Education, 2023

¹⁰¹ [Young people not in education, employment or training \(NEET\)](#), Understanding Herefordshire, 2023

¹⁰² [English indices of deprivation 2019](#), Ministry of Housing, Communities & Local Government (2018 to 2021)

¹⁰³ [Children's integrated needs assessment 2019: Overview report](#), Herefordshire Council, 2019, p.24.

¹⁰⁴ [Exploring the UK's digital divide](#), Office for National Statistics, 4 March 2019.

default communication medium, there is a risk that a minority become progressively disadvantaged, first in relative and then in absolute terms.¹⁰⁵

While the main determinant of digital exclusion is age (and Herefordshire has a more rapidly ageing population than nationally), other significant factors – often combined with low income – include disability, learning difficulties, ethnic origin, location, culture and language.¹⁰⁶

While there is some evidence to suggest that poor mental health can be prompted by some forms of digital participation, existing evidence also appears to indicate an association between digital exclusion and poor mental health.¹⁰⁷ A 2016 report for the Carnegie Trust found that ‘the internet is associated with better mental health and wellbeing, when all other factors are controlled for. Those with internet access are less likely to have lower than average mental health than those who do not have internet access.’¹⁰⁸ Digital literacy is likely to increase in significance as a protective factor for mental health as digital technologies come to play a more and more important role in everyday life. Efforts to overcome digital exclusion must therefore address the multiple deprivations individuals may face in the offline world, in addition to their individual mental health needs.¹⁰⁹

Overcoming the obstacles to digital participation and improving digital inclusion, particularly among otherwise vulnerable groups, is something that must go hand-in-hand with a community response to mental health. Moving toward digital platforms for the delivery of information and services (particularly in the field of mental health), without first addressing digital exclusion, is likely to have a counter-productive effect.

Nationally, ONS reports that in 2020 92% of adults in the UK were recent internet users: up from 91% in 2019.¹¹⁰ Almost all adults aged 16 to 44 years were recent internet users (99%), compared with 54% of adults aged 75 years and over, although this proportion had increased from 29% in 2013.¹¹¹ 81% of disabled adults were recent internet users. 6.3% of adults had never used the internet: down from 7.5% in 2019.¹¹²

- The proportion of adults in Herefordshire who are either lapsed or non-internet users has declined in recent years in line with the trend nationally. There was an increase in 2020 although this was not statistically significant. In 2020, ONS estimated that there were around 17,000 adults (age 16+) in Herefordshire who don’t use the internet.¹¹³

The 2023 Community Wellbeing Survey found that:

¹⁰⁵ The digital vicious cycle: Links between social disadvantage and digital exclusion in rural areas, Martyn Warren, *Telecommunications Policy*, Volume 31, Issues 6–7, July–August 2007, pp. 374-388.

¹⁰⁶ ‘[Growing problem of ‘digital exclusion’](#)’ Poverty and Social Exclusion.

¹⁰⁷ [Digital Exclusion and Mental Health: What does the current evidence tell us?](#) Daniel Willis, The Hadley Trust, p.5.

¹⁰⁸ [Digital Participation and Social Justice in Scotland](#), Douglas White, The Carnegie UK Trust, 2016, p.11.

¹⁰⁹ [Digital Exclusion Among Mental Health Service Users: Qualitative Investigation Monitoring](#). Ben Greer, Dan Robotham, Sara Simblett, Hannah Curtis, Helena Griffiths, and Til Wykes, *Journal of Medical Internet Research*, Vol.21, No.1 (January 2019), e11696.

¹¹⁰ [Internet users, UK: 2020](#). Office for National Statistics, 6 April 2021.

¹¹¹ [Internet users, UK: 2020](#). Office for National Statistics, 6 April 2021.

¹¹² [Internet users, UK: 2020](#). Office for National Statistics, 6 April 2021.

¹¹³ [Internet users](#). Office for National Statistics, 6 April 2021.

- 88% of Herefordshire adults regularly access the internet for non-work purposes: similar to 2021 (89%). 12% do not use it regularly, similar to 2021 (10%), and this proportion rises for people living in the most deprived locations (19%), aged 65+ (25%), and with no formal educational qualifications (41%). Asked why, 44% say it's because they don't need it, however 31% say they don't have the skills, rising to 48% amongst Housing Association tenants.
- While 35% of people say their use of the internet increased since that start of the COVID-19 pandemic, for 5% it has reduced, rising to 12% among those in the most deprived locations, 11% amongst Housing Association tenants and 12% of people with an ethnic minority background.
- 41% of people are positive about more things being provided online - a 17% point decrease since 2021 (58%). 35% are now concerned about more things being provided online: an increase of 13% points from 2021 and the proportion is higher amongst those aged 55+ (46%), the economically inactive (44% - likely driven by age), people with no formal educational qualifications (43%), those with a disability (43%) or those who receive care (43%), and those who do not use the internet regularly (54%).¹¹⁴

The 2022 Herefordshire Telecare Users' Survey found that 49% of users in Herefordshire do not use the internet (down slightly from 52% in 2019), 36% of Telecare users say they are not confident using the internet.¹¹⁵

8. Crime and anti-social behaviour

Herefordshire, as a rural county faces different crime and community safety challenges to more urban areas. Generally the risk of being a victim of crime is comparatively low and overall community coherence and safety is a significant protective factor for mental wellbeing.

Having said this, recent data suggests rural crime is on the increase. The insurer NFU Mutual reports that across the UK as a whole rural crime cost the economy £49.5m in 2022; an increase of 22.1% on the previous year, with thieves ramping up their activity after the pandemic years. The sharp rise was driven by trailer, quad, agricultural vehicle, and Global Positioning Systems (GPS) theft.¹¹⁶ Herefordshire is among the thirty worst affected counties by cost at £1,101,817 in 2019; a rise of 4.4% from the previous year.¹¹⁷

Given that other research has suggested that 'rural social networks are breaking down with a consequent increase in social isolation and loneliness, especially among older people'¹¹⁸ and that agriculture typically has an ageing workforce, with around a third of all farm holders over the typical retirement age of 65 years while the proportion of young people aged less than 35 years is only around 3%, the increase in rural crime has significant implications for mental health in the farming community.¹¹⁹ These crimes can make elderly, isolated farmers,

¹¹⁴ Community Wellbeing Survey 2023, Herefordshire Council, 2023

¹¹⁵ Telecare Users Survey 2022, Herefordshire Council, 2022

¹¹⁶ [Rural Crime Report 2023](#), NFU Mutual, 2023

¹¹⁷ [A Challenging Time for the Countryside: Rural Crime Report 2020](#). NFU Mutual, 2020, p.5.

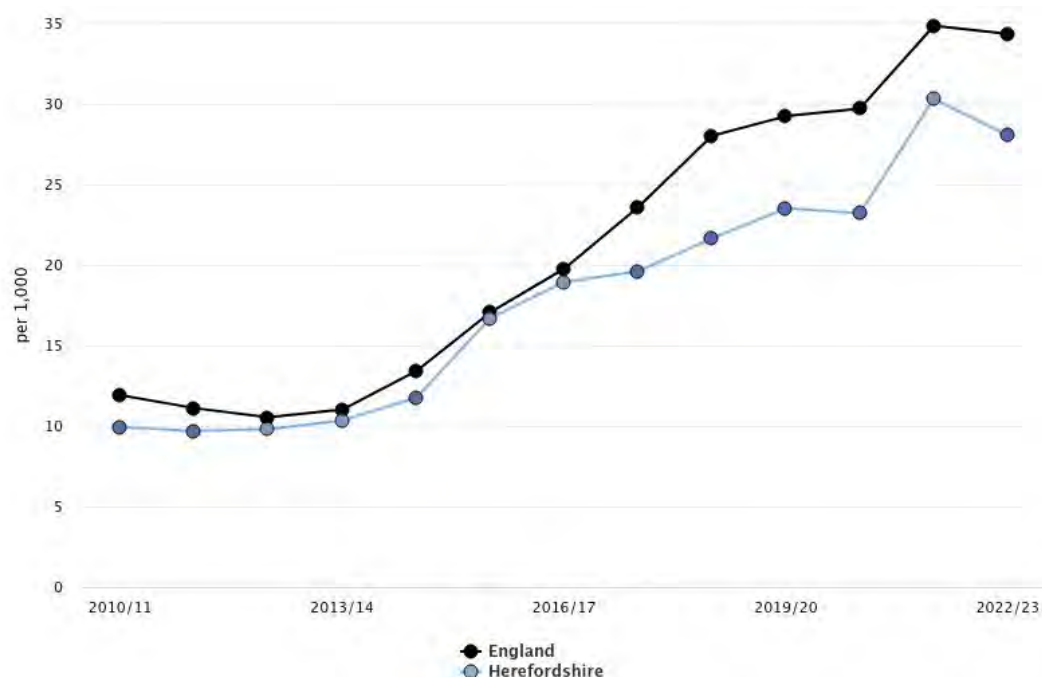
¹¹⁸ [Health and wellbeing in rural areas](#). Local Government Association and Public Health England, 2017, p.8.

¹¹⁹ [Agriculture in the United Kingdom](#). Department for Environment, Food and Rural Affairs, 2017, p.19.

whose property has been invaded and livelihood damaged, feel particularly vulnerable and cause additional stresses in what is already a stressful industry.

Elsewhere, between 2010/11 and 2022/23 incidents of violent crime nearly tripled in Herefordshire from 1,812 to 5,258, representing an increase in the crude rate per 1,000 of population from 9.9 to 28 (see Figure 5). Although the rate is still significantly lower than nationally and regionally (34.4 and 42, respectively), the increase mirrors a trend seen across the country.¹²⁰

Figure 5 Violent offences per 1,000 of population

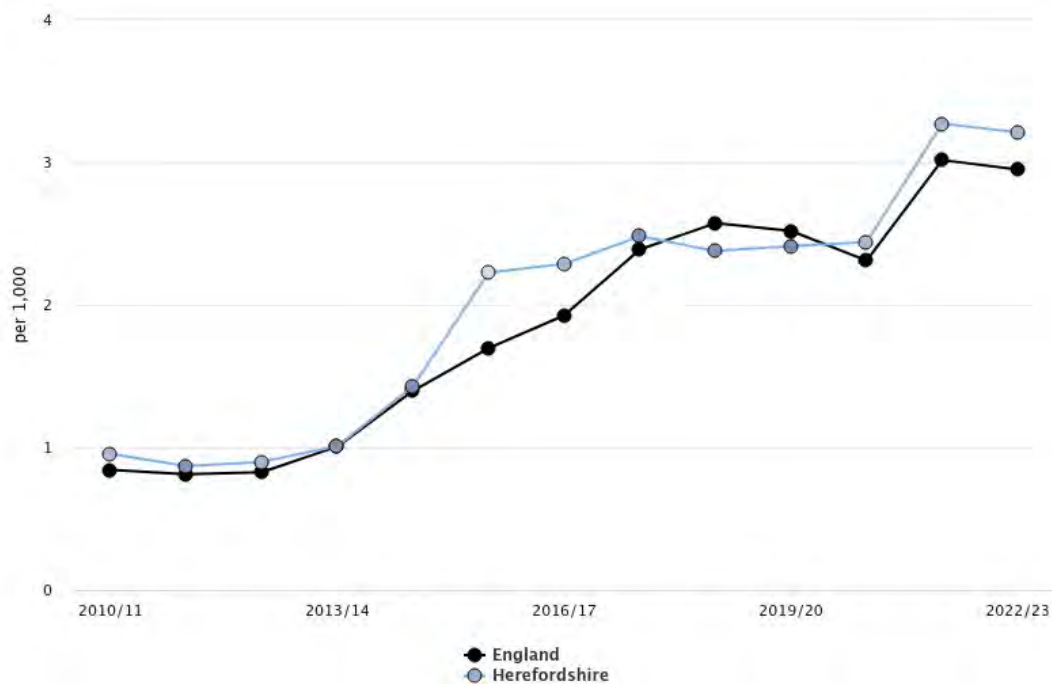


With regard to sexual offences, Herefordshire recorded incidents have risen from 174 in 2010/11 to 602 in 2022/23, representing an increase from 1 per 1,000 population to 3.2 per 1,000 population (see Figure 6). This rate is similar to the England and West Midlands rates of 3 and 3.2 per 1,000 population, respectively.¹²¹ Again, this increase reflects a trend observed nationally.

¹²⁰ [Public health profiles](#), OHID, 2023

¹²¹ [Public health profiles](#), OHID, 2023

Figure 6 Sexual offences per 1,000 of population

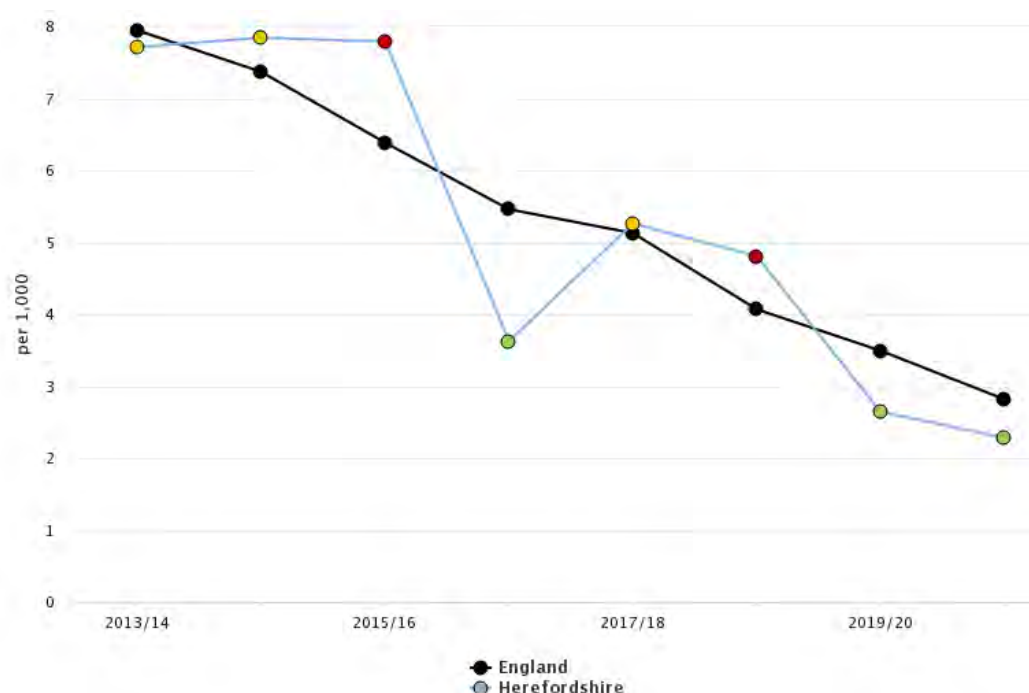


In 2020/21, the rate per thousand children (10 to 17 years) in the youth justice system in Herefordshire was 2.3; lower than in England as a whole (2.8) and the West Midlands (3), with the rate falling in recent years (see Figure 7).¹²² While inconsistent, the Herefordshire rate shows a decreasing trend similar to that of the national rate. The youth justice service re-offending (or recidivism) rate for Herefordshire was 22.9% for January to December 2021, a reduction from 32.1% reported for January to December 2020.¹²³

¹²² [Children entering the youth justice system \(10-17 yrs\)](#), OHID, 2021

¹²³ Email correspondence with Marie Turner from the West Mercia Youth Justice Service Herefordshire Team

Figure 7 Children 10 to 17 years in the youth justice system (crude rate per 1,000)



According to West Mercia Youth Justice Service in 2018 almost two thirds of young people subject to a completed YJS Asset Plus assessment in Herefordshire were in contact with mental health services, compared to 50% across West Mercia.¹²⁴ The report also states that 28% were diagnosed with a mental health condition, although this figure is similar to that for West Mercia.

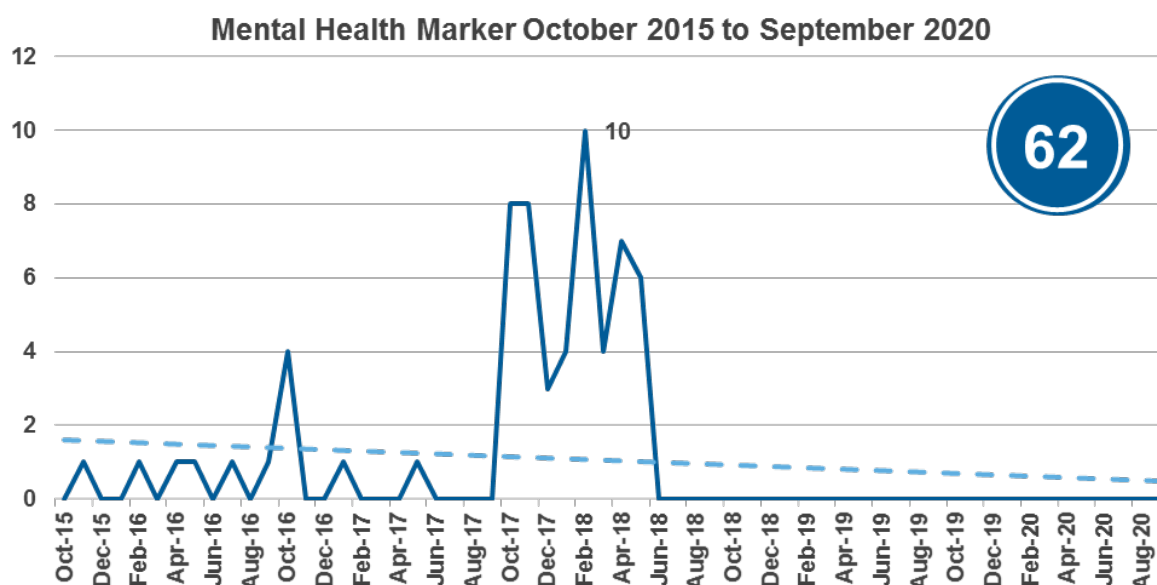
8.1. Mental health markers and included full offence titles

Looking at the relationship between crime and mental health specifically, local intelligence is affected by changes in recording practices by West Mercia Police leading to fluctuation of mental health markers or mentions over time. Data from October 2015 to August 2020 is shown in Figure 8.¹²⁵

¹²⁴ 2019 YJS Self-Assessment Data Pack. West Mercia Youth Justice Service March 2019.

¹²⁵ Herefordshire Mental Health Overview October 2015 to September 2020, West Mercia Police, 2020

Figure 8 Recorded offences with a mental health marker



As of 2020, officers no longer use crime markers for mental health, but instead record mental health using included full offence title. The third largest volume of crimes where mental health is an included offence title was recorded in Herefordshire (n=142, see Figure 9).¹²⁶ This goes against the normal trend seen with all crime, where the lowest volume within West Mercia is often within Herefordshire.¹²⁷ Over a quarter of offences were in Central Ward (26%, n=37).

¹²⁶ Included offence is where several offences are reported at the same time with the same victim and suspect, the matters are recorded using the Principal Crime Rule. This means that, in line with the Home Office crime recording standards all matters will be recorded in one investigation with the most serious crime being used as the Primary Offence Title. The other offences will be recorded as included classifications. Included Classifications can also be used to record aggravating factors. Incidents were filtered to include the mental health qualifier and then further filtered to the final incident class of AS-Nuisance, AS-Personal and AS-Environmental when analysing antisocial behaviour. (From Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024)

¹²⁷ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Figure 9 Mental Health as an included offence between 2020/2021 and 2023/2024 across West Mercia regions

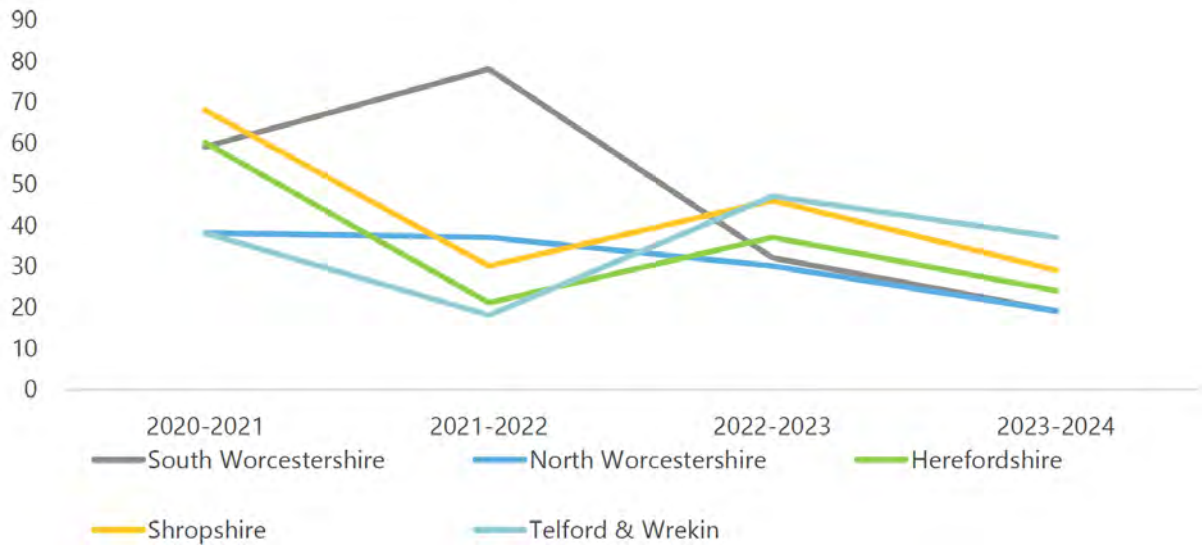
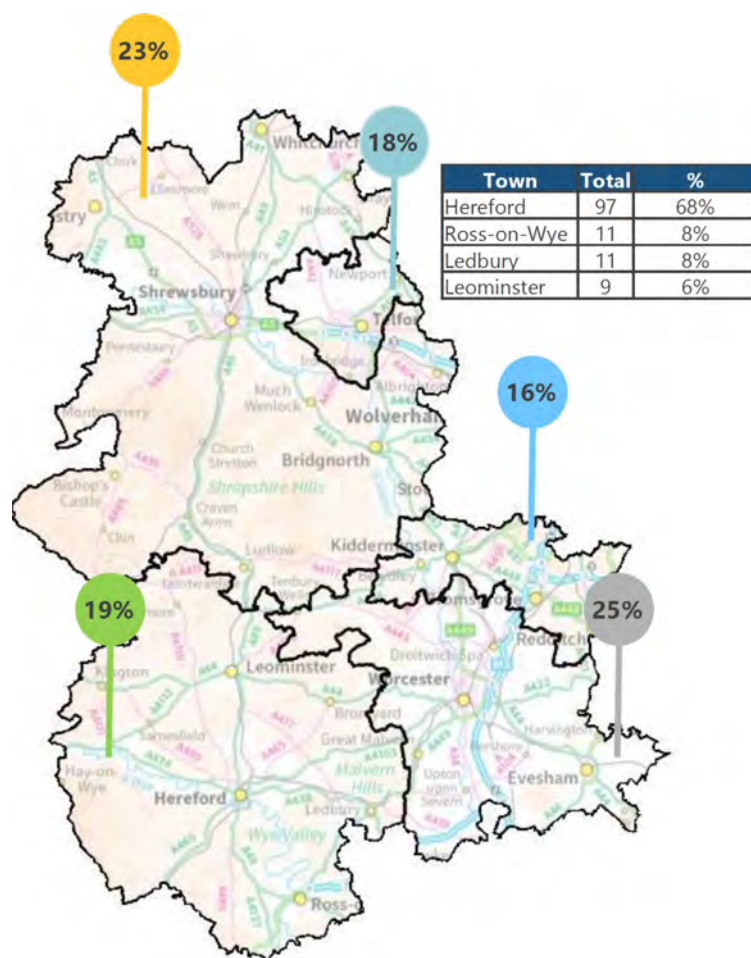


Figure 10 shows a West Mercia local policing area comparison of offences where mental health is an included offence between 2020/2021 and 2023/2024 as well as a breakdown of offences by Herefordshire towns.¹²⁸

¹²⁸ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Figure 10 Local policing area comparison of offences where mental health is an included offence between 2020/2021 and 2023/2024

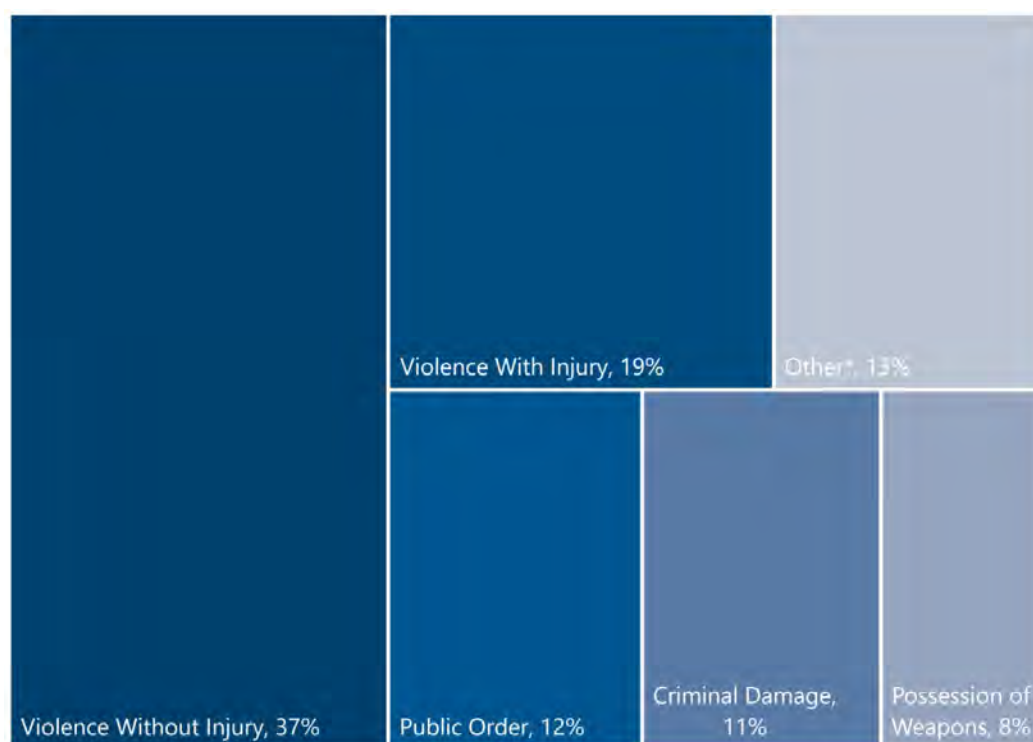


Whilst Herefordshire have many mental health services in place, the wait times, as in many parts of the England, can be quite lengthy which can likely be linked to more mental health related offences or contact with the police.¹²⁹

An offence grouping breakdown with grouping for mental health included offences is shown in Figure 11. Most offences were linked to violence without injury (37%, n=52). These often involved assaults that didn't cause any lasting damage, or verbal assaults. Common assault and battery accounted for 39 offences within the violence without injury offence group.

¹²⁹ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Figure 11 Offence grouping for mental health included offences between April 2020 and March 2024



This was followed by violence with injury (19%, n=27). 16 of which were assault with injury - assault occasioning actual bodily harm. Four offences were linked to more serious harm which was wounding with intent to do grievous bodily harm. Other offences with under ten occurrences are detailed in table 2.

Offence	Total
Trafficking of drugs	4
Arson	3
Possession of drugs	3
Other sexual offences	2
Rape	2
All other theft offences	1
Robbery - personal	1
Misc Crimes against society	1
Burglary - residential	1
Vehicle offences	1

Table 2 Other mental health included offences under ten occurrences

It is likely that those suffering from poor mental health and that being the aggravating factor of assaults, do not mean to do any lasting damage.¹³⁰

¹³⁰ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Offences with an included offence involving mental health increased throughout the afternoon and into the evening (see Table 3). This is in line with the trend for all offences.

Day	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	Total
Mon	0	0	0	0	0	0	0	0	0	0	1	0	1	0	2	2	2	2	2	2	0	1	2	0	17
Tue	1	0	0	0	0	1	0	0	2	1	0	2	2	2	1	1	0	0	0	0	0	0	2	0	15
Wed	0	1	0	0	0	0	0	0	1	1	0	1	0	2	0	1	0	2	3	1	1	0	0	1	15
Thu	0	0	0	1	0	0	1	0	0	3	1	1	0	3	3	2	0	0	1	2	3	0	0	0	21
Fri	1	0	0	0	1	0	0	0	0	0	0	0	4	1	0	0	1	5	2	0	1	0	0	2	18
Sat	2	0	0	0	0	0	0	0	0	0	2	0	0	1	3	1	0	2	1	0	2	0	0	0	14
Sun	0	0	0	0	2	0	0	2	1	0	0	0	1	1	3	1	0	0	0	0	1	2	1	2	17
Total	4	1	0	1	3	1	1	2	4	5	4	4	8	10	12	8	3	11	9	5	8	3	5	5	117

Table 3 All offences with an included mental health offence between 1 April 2020 and 31 March 2024

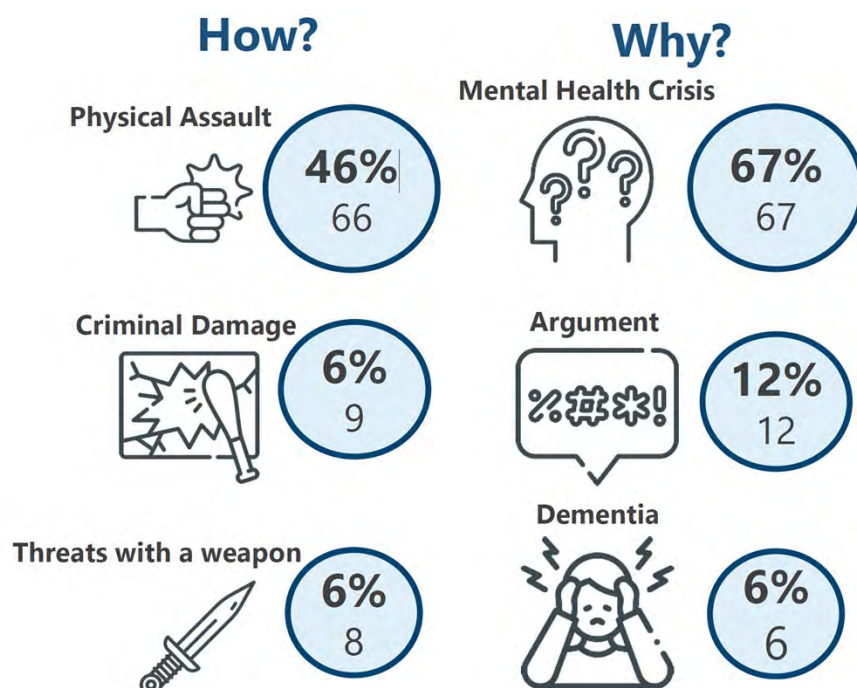
Offence group volumes were small, however they showed a similar pattern to overall offences with mental health as an included offence. Violence without injury offences accounted for half of offences that took place at 14:00hrs. These varied in offence, including assault without injury - common assault and battery, assault or assault by beating of an emergency worker (except a constable), and sending letters etc. with intent to cause distress or anxiety. Eight offences that took place on Thursdays were also in relation to violence without injury. These were mostly common assault offences (n=6). Other offences on Thursdays included arson (n=2), violence with injury (n=4), residential burglary (n=1), criminal damage (n=2), possession of drugs (n=1), public order offences (n=2), and vehicle offences (n=1). 18% (n=25) of offences defaulted to 00:00 or 00:01 and were removed from this analysis.¹³¹

Reviewing the modi operandi (MOs), or the method of procedure, of 142 offences in relation to mental health as identified by the police, it was clear that most were linked to physical assaults (the how) where the suspect was suffering a mental health crisis (the why). The most common ways how these offences were committed as well as the reasons why they were committed are presented in Figure 12. It was unclear in 30% (n=42) of offences, why they took place and they were removed from this analysis.¹³²

¹³¹ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

¹³² Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Figure 12 How and why offences in relation to mental health were committed



This varied between domestic assaults, assaults on neighbours, strangers and care or hospital staff. A few offences involved individuals with dementia who assaulted care staff or family members. Please note, although these were recorded as offences, the majority of the suspects were suffering from a mental health crises and were often sectioned or receiving support and care. Suspects suffering from dementia also may not realise the full extent of their actions.¹³³

Most offences with mental health related keywords took place at Union Walk, Hereford (n=15). All offences here took place at County Hospital, Wye Valley NHS Trust, highly likely linked to admitted patients. Offences on Stonebow Road were all linked to the Stonebow Mental Health Unit, part of Hereford County Hospital (see Table 4.

Street	20-21	21-22	22-23	23-24	Total
Union Walk	5	3	4	3	15
Stonebow Road	4	2	2	1	9
Broad Street	1	1	1	1	4
Ploughman Road	3	0	0	1	4

Table 4 Number of offences with mental health as an included offence by location and year

Mental health related offences or offences that can affect mental health occurring at hospitals include physical offences (patient-on-patient or patient-on-staff violence), neglect

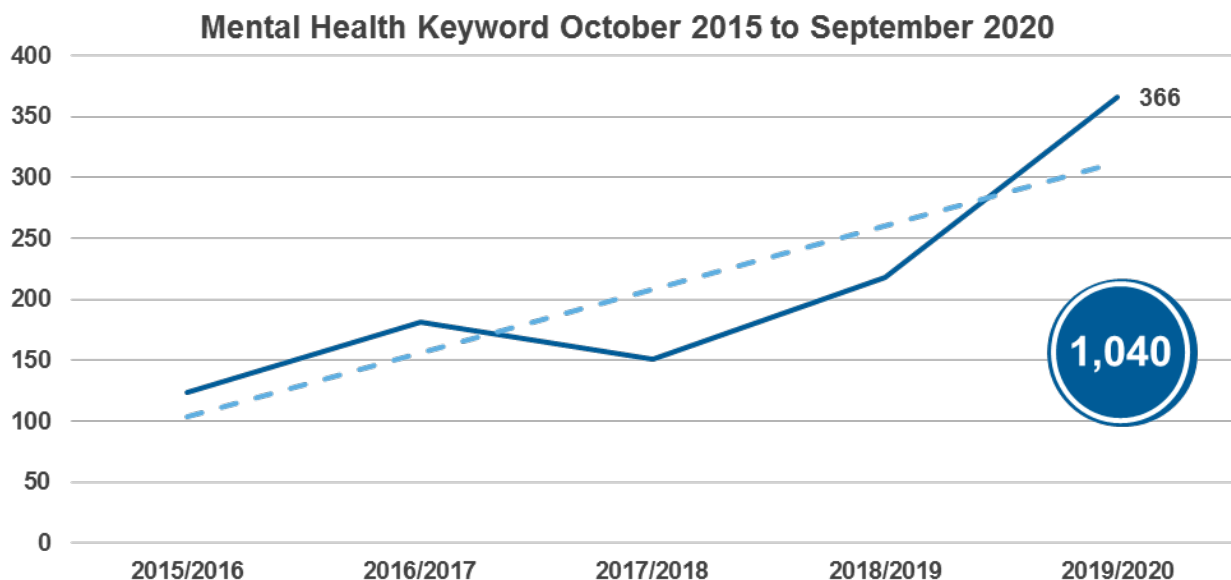
¹³³ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

and abuse (physical, emotional, sexual), malpractice and negligence, and substance abuse.¹³⁴

8.2. Mental health keywords

Keywords were used to breakdown the offences where mental health may have been mentioned in the modus operandi (MO) text. Although mental health markers declined between October 2015 and August 2020, when identifying mental health as a keyword, offences increased over the five year period, recording 1,040 total offences (see Figure 13).¹³⁵ This suggested that mental health markers are likely applied inconsistently. An increase of 195% (n = 242) was experienced over the five year period. October 2019 to September 2020 recorded the most offences including the keyword 'mental health' with 366 offences.¹³⁶

Figure 13 'Mental Health' keyword October 2015 to September 2020



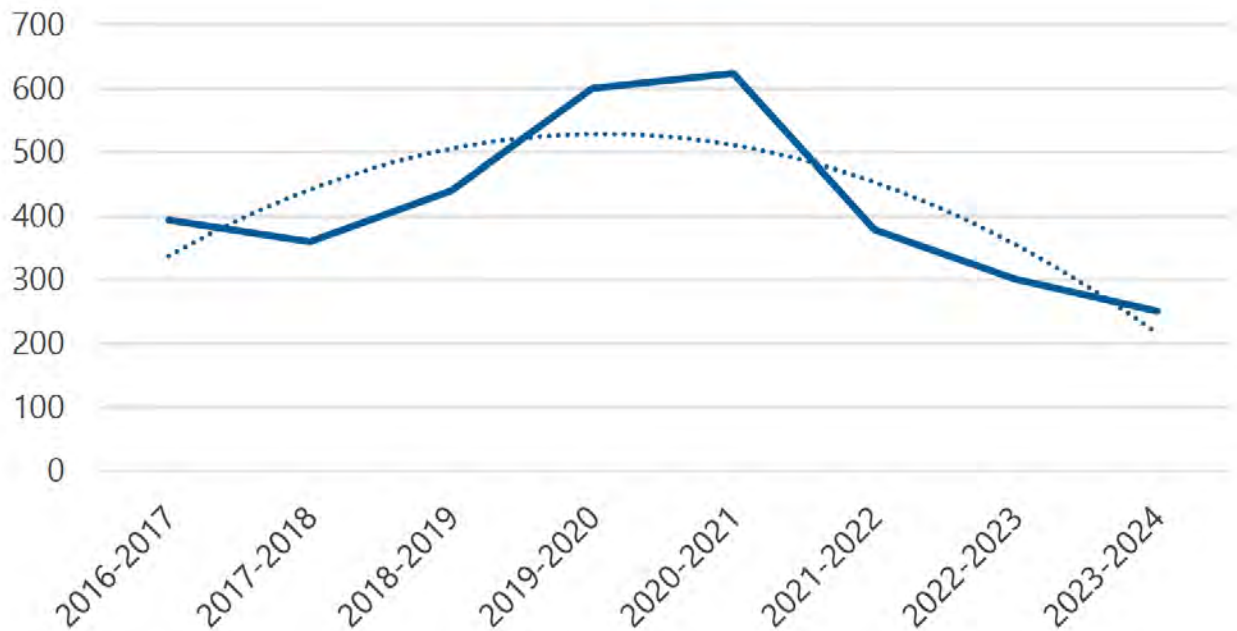
An updated graph showing the use of mental health related keywords in the MO log text of an offence from 2016-2017 to 2023-2024 is shown in Figure 14. Offences may have more than one keyword meaning that some offences may have been counted more than once.

¹³⁴ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

¹³⁵ Keywords were identified within the log text or MO (Modus Operandi). Types of mental health were identified and chosen to use as keywords from the Mind website. Keywords only identify where mental health is referenced in MO and in the course of recording an offence. The presence of a mental health keyword does not necessarily mean it is a driver or cause of the offence. Keyword analysis also cannot pick up on the context in which a keyword has been used or if there are any ulterior meanings involved with the use of the keyword.

¹³⁶ Herefordshire Mental Health Overview October 2015 to September 2020, West Mercia Police, 2020

Figure 14 The use of keywords within an MO log text of an offence



Offences with mental health related keywords have seen a reduction between 2021/2022 and 2023/2024. The most recent financial year experienced the lowest volume of mental health related offences. However, this is unlikely to be a true representation of mental health within the population and is a representation of the use of a mental health related word within the log text of a crime. Offences likely reduced in the last year due to the introduction of the Most Appropriate Agency (MAA) policy in July 2023. This aims to provide people suffering from mental health crises the right care from the appropriate agency, which isn't always the police. Offences with mental health related keywords were at their highest between 2019/2020 and 2020/2021. This is highly likely attributed to the COVID-19 pandemic. The COVID-19 pandemic significantly affected mental health, exacerbating existing issues and creating new challenges across different groups of the community.¹³⁷

Table 5 breaks down the frequency of keywords between 2016-17 and 2023-2024 by specific keyword and year. The term 'mental health' was recorded in nearly half of offences with a mental health keyword. This was followed by "anxiety" and "depression" ("suicidal" has been omitted as suicide is outside of the scope of this needs assessment). As previously mentioned, there was a clear increase in the use of some mental health words in 2019/2020 and 2020/2021. The inclusion of the term 'anxiety' has most notably increased during these periods likely linked to the COVID19 pandemic. The use of keywords reduced into 2022/2023 and 2023/2024. More offences were identified using keyword searching compared to the use of mental health as an included offence. This again highlights the gap in recording when it comes to mental health related offences.

¹³⁷ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Keyword	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	Total	%
Mental Health	167	150	193	270	294	245	168	149	1636	48
Anxiety	51	53	62	109	125	35	49	35	519	15
Depression	64	42	38	45	46	20	19	14	288	8
Self-harm	40	32	43	50	31	32	15	12	255	7
Schizophrenia	10	4	5	17	15	4	9	6	70	2
Panic Attack	3	9	5	5	14	6	8	7	57	2
PTSD	8	10	12	11	8	11	9	7	76	2
Bipolar	6	4	5	2	6	7	0	4	34	1
Paranoia	7	8	6	14	1	0	3	2	41	1
Trauma	4	6	8	4	5	7	7	5	46	1
OCD	2	2	3	4	2	0	1	1	15	0
Total	394	360	440	600	640	399	320	265	3418	100

Table 5 The use of keywords within an MO log text of an offence between April 2016 and March 2024

An important limitation is that keywords only identify where mental health is referenced in the MO and in the course of recording an offence. The presence of a mental health keyword does not necessarily mean it is a driver or cause of the offence. Keyword analysis also cannot pick up on the context in which a keyword has been used or if there are any ulterior meanings involved with the use of the keyword. Crime data is reliant on public reporting of offences – some offence groups are known to be underreported and some community groups are known to particularly under report. However, it does offer a broad understanding of the frequency with which mental health disorders are a factor in offences. Therefore a broad barometer of the relationship between mental health and crime can be formed and used as the basis for further, more detailed, investigation.¹³⁸

The following figures show the frequency of mental health keywords use by various keywords between 2016-2017 and 2023-2024.¹³⁹

¹³⁸ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

¹³⁹ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

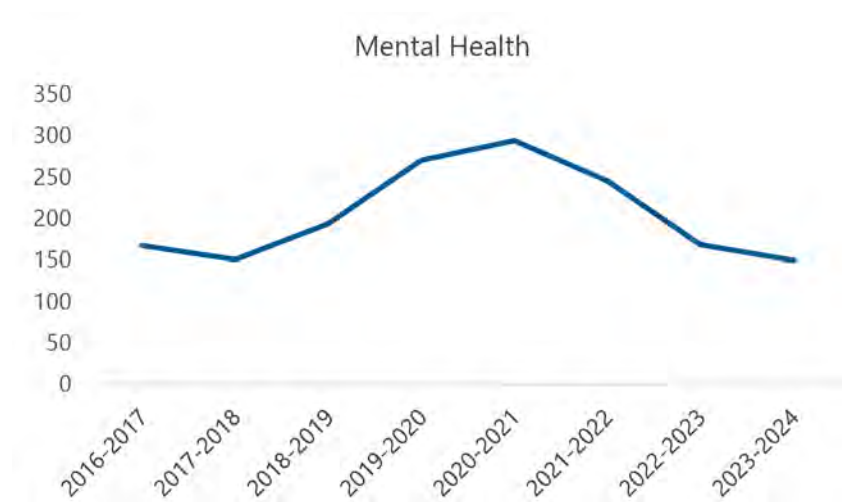
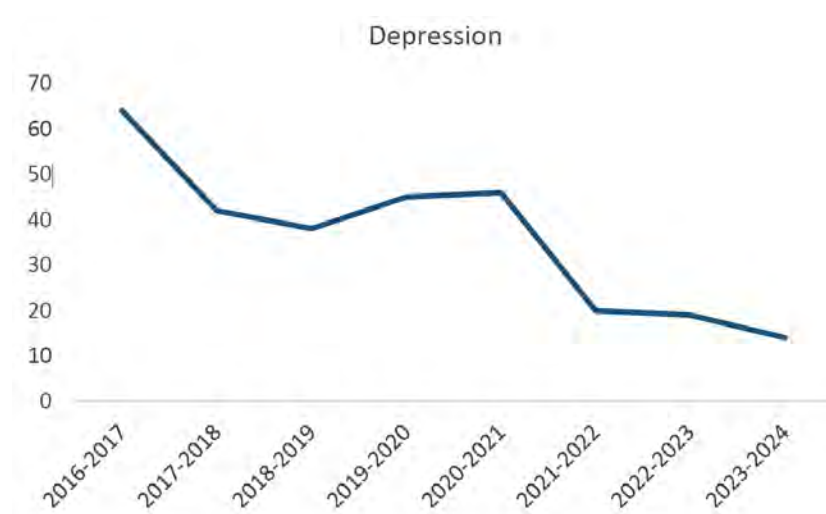
Figure 15 Frequency of use of the 'mental health' keyword recorded by year**Figure 16 Frequency of use of the 'depression' keyword recorded by year**

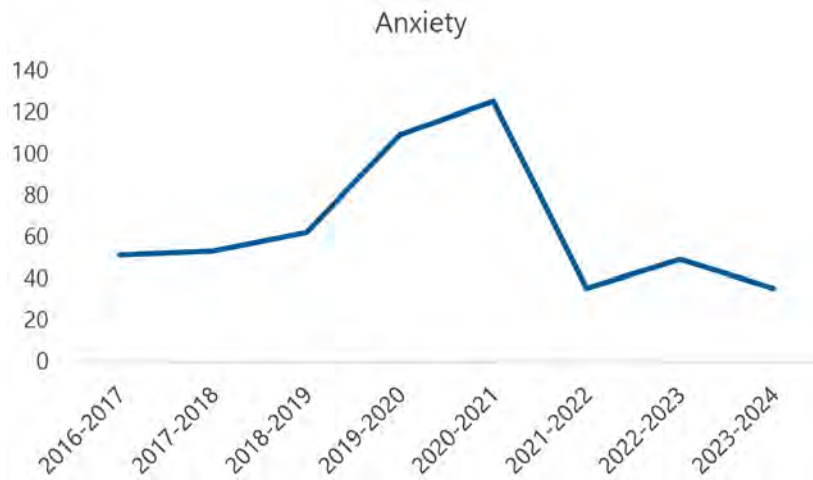
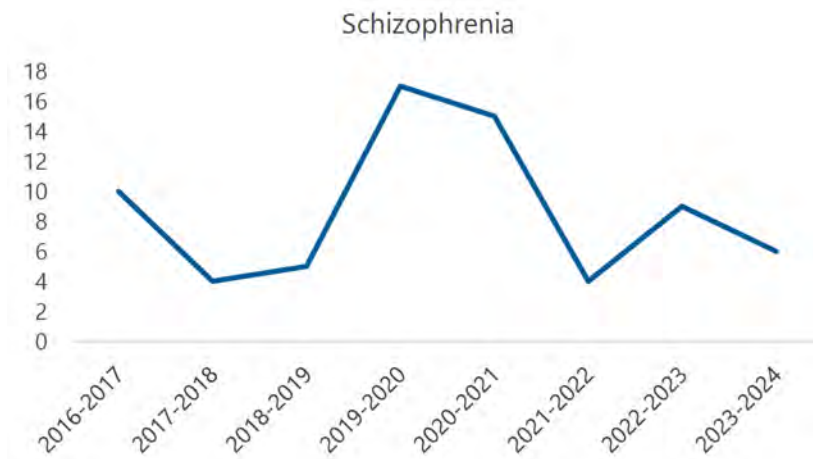
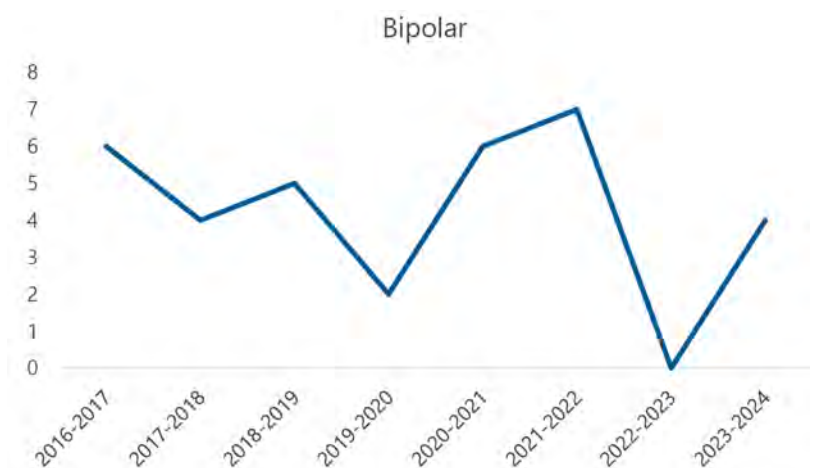
Figure 17 Frequency of use of the 'anxiety' keyword recorded by year**Figure 18 Frequency of use of the 'schizophrenia' keyword recorded by year****Figure 19 Frequency of use of the 'bipolar' keyword recorded by year**

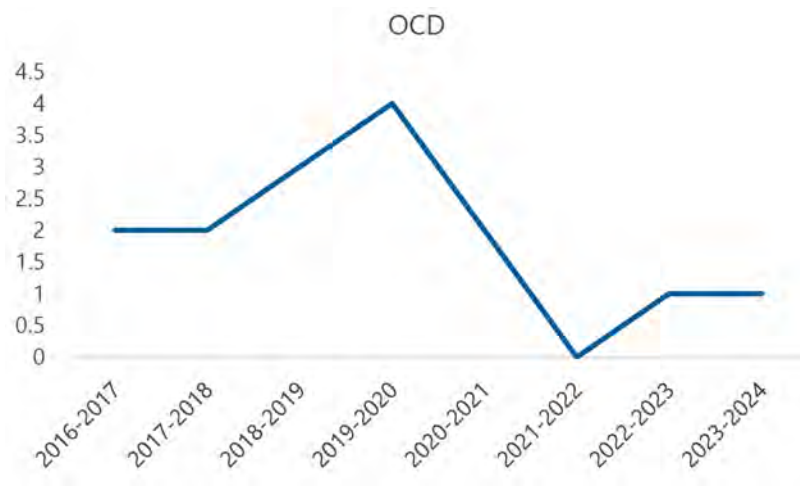
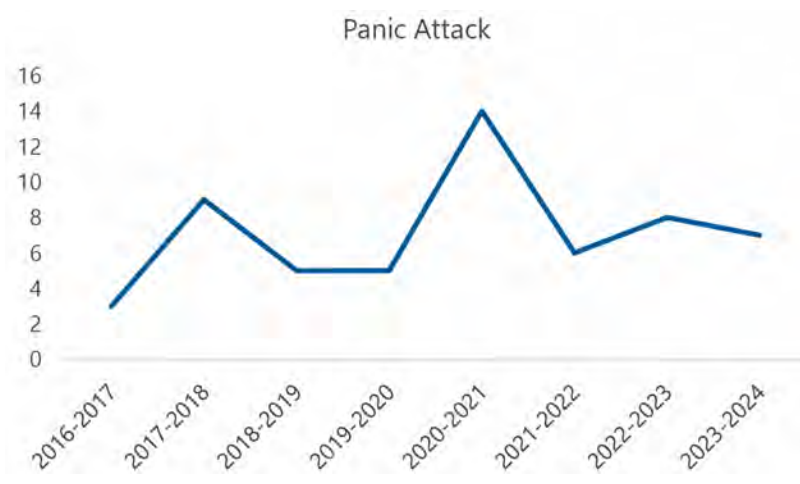
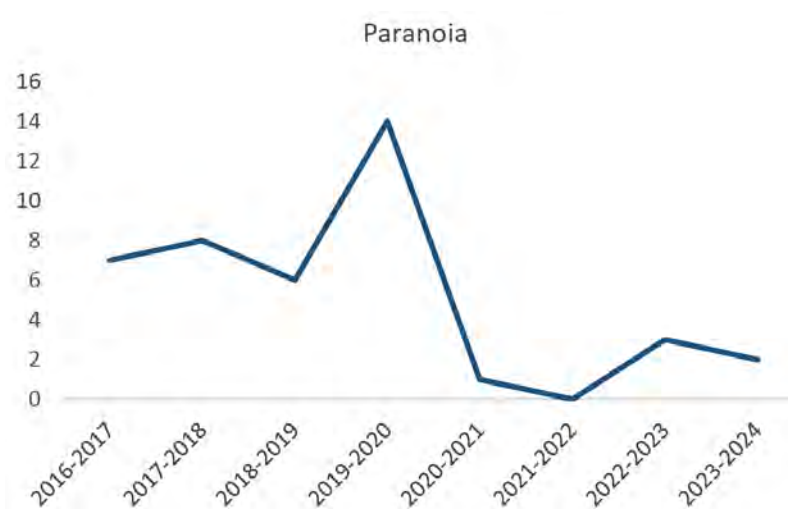
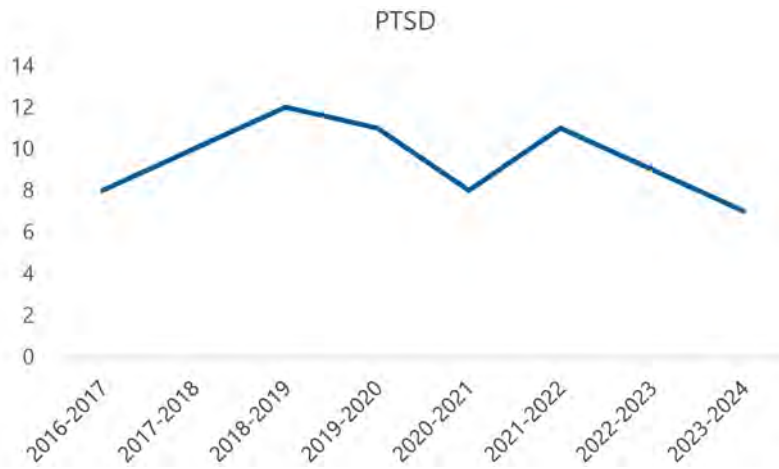
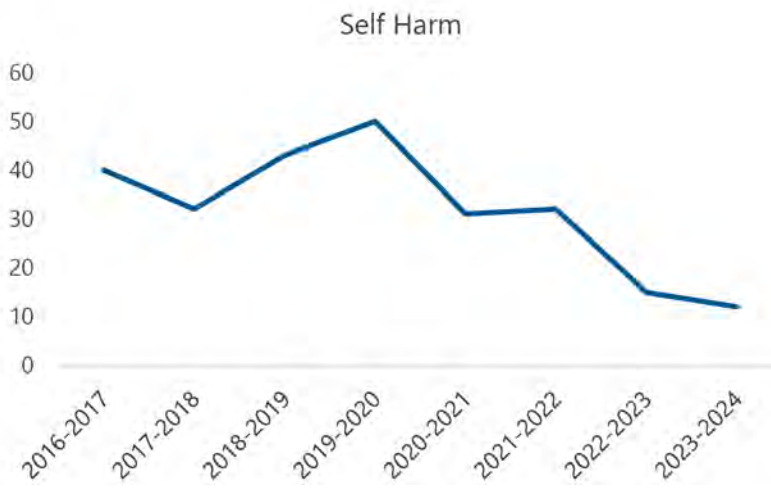
Figure 20 Frequency of use of the 'OCD' keyword recorded by year**Figure 21** Frequency of use of the 'panic attack' keyword recorded by year**Figure 22** Frequency of use of the 'paranoia' keyword recorded by year

Figure 23 Frequency of use of the 'PTSD' keyword recorded by year**Figure 24 Frequency of use of the 'self harm' keyword recorded by year****Figure 25 Frequency of use of the 'trauma' keyword recorded by year**

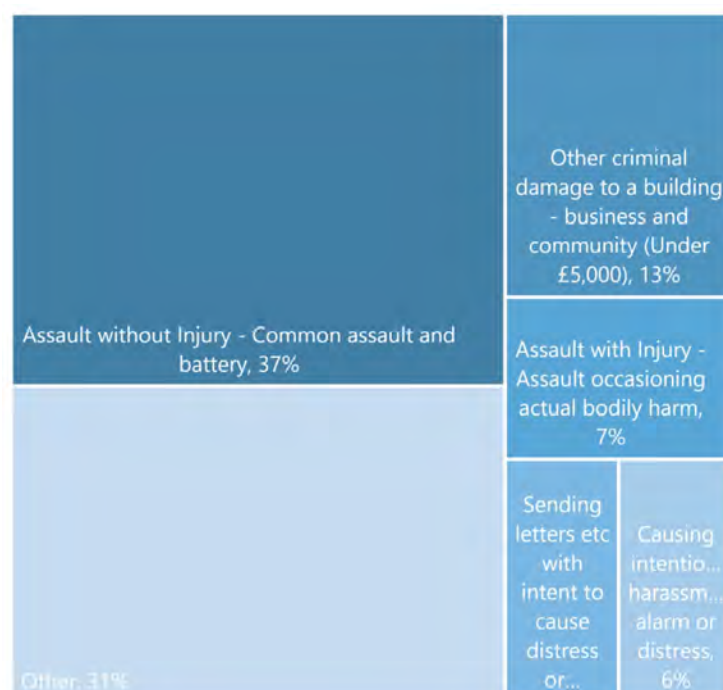
As seen in Table 6, most offences with mental health related keywords took place at Union Walk, Hereford (n=54).

Street	20-21	21-22	22-23	23-24	Total
Union Walk	10	16	14	14	54
Belmont Road	3	3	21	0	27
Stonebow Road	2	7	10	6	25
South Street	3	6	2	2	13
Whitecross Road	4	6	0	0	10

Table 6 Number of offences with mental health related keywords by location and year

All offences here took place at County Hospital, Wye Valley NHS Trust, highly likely linked to admitted patients. As shown in Figure 26, most of these offences were in relation to common assault and battery (37%, n=20).

Figure 26 Offence breakdown for Union Walk, Herefordshire Hospital between April 2020 and March 2024



These offences often involve patients with mental health issues, under section or health issue such as dementia, assaulting staff members. Police are often contacted to help in situations where violence is involved. Criminal damage followed (13%, n=7). These often involve patients suffering with mental health causing criminal damage to the hospital. Offences that took place on Belmont Road are distorted by 19 of the 27 offences being linked to one investigation. Other offences with two or under occurrences are detailed in Table 7.¹⁴⁰

¹⁴⁰ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Offence	Total
Racially or religiously aggravated intentional harassment, alarm or distress	4
Assault other emergency worker – Assault occasioning actual bodily harm (ABH)	3
Other criminal damage, other (Under £5,000)	3
Threats to kill	2
Assault or assault by beating of an emergency worker (except a constable)	2
Fear of provocation of violence	1
Harassment, alarm or distress	1
Possession of offensive weapon without lawful authority or reasonable excuse	1
Other criminal damage to a vehicle (Under £5,000)	1
Having an article with a blade or point in a public place	1

Table 7 Other offences with mental health related keywords with two or under occurrences

Offences with mental health keywords increased through the afternoon and into the evening. The volume of offences were consistent across the days of the week, however, there was a slight peak on Wednesdays and Fridays (see Table 8). 30% (n=11,917) of offences defaulted to 00:00 or 00:01 and have been removed from this analysis.

Day	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	Total
Mon	0	4	4	1	2	1	1	2	4	4	2	2	10	4	9	5	7	3	6	5	5	3	5	1	90
Tue	0	3	1	0	1	1	3	2	3	4	7	7	8	2	3	4	7	5	5	7	3	2	6	4	88
Wed	1	3	0	1	0	2	1	1	3	13	4	4	6	7	2	5	7	3	5	12	7	5	5	6	103
Thu	1	0	0	0	1	2	0	6	1	5	1	4	11	4	4	5	4	4	11	4	2	10	8	1	89
Fri	2	3	2	0	1	1	1	2	8	6	5	2	6	4	1	3	9	6	7	6	11	4	2	6	98
Sat	3	1	3	1	3	0	0	1	2	2	0	11	3	8	9	2	3	4	8	6	9	2	6	6	93
Sun	1	7	2	3	2	0	1	5	4	4	3	1	3	1	5	2	3	5	4	5	9	13	6	5	94
Total	8	21	12	6	10	7	7	19	25	38	22	31	47	30	33	26	40	30	46	45	46	39	38	29	655

Table 8 All offences with mental health keywords between 1 April 2020 and 31 March 2024

8.3. Mental health and police incidents

Table 9 details the types of incidents recorded with a mental health qualifier. Concern for safety consistently recorded the largest volume of incidents with a mental health qualifier. These often included calls from people in distress or suffering mental health crises, as well as other people ringing to report sightings of people in distress.

Incident type	2020-2021	2021-2022	2022-2023	2023-2024	Total	%
PS – Concern for safety	468	946	844	619	2877	47
CR – Assault	36	88	100	210	434	7
PS – Domestic Incident	41	93	100	183	417	7
PS – Missing Person (Misper)	34	59	62	128	283	5
AS - Nuisance	22	92	56	80	250	4

Incident type	2020-2021	2021-2022	2022-2023	2023-2024	Total	%
CR – Harassment/Stalking	6	14	70	143	233	4
GE – MAA – not attended	0	0	0	159	159	3
PS – Suspicious circumstances	13	33	35	72	153	2
AD – Duplicate	14	29	31	52	126	2
CR – Crime Unlisted	9	15	33	64	121	2
GE MAA - attended	0	0	0	110	110	2
CR – Public Order Offence	5	16	23	64	108	2
GE - Messages	15	25	24	40	104	2
CR – Criminal Damage	3	17	21	56	97	2
AS – Personal	10	20	14	21	65	101
CR – Threats to kill	2	10	20	32	64	1.0
GE – Other Agency	0	9	47	1	57	0.9
GE – Lost/Found Property/Person	7	11	10	27	55	0.9
PS – Abandoned Call	10	15	15	13	53	0.9
CR – Sexual Offence	4	9	15	24	52	0.8

Table 9 All incidents with a mental health qualifier between April 2020 and March 2024

On the 3rd of April 2023, West Mercia Police introduced a new policy and procedure referred to as 'Most Appropriate Agency' (MAA). It is based on Humberside Police's Right Care Right Person (RCRP) policy and procedure.¹⁴¹ Humberside Police identified that before the introduction of RCRP an average of 1,566 incidents per month were being reported to the police relating to issues such as concerns for welfare, mental health incidents or missing persons. Humberside Police were concerned that by attending these incidents, they were not providing the most suitable intervention to vulnerable members of the public who required specialist support. This was putting both the public and their officers at more risk. It also meant that the public were not receiving the most effective response to incidents from public services. It is expected that incidents with a final classification of MAA-attended will increase in future months and years as partners such as health attend more mental health related incidents instead of the police.¹⁴²

Repeat Location	2020-2021	2021-2022	2022-2023	2023-2024	Total
County Hospital, Stonebow Road, Herefordshire	44	79	65	48	236
27 Hereford County Hospital, Union Walk, Hereford	11	14	13	28	66
Greyfriars Bridge, A49 Victoria Street to Belmont Rndbt	2	11	8	43	64
Manor Fields, Burghill, Herefordshire	2	4	39	5	50
Stonebow Unit, County Hospital, Stonebow Road, Hfd	9	15	13	12	49
Victoria Bridge, Hereford	2	17	9	16	44

Table 10 Repeat locations for incidents with mental health qualifiers between 01 April 2020 – 31 March 2024

Similarly to offences, most incidents took place at Herefordshire County Hospital or Stonebow. Many of these calls were in relation to the safety of patients, absconding patients and mental health crises. Most calls linked to Greyfriars Bridge were linked to individuals suffering from mental health and either jumping or threatening to jump off the bridge.

¹⁴¹ [Right Care Right Person – Humberside Police](#), Collee of Policing, 2023

¹⁴² Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Reports were also linked to people under the bridge, or on the edge of the bridge. This is similar for the reports at Victoria Bridge where people threaten to jump off into the river. 88% (n=44) incident calls took place at one address, driving the demand. All calls involved a vulnerable individual suffering with poor mental health and reports of harassment from neighbours and paranoia.¹⁴³

Incidents with mental health qualifiers followed a similar pattern to all ASB incidents in terms of temporal analysis. Incidents were consistent throughout the week, with peaks on Thursdays and Fridays. It is also clear from the data that calls linked to concern for safety and people absconding from hospitals and mental health units also peaked on Thursdays and Fridays, but also on a Monday unlike the other mental health related incidents (see Table 11).¹⁴⁴

Day	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	Total
Mon	42	29	21	18	15	10	14	11	26	38	48	45	40	65	38	47	55	58	52	52	46	38	43	33	884
Tue	36	35	16	17	20	12	11	15	19	27	38	41	45	50	50	46	53	58	65	53	45	34	44	33	863
Wed	41	21	23	14	9	11	15	15	23	32	36	33	41	31	44	48	58	46	51	52	52	51	44	38	829
Thu	39	21	22	21	16	9	9	16	23	41	54	45	43	52	43	63	43	57	46	53	50	49	45	44	904
Fri	40	26	17	15	8	18	13	20	16	34	48	45	45	46	57	58	55	46	54	44	54	40	61	55	915
Sat	44	34	30	24	24	14	8	15	20	23	24	36	44	41	44	51	39	46	46	55	46	52	43	55	858
Sun	44	40	37	21	16	14	13	14	14	28	33	34	43	40	35	36	45	47	40	52	42	60	44	46	838
Total	286	206	166	130	108	88	83	106	141	223	281	279	301	325	311	349	348	358	354	361	335	324	324	304	6,091

Table 11 All incidents with mental health qualifiers between 1 April 2020 and 31 March 2024 by time and day of the week

8.4. Anti-social behaviour

Within West Mercia Police, Anti-Social Behaviour (ASB) is broken down into three categories:

- **Personal** antisocial behaviour is when a person targets a specific individual or group.
- **Nuisance** antisocial behaviour is when a person causes trouble, annoyance or suffering to a community.
- **Environmental** antisocial behaviour is when a person's actions affect the wider environment, such as public spaces or buildings.

Mental health related ASB mirrors overall ASB where the most frequently recorded category is nuisance. From 2020-2021 to 2023-2024, most mental health related nuisance ASB involved neighbourly disputes and reports of individuals causing issues in public and being loud (see Table 12).

¹⁴³ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

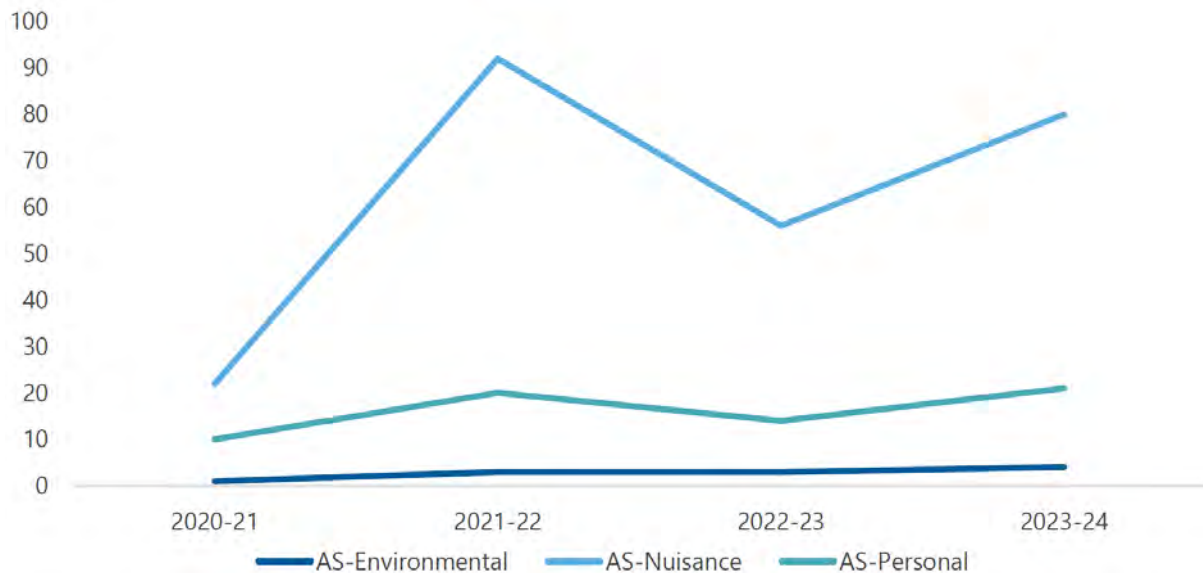
¹⁴⁴ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

ASB type	2020-2021	2021-2022	2022-2023	2023-2024	Total
AS - Environmental	1	3	3	4	11
AS - Nuisance	22	92	56	80	250
AS - Personal	10	20	14	21	65
Total	33	115	73	105	326

Table 12 ASB with a Mental Health qualifier broken down by ASB type by year

Incidents fluctuated over the four-year period, with most being recorded in 2021/2022 (see Figure 27).

Figure 27 ASB with a Mental Health qualifier broken down by ASB type by year



Mental health can both be an aggravating factor for antisocial behaviour, as well as low poor mental health being a result of persistent experiences of antisocial behaviour. Conditions such as depression, anxiety, bipolar disorder, and schizophrenia can be associated with increased antisocial behaviours. These behaviours might stem from symptoms such as impulsivity, aggression, or poor emotional regulation.¹⁴⁵

Out of the 37,158 ASB incidents over the five year period of 2015 to 2020, 396 (1%) recorded a mental health qualifier. ASB incidents with a mental health qualifier fluctuated over this period with a reduction in incidents between 2016 and 2018. Offences then increased into 2019 to 2020. The keyword 'mental health' accounted for over a half of keywords (69%, n = 182). This was followed by the keyword 'anxiety' (6%, n = 17) and self-harm (6%, n = 15) (see Table 13). Over the five year period between 2015 and 2020, mental health related keywords increased by 68% (n = 30). The keyword 'mental health' recorded the largest increase (62%, n = 18).¹⁴⁶

¹⁴⁵ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

¹⁴⁶ Herefordshire Mental Health Overview October 2015 to September 2020, West Mercia Police, 2020

Keyword	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	Total	Percentage
Mental Health	29	35	37	34	47	182	69%
Anxiety	0	3	1	1	12	17	6%
Self Harm	6	1	3	3	2	15	6%
Suicidal	3	1	5	3	1	13	5%
Schizophrenia	2	0	2	1	4	9	3%
Depression	0	1	1	3	3	8	3%
Bipolar	4	1	1	0	1	7	3%
PTSD	0	1	1	1	3	6	2%
Panic Attack	0	1	0	1	1	3	1%
Trauma	0	0	2	0	0	2	1%
Total	44	44	53	47	74	262	100%

Table 13 A breakdown of ASB recorded incidents by the recurrence of mental health key words

From April 2016 to March 2024, 1% of ASB incidents had a mental health qualifier. Year on year, ASB incidents in relation to mental health mostly increased. The most recent financial year saw a 44% increase (see Table 14). Incidents averaged 80.6 a year, with most years recording below this average.¹⁴⁷

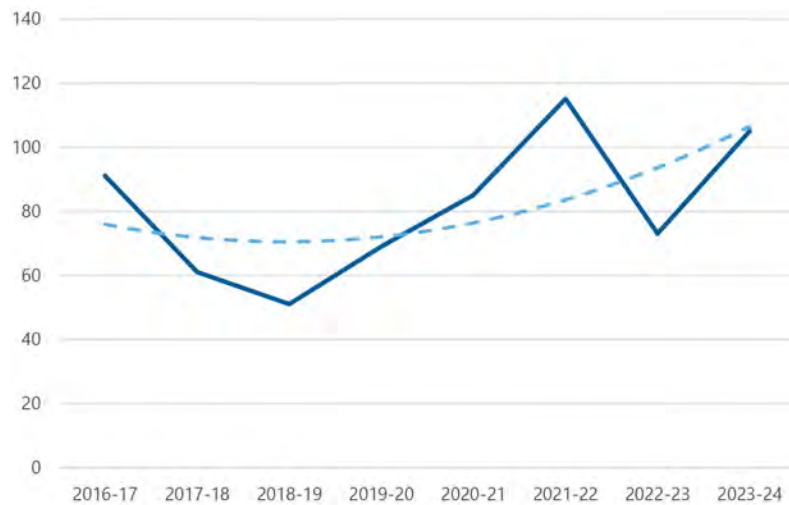
Financial Year	Number of ASB Incidents	% Increase from previous Year
2016-2017	86	N/A
2017-2018	61	-29
2018-2019	51	-16
2019-2020	69	35
2020-2021	85	23
2021-2022	115	35
2022-2023	73	-37
2023-2024	105	44
Total	645	N/A

Table 14 Number of ASB incidents related to mental health and percent increase from previous year by financial year

Peaks in mental health related ASB incidents were seen in 2021/2022 and 2023/2024. The peak in 2021/2022 is comparable to the peak in offences. However, the 2023/2024 peak in mental health related ASB is unlike the pattern shown for offences. When comparing the trend of mental health related ASB to all ASB within the time period, the peak in 2021/2022 are comparable. However, mental health related ASB increased from 2022/2023 into 2023/2024 whereas all ASB decreased (see Figure 28).¹⁴⁸

¹⁴⁷ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

¹⁴⁸ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Figure 28 ASB with Mental Health qualifier from 01 April 2016 to 31 March 2024

The highest volume of incidents was in 2021/2022. At this time, there were various COVID-19 lockdowns and restrictions which highly likely had an impact on many people's mental health. West Mercia Police received an increase in calls in relation to COVID-19 in general, some of which were likely linked to mental health.¹⁴⁹

Table 15 presents the repeat locations for incidents with mental health qualifiers where four or more ASB incidents have occurred. Mental health related ASB is more widely spread across Herefordshire with less repeat locations and volume of incidents.

Repeat Location	2020-2021	2021-2022	2022-2023	2023-2024	Total
County Hospital, Stonebow Road, Herefordshire	1	3	4	1	9
Henffordd Gardens, Penhaligon Way, Hereford	0	1	3	5	9
Devereux House, Aubrey Street, Hereford	0	4	4	0	8
Apple Tree Close, Bromyard, Herefordshire	0	4	2	1	7
Longmeadow, Hereford	1	0	2	3	6
Stonebow Unit, County Hospital, Stonebow Road, Hereford	0	2	1	1	4

Table 15 Repeat locations of ASB incidents in Herefordshire between 01 April 2020 – 31 March 2024

Similarly to offences and incidents, most ASB incidents took place at Herefordshire County Hospital or Stonebow. Many of these calls were in relation to nuisance behaviour, shouting and screaming, and aggressive behaviour. Henffordd Gardens is a community care home for older people. Most of these are in relation to neighbourly disputes and harassment.¹⁵⁰

Incidents with mental health qualifiers followed a similar pattern to all ASB incidents in terms of temporal analysis. Mental health related ASB likely increases in the afternoons and evenings and after the end of the school day (see Table 16).

¹⁴⁹ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

¹⁵⁰ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

Day	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	Total
Mon	3	1	1	0	0	1	0	1	1	2	6	1	4	2	1	2	2	2	3	6	3	1	2	1	46
Tue	0	2	1	1	1	1	0	1	2	1	0	0	1	3	1	1	3	3	6	2	1	1	3	2	37
Wed	4	0	0	0	0	0	1	0	3	3	2	0	1	0	3	3	5	3	3	2	3	0	2	2	40
Thu	2	0	1	1	2	0	0	1	1	3	7	4	2	0	3	4	2	5	3	6	6	2	0	2	57
Fri	2	1	0	0	0	2	0	0	2	3	0	2	5	5	5	3	2	2	3	2	3	0	0	1	43
Sat	0	1	0	0	1	1	2	3	1	0	3	4	3	5	1	1	1	7	5	6	1	2	0	1	49
Sun	2	3	4	1	0	0	0	2	1	3	1	2	4	1	4	3	2	5	3	5	3	0	2	3	54
Total	13	8	7	3	4	5	3	8	11	15	19	13	20	16	18	17	17	27	26	29	20	6	9	12	326

Table 16 Number of ASB incidents related to mental health by day of the week and time of day

People may experience more ASB at these times which is impacting their mental health or committing more ASB due to their mental health. This is highly likely linked to the following:

- **Alcohol Consumption:** ASB often increases in the evening and nighttime, particularly in areas with nightlife, such as bars and clubs. Alcohol consumption can lower inhibitions and lead to disruptive behavior.
- **Social Gatherings:** Parties and social gatherings typically occur in the evening, leading to noise disturbances and potential conflicts.
- **Reduced Supervision:** There is often less supervision and fewer public services available at night, which can contribute to increased ASB.
- **After School:** In residential areas, ASB can increase in the afternoons when schools let out.¹⁵¹

8.5. Domestic violence and abuse

Overall, Herefordshire is a relatively safe place to live and this is an important protective factor for mental health. The recorded rate of domestic abuse related incidents and crimes in 2022/23 was lower in Herefordshire (27.2 per 1,000) than England (30.6) and the rest of the West Midlands region (35.1).¹⁵²

The last Domestic Violence and Abuse Needs Assessment in 2018 estimated that 7.6 % (3,800) of females aged 16-59 and 4.1% (2,100) of males aged 16-59 were victims of domestic violence and abuse (DVA) in the county during the year ending March 2017. It also estimated that 6.5% (2,100) of children aged 0 to 15 lived in a household affected by DVA in Herefordshire in the past year and around a quarter (26%) of children lived in a household where an adult has ever experienced DVA.¹⁵³ Of the 18,000 individuals recorded on Herefordshire GP lists in 2020 as having a mental illness, 47 were recorded as having perpetrated domestic abuse. Of these, 14 have involved the abuse of a child, while 28 were related to sexual abuse. West Mercia Police recorded 3,071 victims (16.2 per thousand population) of domestic violence and abuse (all ages) in the year ending March 2017 (2,024 females and 1,047 males).¹⁵⁴

New data up to March 2024 shows an increase in domestic police incidents with a mental health qualifier between April 2020 and March 2024 (see Figure 29), representing 7% of total

¹⁵¹ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

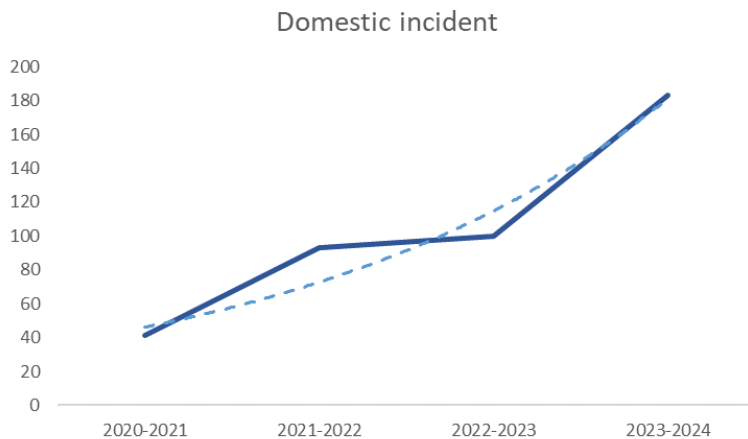
¹⁵² [Public health profiles](#), OHID, 2023

¹⁵³ [Domestic Violence and Abuse – size of the problem in Herefordshire](#). Herefordshire Council, November 2018, p.3.

¹⁵⁴ Note that some offences and incidents have more than one victim. [Domestic Violence and Abuse – size of the problem in Herefordshire](#). Herefordshire Council, November 2018, p.3.

incidents with a mental health qualifier over that period and the third highest incident type behind assault and concern for safety (see Table 9).¹⁵⁵

Figure 29 Number of domestic police incidents over time



Over a five year period from 2015/16 to 2019/20, West Mercia Police recorded 33 offences with domestic abuse markers that included an event aggravating factor of mental health in Herefordshire, however mental health as an aggravating factor was only actually recorded between November 2017 and May 2018. In May 2018 16 domestic abuse offences with mental health as an aggravating factor were recorded, which was a large peak in comparison to other months but the use of mental health as an aggravating factor is almost certainly not an accurate reflection of the full picture. Similarly to domestic abuse (DA) offences, domestic abuse reported incidents only recorded mental health as an aggravating factor between September 2017 and June 2018. DA reported incidents with mental health as an aggravating factor peaked in March 2018 with 14 incidents.¹⁵⁶

Over a five year period from 2015/16 to 2019/20, 774 (9%) domestic abuse offences recorded a mental health keyword. 44% (n = 338) of these involved the keyword 'mental health'. This was followed by the keyword 'depression' (14%, n = 112). The keywords 'mental health', 'anxiety' and 'suicidal' all increased significantly over the five year period. The largest increase was recorded by the keyword 'mental health' (211%, n = 78). This was followed by the keyword 'anxiety' (588%, n = 47). Overall, DA offences with mental health keywords increased over the five year period by 174% (n = 169) (see Table 17).¹⁵⁷

¹⁵⁵ Herefordshire Mental Health Overview - April 2016 to March 2024, West Mercia Police, 2024

¹⁵⁶ Herefordshire Mental Health Overview October 2015 to September 2020, West Mercia Police, 2020

¹⁵⁷ Herefordshire Mental Health Overview October 2015 to September 2020, West Mercia Police, 2020

Keyword	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	Total	Percentage
Mental Health	37	58	50	78	115	338	44%
Depression	25	32	9	17	29	112	14%
Anxiety	8	20	11	15	55	109	14%
Self Harm	11	17	9	9	16	62	8%
Suicidal	5	5	11	9	24	54	7%
PTSD	4	5	5	8	6	28	4%
Schizophrenia	2	3	3	6	6	20	3%
Bipolar	2	5	2	2	3	15	2%
Panic Attack	2	4	0	0	7	13	2%
Paranoia	1	4	2	3	3	13	2%
OCD	0	1	1	2	1	5	1%
Trauma	0	0	3	1	1	5	1%
Total	97	154	106	150	266	774	100%

Table 17 A breakdown of domestic abuse offences by the recurrence of mental health key words

Over the five year period, 753 (12%) domestic abuse crimed incidents recorded a mental health keyword. Similarly to offences, 42% (n = 315) involved the keyword 'mental health'. The keyword 'mental health' recorded the largest increase over the five year period (231%, n = 67). Overall, DA crimed incidents with mental health keywords increased over the five year period by 114% (n = 107) (see Table 18).¹⁵⁸

Keyword	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	Total	Percentage
Mental Health	29	58	66	66	96	315	42%
Depression	21	26	42	27	26	142	19%
Anxiety	13	13	15	20	25	86	11%
Self Harm	17	17	17	18	17	86	11%
Suicidal	3	4	9	13	13	42	6%
PTSD	3	3	7	8	7	28	4%
Paranoia	4	2	3	3	2	14	2%
Schizophrenia	0	2	1	4	5	12	2%
Panic Attack	1	0	3	6	2	12	2%
Bipolar	1	1	0	2	7	11	1%
Trauma	2	2	0	0	1	5	1%
Total	94	128	163	167	201	753	100%

Table 18 A breakdown of domestic abuse crimed incidents by the recurrence of mental health key words

West Mercia Women's Aid (WMWA) have been Herefordshire Council's contracted provider for the domestic abuse helpline, refuge and support (including group and one to one work for adults and children) for several years. In the year April 2019 to March 2020, WMWA supported 416 adults and 251 children and young people. Of these, 123 adults and two children and young people were recorded as having a mental health disability.¹⁵⁹ The total number of adults supported fell from 84 in the period January to March 2020 (Q4)¹⁶⁰ to 49 in the period April to June 2020 (Q1)¹⁶¹ and again to 12 in the period July to September 2020

¹⁵⁸ Herefordshire Mental Health Overview October 2015 to September 2020, West Mercia Police, 2020

¹⁵⁹ Herefordshire Quarterly Report 1 January 2020 – 31 March 2020. West Mercia Women's Aid, 22 April 2020.

¹⁶⁰ Herefordshire Quarterly Report 1 January 2020 – 31 March 2020. West Mercia Women's Aid, 22 April 2020.

¹⁶¹ Herefordshire Quarterly Report 1 April 2020 – 30 June 2020. West Mercia Women's Aid, 9 July 2020.

(Q2).¹⁶² The number of children and young people supported fell from 77 in January to March 2020 (Q4)¹⁶³ to 45 in April to June 2020 (Q1)¹⁶⁴ and then increased marginally to 47 in July to September 2020 (Q2).¹⁶⁵ From 1 April 2020 to 30 September 2020, 100 adult and no children and young people referrals were recorded as having a mental health disability.¹⁶⁶

Worryingly, when the coronavirus pandemic began, the increase in demand for the national domestic abuse helpline was not reflected locally and actually reduced during the first lockdown. Anecdotally, WMWA had heard from other areas within their networks that they too did not see additional demand. This may be an indication that victims were not able to seek support as they were cut off from their usual support networks and/or were unable to avoid the perpetrator to make contact with the Helpline. The online chat function was expanded to cover more hours and become more accessible, though demand on that chat service was low. Demand for the local Helpline did slowly increase as lockdown eased to just above the 'normal' level (when compared to the same period in the previous year).

9. Unemployment, sickness absence, and economic inactivity

Just as meaningful and rewarding work is a protective factor for mental health, the detrimental effects of longer-term unemployment on confidence, self-esteem and financial security is a significant risk factor and, furthermore, unemployment disproportionately afflicts those with mental health problems.¹⁶⁷ Many variables can impact on how likely it is that someone will become unemployed at some point in their working career, and the duration of any periods of unemployment, including age, social class, qualifications, ethnicity, gender and disability status.¹⁶⁸ Nevertheless, taking these variables into account there still remains a 'strong association between unemployment and poor mental health'.¹⁶⁹ According to The Health Foundation, unemployment acts as a stressor that can eventually have physiological effects, in a similar vein to financial strain and is also thought to increase the risk of future unemployment and become part of a self-perpetuating negative cycle.¹⁷⁰

The model-based estimate of unemployment is ONS's recommended measure of unemployment at local authority level. In the period January to December 2023 the unemployment rate in Herefordshire was 3.0% (CI+-0.8), equating to c. 3,000 people (+-800), compared to 3.7% (CI+-0.2) in England as a whole and 4.4% (CI+-0.6) across the

¹⁶² Herefordshire Quarterly Report 1 July 2020 – 30 September 2020. West Mercia Women's Aid, 22 October 2020.

¹⁶³ Herefordshire Quarterly Report 1 January 2020 – 31 March 2020. West Mercia Women's Aid, 22 April 2020.

¹⁶⁴ Herefordshire Quarterly Report 1 April 2020 – 30 June 2020. West Mercia Women's Aid, 9 July 2020.

¹⁶⁵ Herefordshire Quarterly Report 1 July 2020 – 30 September 2020. West Mercia Women's Aid, 22 October 2020.

¹⁶⁶ Herefordshire Quarterly Report 1 July 2020 – 30 September 2020. West Mercia Women's Aid, 22 October 2020.

¹⁶⁷ West Midlands Regional Health Impact of COVID-19 Task and Finish Group Interim Report and Call for Evidence. West Midlands Combined Authority, August 2020, p.17.

¹⁶⁸ [Unemployment and Mental Health: Understanding the interactions among gender, family roles, and social class](#). Lucía Artazcoz, Joan Benach, Carme Borrell, and Immaculada Cortès, *American Journal of Public Health*, Vol.94, No.1 (January 2004), pp.82-88.

¹⁶⁹ [Worklessness and health: what do we know about the causal relationship? Evidence review](#). C. Mclean, C. Carmona, S. Francis, C. Wohlgemuth and C. Mulvihill, National Health Service. Health Development Agency, 2005.

¹⁷⁰ [Employment and unemployment: How does work affect our health?](#) The Health Foundation.

West Midlands region.¹⁷¹ In the latest period, Herefordshire's unemployment rate remained lower than in England and significantly lower than in the West Midlands region. It remained elevated compared to pre-pandemic levels, although not significantly so.¹⁷² Compared to the previous period (October 2022 to September 2023), the Herefordshire rate was slightly higher (3.0% vs 2.7%) but due to the wide confidence intervals on these data, there has been no statistically significant change in the Herefordshire rate observed since October 2013 – September 2014.¹⁷³

In March 2024, there were around 2,700 people aged 16+ in Herefordshire claiming out-of-work-related benefits.¹⁷⁴ Additionally, in April 2024 there were 9,250 people in Herefordshire entitled to Personal Independence Payment (PIP), up 49% from 6,221 in January 2020). Of these 9,250 people, 3,357 (36%) had some form of psychiatric disorder.¹⁷⁵

In 2021-22, the gap in the employment rate between those in contact with secondary mental health services aged 18-69 and on the Care Plan Approach (CPA), and the overall employment rate in Herefordshire was 71.6% (CI 67.8% - 75.4%); larger than the gap for the West Midlands region (69.7% (CI 68.8% - 70.6%)) and England (69.4% (CI 69.1% – 69.7%)) but not significantly so. Herefordshire is in the middling group of comparable West Midlands authorities (see chart) but had the largest gap amongst its statistical similar (CIPFA) neighbours.¹⁷⁶

Long-term absence from the workplace can have a serious detrimental impact on individuals' long-term health, financial security and social inclusion.¹⁷⁷ People with disabilities, in insecure employment, and in lower socio-economic groups, who are already at higher risk of financial insecurity and poverty, are more likely to experience long-term sickness absence. Mental ill-health is one of the major causes of long-term sickness absence and is being adversely impacted by the cost-of-living crisis.¹⁷⁸

Recent research by the Resolution Foundation has found that nationally economic inactivity due to ill health among 18-24 year-olds has nearly doubled over the past decade, and is heavily concentrated among those with low levels of skills, with four-in-five young people who are too ill to work having only qualifications at GCSE-level or below. Young people in areas dominated by small towns and villages more likely to be workless due to ill health than those living in large cities.¹⁷⁹

2021 Census data show that 3.6% of usual residents of Herefordshire aged 16 years and over were economically inactive as a result of being long-term sick or disabled, up from 3.2% in 2011. According to the ONS Annual Population Survey (APS), in the period January – December 2023, in the region of 4,600 people aged 16-64 in Herefordshire were

¹⁷¹ Data source: Office for National Statistics – NOMIS [Model-based estimates of unemployment](#)

¹⁷² Data source: Office for National Statistics – NOMIS [Model-based estimates of unemployment](#)

¹⁷³ Data source: Office for National Statistics – NOMIS [Model-based estimates of unemployment](#)

¹⁷⁴ Data source: Office for National Statistics – NOMIS [Claimant count by sex and age](#)

¹⁷⁵ Data source: Department of Work and Pensions - [Stat-Xplore](#)

¹⁷⁶ Data source: OHID Fingertips - [Public Health Outcomes Framework](#)

¹⁷⁷ [Workplace health: long-term sickness absence and capability to work](#). National Institute for Health and Care Excellence (NICE), November 2019.

¹⁷⁸ [Half a million more people are out of the labour force because of long-term sickness](#). Office for National Statistics (ONS), 10 November 2022.

¹⁷⁹ [Left behind: Exploring the prevalence of youth worklessness due to ill health in different parts of the UK](#), Murphy, L., Resolution Foundation, June 2023.

economically inactive due to long-term sickness; an apparent decrease of around 1,200 people from the previous period (October 2022 – September 2023). The employment rate for people aged 16+ with depression, learning problems, mental problems and nervous disorders in Herefordshire was 61.2% (CI +/- 11.2%), compare to 47.5% (CI +/- 1.0%) in England and 46.4% (CI +/- 3.3%) in the West Midlands region.¹⁸⁰

Key takeaways

- Herefordshire has recently suffered severe flooding events, which can lead to people experiencing enduring mental health problems. Residents also face climate-related vulnerabilities linked to old, poorly insulated houses, and homes off the energy grid.
- The COVID-19 pandemic worsened mental health and wellbeing and exacerbated inequalities, though it also may have temporarily strengthened community resilience.
- The cost of living crisis has made it harder for some local residents to pay usual expenses, with some having had to cut back on the use of heating, to skip meals or eat less, and to socialise less.
- While a relatively low proportion of children are eligible for FSM in Herefordshire, one estimate suggests nearly a third of local children may live in poverty. People-related deprivation in Herefordshire may be worst with respect to CYP's education and skills.
- One in five households in Herefordshire were in fuel poverty in 2022, a small increase from 2021 and higher than the national average.
- Herefordshire is a social mobility 'cold spot', indicating that there is comparatively less chance that local disadvantaged children will do well at school and go on to get a good job and secure housing. The key driver of this is low wages.
- Residents are increasingly accessing the internet, but some are concerned about more things being provided online. A large proportion of several population sub-groups do not use the internet regularly or at all, or lack the confidence to do so.
- The rate of violent and sexual offences are lower and similar, respectively, in Herefordshire compared to nationally. However, these continue to rise over time in line with national trends.
- While Herefordshire often records the lowest volume of crime across West Mercia, it had the third largest (out of five) volume of crimes where mental health is an included offence title. Most offences were linked to violence without injury, which include assaults without lasting damage or verbal assaults. It is likely that those suffering from poor mental health and that being the aggravating factor of assaults, do not mean to do any lasting damage.
- Offences with mental health related keywords were at their lowest in 2023/24, likely reduced in the last year due to the introduction of the Most Appropriate Agency (MAA) policy in July 2023. This aims to provide people suffering from mental health crises the right care from the appropriate agency, which isn't always the police.
- Herefordshire's unemployment rate is lower than the West Midlands rate and lower but similar to the England rate, with no significant change over the last ten years. However it did have a larger gap in the employment rate between those in contact

¹⁸⁰ Note: As the data are based on a national sample survey the confidence intervals at local authority level are large.

with secondary mental health services aged 18-69 and on the Care Plan Approach (CPA), and the overall employment rate.

Chapter 5 Mental health and wellbeing throughout the life course

1. Perinatal mental health

- Pregnant women or new mothers are exposed to the same mental health risk and protective factors as the general population and can experience the same mental health issues. However there are a number of reasons why mental health problems among pregnant women and new mothers present particular concerns, affecting the foetus, baby, wider family, and the mother's physical health.
- Mental ill health is one of the leading causes of death in the perinatal period, spanning from pregnancy up to 12 months after giving birth. Estimates suggest at least 1 in 5 women develop a mental illness during pregnancy, or within the first year after having a baby, that is often left unrecognised and untreated. The most common major health complication of maternity is depression.¹⁸¹
- While there is a low risk of developing a severe mental health condition such as postpartum psychosis, severe depressive illness, schizophrenia, and bipolar illness, this risk increases after childbirth.¹⁸² Research shows that women with pre-existing mental disorders are at increased risk of recurrence or worsening of their mental health problems during the perinatal period. There is also evidence for an increased risk of adverse obstetric, neonatal, and maternal outcomes in women who had a pre-pregnancy secondary mental health-care contact, with higher risks among women with more recent contacts and more severe mental health disorders.¹⁸³
- Despite its prevalence and long-term consequences for both mother and baby, maternal mental health receives much less attention and investment compared to physical health.¹⁸⁴ While any woman may develop mental health problems during the perinatal period, risk is important. Factors recognised as increasing risk for specific disorders include poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based), emergency and conflict situations, natural disasters, trauma, and low social support.¹⁸⁵
- Inequalities are reflected among maternal mental health outcomes, with disparities for women from black and minority ethnic communities, young parents and those facing additional adversities such as domestic abuse and deprivation, who all experience poorer outcomes.¹⁸⁶

1.1. Mental health and wellbeing

Reported as part of the NHS Mental Health Dashboard, in Quarter 3 of 2023/24 there were 705 women and birthing people in Herefordshire and Worcestershire accessing specialist

¹⁸¹ [Maternal Mental Health Alliance: Strategy 2023-2026](#), Maternal Mental Health Alliance, 2023

¹⁸² [4. Perinatal mental health](#), Public Health England, 2019

¹⁸³ Gurol-Urganci I, Langham J, Tassie E, et al. [Community perinatal mental health teams and associations with perinatal mental health and obstetric and neonatal outcomes in pregnant women with a history of secondary mental health care in England: a national population-based cohort study](#). *Lancet Psychiatry*. 2024;11(3):174-182. doi:10.1016/S2215-0366(23)00409-1

¹⁸⁴ [Maternal Mental Health Alliance: Strategy 2023-2026](#), Maternal Mental Health Alliance, 2023

¹⁸⁵ [4. Perinatal mental health](#), Public Health England, 2019

¹⁸⁶ [MBRRACE-UK reports](#), Oxford Population Health NPEU, 2023

community perinatal mental health services (including maternal mental health services) over a rolling 12 month period.¹⁸⁷

It has been estimated that in 2017/18, 40 women (95% CI 29 - 54) in Herefordshire experienced post-traumatic stress disorder (PTSD) in the perinatal period, 3 post-partum psychosis (95% CI 0 – 8), 3 chronic serious mental illness (95% CI 0 – 8) and 40 (95% CI 29 – 54) severe depressive illness. The number of women who experienced mild to moderate depressive illness and anxiety in the perinatal period ranged between estimates of 133 (95% CI 112 – 158) and 200 (95% CI 173 – 230), and the number who experienced adjustment disorders and distress ranged between estimates of 200 (95% CI 173 – 230) and 400 (95% CI 362 – 441).¹⁸⁸ Unfortunately, these estimates have not been recently updated and similar data were not shared.

In a 2023 health and wellbeing survey for Herefordshire women and families after having a baby, respondents were asked what factors may have contributed to experiencing low mood or wellbeing in the first 12 months of their baby's life. Results from 49 people who completed the survey are shown in Figure 30. In response to a question on reasons for not accessing antenatal classes, four respondents reported not doing so due to lack of confidence.

Figure 30 Responses to the question “If you experienced, or are experiencing, low mood or wellbeing in the first 12 months of your baby's life, which, if any, of these factors may have contributed? (Select all that apply)” from the 2023 ‘Health and Wellbeing survey for Herefordshire women and families after having a baby’ survey

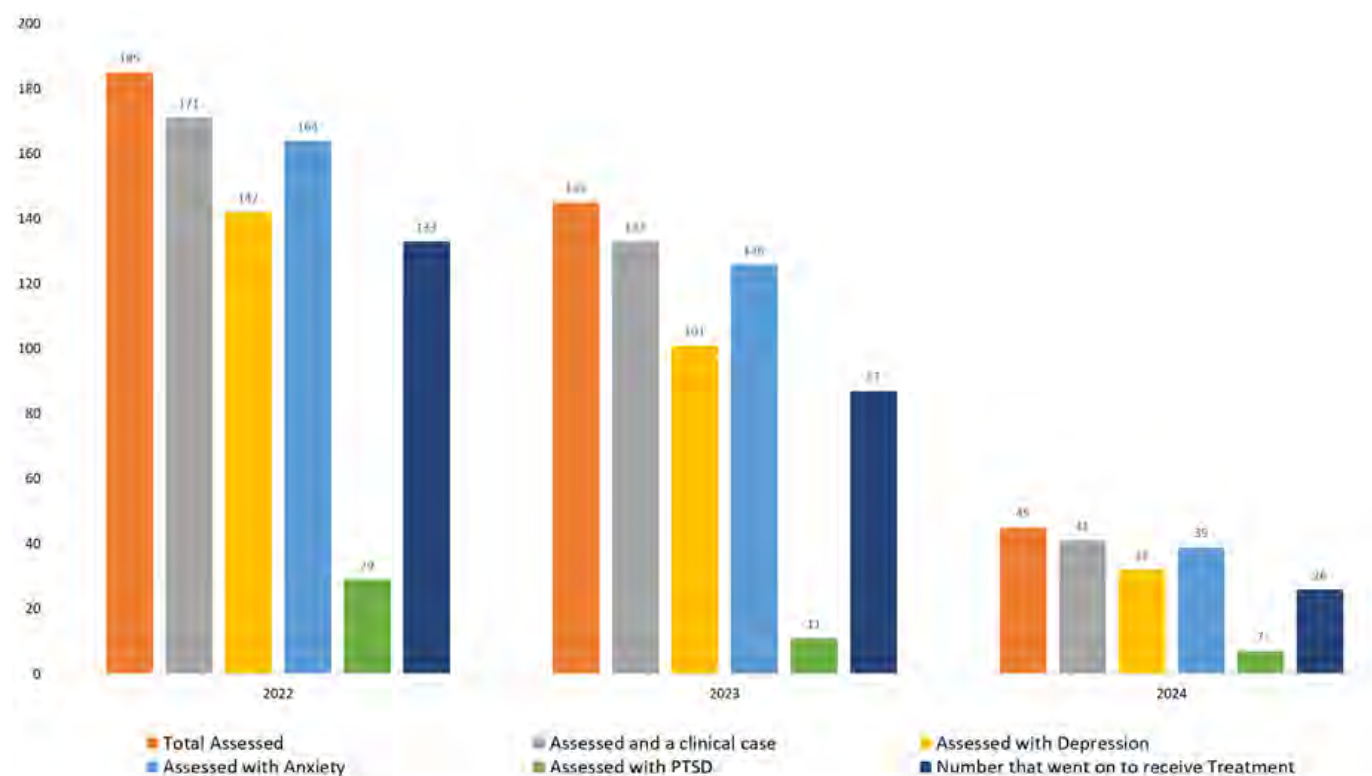


Data on the number of Herefordshire perinatal patients who had their assessment with and received treatment from the NHS Talking Therapies for Anxiety and Depression service (formerly known as Improving Access to Psychological Therapies, IAPT) from January 2023 to April 2024 are reported in Figure 31.

¹⁸⁷ [NHS mental health dashboard Q3 2023/24](#), NHS England, 2024

¹⁸⁸ [Perinatal Mental Health](#), OHID, 2018

Figure 31 Number of perinatal patients who had their assessment with and received treatment from the Talking Therapies service between January 2022 and April 2024



In Herefordshire since 2022, the total number of number of perinatal patients assessed has decreased, though the figures for 2024 only account for assessments conducted up until the end of April 2024. The percentage of perinatal patients that went on to receive treatment has also reduced since 2022. In 2022, 72% of the patients went on to receive treatment, while in 2023 and 2024 (thus far) these numbers were 60% and 57%, respectively. Each year, the most commonly detected condition was anxiety, followed by depression and PTSD.

The numbers in Worcestershire are about 2 to 2.5 times higher as compared to Herefordshire, less than the 3.2 times difference in population size between the two areas. Similar to Herefordshire, the highest number of cases that were seen in Worcestershire were those for anxiety, followed by depression, and PTSD. However, the percentage of those that went on to receive treatment was slightly higher in Herefordshire (72% in 2022, 60% in 2023, and 58% in 2024) compared to Worcestershire (56% in 2022, 62% in 2023, and 53% in 2024).

1.2. Health-related behaviours

1.3. Smoking

In 2022/23 the proportion of women in Herefordshire who smoked at the time of delivery was 9%, similar to the proportion nationally (8.8%), and significantly higher than the “national

ambition” of 6%. However, this proportion has been steadily decreasing since 2019/20, when it was 13.9%.¹⁸⁹

1.4. At-risk groups

1.5. Teenage or young pregnancies

- In 2020, 1 in 4 or 25% of births in England and Wales were to teenagers or young people aged 16-24.¹⁹⁰ Research suggests that pregnant teenagers may be at an increased risk of depression compared to non-pregnant teens and adults, with prenatal depression higher in young pregnant women today than in previous generations and a doubled prevalence of postpartum depression among pregnant teenagers compared to adult mothers.¹⁹¹ Suicide has been a leading cause of direct maternal death in the one year following childbirth, with an observed increase in the number of teenage maternal suicides between 2018 and 2020.¹⁹²
- Adolescent pregnancy has also been found to be linked to other factors, like poverty, lower family socioeconomic status, and aggressive and delinquent behaviours, known to increase the risk for mental health problems. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers.¹⁹³ Young mothers have also reported more emotional and behavioural problems in their children; however, their own mental health could influence how mothers perceive and report on their child’s behaviour. This can contribute to anxious or frustrated parenting and create a downward spiral for family wellbeing.
- A detrimental environment during pregnancy and the first years in life, a period of intense brain development, can have negative effects on a child’s behaviour and stress response that are only apparent later in life. Risk factors for mental health problems tend to coexist between mother and child due to structural inequalities that tend to reproduce between generations. Recent research found that parental unemployment in young mothers increased the risk for postnatal depression, child internalising and externalising problems, and child development.¹⁹⁴
- However, the evidence on the effects of teenage pregnancy on mental health outcomes of mother and child are not conclusive. The authors of a recent study suggest that poorer outcomes experienced by young mothers in Great Britain are primarily due to the high level of background disadvantage they experience, rather than detrimental effects of young motherhood alone.¹⁹⁵ Crucially, many young mothers experience significant stigma that may contribute to poor mental health and stop them from seeking help.¹⁹⁶

¹⁸⁹ [Public health profiles](#), OHID, 2023

¹⁹⁰ [The maternal mental health experiences of young mums](#), Maternal Mental Health Alliance, 2023

¹⁹¹ Lucas G, Olander EK, Ayers S, Salmon D. [No straight lines - young women's perceptions of their mental health and wellbeing during and after pregnancy: a systematic review and meta-ethnography](#). *BMC Women's Health*. 2019 Dec 5;19(1):152. doi: 10.1186/s12905-019-0848-5.

¹⁹² [The maternal mental health experiences of young mums](#), Maternal Mental Health Alliance, 2023

¹⁹³ [Child and Maternal Health](#). Public Health England.

¹⁹⁴ Agnafors S, Bladh M, Svedin CG, Sydsjö G. [Mental health in young mothers, single mothers and their children](#). *BMC Psychiatry*. 2019 Apr 11;19(1):112. doi: 10.1186/s12888-019-2082-y.

¹⁹⁵ O'Flaherty M, Kalucza S, Bon J. [Does Anyone Suffer From Teenage Motherhood? Mental Health Effects of Teen Motherhood in Great Britain Are Small and Homogeneous](#). *Demography*. 2023 Jun 1;60(3):707-729. doi: 10.1215/00703370-10788364.

¹⁹⁶ [The maternal mental health experiences of young mums](#), Maternal Mental Health Alliance, 2023

In Herefordshire, the under 18s conception rate has, in common with England and the West Midlands region, fallen over the past twenty years, from 37.2 per 1,000 in 1998 (95% CI 30.5 – 45) to 14.7 per 1,000 (95% CI 10.6 – 20) in 2021. This most recent rate is similar to the West Midlands rate of 15.2 per 1,000 and the England rate of 13.1 per 1,000.¹⁹⁷ This is also the case for the under 16s conception rate, reported as 0.7 per 1,000 in 2021.¹⁹⁸

Key takeaways

- Data on the local prevalence of mental health conditions and disorders for women in the perinatal period is out of date. Updated data should be obtained from the Herefordshire and Worcestershire Health and Care NHS Trust perinatal mental health team.
- Recent survey data shows that tiredness and feeling anxious, worried, lonely, or isolated are all leading factors that may contribute to Herefordshire women experiencing low mood or wellbeing in the first 12 months of their baby's life.
- Since 2022, the total number of number of perinatal patients assessed by the Talking Therapies service in Herefordshire has decreased (up to April 2024). The percentage of perinatal patients that went on to receive treatment has also reduced since 2022. Each year, the most commonly detected condition was anxiety, followed by depression and PTSD.
- The proportion of women in Herefordshire who smoked at the time of delivery was similar to the proportion reported nationally, but has been steadily decreasing since 2019/20. However, it remains above the national ambition of 6% (9% in 2022/23).
- In Herefordshire, both the under 16s and the under 18s conception rates have fallen over the past twenty years, similar to the West Midlands and England rates.

¹⁹⁷ [Under 18s conception rate / 1,000](#), OHID, 2021

¹⁹⁸ [Under 16s conception rate/ 1,000](#), OHID, 2021

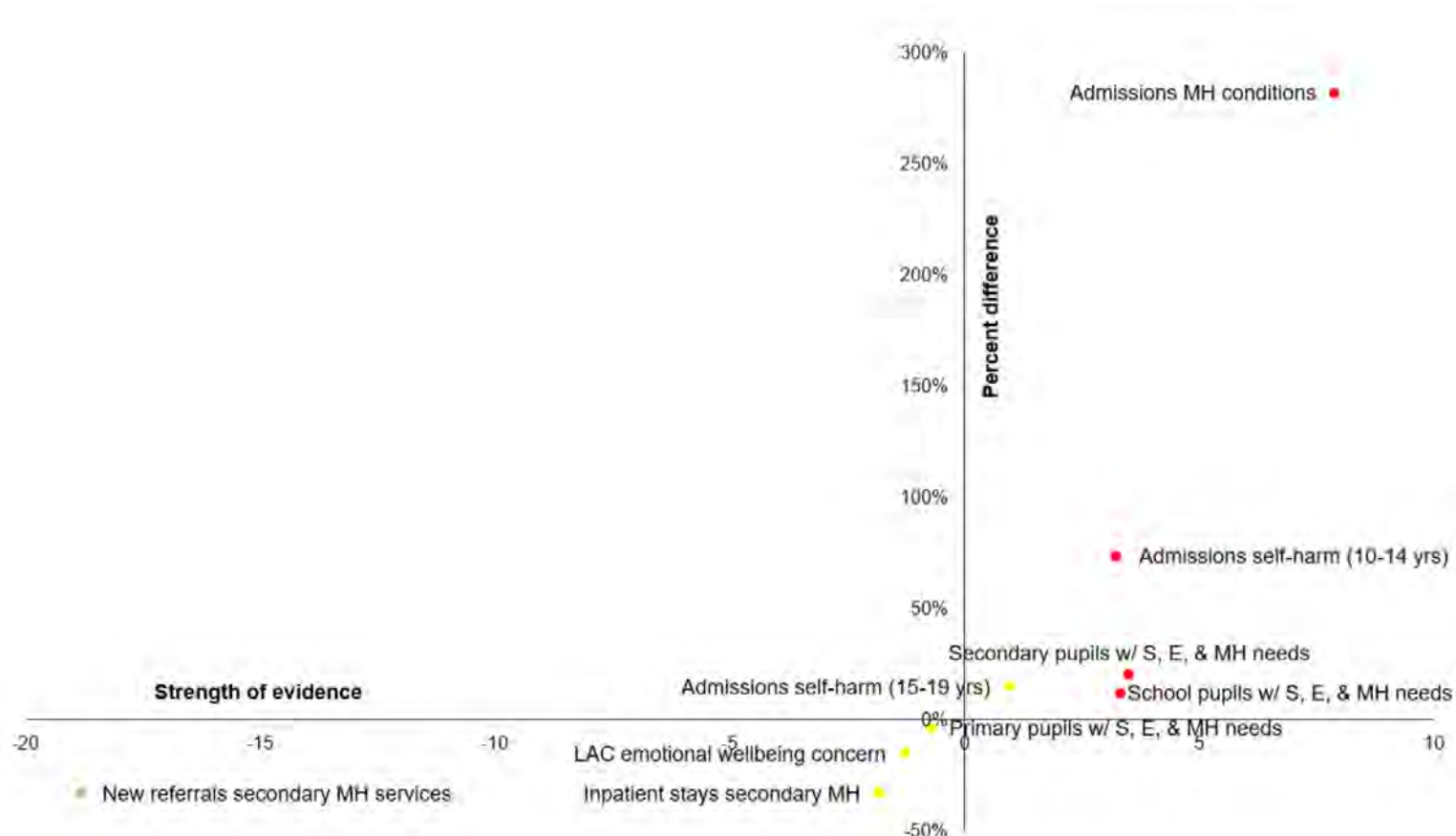
2. Children and Young People

2.1. Mental health and wellbeing

2.2. At a glance

A visualisation of the comparison between Herefordshire and England values for indicators associated with CYP mental health and wellbeing is shown in Figure 32, while full details are shown in Table 19.¹⁹⁹ While Herefordshire compares favourably or similarly to England with respect to some indicators like new referrals to secondary mental health services, it fares considerably worse with respect to hospital admissions as a result of self-harm among 10-14 year olds (437 per 100,000 vs 251 for England) and substantially worse for hospital admissions for mental health conditions among CYP under 18 years old (309 per 100,000 vs 81 for England). However, there are some concerns with respect to the accuracy of this data, suggesting they require further investigation.

Figure 32 The percent difference and strength of evidence of this difference between Herefordshire and England values for CYP mental health and wellbeing indicators



¹⁹⁹ A strength of evidence of 2 or more typically represents a statistically significant (or strong evidence of a) difference between Herefordshire and England values. Figure data markers and table rows use 'RAG rating' colours, such that red indicates Herefordshire values are worse or poorer than England values, yellow indicates similar values, and green indicates Herefordshire values are better or more favourable than England values.

Indicator	Year	Type	Herefordshire	England	Strength of evidence	Percent difference	≤ 5yr trend
New referrals to secondary mental health services (<18 yrs)	2019/20	Rate / 100,000	4670	6977	-19	-33%	
Inpatient stays in secondary mental health services (<18 yrs)	2017/18	Rate / 100,000	37	55	-2	-33%	Not available
Looked after children whose emotional wellbeing is a cause for concern	2022/23	Proportion (%)	34	40	-1	-15%	
Primary school age pupils with social, emotional and mental health needs	2022/23	Proportion (%)	2.7	2.8	-1	-4%	
School age pupils with social, emotional and mental health needs	2022/23	Proportion (%)	3.7	3.3	3	12%	
Hospital admissions as a result of self-harm (15-19 yrs)	2022/23	Rate / 100,000	538	468	1	15%	
Secondary school age pupils with social, emotional and mental health needs	2022/23	Proportion (%)	4.2	3.5	4	20%	
Hospital admissions as a result of self-harm (10-14 yrs)	2022/23	Rate / 100,000	437	251	3	74%	
Hospital admissions for mental health conditions (<18 yrs)	2022/23	Rate / 100,000	309	81	8	282%	

Table 19 A comparison of Herefordshire and England values for CYP mental health and wellbeing indicators

In Herefordshire, based on the results of the 2023 Mental Health of Children and Young People Survey, there were estimated to be 3,647 of children and young people aged between 8 and 16 with a probable mental disorder (20.3% of 17,996).²⁰⁰ In 2022/23, the proportion of school aged school pupils in Herefordshire with social, emotional and mental health needs was significantly higher than in England and the West Midlands region (3.7% compared to 3.3% and 3.0%, respectively)²⁰¹ and has remained consistently higher since at least 2015.²⁰² Whereas for primary age children the rate was similar to England (2.7% compared to 2.8%), although higher than the West Midlands (2.5%),²⁰³ for secondary age children it was significantly higher than both England and the West Midlands (4.2% compared to 3.5% and 3.2%, respectively).²⁰⁴

Based on primary care (EMIS) data from July 2023 accessed through the Herefordshire PHM profile, 99 CYP (<18 years) patients (0.3% of all CYP) were recorded with depression. The average age of these patients was 16 years, over two thirds (69%) were female, 78% were White British, 10% had two or more long term conditions, and most were within the 5th IMD decile (29%). 421 CYP patients (1.2% of all CYP) were recorded with anxiety. The average age of these patients was 13 years, 64% were female, 82% were White British, 2% had two or more long term conditions, and most were within the 5th IMD decile (30%). Four CYP patients (0.01%) were recorded with schizophrenia, bipolar affective disorder, and other psychoses and other patients on lithium therapy. The average age of these patients was 17 years, half (50%) were female, all were White British, and none had two or more long term conditions. 1 CYP patient was recorded with loneliness and isolation.

The 2021 Children and Young People Quality of Life (CYP QoL) survey included questions on emotional health & wellbeing. Responses to these questions are summarised by educational setting in Figure 33. Across settings, the proportion of children and young people not very happy or not happy at all with life seems to rise with age, while the proportion very happy with life at the moment decreases. Children in primary settings worried more about COVID-19, the environment and climate change, and being safe on the roads more than older children and young people in secondary and Further Education (FE) settings. More children in secondary school reported wanting to lose weight than Year 6 students. A lower proportion of children in primary school had low or medium low combined

²⁰⁰ [Mental Health of Children and Young People in England, 2023](#), NHS Digital, 2023

²⁰¹ [Children and Young People's Mental Health and Wellbeing](#), OHID, 2022

²⁰² [Children and Young People's Mental Health and Wellbeing](#), OHID, 2022

²⁰³ [Children and Young People's Mental Health and Wellbeing](#), OHID, 2022

²⁰⁴ [Children and Young People's Mental Health and Wellbeing](#), OHID, 2022

scores on the Stirling Children's wellbeing scale²⁰⁵ compared to secondary and FE pupils with low or medium low combined scores on the Warwick-Edinburgh Mental Wellbeing scales.²⁰⁶ Looking at individual years, 75% of Year 6 pupils said that they were happy with life at the moment. 58% of Year 8, 52% of Year 10 pupils and 55% of FE students said the same. With respect to resilience, 17% of Year 6 pupils recorded a 'high' resilience score. 12% of Year 8, 11% of Year 10 pupils and 13% of FE students recorded the same. Regarding worry, 55% of Year 6 pupils said that they can usually deal with worry and that it doesn't affect their life much. 28% of Year 8, 27% of Year 10 pupils and 26% of FE students said the same.

Figure 33 Responses to Children & Young People's Quality of Life Survey 2021's 'Emotional health & wellbeing' questions by educational setting

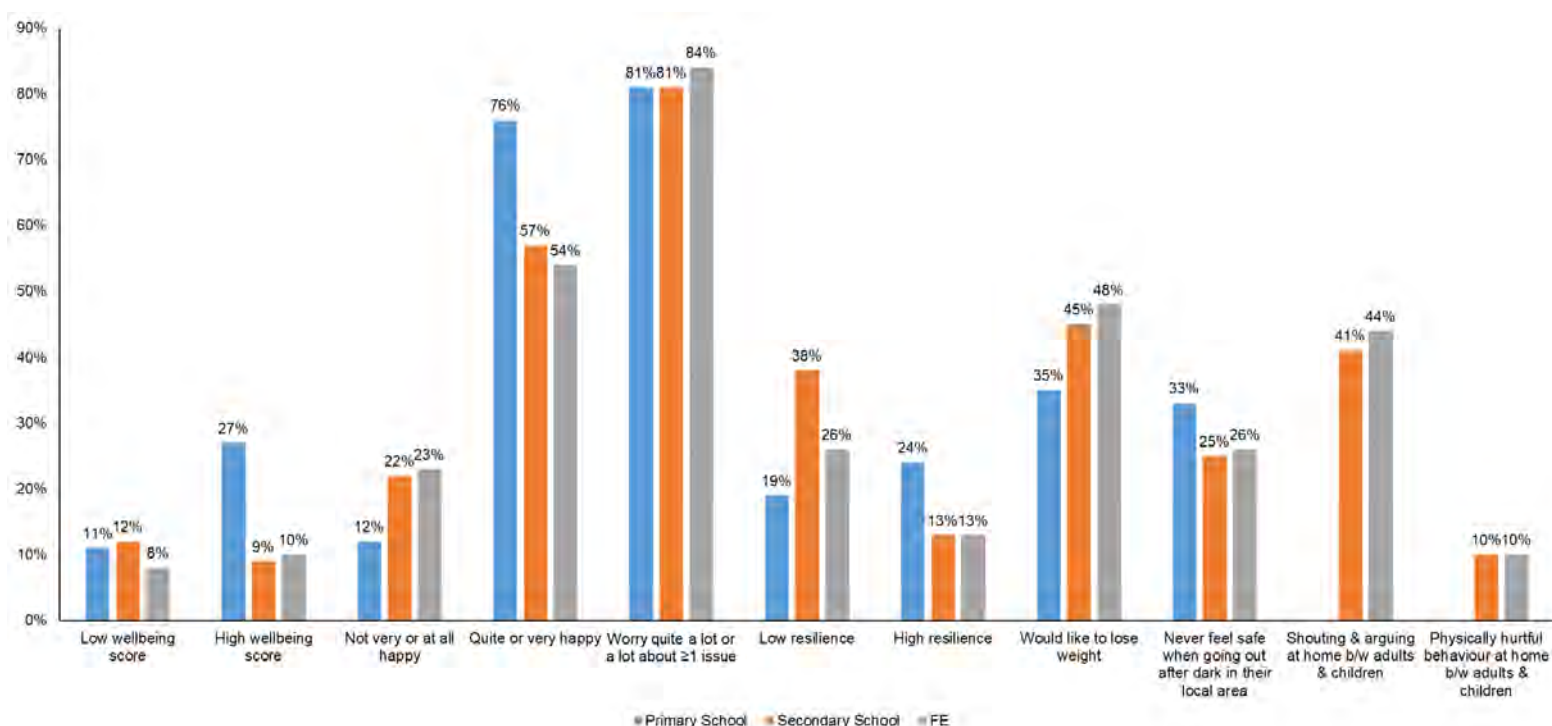
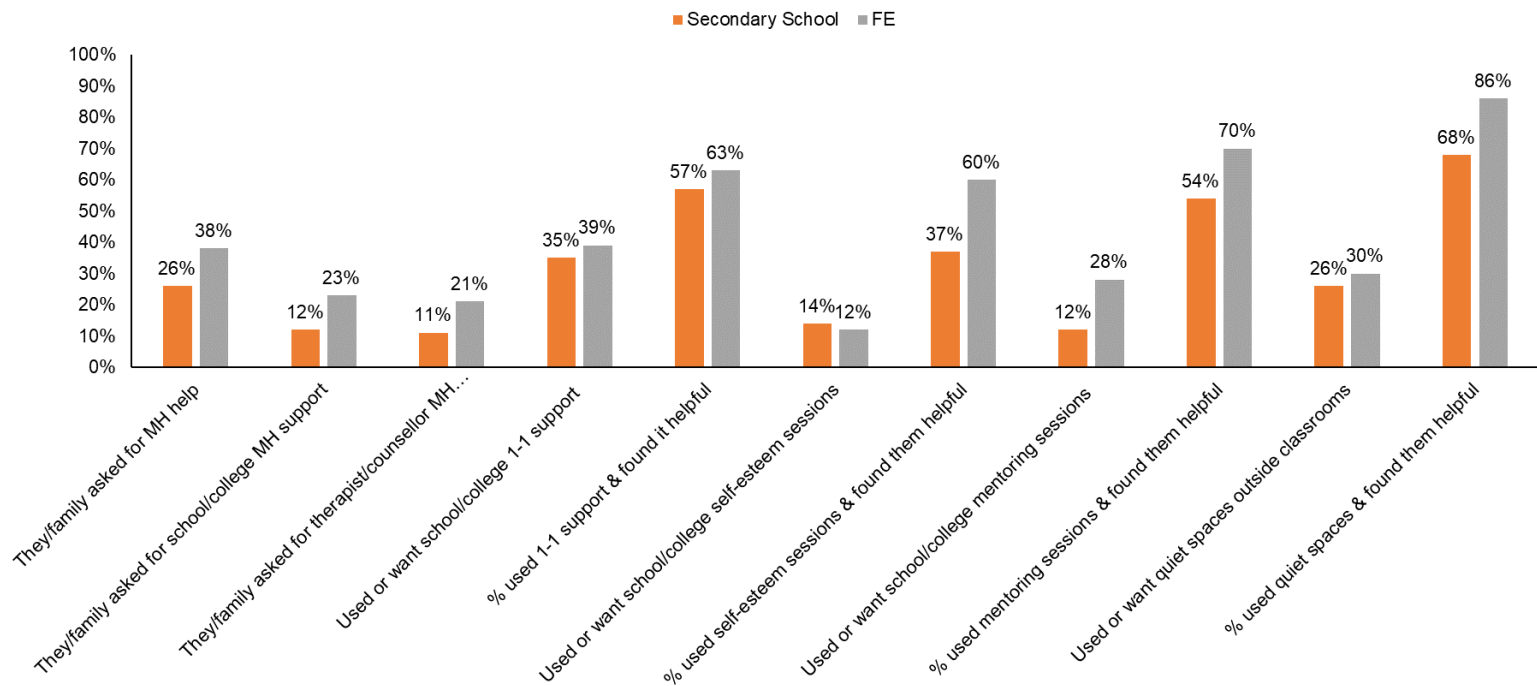


Figure 34 presents survey results on whether CYP (in secondary schools or FE) or their families asked for help with their mental health, what help they used or wanted to use, and whether those who did use those types of help found them helpful or not. By FE, more CYP had asked for help, and used or wanted to use various forms of support, with support also being rated as more helpful among FE students compared to secondary students.

²⁰⁵ Liddle, I., & Carter, G. (2010). [Emotional and psychological wellbeing in children: The standardisation of the Stirling Children's Wellbeing Scale](#). Stirling Council Educational Psychology Service.

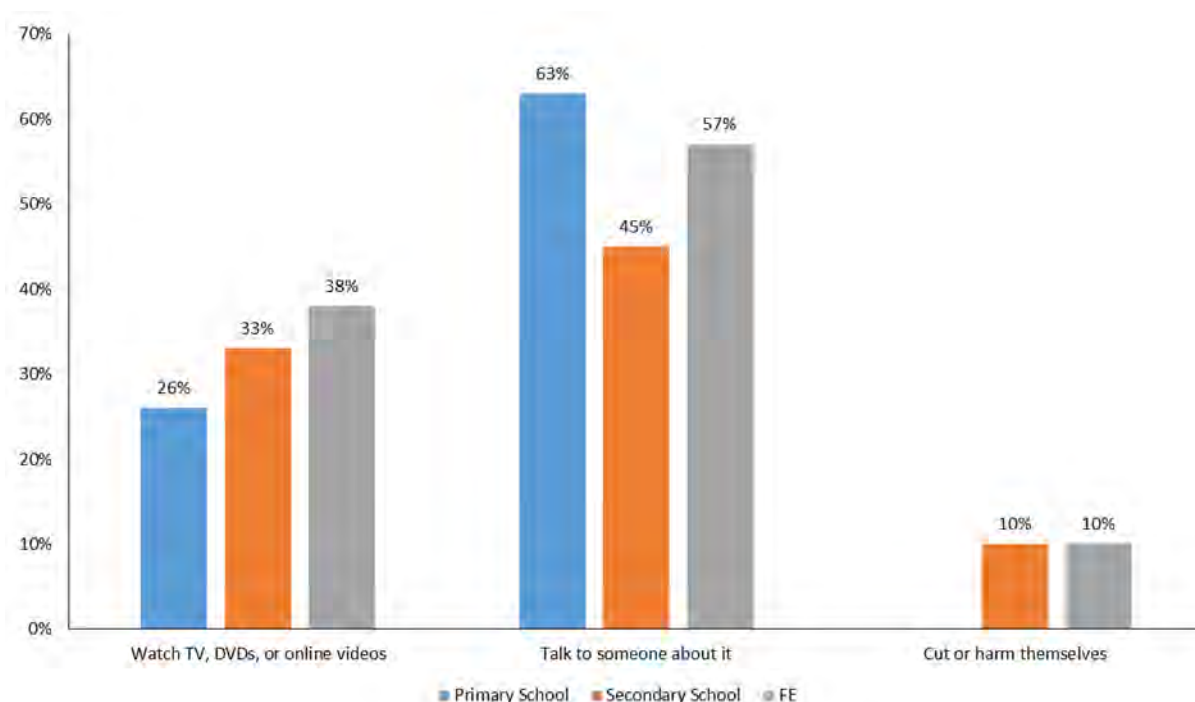
²⁰⁶ Tennant, R., Hiller, L., Fishwick, R. *et al.* The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes* 5, 63 (2007). <https://doi.org/10.1186/1477-7525-5-63>

Figure 34 Responses to Children & Young People's Quality of Life Survey 2021 questions about asking for help with their mental health, types of mental health support used or wanted, and whether the support was helpful



In the CYP QoL , students from primary, secondary schools and FE were asked what they do when they have a problem. The results are depicted in Figure 35. 63% of primary school students, 45% of secondary students, and 57% of FE students said they talk to someone about their problems. While 10% of each, secondary, and FE students said they cut or harm themselves.

Figure 35 Responses to questions on problem solving on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



Self-harm

For children and young people, mental health problems can sometimes manifest themselves as self-harm. It is likely that at least two young people in every secondary school classroom in England have self-harmed at some time.²⁰⁷ Most young people who self-harm report having started to hurt themselves around the age of 12.²⁰⁸ Normally, self-harm is not a suicide attempt or a cry for attention but a way of coping with overwhelming and distressing thoughts or feelings and can be linked to depression, anxiety, borderline personality disorder, and eating disorders.²⁰⁹

In 2022/23, there was a rate of 348.2 per 100,000 hospital admissions of 10 to 24 year olds as a result of self-harm in Herefordshire; similar to England and the West Midlands (319 and 309.7, respectively).²¹⁰ Within these figures, the rate for different age groups is also mostly higher than England as a whole for 2022/23; 10-14 years: 436.9 compared to 251.2,²¹¹ 15-19 years: 538 compared to 468.2,²¹² and 20-24 years where the Herefordshire rate is statistically significantly lower than England: 126.2 compared to 244.4.²¹³ Notably, Herefordshire rates have decreased across all age groups in 2022/23 compared to 2021/22. With respect to the hospital admissions of 10 to 14 year olds as a result of self-harm data, Herefordshire and Worcestershire Child and Adolescent Mental Health Services (CAMHS)

²⁰⁷ [The truth about self-harm](#). Mental Health Foundation.

²⁰⁸ [The truth about self-harm](#). Mental Health Foundation.

²⁰⁹ [The truth about self-harm](#). Mental Health Foundation.

²¹⁰ [Children and Young People's Mental Health and Wellbeing](#), OHID, 2023

²¹¹ [Children and Young People's Mental Health and Wellbeing](#), OHID, 2023

²¹² [Children and Young People's Mental Health and Wellbeing](#), OHID, 2023

²¹³ [Children and Young People's Mental Health and Wellbeing](#), OHID, 2023

have suggested this data may be inaccurate, and should be more similar to Worcestershire's rate (240.5 per 100,000). Therefore, this indicator requires review.

Eating disorders

In November 2023, Herefordshire and Worcestershire CAMHS reported increasing presentation of children with eating problems over last 5 years.²¹⁴ In 2020/21, there has been a significant increase in referrals of CYP experiencing eating disorders both nationally and locally (34% increase locally, not including March 2021 data). There has also been an increase in acuity of eating disorders and late presentation to service. In 2020/21 locally, there has been an increase in CYP presenting with very poor physical health requiring admission to the Wye Valley Trust Children's Ward for stabilisation. There was also a local increase in CYP requiring admission to Tier 4 adolescent MH hospital due to serious eating disorder.²¹⁵ 95% of CYP under 19 years of age with eating disorders were reported as seen within 4 weeks for routine care in Q3 of 2023/24.²¹⁶

NHS support for mental health

Reported in the NHS Mental Health Dashboard quarter 3 (Q3) of 2023/24, there were 7,360 CYP under 18 in Herefordshire and Worcestershire accessing support by NHS funded community services (at least one contact) over a rolling 12 month period. There were also 2,735 people aged 18 to 24 years supported through NHS funded mental health (at least one contact) over a rolling 12 month period. There were 60 (41.4%) closed referrals for CYP under 18 with at least two contacts and who had a self-rated perspective paired score that showed measurable improvement (17.5% of closed CYP referrals under 18 had at least two contacts and any paired score). Finally, there were 595 bed days reported for CYP under 18 years in Child and Adolescent Mental Health Services tier 4 wards and 30 bed days of CYP under 18 years in adult in-patient wards.²¹⁷ In 2020, 150 CYP were seen at the Wye Valley NHS Trust's A&E/Children's ward in crisis, out of which 84 needed ongoing CAMHS support post discharge.²¹⁸

Critically, in 2022/23 there was a rate of 308.5 per 100,000 hospital admissions for mental health conditions for CYP under 18 years of age in Herefordshire, much higher than both England and West Midlands rates (80.8 and 77.5 per 100,00, respectively).²¹⁹ As with the aforementioned self-harm data, Herefordshire and Worcestershire CAMHS have suggested this data may be inaccurate, and should be more similar to Worcestershire's rate (50.4 per 100,000). Therefore, this indicator also requires review.

CAMHS support

As of November 2023, Herefordshire and Worcestershire CAMHS reported that 40 schools were currently being supported by Wellbeing Education Support Teams (WEST) in

²¹⁴ Upton, S., Powell, K. [Child and Adolescent Mental Health \(CAMHS\) Presentation for Herefordshire Children and Young People's Scrutiny Committee](#), Herefordshire and Worcestershire Health and Care NHS Trust, 2023

²¹⁵ Powell, K., Cook-Tippins, E. [Herefordshire Child and Adolescent Mental Health Services](#), Herefordshire and Worcestershire Health and Care NHS Trust, 2021

²¹⁶ [NHS mental health dashboard Q3 2023/24](#), NHS England, 2024

²¹⁷ [NHS mental health dashboard Q3 2023/24](#), NHS England, 2024

²¹⁸ Powell, K., Cook-Tippins, E. [Herefordshire Child and Adolescent Mental Health Services](#), Herefordshire and Worcestershire Health and Care NHS Trust, 2021

²¹⁹ [Hospital admissions for mental health conditions \(<18 yrs\)](#), OHID Fingertips, 2023

Herefordshire, equating to 48% of schools being able to access this service. CAMHS was meeting targets for WEST, Kooth (see below), CAMHS Youth Team, Learning Disability CAMHS team, Crisis response, Eating disorder service, Locality CAMHS team, and Attention Deficit Hyperactivity Disorder (ADHD) diagnostic and management pathway. However, it was not meeting all Autistic Spectrum Condition (ASC) Diagnostic Pathway targets, noting there were no specific staff funded for the neurodiversity pathways (see section on Neurodivergent CYP). Overall, they reported an increase in referrals over time, showing an ongoing increasing trajectory (see Figure 36).²²⁰ Data on the number of referrals between April 2019 and February 2021 is shown in Figure 37.²²¹

Figure 36 Number of Herefordshire CAMHS referrals over time (April 2021 to October 2023)

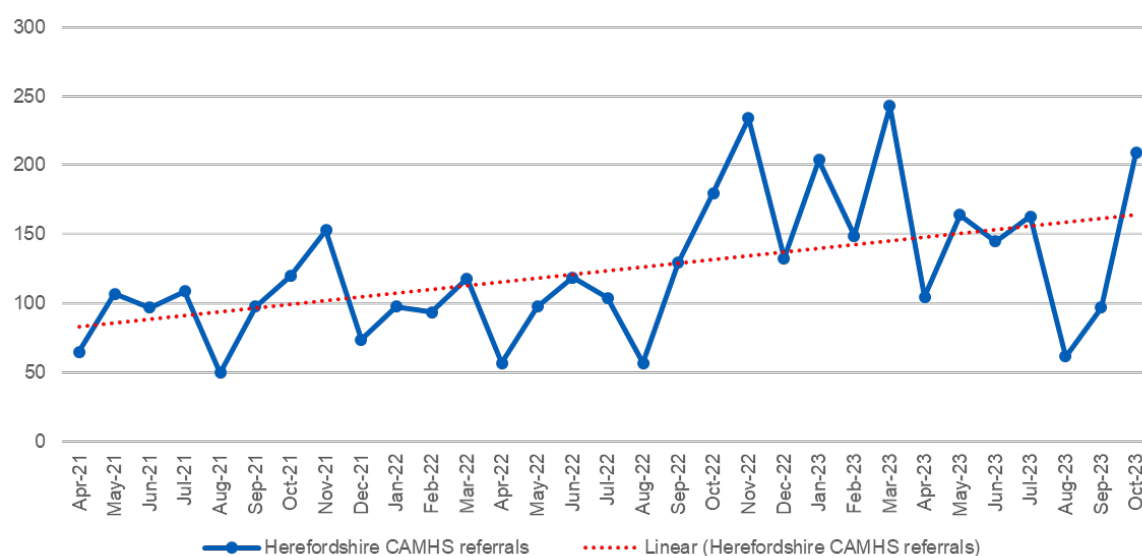
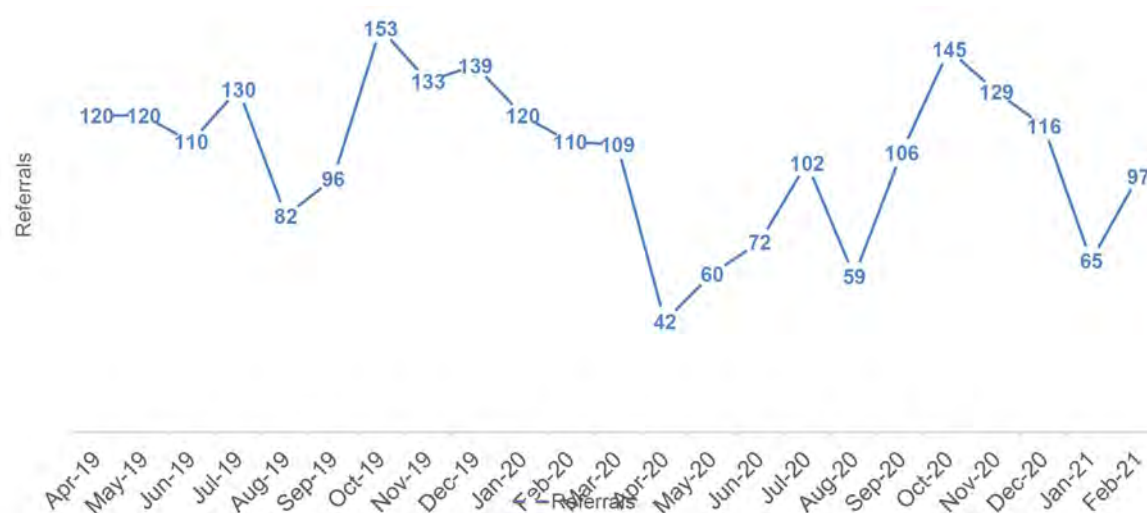


Figure 37 Referrals to the Herefordshire CAMHS service April 2019 - February 2021



Kooth, an online, anonymous wellbeing community providing forums, articles, text chat and counselling sessions for CYP aged 11-19 went live in Herefordshire in April 2020 and is run

²²⁰ Upton, S., Powell, K. [Child and Adolescent Mental Health \(CAMHS\) Presentation for Herefordshire Children and Young People's Scrutiny Committee](#), Herefordshire and Worcestershire Health and Care NHS Trust, 2023

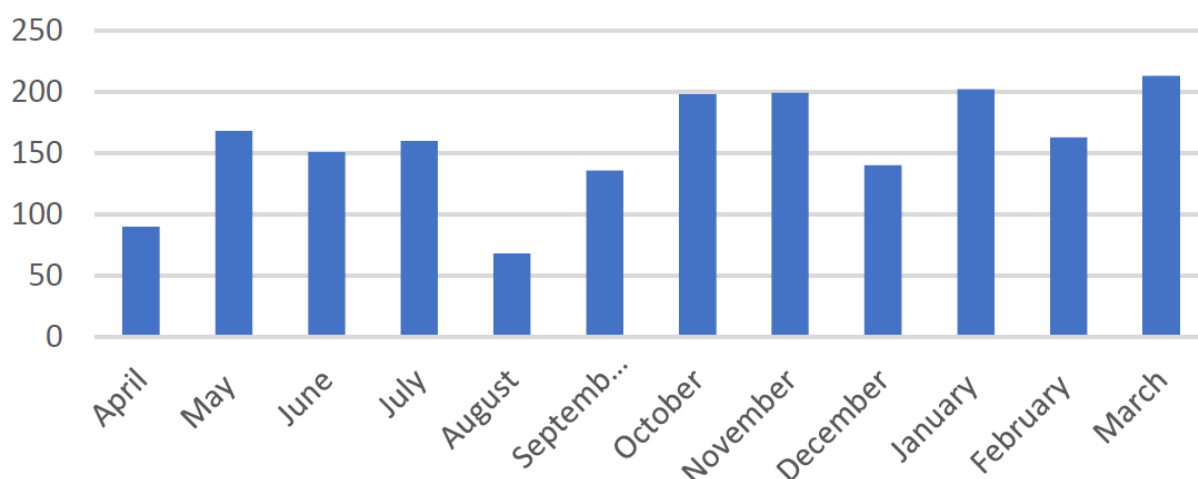
²²¹ Powell, K., Cook-Tippins, E. [Herefordshire Child and Adolescent Mental Health Services](#), Herefordshire and Worcestershire Health and Care NHS Trust, 2021

by Herefordshire and Worcestershire CAMHS. At the end of quarter 3 (Q3) of 2020, 512 CYP had registered with Kooth, logging in 3,248 times, with 85% of them returning. 75% of these logins were outside of 'office hours'. Of 241 new Q3 2020 registrations, 169 were female, 52 were male, 12 were agender, and 7 were gender fluid. There were also 28 new Black and Minority Ethnic (BME) registrations. Most new registrations in this period were by 13 year olds (18.26%), 15 year olds (17.84%), and 14 year olds (14.11%).²²²

CLD Trust support

The CLD Trust is a registered charity that provides counselling and other talking therapies to children, young people (from the age of 8) and some adults. They deliver these services from their Hereford base as well as counselling in schools and some community settings. The number of CYP referred to the CLD Trust for emotional health and wellbeing support per month for 2023/24 is shown in Figure 38. There were a total of 1,888 referrals over this period. In common with previous years, there was a slight drop in referrals during the summer and in the weeks leading up to Christmas. 852 referrals were carried forward from previous years, an indication of CLD Trust's long waiting list at the time. However, they report having successfully addressed that backlog.²²³

Figure 38 Number of CYP referred to the CLD trust for emotional health and wellbeing support per month for 2023/24



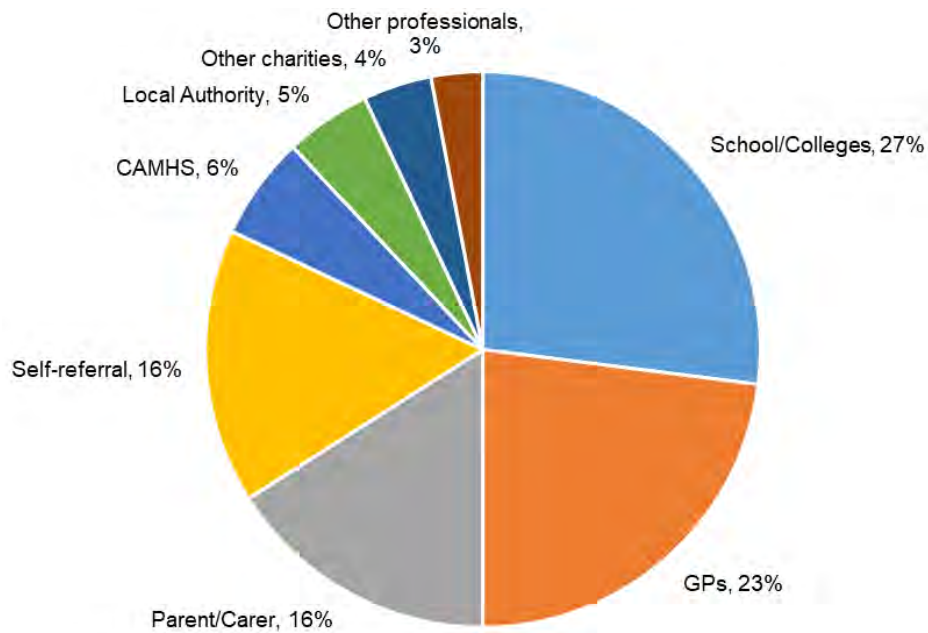
Sources of referral to CLD Trust and their respective proportion of total referrals during 2023/24 are shown in Figure 39. Half of referrals come from GPs or schools, demonstrating the important role CLD Trust plays as part of an initial response to emerging emotional health problems in universal services. Nearly a third of referrals are self-referrals or from parents, again indicating that their profile is high for those looking to seek support for themselves or their family members.²²⁴

²²² Powell, K., Cook-Tippins, E. [Herefordshire Child and Adolescent Mental Health Services, Herefordshire and Worcestershire Health and Care NHS Trust](#), 2021

²²³ The CLD Trust Annual Report April 2023 to March 2024, CLD Trust, 2024

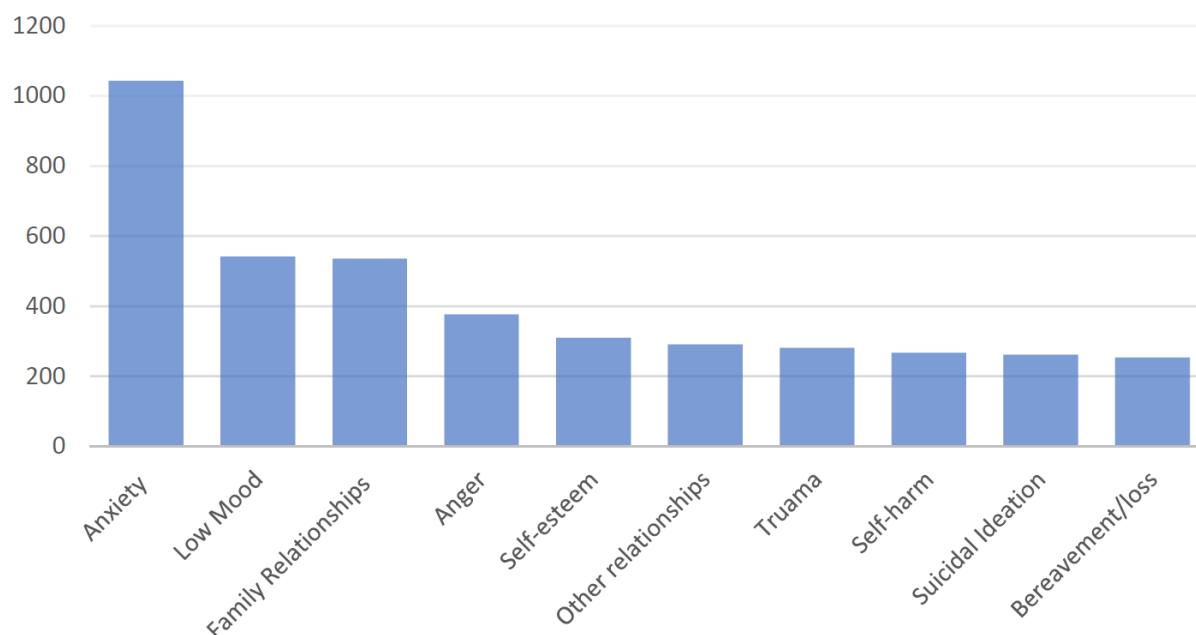
²²⁴ The CLD Trust Annual Report April 2023 to March 2024, CLD Trust, 2024

Figure 39 Sources of referral to CLD Trust for 2023/24



CLD Trust consistently sees an almost equal split between girls and boys at the start of secondary school, which gradually alters during adolescence. By late teenage years, twice as many girls as boys are seen by CLD. The reasons for this are complex, with growing evidence that the impact of social media is more negative for girls than boys while it is well established that low mood and anxiety are more common in girls than boys. CLD Trust suggest that boys may also be less likely to reach out for the support they need, seeing this as a sign of weakness. These patterns broadly continue among their adult clients as well. The ten most common presenting issues among their clients (emerging from their first meetings with children) are shown in Figure 40. Although the problems are broad and complex, the CLD Trust report anxiety is often a core factor for many of their clients, lying at the heart of many mental health challenges.²²⁵

²²⁵ The CLD Trust Annual Report April 2023 to March 2024, CLD Trust, 2024

Figure 40 Ten most common presenting issues among CLD Trust clients for 2023/24

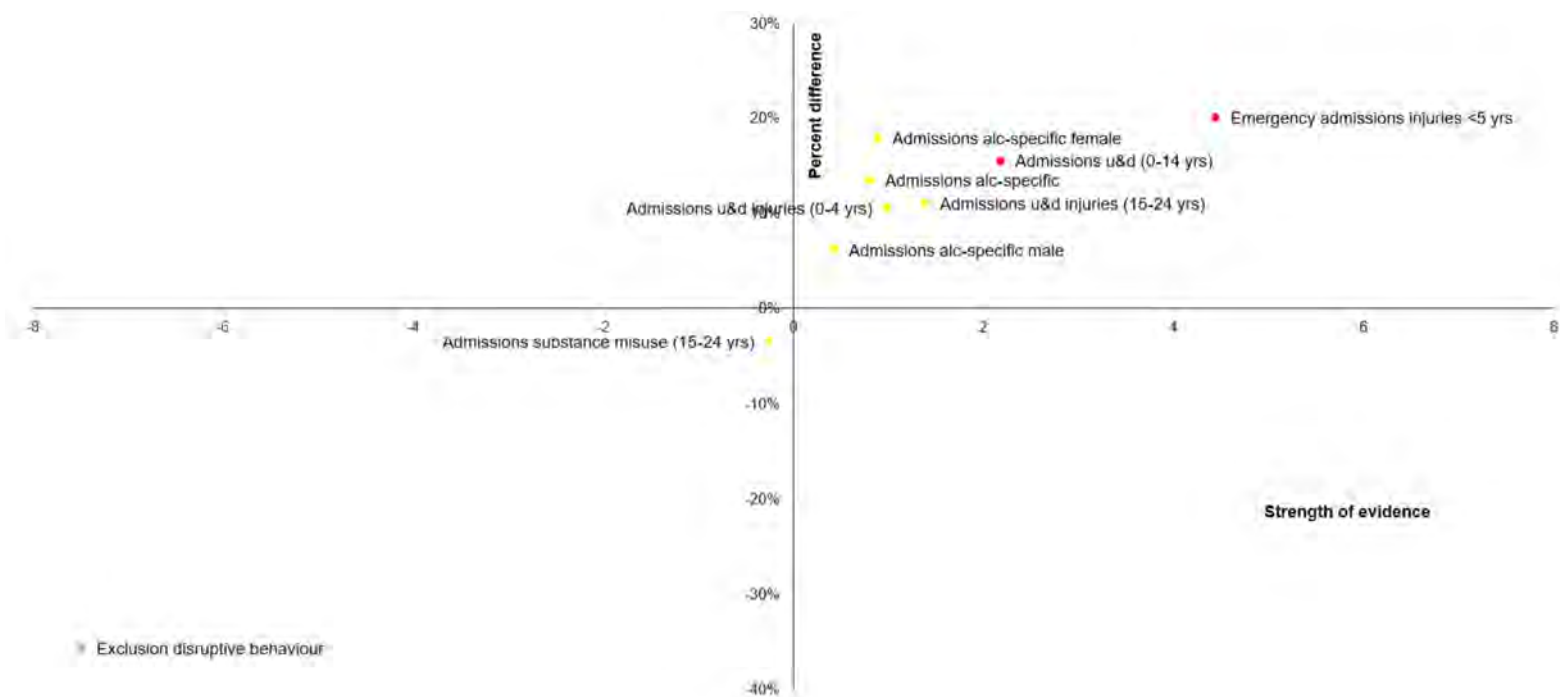
2.3. Health-related behaviours

2.4. At a glance

A visualisation of the comparison between Herefordshire and England values for indicators associated with CYP health-related behaviours is shown in Figure 41, while full details are shown in Table 20.²²⁶ While Herefordshire compares favourably or similarly to England with respect to school exclusions and most hospital admission for under 18s, it fares considerably worse with respect to emergency hospital admissions for injuries in children under five years of age (143 per 1,000 compared to 119 for England).

²²⁶ A strength of evidence of 2 or more typically represents a statistically significant (or strong evidence of a) difference between Herefordshire and England values. Figure data markers and table rows use 'RAG rating' colours, such that red indicates Herefordshire values are worse or poorer than England values, yellow indicates similar values, and green indicates Herefordshire values are better or more favourable than England values.

Figure 41 The percent difference and strength of evidence of this difference between Herefordshire and England values for CYP health-related behaviour indicators



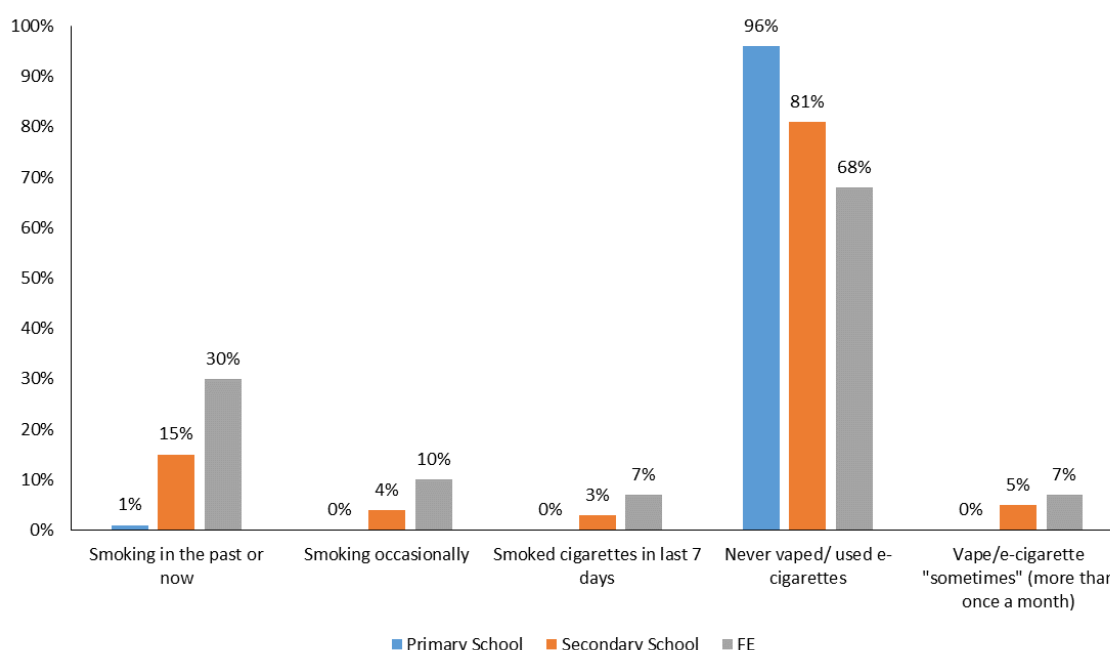
Indicator	Year	Type	Herefordshire	England	Strength of evidence	Percent difference	≤ 5yr trend
Fixed period exclusion due to persistent disruptive behaviour (school-aged pupils)	2016/17	Proportion (%)	0.9	1.4	-7	-36%	
Hospital admissions due to substance misuse (15-24 years)	2018/19-20/21	Rate / 100,000	78	81	0	-3%	
Admission episodes for alcohol-specific conditions <18 yrs (Male)	2020/21-22/23	Rate / 100,000	19	18	0	6%	
Hospital admissions caused by unintentional & deliberate injuries in children (0-4 yrs)	2022/23	Rate / 10,000	102	92	1	11%	
Hospital admissions caused by unintentional & deliberate injuries in YP (15-24 yrs)	2022/23	Rate / 10,000	105	94	1	11%	
Admission episodes for alcohol-specific conditions <18 yrs	2020/21-22/23	Rate / 100,000	30	26	1	13%	
Hospital admissions caused by unintentional & deliberate injuries in YP (0-14 yrs)	2022/23	Rate / 10,000	87	75	2	16%	
Admission episodes for alcohol-specific conditions <18 yrs (Female)	2020/21-22/23	Rate / 100,000	41	35	1	18%	
Emergency hospital admissions for injuries in <5 yrs	2016/17-20/21	Rate / 1,000	143	119	4	20%	Not available

Table 20 A comparison of Herefordshire and England values for CYP health-related behaviour indicators

2.5. Smoking and vaping

Responses to questions on smoking and vaping from the CYP QoL 2021 showed the trend in Figure 42. As would be expected, overall, there was an increase in smoking and vaping as children moved from primary school to further education (FE). However, both regular smoking and vaping remained rare amongst CYP of all ages.

Figure 42 Responses to smoking related questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting

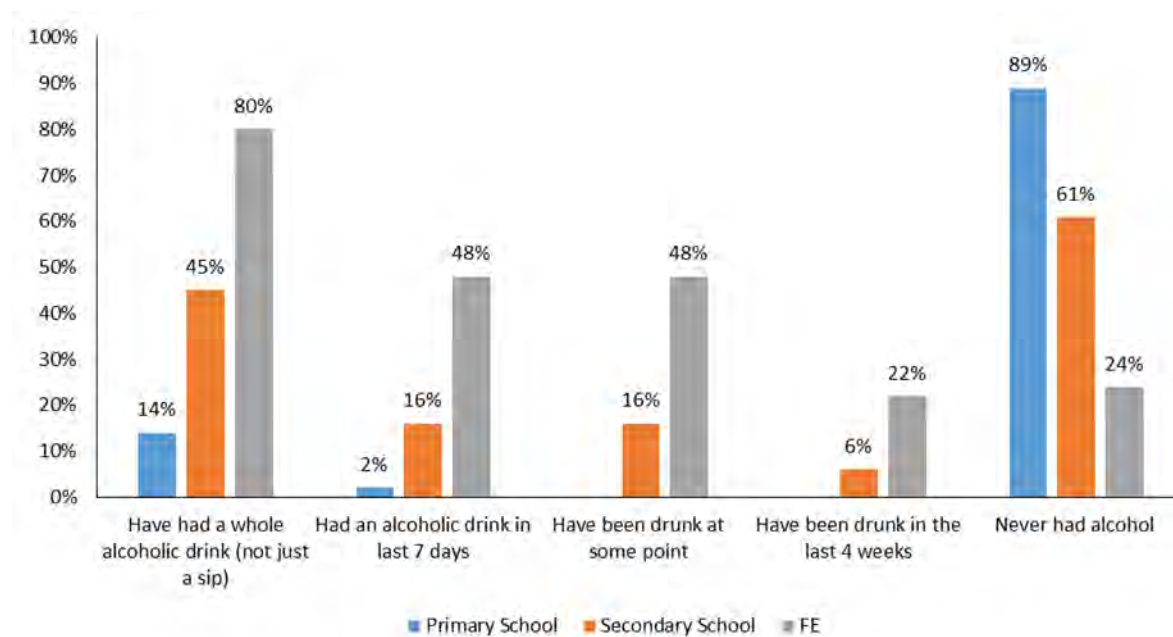


2.6. Substance misuse

Herefordshire 2020/21-2022/23 rates of admission episodes for alcohol-specific conditions among under 18s are similar to England rates both overall and by sex (see Table 20).²²⁷ These rates have notably decreased in the most recent reporting period, having previously exceeded the England rate both overall and for females. Responses from the CYP QoL 2021 survey from primary, secondary, and FE showed an increasing alcohol intake with age (see Figure 43). When secondary and FE students were asked about their willingness to cut down on alcohol, 6% of secondary students and 7% of year 10+ students said they would like to cut down on drinking.

²²⁷ [Admission episodes for alcohol-specific conditions](#), OHID Fingertips, 2023

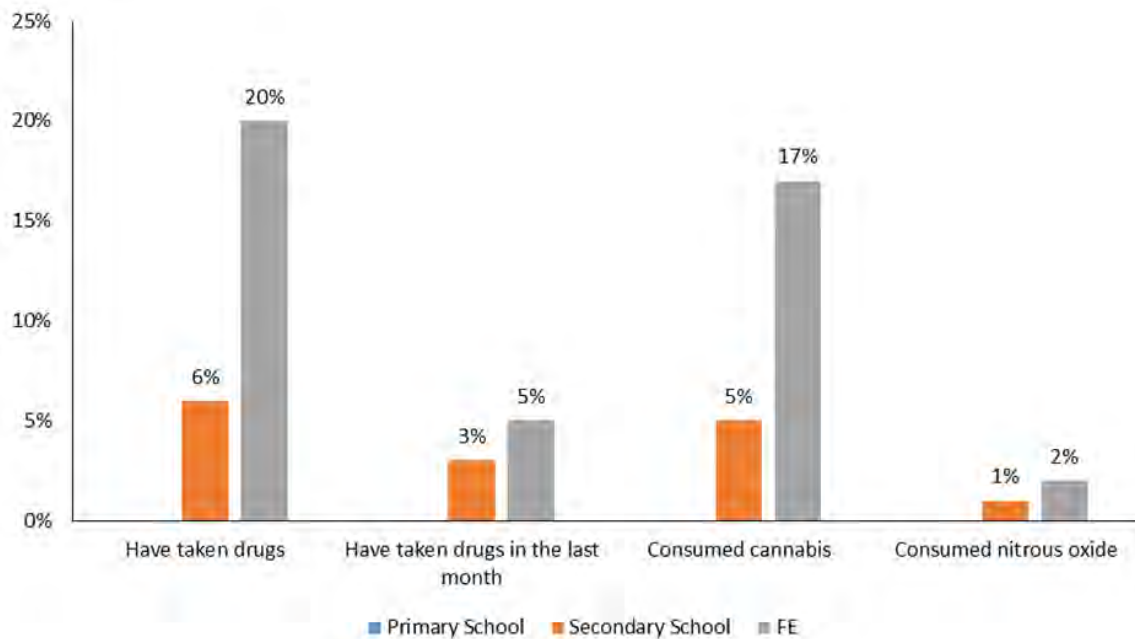
Figure 43 Responses to alcohol intake questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



Over the period of 2018/19 to 2020/21, Herefordshire had a similar rate of hospital admissions due to substance misuse (78 per 100,000) as England (81 per 100,000) among CYP 15 to 24 years of age.²²⁸ Questions about drugs were only asked to secondary and FE students in the CYP QoL. There was an increase in consumption of drugs, cannabis, and nitrous oxide as children went from secondary school to FE (see Figure 44). When students were asked about their willingness to cut down on using illegal drugs, only 3% of Year 10+ students and 2% of FE students indicated they were willing to reduce their drug use.

²²⁸ [Hospital admissions due to substance misuse \(15 to 24 years\)](#), OHID Fingertips, 2023

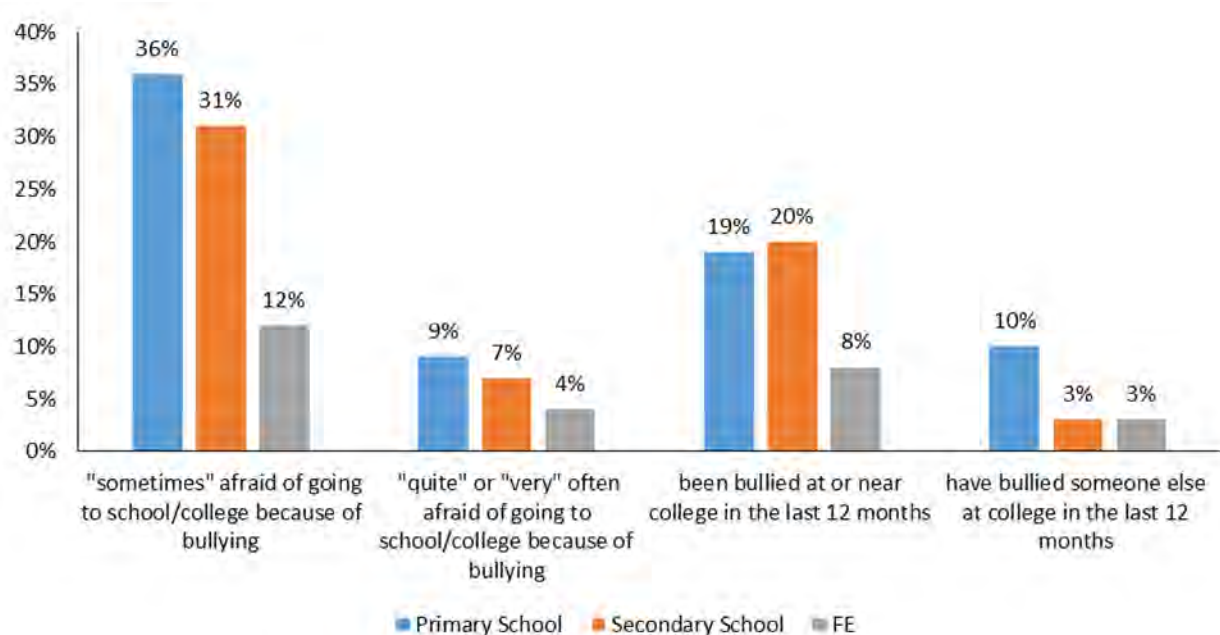
Figure 44 Responses to drugs consumption questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



2.7. Bullying and relationship abuse

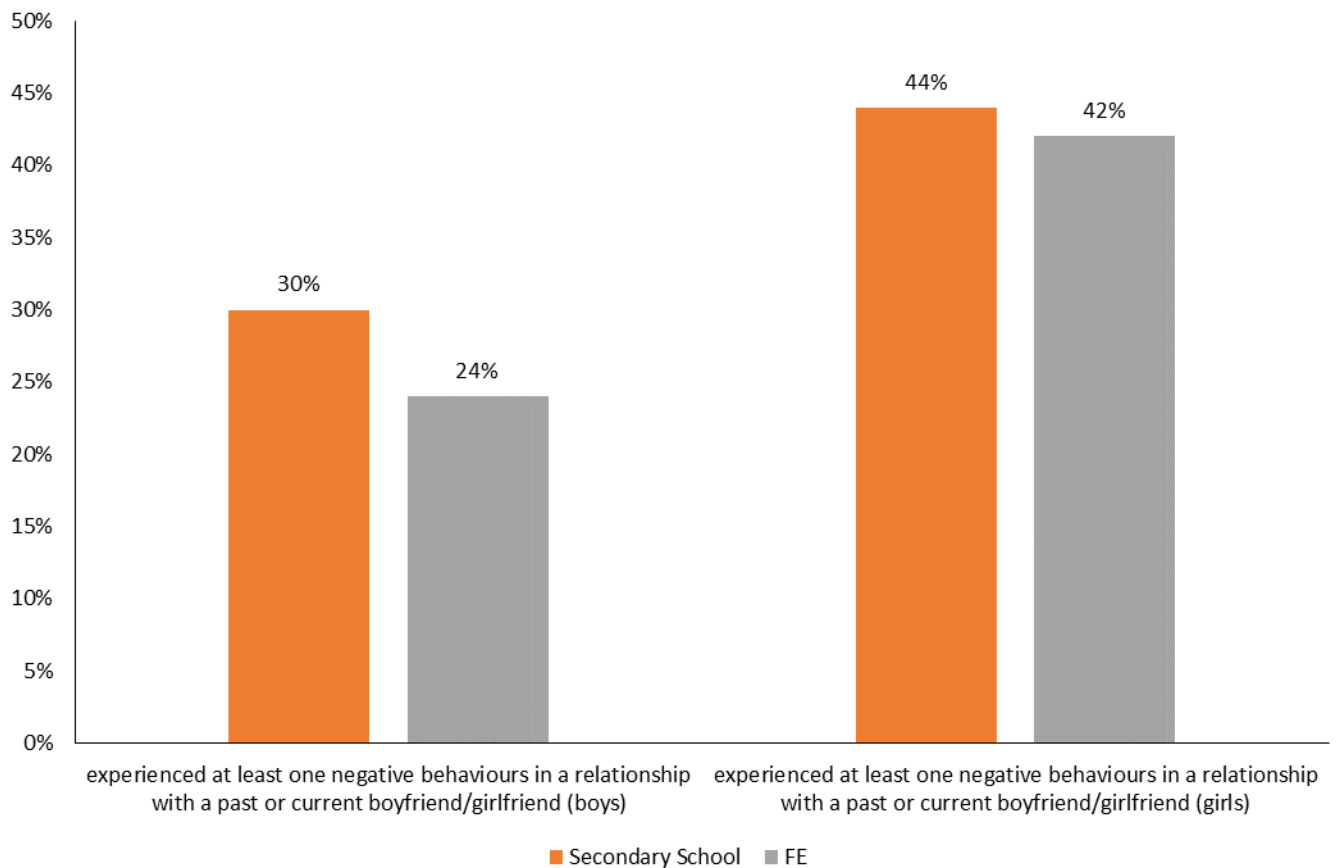
Questions on bullying on the CYP QoL 2021 showed the following trends (Figure 45). As children grew older, they became less afraid of going to school/college because of bullying. In the past 12 months, primary and secondary school students were bullied more frequently at or near their school or college (19% and 20%, respectively) compared to FE students (8%). Primary school students also more often bullied someone else at school (10%), than secondary and FE students (3% each).

Figure 45 Responses to questions on bullying on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



With respect to relationship abuse, on the CYP QoL survey secondary and FE students were asked about negative experiences/behaviours they experienced with a past or current boyfriend/girlfriend. In both these groups, a higher percentage of girls (44% secondary and 42% FE) experienced a negative behaviour in their current/past relationship than boys (30% secondary and 24% FE). These results are shown in Figure 46.

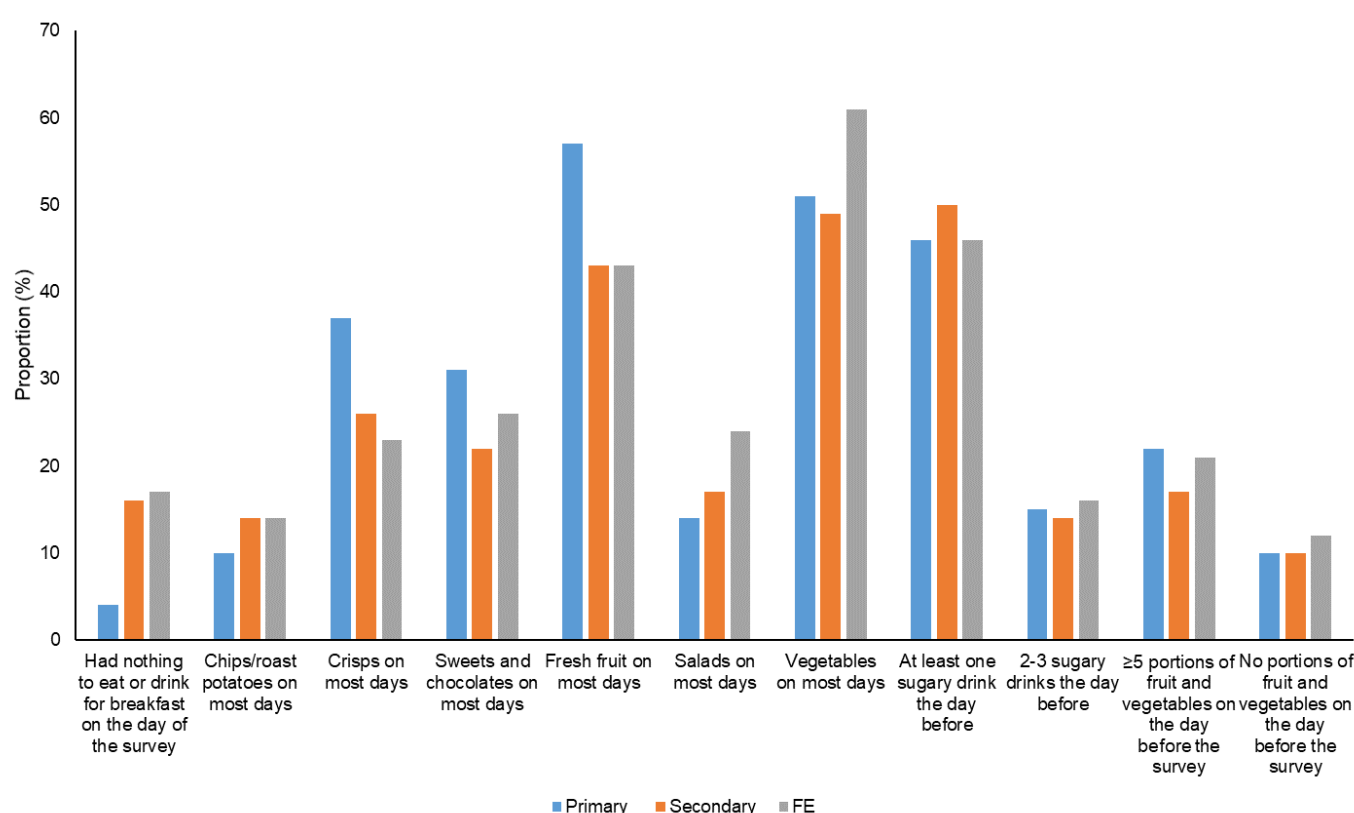
Figure 46 Responses to questions on negative behaviours in relationships on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



2.8. Healthy eating

The 2021 CYP QoL survey asked children and young people in Herefordshire about their food choices and eating habits.²²⁹ As age increased, respondents more frequently reported having had nothing to eat or drink for breakfast, more chips or roast potatoes on most days, less fresh fruit on most days and more recent sugary drinks. However, older children also less frequently reported eating crisps, sweets and chocolates on most days, and more frequently reported having had salad and vegetables on most days (see Figure 47).

Figure 47 Responses to food questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



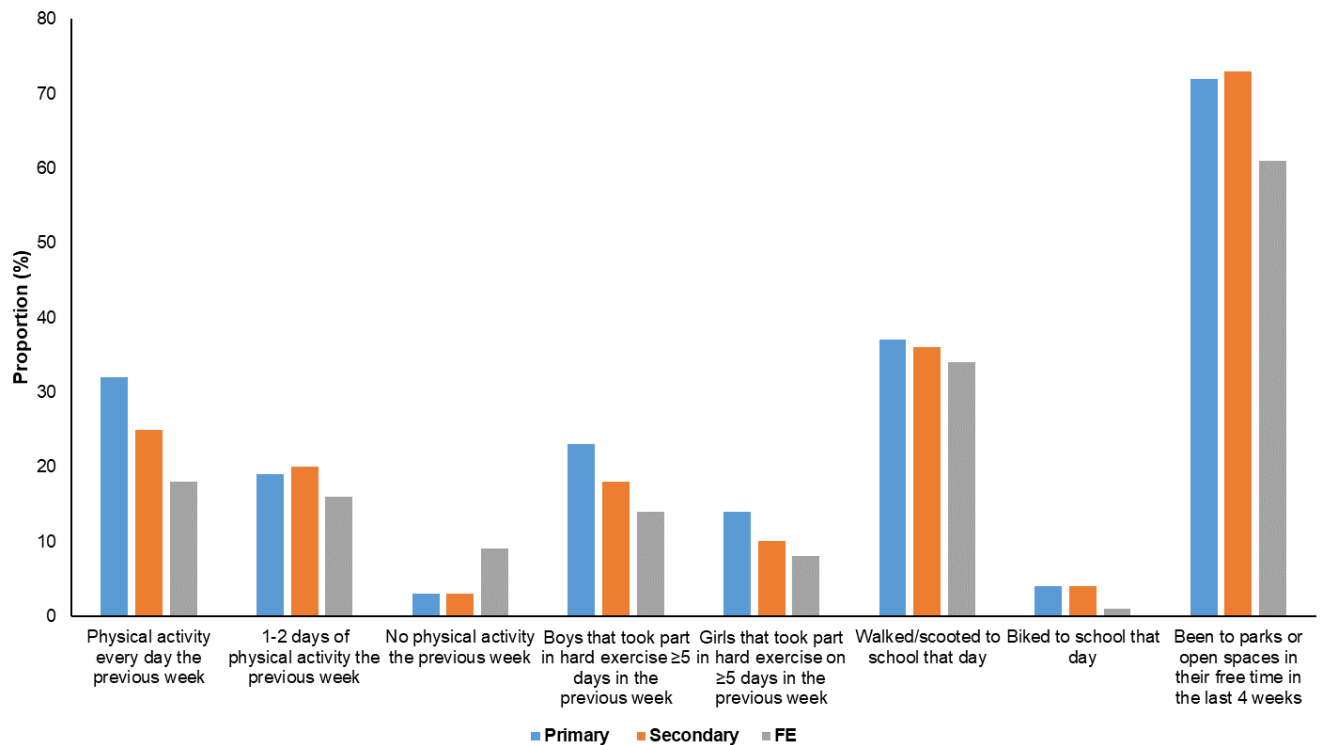
2.9. Physical activity and extracurricular activities

The 2021 CYP QoL survey showed a trend of decreasing levels of physical activity and active travel with age (see Figure 48).²³⁰

²²⁹ [Children and Young People's Quality of Life Survey 2021](#), Herefordshire Council, 2021

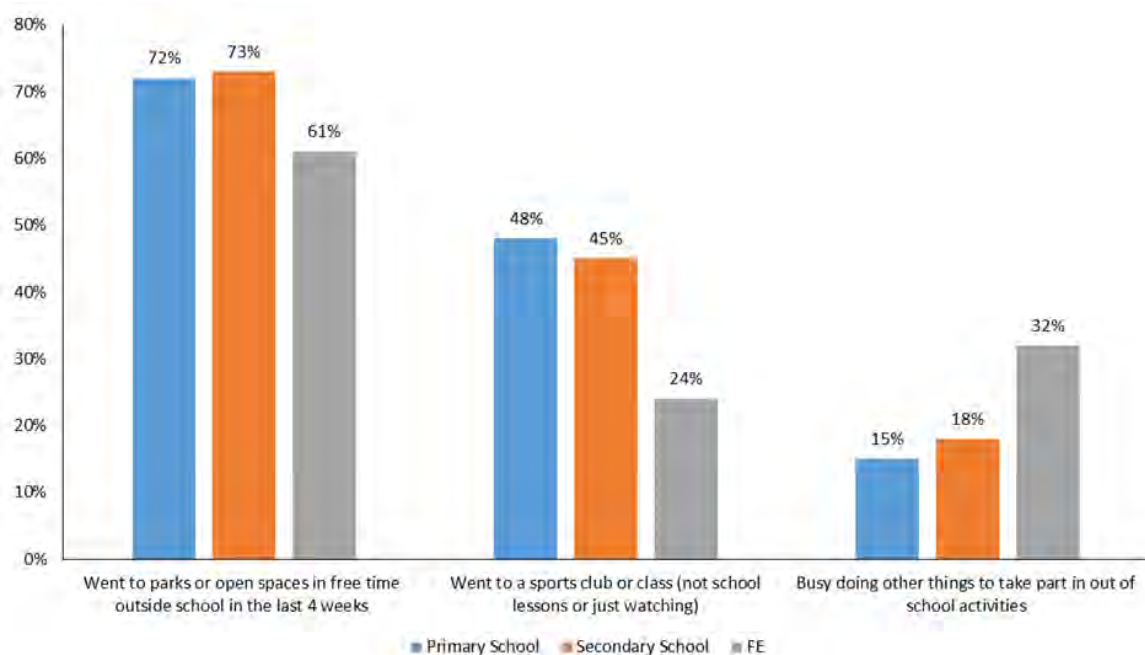
²³⁰ [Children and Young People's Quality of Life Survey 2021](#), Herefordshire Council, 2021

Figure 48 Responses to physical activity questions on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



The survey found that primary and secondary school students are more likely to go to parks or open spaces and attend a sports club outside of school. 61% of FE students went to parks or open spaces and only 24% of them went to a sports club outside of school. 32% of FE students claimed to be busy doing other things to take part in out of school activities (see Figure 49).

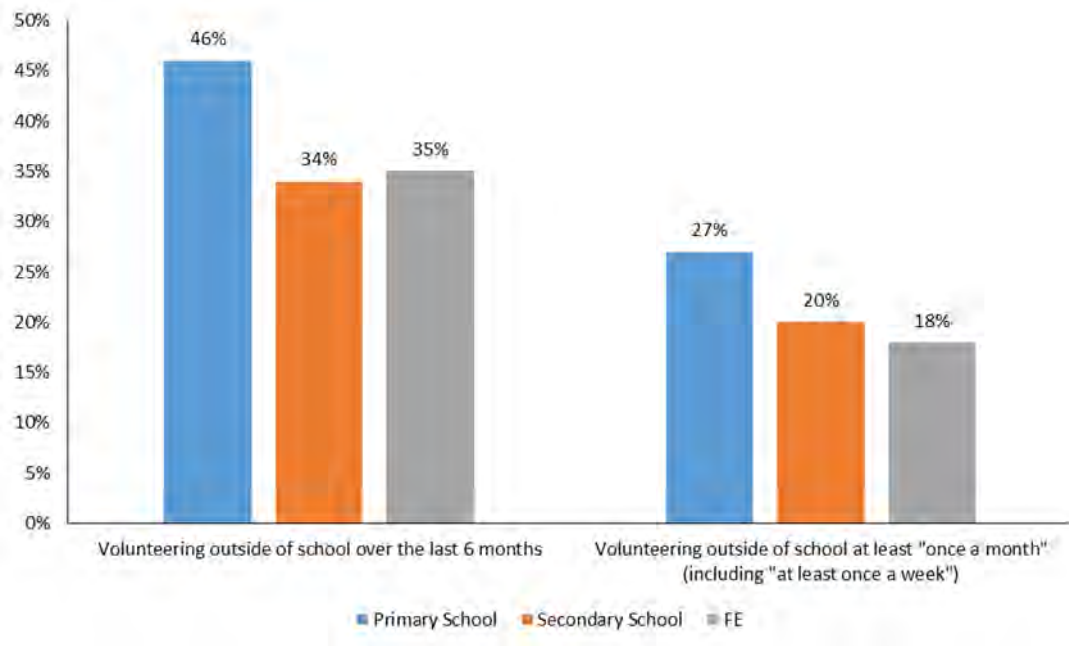
Figure 49 Responses to questions on extracurricular activities on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



2.10. Volunteering

The 2021 CYP QoL survey found that volunteering, a health-protective behaviour, is more common in primary school students (see Figure 50). The percentage of students that volunteer reduces as they move up from primary school to FE.

Figure 50 Responses to questions on volunteering on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



2.11. School exclusion

In terms of exclusions from school, children with mental health problems are among those most likely to be excluded.²³¹ Exclusion can indicate both the presence of mental health issues and a higher risk of developing mental health problems, the rate per 100 school aged pupils children excluded for a fixed period due to persistent disruptive behaviour in 2016/17 was significantly lower in Herefordshire than in England and the West Midlands region; 0.9 compared to 1.4 and 1.2 respectively.²³² This represented a total of 211 pupils of all ages. However, more recent data is needed.

2.12. Hospital admissions for injuries

As previously mentioned, Herefordshire fares considerably worse compared to England on emergency hospital admissions for injuries in children under five years of age (143 per 1,000 compared to 119 for England) for the period of 2016/17 to 2020/21. Herefordshire also fares poorly compared to England for hospital admissions caused by unintentional & deliberate injuries in CYP from 0 to 14 years of age (87 per 10,000 vs. 75 per 10,000) for 2022/23. However, Herefordshire and England rates are similar for 2022/23 hospital admissions

²³¹ [Timpson Review of School Exclusion](#). Department of Education, May 2019, p.78.

²³² [Children and Young People's Mental Health and Wellbeing](#), OHID, 2017

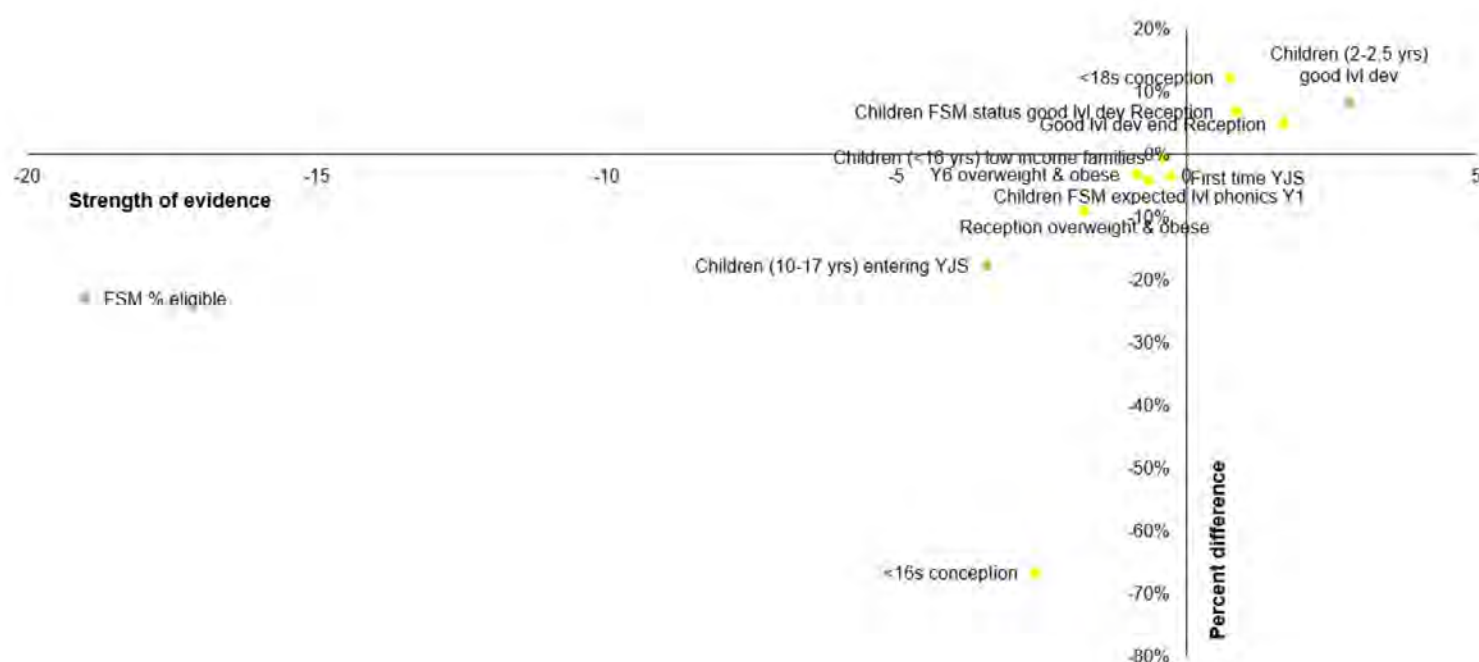
caused by unintentional & deliberate injuries in CYP from 0 to 4 years of age and 15-24 years of age, respectively (see Table 20).²³³

2.13. CYP-specific wider determinants

2.14. At a glance

A visualisation of the comparison between Herefordshire and England values for indicators associated with the CYP-specific wider determinants of health is shown in Figure 51, while full details are shown in Table 21.²³⁴ Herefordshire, compared to England, shows a higher proportion of children aged 2-2.5 years old achieving a good level of development, a lower proportion of children who are eligible for free school meals (FSM, a proxy indicator for deprivation), and a lower rate of children aged 10-17 years entering the Youth Justice System (YJS). Herefordshire and England values are similar for proportions of children who are overweight (including obesity), children in low income families, and children achieving other good level of development milestones. Importantly, these and any other indicators showing Herefordshire values are favourable or similar to England should not imply that these areas do not require further improvement and investment.

Figure 51 The percent difference and strength of evidence of this difference between Herefordshire and England values for CYP-specific wider determinants of health indicators



²³³ [Admissions](#), OHID Fingertips, 2023

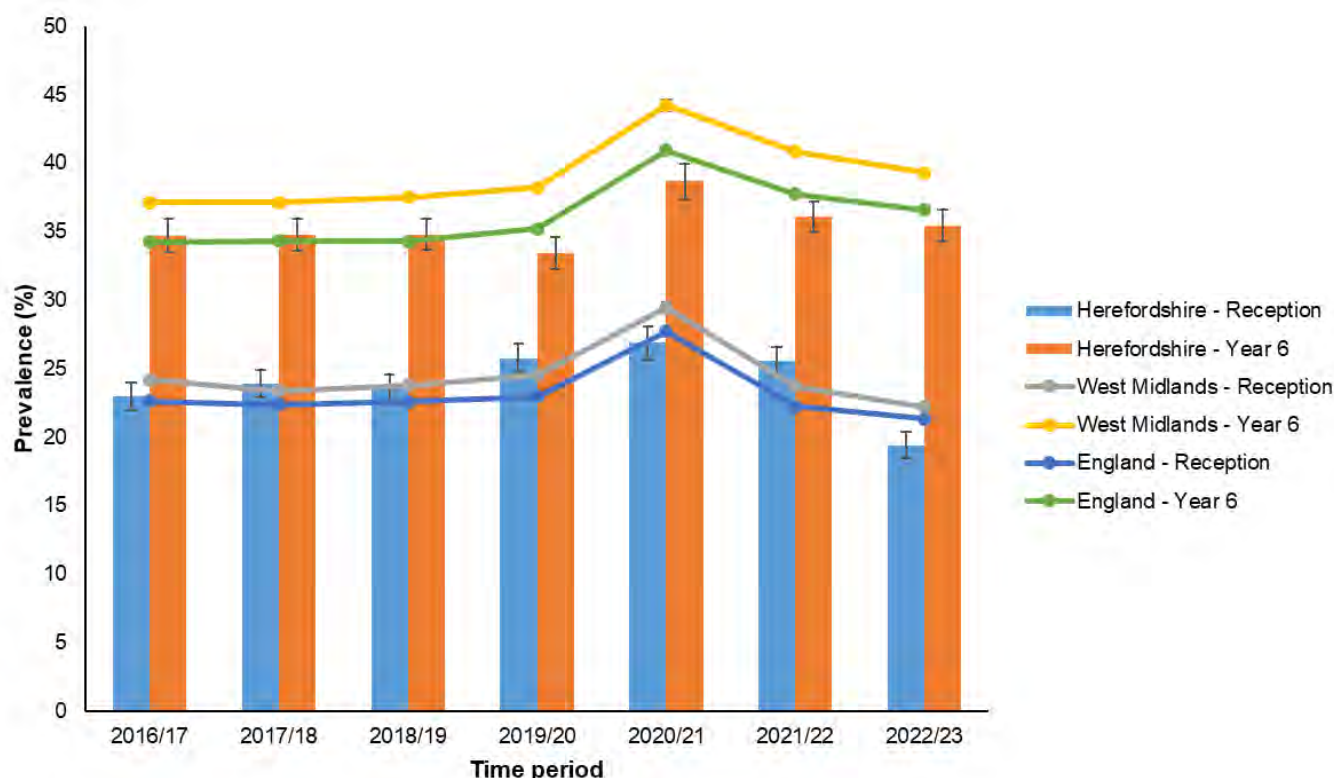
²³⁴ A strength of evidence of 2 or more typically represents a statistically significant (or strong evidence of a) difference between Herefordshire and England values. Figure data markers and table rows use 'RAG rating' colours, such that red indicates Herefordshire values are worse or poorer than England values, yellow indicates similar values, and green indicates Herefordshire values are better or more favourable than England values.

Indicator	Year	Type	Herefordshire	England	Strength of evidence	Percent difference	≤ 5yr trend
Under 16 yrs conception	2021 Rate / 1,000		0.7	2.1	-3	-67%	
Free school meals eligible	2022/23 Proportion (%)		18	24	-19	-23%	
Children entering the youth justice system (10-17 yrs)	2020/21 Rate / 1,000		2.3	2.8	-3	-18%	
Reception prevalence of overweight (including obesity) (4-5 yrs)	2022/23 Proportion (%)		19	21	-2	-9%	
Children with FSM status achieving the expected level in the phonics screening check in Yr 1	2022/23 Proportion (%)		64	67	-1	-4%	
First time entrants to the youth justice system	2022 Rate / 100,000		143	149	0	-4%	
Year 6 prevalence of overweight (including obesity) (10-11 yrs)	2022/23 Proportion (%)		35	37	-1	-3%	
Children in relative low income families (<16 yrs)	2022/23 Proportion (%)		20	20	0	-1%	
Children achieving a good level of development at the end of Reception	2022/23 Proportion (%)		70	67	2	5%	
Children with FSM status achieving a good level of development at the end of Reception	2022/23 Proportion (%)		55	52	1	7%	
Children achieving a good level of development at 2-2.5 yrs	2021/22 Proportion (%)		88	81	3	8%	
Under 18 yrs conception	2021 Rate / 1,000		15	13	1	12%	

Table 21 A comparison of Herefordshire and England values for CYP-specific wider determinants of health indicators

2.15. Healthy weight

The latest data indicate that in Herefordshire, approximately 1 in 5 (19.4%) children in reception year had excess weight in 2022/23; rising to over 1 in 3 (35.4%) of year 6 children. There is a long-standing pattern of levels of obesity almost doubling during primary school. This is particularly concerning as the proportion of reception children who have excess weight in Herefordshire had until 2022/23 been higher than the England average for the last few years (see Figure 52).²³⁵

Figure 52 Prevalence of overweight (including obesity) for Reception and Year 6 children in Herefordshire compared to West Midlands and England²³⁶

²³⁵ [Director of Public Health Annual Report 2022](#), Herefordshire Council, 2022

²³⁶ Error bars represent standard error.

2.16. School readiness

Research shows that doing well at school and educational attainment are important protective factors for children and young people's mental wellbeing. Children with better mental health and wellbeing are also likely to achieve better academically – a protective factor for mental health in later life. Effective social and emotional competencies are also associated with greater health and wellbeing, and better achievement. A positive educational experience is associated with higher self-esteem and a higher likelihood of avoiding risky behaviours.

Children attending state schools in Herefordshire generally perform well compared to pupils nationally across age groups and measures. In respect of disadvantaged children, exceeding the trend nationally, since 2014 there has been a marked improvement in the proportion of FSM pupils achieving a 'good level of development' (GLD) at the end of reception year. Most recent data from 2022/23 suggests that this proportion is similar between Herefordshire (55.1%) and England (51.6%).²³⁷ Proportions are also similar since 2016/17 for children with FSM status achieving the expected level in the phonics screening check in Year 1 (63.8% vs. 66.5% for Herefordshire compared to England for 2022/23, respectively).²³⁸ Nevertheless, there is still a notable gap between these children and their less disadvantaged peers both nationally and locally.

2.17. At-risk groups

2.18. At a glance

A visualisation of the comparison between Herefordshire and England values for indicators associated with CYP at-risk groups is shown in Figure 53, while full details are shown in Table 22.²³⁹ It is clear from this data that Herefordshire has a higher rate of children in care (also referred to as looked after children),²⁴⁰ children with an episode of need, children in need plans, and child protection plans in 2023 compared to England.²⁴¹ However, reasons for children in need, or reasons children were the subject of a child protection plan, vary with respect to whether they occur proportionally more or less frequently for Herefordshire when compared to England. With respect to children in need, Herefordshire had a higher proportion of children with a primary need at assessment of abuse or neglect, parent's disability or illness, and socially unacceptable behaviour than England, while it had a lower comparative proportion for primary needs of absent parenting, child's disability or illness, family dysfunction, and family in acute stress. Concerning children who were the subject of a child protection plan, Herefordshire had a higher proportion of children who were subject of a plan by initial categories of emotional abuse and sexual abuse than England, while it had a

²³⁷ [School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception](#), OHID Fingertips, 2023

²³⁸ [School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1](#), OHID Fingertips, 2023

²³⁹ A strength of evidence of 2 or more typically represents a statistically significant (or strong evidence of a) difference between Herefordshire and England values. Figure data markers and table rows use 'RAG rating' colours, such that red indicates Herefordshire values are worse or poorer than England values, yellow indicates similar values, and green indicates Herefordshire values are better or more favourable than England values.

²⁴⁰ [Children looked after in England including adoptions](#), Department of Education, 2023

²⁴¹ [Children in need](#), Department of Education, 2023

lower comparative proportion for physical abuse and a similar proportion for physical abuse.²⁴²

Figure 53 The percent difference and strength of evidence of this difference between Herefordshire and England values for CYP at-risk group indicators

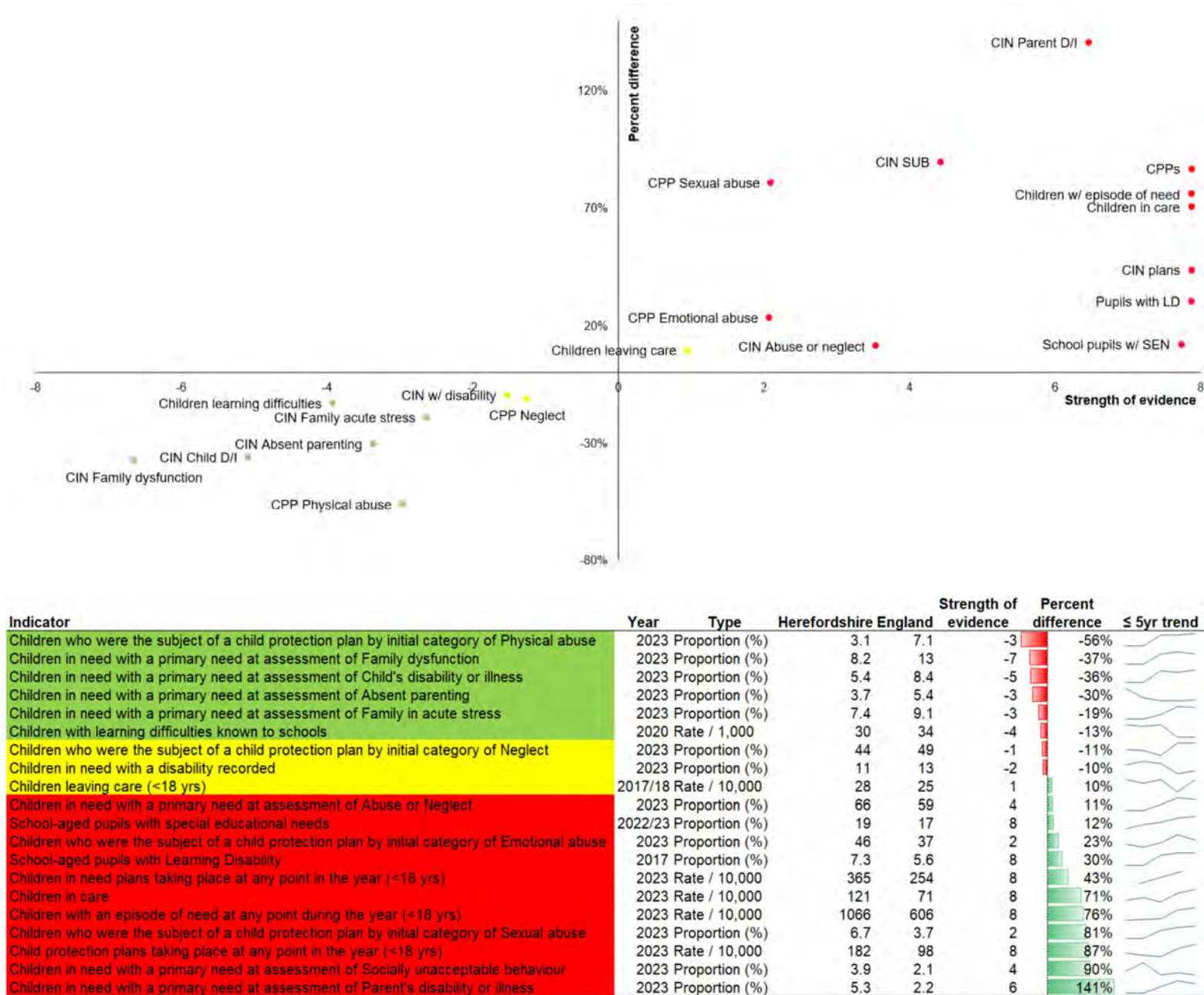


Table 22 A comparison of Herefordshire and England values for CYP at-risk group indicators

²⁴² [Children in need](#), Department of Education, 2023

2.19. CYP of parents with poor mental health

In Herefordshire, the rate of children aged under 18 years who are classified as ‘in need’ due to abuse or neglect continued to be higher in 2023 than nationally: 66 per 10,000 compared to 59.²⁴³ Similarly, the rate per 10,000 children in need (aged 18) due to parent disability or illness is also significantly higher in Herefordshire than in either England or West Midlands as a whole: in 2018 the rate was 15.3 per 10,000 compared to 8.8 and 9.5 respectively.²⁴⁴

The 2019 Herefordshire Children’s Integrated Needs Assessment included a review of early help in the county. Early help commences with a holistic family assessment, giving consideration to all family members in order to identify the key issues that need to be addressed. Following each early help assessment, the presenting needs are matched to outcomes. These outcomes are based on the national Troubled Families Programme outcome categories and reflect the specific needs of the child and/or family, providing focussed goals for subsequent early help interventions. Analysis of the detailed early help outcome categories found that among cases open as of May 2018, supporting a family member to access services to improve mental health and wellbeing was the most commonly selected outcome, having been selected in 391 cases (63%). It concluded that this was ‘unsurprising, as evidence suggests that parental mental ill-health is a key risk factor for children requiring input from social care, and that it is the most commonly occurring risk factor among the so-called “toxic trio” of parental mental ill-health, parental substance abuse and domestic violence and abuse.’²⁴⁵

Parental mental health disorders are the biggest risk for social services involvement both nationally and locally, and children living with the ‘toxic trio’ are particularly at risk of significant harm (see Figure 54). More information about children and young people in Herefordshire, including the ‘toxic trio’ can be found in the Herefordshire Council’s Children’s Integrated Needs Assessment 2019.²⁴⁶

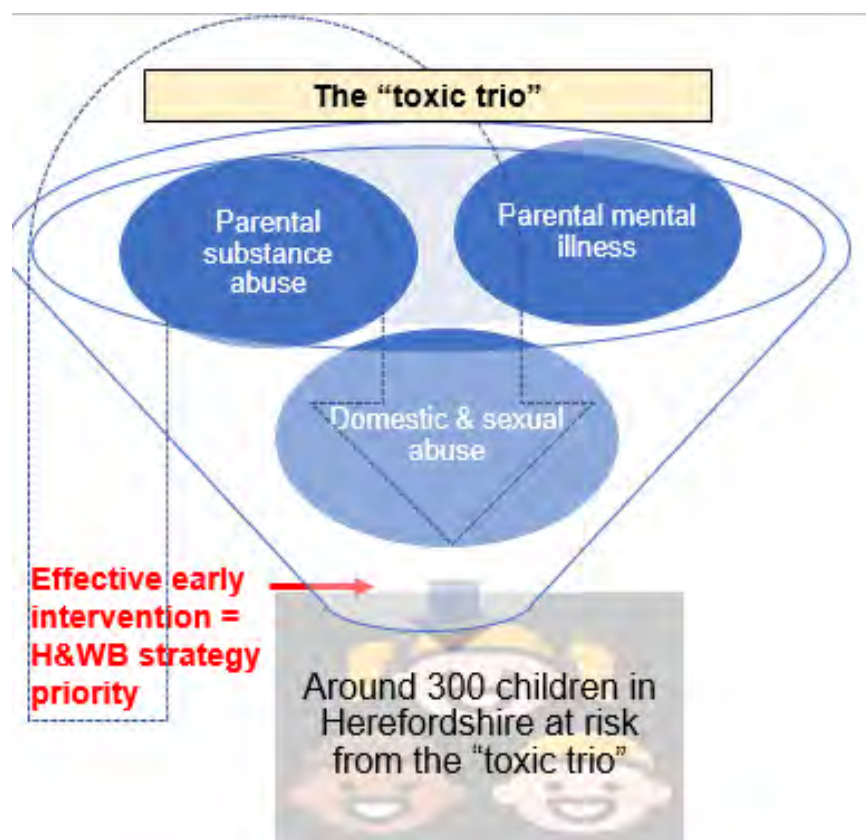
²⁴³ [Children in need](#), Department of Education, 2023

²⁴⁴ [Children in need due to parent disability or illness: rate per 10,000 children under 18](#), OHID Fingertips, 2018

²⁴⁵ [Children’s Integrated Needs Assessment 2019](#), Herefordshire Council, 2019

²⁴⁶ [Children’s Integrated Needs Assessment 2019](#), Herefordshire Council, 2019

Figure 54 The Toxic Trio in Herefordshire



The CLD Trust reported that they know, from a growing body of national research, that it is the quality of the relationships within the family, rather than the specific structure of that family, that is the most significant determinant of emotional wellbeing, citing the recent Children's Society Good Childhood Report 2023²⁴⁷ and the Children's Commissioner 'Family and its protective effect' report from 2022.²⁴⁸ This chimes with their local data that family relationships are the third most prevalent issue to address (see Figure 40).²⁴⁹

²⁴⁷ [The Good Childhood Report](#), The Children's Society, 2023

²⁴⁸ [Family and its protective effect](#), Children's Commissioner, 2022

²⁴⁹ The CLD Trust Annual Report April 2023 to March 2024, CLD Trust, 2024

2.20. CYP in care/who are looked after and care leavers

- Children who are looked after or care-experienced children include those in foster care (most common), residential care, kinship care, hostels or independently, or with their parents or relatives while under the supervision of social workers.²⁵⁰
- Despite varying estimates, in England the prevalence of mental health problems among looked after CYP is recognised as being high. In 2021, NICE (National Institute for Health and Care Excellence) reported that 45% of CYP who were looked after in England had emotional and mental health problems, compared to only 10% of 5-15 year olds in the general population.²⁵¹
- Data collected by the Department of Education suggest more boys (41%) than girls (34%) had social and emotional difficulties questionnaire scores that were a cause for concern in 2020.²⁵²
- One study estimated that 83% of looked after children require special educational need support at some point during schooling compared to 37% of children in the general population. A systematic review of prevalence studies in 2016 found that common mental health disorders among children in care included disruptive behaviour disorders and Attention Deficit/Hyperactivity Disorder (ADHD), Posttraumatic Stress Disorder (PTSD), other anxiety disorders, and mood disorders.²⁵³
- High prevalence of childhood problems mean many care-experienced adults experience poor functioning throughout their lives, struggling with unemployment, incarceration, substance dependence, and early pregnancy.²⁵⁴ Children who are looked after often need emotional and mental health support when leaving care, but “many see it as care leaving them, not them leaving care”. Leaving care can be a challenging, disruptive, and lonely experience that can affect mental health, with emotional wellbeing support for care leavers often inconsistent and insufficient.²⁵⁵
- In transitioning out of care, leavers can discover they are no longer eligible for support from mental health services, despite evidence of a deterioration in wellbeing for many leavers in the year after they leave care.²⁵⁶

In Herefordshire, the total number of children in care or looked after children has increased from 270 in 2015 to 412 in 2023, a rate of 121 per 10,000. Since 2019, Herefordshire's rate has been higher than nationally and in the West Midlands region.²⁵⁷ As of March 2023, 49 children were accommodated in residential children homes, with 15 (31%) living within

²⁵⁰ Saunders, R. [Care experienced children and young people's mental health](#), Iriss, 2020

²⁵¹ [Mental Health of Children and Young People in care Evidence Summary](#), What Works for Children's Social Care, 2021

²⁵² [Mental Health of Children and Young People in care Evidence Summary](#), What Works for Children's Social Care, 2021

²⁵³ [Mental Health of Children and Young People in care Evidence Summary](#), What Works for Children's Social Care, 2021

²⁵⁴ [Mental Health of Children and Young People in care Evidence Summary](#), What Works for Children's Social Care, 2021

²⁵⁵ Saunders, R. [Care experienced children and young people's mental health](#), Iriss, 2020

²⁵⁶ Saunders, R. [Care experienced children and young people's mental health](#), Iriss, 2020

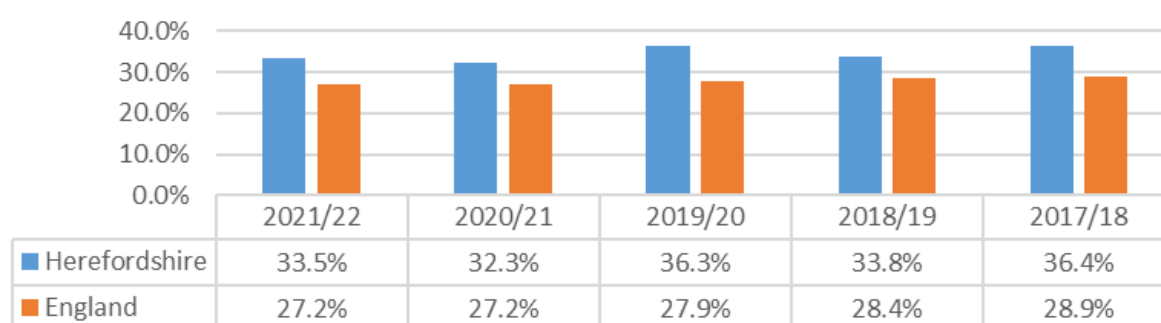
²⁵⁷ [Children looked after in England including adoptions](#), Department for Education, 2023

Herefordshire.²⁵⁸ With respect to foster care, 86 children in Herefordshire were placed with Independent Fostering Agencies and 138 children were placed directly with Herefordshire carers (including short breaks) as of September 2023. Table 22 summarises the proportion of children who are in need by primary need as well as the proportion of children who were the subject of a child protection plan by initial categories.

Turning to the mental health of looked after children, in 2022/23, the proportion of children whose emotional wellbeing was a cause for concern in Herefordshire (34%) was similar to England and the West Midlands region (40% and 36%, respectively). This proportion has been decreasing since its peak in 2020/21 (51%).²⁵⁹ According to Herefordshire's Children and Young People's Quality of Life Survey 2021, secondary school pupils in care were more likely to have received 1-1 support at school (65% vs. 23% of all children) and to have used self-esteem sessions at school (19% vs. 6% of all children surveyed).²⁶⁰ Herefordshire Local Area Special Educational Needs and Disabilities (SEND) self-evaluation from January 2024 reported that out of the 327 children looked after aged 2 years or over, 45.9% had SEND. Nationally, 50.6% of children in care have SEND.²⁶¹

From 2020/21 to 2021/22 the number of children and young people who are placed in care with identified Special Educational Needs (SEN) has increased by 1.2% but this is only a marginal increase. However, Herefordshire proportions continue to consistently remain above the national average (see Figure 55).²⁶²

Figure 55 Percentage of children in local authority care for 12 months or more with SEN support



The proportion of children looked after with an Education, Health, and Care Plan (EHCP) has increased by approximately 2% which reflects the national trend, though it is noted that since 2019/20 there has been a 9.1% increase. This is likely to be due to improved data recording and reporting. This data also reflects the trend nationally for children with SEN needs who are assessed and awarded an EHCP (see Figure 56).²⁶³

²⁵⁸ [Placement Sufficiency Strategy for Children and Young People: aligning to strategic planning across SEND, Early Help, Social Care and Commissioning September 2023-2028](#), Herefordshire Council, 2023

²⁵⁹ [Percentage of looked after children whose emotional wellbeing is a cause for concern](#), OHID, 2023

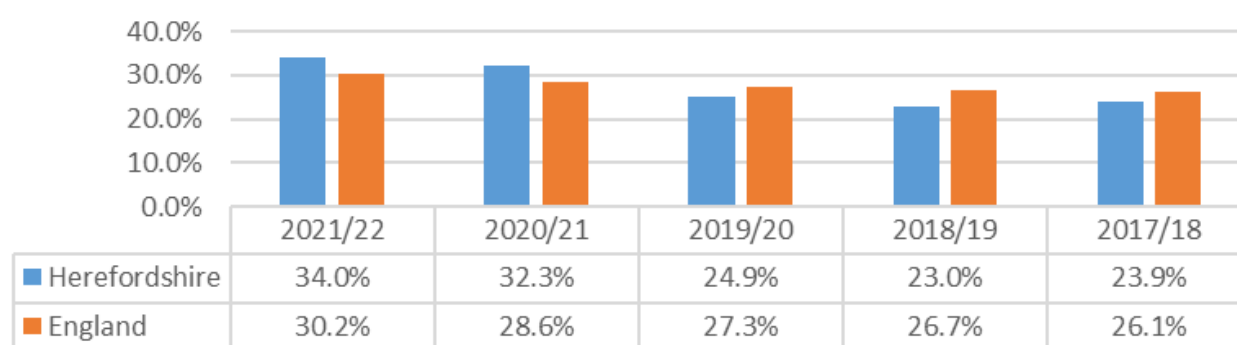
²⁶⁰ [Herefordshire's Children and Young People's Quality of Life Survey 2021](#), Herefordshire Council, 2021

²⁶¹ [Placement Sufficiency Strategy for Children and Young People: aligning to strategic planning across SEND, Early Help, Social Care and Commissioning September 2023-2028](#), Herefordshire Council, 2023

²⁶² Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

²⁶³ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

Figure 56 Percentage of children in local authority care for 12 months or more with EHCP



In 2020, there were 330 care leavers between 16 and 25 years of age, out of which 69% lived in Herefordshire.²⁶⁴ In 2020, 42.6% of the care leavers in Herefordshire were in education, training or employment, lower than the West Midlands proportion (51%). The proportion of care leavers in education, employment or training has increased since 2017 (29%); however, Herefordshire was still below regional, national and statistical neighbours.²⁶⁵

2.21. CYP carers

- A young carer is defined as “someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled, or misuses drugs or alcohol”, and may include siblings or elderly relatives.²⁶⁶
- Estimates on the number of young carers vary widely, with 120,000 young carers aged 5-18 in England reported from the 2021 ONS census, while results from a 2018 BBC survey suggested there were as many as 820,000 young carers aged 11-15.²⁶⁷
- Some positive outcomes of caring for young carers include feeling valued within the family and the development of personal and life skills. However, caring can have adverse effects on development, health and wellbeing, and opportunities, leading to risk or experience of significant harm through abuse and/or neglect and safeguarding issues.²⁶⁸
- Evidence suggests that young carers may be much more likely to report their general health as “not good”, over a quarter report never or not often getting enough sleep, nearly half report feeling stressed or tired due to their role, and over a third report always or usually feeling worried and having mental health problems.²⁶⁹
- A recent systematic review of 14 studies found that, on average, young carers have poorer mental and physical health than their non-caregiving peers, poorest for those

²⁶⁴ CYP 0-19 School Nursing Needs Assessment Draft, Herefordshire Council Intelligence Unit, 2022

²⁶⁵ [Achieving the best for our children. Herefordshire's Corporate Parenting Strategy 2020-2023](#), Herefordshire Council, 2020

²⁶⁶ [What do we know about being a young carer?](#) The Children's Society

²⁶⁷ [What do we know about being a young carer?](#) The Children's Society

²⁶⁸ [Supporting the health and wellbeing of young carers](#), Department of Health

²⁶⁹ [Invisible and in distress: prioritising the mental health of England's young carers](#), Carers Trust, 2016; [Being a young carer is not a choice; it's just what we do – The voices and experiences of young carers and young adult carers from across the UK](#), Carers Trust, 2023

providing intense care. However, more longitudinal quantitative research is needed.²⁷⁰

The Census identified around 360 young carers aged 5-17 years and 560 young adult carers aged 18-24 years in Herefordshire, in total 920 young and young adult carers in the county, which equates to 2% of the county's population aged 5-24 years. A similar proportion is reported nationally, with 357,000 young and young adult carers across England and Wales. There are 180 young carers known to Herefordshire Council's Early Help Team. The youngest 'young carer' is aged 6 years and the average age of a young carer is 12 years, similar to England average. The school census in 2023 suggested that there were 39,000 'known' young carers in the country representing 0.5% of the pupil population,²⁷¹ higher than the Herefordshire's 'known' young carers (0.2%, 40 out of 24,000 pupil population). The 2021 Herefordshire's children and young people's quality of life survey reported that almost 1,500 pupils in Year 6 or above care for someone at home, this equates to around 40% of the year 6+ pupils who took part in the survey. Of these pupils, 2% of Year 6 pupils and around 5% of secondary and FE pupils look after family members at home who are ill or have a physical disability.²⁷²

When comparing the information obtained from these sources, the Census figure is likely a significant underestimation due to the methodology, as the Census questionnaire is completed by heads of households who may be less likely to identify their young children as carers. The first year of School Census data pertaining to young carers was released in June 2023. This data revealed a significant underreporting of the number of young carers in schools, as schools only reported pupils about whom they were already aware of their caring responsibilities. On other end of the spectrum is the data reported by the CYP survey, which account for the number of children who self-reported as carers when asked whether if they look after family members at home. This form of caregiving could include with younger siblings or spending time with elderly grandparents.²⁷³

Herefordshire Young and Young Adult Carers (HYYAC) CIC has recently reporting providing support to 130 young and young adult carers.²⁷⁴ Of these, about 30 regularly attend groups and/or trips and outings and 20 young adult carers regularly attend group or access one-to-one support. It is reported that in 2018, HYYAC supported 250 young people while they were still part of a larger service, Herefordshire Carers Support. With the closing of that charity and having to downsize considerably, HYYAC have not been able to do the awareness-raising and work with schools as they used to do. It is unlikely that the number of people that the charity currently provides support to reflects the true number of young people in a caring role.²⁷⁵

Figure 50 shows 2021 CYP QoL survey data on the percentage of students in primary, secondary, and FE that have to look after someone in their family at home at least "every week" or "sometimes". Among the students that have care responsibilities at home, 36% at

²⁷⁰ Lacey RE, Xue B, McMunn A. [The mental and physical health of young carers: a systematic review](#). *Lancet Public Health*. 2022 Sep;7(9):e787-e796. doi: 10.1016/S2468-2667(22)00161-X.

²⁷¹ Inquiry into the Life Opportunities of Young Carers and Young Adult Carers, All-Party Parliamentary Group for Young Carers & Young Adult Carers, Carers Trust, November 2023

²⁷² Carers data assessment, Herefordshire Council Intelligence Unit, 2024

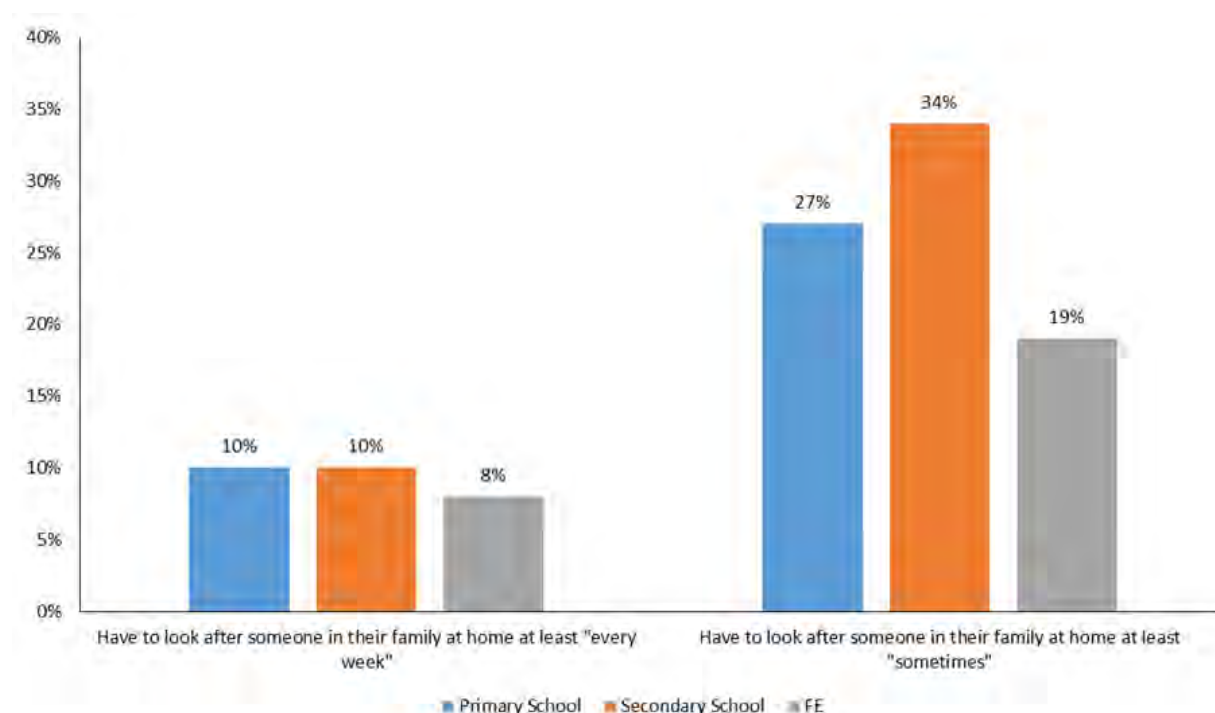
²⁷³ Carers data assessment, Herefordshire Council Intelligence Unit, 2024

²⁷⁴ There is some overlap between the age groups 16-18 years as there are 80 young carers aged 8-18 years and 50 young adult carers aged 116-24 years registered with HYYAC.

²⁷⁵ Carers data assessment, Herefordshire Council Intelligence Unit, 2024

primary school, 56% in secondary school, and 58% in FE said their school or college doesn't know about the caring they have to do at home. 20% primary school carers, 12% secondary school carers, and 9% FE carers said that their caring duties at home stops them from doing other things that they want to do. 9% of primary school carers, 4% of secondary school carers, and 9% of FE carers said that their caring duties at home affects their school work.

Figure 57 Responses to questions on caring on the Herefordshire Children and Young People's Quality of Life Survey 2021 by educational setting



2.22. CYP who are not in education, employment, or training (NEET)

- A recent systematic review found that being NEET was most consistently associated with suicidal behaviours, drug use problems, cannabis use problems, behavioural problems, mood problems, and any psychiatric disorders.²⁷⁶
- Additionally, mental health problems in early youth predicted later NEET status.²⁷⁷ Recent research from the Prince's Trust found that the main health condition of 16-24 year olds who are economically inactive due to illness/disability is depression, anxiety, and mental illness.²⁷⁸
- Over a third cited mental health/disability as causing difficulty finding a job. Almost a quarter of young people out of work reported not having the confidence for work,

²⁷⁶ Gariépy G, Danna SM, Hawke L, Henderson J, Iyer SN. [The mental health of young people who are not in education, employment, or training: a systematic review and meta-analysis](#). *Soc Psychiatry Psychiatr Epidemiol*. 2022 Jun;57(6):1107-1121. doi: 10.1007/s00127-021-02212-8.

²⁷⁷ Gariépy G, Danna SM, Hawke L, Henderson J, Iyer SN. [The mental health of young people who are not in education, employment, or training: a systematic review and meta-analysis](#). *Soc Psychiatry Psychiatr Epidemiol*. 2022 Jun;57(6):1107-1121. doi: 10.1007/s00127-021-02212-8.

²⁷⁸ [The Impact of Mental Ill Health on Young People Accessing the Labour Market and Good Quality Work](#), All-Party Parliament Group for Youth Employment Report, 2023

while almost a third who are economically inactive due to sickness/disability report wanting to work.²⁷⁹

- The same research found that almost half of all young people who are NEET said being unemployed made them feel helpless, a quarter reported feeling constantly anxious, and over a third said struggling to find work makes them feel lonely.²⁸⁰

As of the 2022/23, the proportion of 16 to 17 years old NEET/Not Known is 4.3% (no change since 2021/22, significantly better than West Midlands and England averages).²⁸¹ Herefordshire's NEET cohort (young people 16 years old and older who have ever been NEET) has often been above the national average from 2011 to 2020/21. This has been in part due to limited provision for those furthest away from positive destinations, alongside the recent ceasing of provision for this cohort in the county. "Not knowns" have been relatively stable since 2013/14 and generally lower than the national average. Young people living in the most deprived areas of the county are much more likely to be NEET than those in the least deprived.²⁸²

Herefordshire Council data on the characteristics of NEET cohorts over time offers insight into the challenges these young people are facing and the circumstances contributing to their NEET status. Note that if a young person has an Education, Health, and Care Plan (EHCP), they are followed up until the age of 25 rather than until the age of 18 for young people without EHCPs. Figure 58 shows the proportion of the NEET cohort by "destination" (where a young person goes and/or what they are doing) descriptions by year. Some notable trends can be observed for some destinations, such as an increase in the proportion of young people who are seeking employment, education, or training increasing dramatically in 2023/24 and a very elevated proportion of young people who are NEET due to illness in 2019/20, coinciding with the start of the COVID-19 pandemic. It is important to note that, as with the recent increase in young people 'seeking employment, education, or training', this data will be influenced by the coding practices of a new data officer, with some destinations more affected than others. 2019/20 data is also reported for significantly smaller NEET cohort (43) compared to other reporting years (ranging from 84 in 2021/22 to 215 in 2023/24) as a result of the COVID-19 pandemic where information on NEET status was not necessarily updated to the Council. The recent cohort is also larger because of significantly higher rates of reporting from colleges when someone has left.

²⁷⁹ [The Impact of Mental Ill Health on Young People Accessing the Labour Market and Good Quality Work](#), All-Party Parliament Group for Youth Employment Report, 2023

²⁸⁰ [The Impact of Mental Ill Health on Young People Accessing the Labour Market and Good Quality Work](#), All-Party Parliament Group for Youth Employment Report, 2023

²⁸¹ [16 to 17 year olds not in education, employment or training \(NEET\) or whose activity is not known](#), OHID, 2023

²⁸² CYP 0-19 School Nursing Needs Assessment Draft, Herefordshire Council Intelligence Unit, 2022

Figure 58 Proportion of NEET cohort by destination descriptions by year

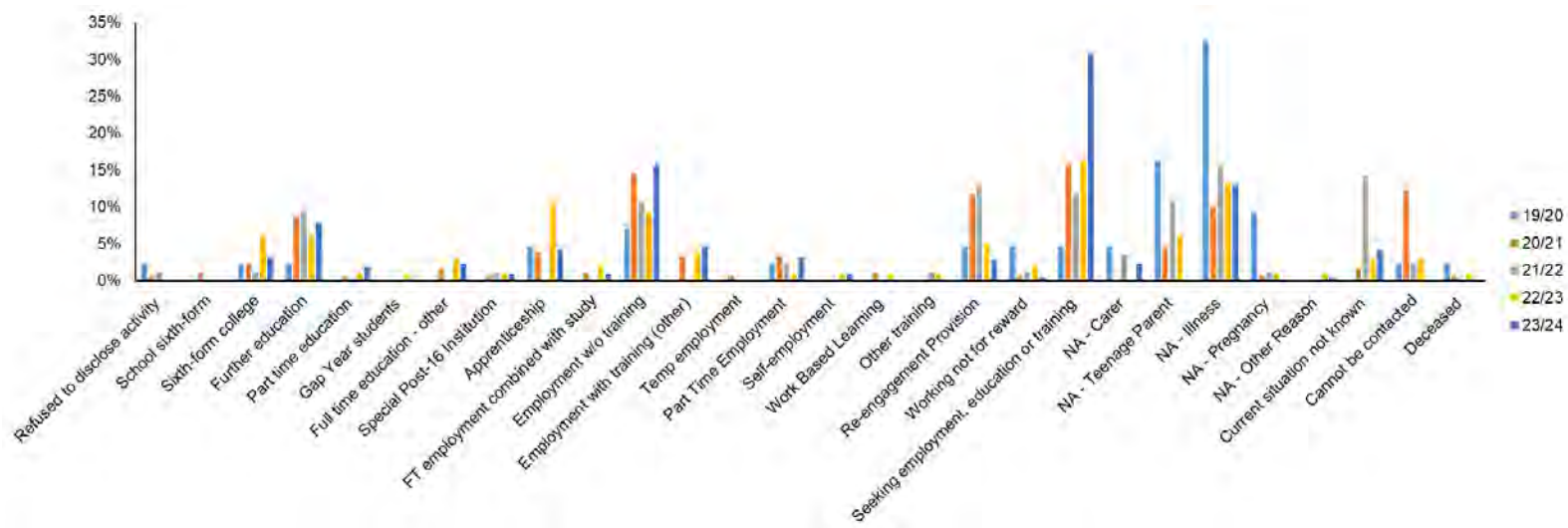


Figure 59 shows the proportion of the NEET cohort with a past history of illness and current illness, recorded as “destination codes” and “destination descriptions” respectively, by year. It also shows what proportion of the NEET cohort had a note on their record referring to mental health problems or illness. This enabled the identification of the proportion of the NEET cohort with a mental health note on their record from those with a history of, or current, illness. This proportion ranges from more than half (57%) in 2021/22 to over one third (39%) in 2023/24, suggesting mental health problems makes up a substantial proportion of illness that causes young people to be NEET.

Figure 59 The proportion of the NEET cohort with: a past history of illness (destination code); with current illness (destination description); with a record note referring to mental health problems or illness; and the proportion of the NEET cohort with a mental health record note among those with history of or current illness by year

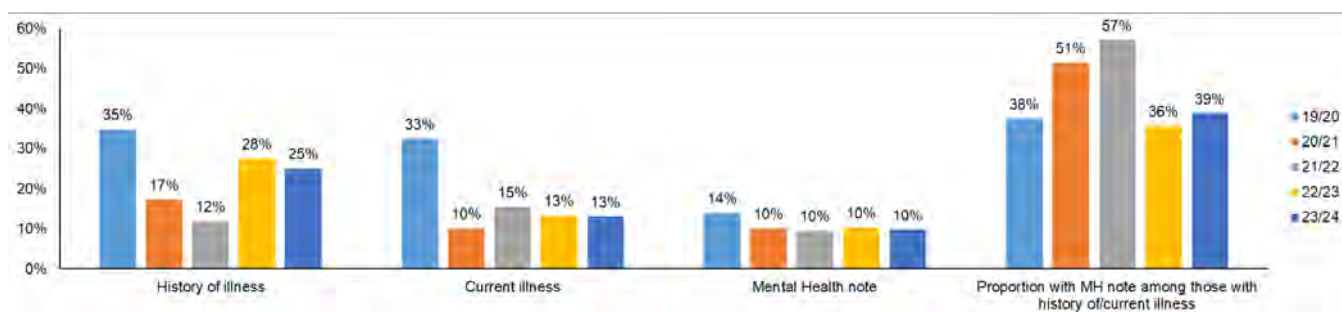


Figure 60 shows the proportion of the NEET cohort receiving intensive support, including EHCPs (Level 1), some support (Level 2), or minimal intervention (Level 3) by year. These proportions have broadly stayed the same over time, with the exception of a doubling of the proportion of people receiving Level 1 support between 2022/23 (8%) and 2023/24 (16%).

Figure 60 The proportion of young people who are NEET receiving varying levels of support by year

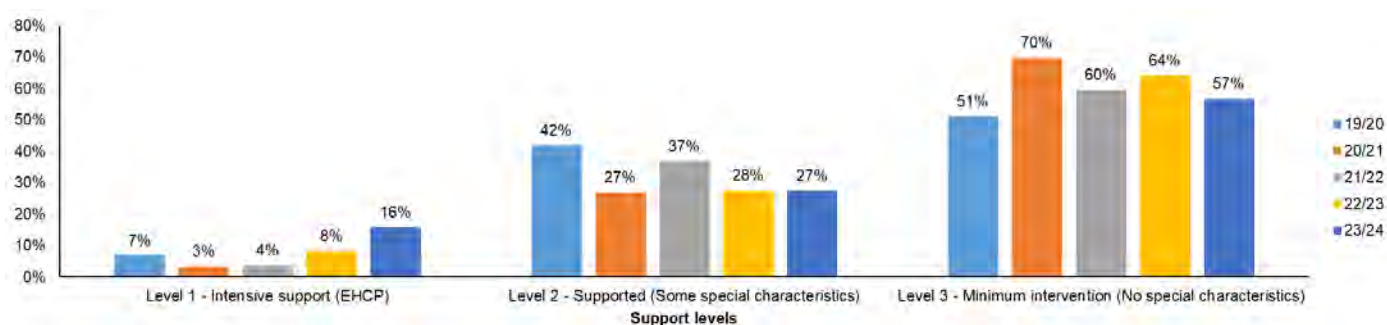
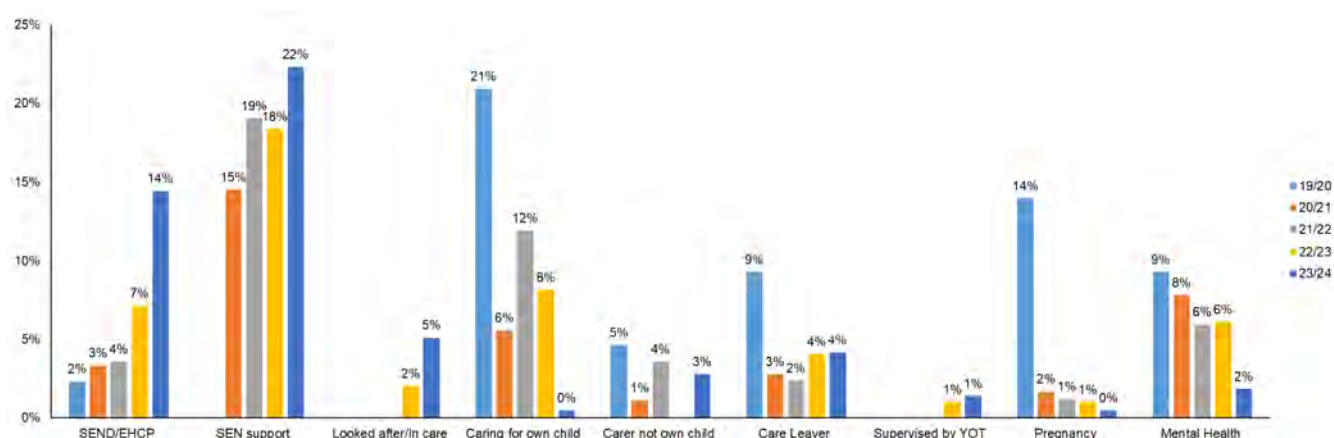


Figure 61 shows the proportion of the NEET cohort by what they were receiving support for (recorded as “support level descriptions”) by year. We see that in 2019/20, with the onset of the COVID-19 pandemic, there was higher proportions of young people who were NEET and receiving support because they were pregnant, caring for their own child, and care leavers when compared to other time periods. In the most recent period of 2023/24, there is an increase in the proportion of people receiving support for SEND/EHCP, SEN, and because they are in care, and a decrease in the proportion receiving support for their mental health.

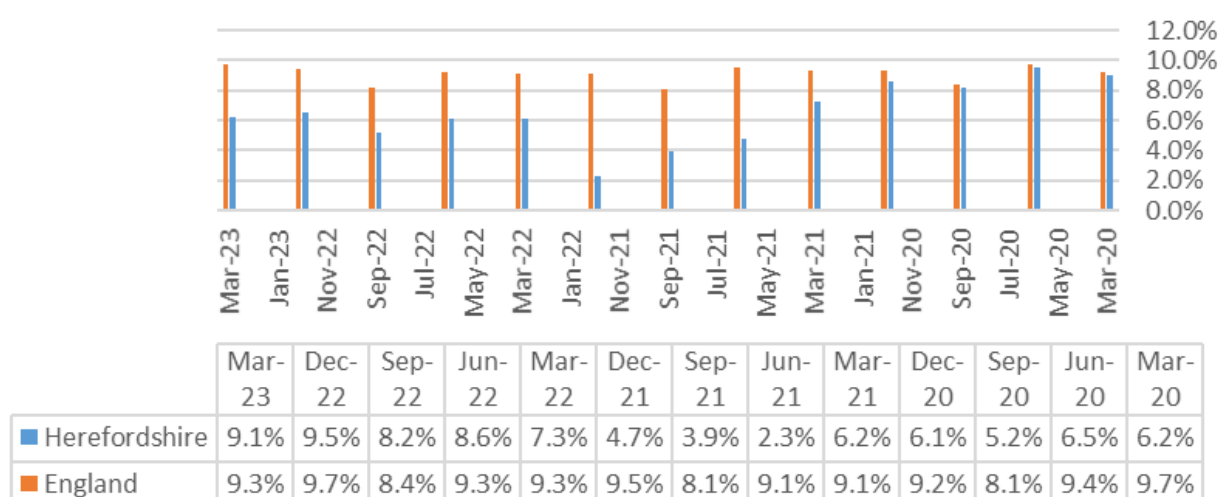
Figure 61 The proportion of young people who are NEET by what they are receiving support for by year



Where a young person aged 18 or over leaves education or training before the end of their course, the local authority must not end the Education, Health and Care Plan (EHCP) without a review. The review should determine whether the young person wishes to return to education or training, either at the educational institution specified in the EHCP or elsewhere. The percentage of young people in Herefordshire with an EHCP up to the age of 25 who are NEET remains lower than the England average (see Figure 62).²⁸³

²⁸³ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

Figure 62 % EHCP (up to 25 years) who are Not in Education, Employment, or Training (NEET)



2.23. CYP from Armed Forces families

- Recent studies on the mental health of children/young adults from UK military families over time identified the long-term impact of fathers' separation and maternal and paternal Post-Traumatic Stress Disorder (PTSD) and depression on child internalising and externalising outcomes over time. Challenges these children faced included the impact of separation and reunions, their fathers' mental health and changing roles and responsibilities.²⁸⁴
- During childhood, participants experienced the effects of paternal PTSD and anger following periods of paternal separation, perceptions of time-warping relating to repeat separations, conflicting parental treatment, fathers' presence rather than absence was perceived as more disruptive and ambivalent emotions ranging from pride to frustration were felt. It also revealed the increased use of maladaptive coping mechanisms such as emotional suppression. Children and young adults also demonstrated resilience and strength, as exhibited by their psychological flexibility, empathy, and understanding.²⁸⁵
- Another study found that children of deployed parents have higher rates of mental health problems compared to civilian or normative samples. The largest effects were found for symptoms of anxiety and depression, arising from fears for the deployed parent's safety. Burdens and worries of the remaining parent may also be transmitted to children, who reported that following deployment, the remaining parent shows increases in depression, anger, and stress. Among service families, children of deployed parents exhibiting higher rates of both internalising (anxiety/depression) and externalising (aggressive behaviour) symptoms, as well as higher rates of overall problems, compared to children whose parents were not deployed.²⁸⁶
- There may be limited or no support for children under 16 years in service families helping to care for their parent, or whose own wellbeing is being affected by their

²⁸⁴ Bonham, A. [Mental health and well-being of children from UK military families](#), 2023

²⁸⁵ Bonham, A. [Mental health and well-being of children from UK military families](#), 2023

²⁸⁶ Cunitz K, Dölitzsch C, Kösters M, Willmund GD, Zimmermann P, Bühler AH, Fegert JM, Ziegenhain U, Köch M. [Parental military deployment as risk factor for children's mental health: a meta-analytical review](#). *Child Adolesc Psychiatry Ment Health*. 2019 Jun 21;13:26. doi: 10.1186/s13034-019-0287-y.

parent's mental health. The combination of deployment of a family member and regular moves of home and school can cause anxiety and stress for service families, whether living in the UK or overseas. This results in disturbed education, disrupted social networks, and parents left behind have to cope with the effects of being a 'single parent'.²⁸⁷

- Service children are a specific cohort, and it has been suggested some of their needs may not be met with existing mental health provision. Early intervention may not be delivered to some service children because of their mobile lifestyle, missing out on provision due to long waiting lists and never reaching the point of treatment. There is also some evidence that school support may be failing to understand the needs of service children, as research found almost half of parents reported that they do not feel schools understand the impact on a child of a parent being deployed or being away on training exercises. The Army Families Federation reported receiving a significant and steadily increasing number of enquiries from families trying to access CAMHS support for their children because their serving parent is suffering from PTSD or other serious mental health issues. Many of these enquiries involve children with mental health issues who are under five, and there was little or no provision to refer these families to.²⁸⁸

Table 23 shows the number of military children taking up the Service Pupil Premium (SPP, extra funding to assist schools in providing the additional support that children from Service families may need) over several financial years, showing a steady year-on-year increase in the number of military children attracting the SPP in Herefordshire schools.²⁸⁹ This may not be the full picture, as parents may not declare that their partner (or themselves) is a member of the Armed Forces.²⁹⁰ The SPP is there for schools to provide mainly pastoral support for military children in recognition of the specific challenges they face due to Service life and as part of the on-going commitment of the Armed Forces Covenant. Herefordshire Council and the HIVE at Hereford Garrison regularly promote and encourage schools to apply for the SSP.²⁹¹

Financial Year	Number Service Children	SPP per Child	Total Herefordshire Schools
01/04/2022-31/03/2023	1144	£310	£366,080
01/04/2021-31/03/2022	1138	£310	£352,780
01/04/2020-31/03/2021	1110	£310	£341,000
01/04/2019-31/03/2020	1032	£300	£309,600
01/04/2018-31/03/2019	1019	£300	£305,700
01/04/2017-31/03/2018	906	£300	£271,800
01/04/2016-31/03/2017	902	£300	£270,600

Table 23 Number of service children taking up the SPP and the associated monetary total by financial year

²⁸⁷ [Written evidence submitted by Army Families Federation](#), Army Families Federation, 2018

²⁸⁸ [Written evidence submitted by Army Families Federation](#), Army Families Federation, 2018

²⁸⁹ [Herefordshire Armed Forces Covenant Partnership Annual Review Report 2022](#), Herefordshire Council

²⁹⁰ CYP 0-19 School Nursing Needs Assessment Draft, Herefordshire Council Intelligence Unit, 2022

²⁹¹ [Herefordshire Armed Forces Covenant Partnership Annual Review Report 2022](#), Herefordshire Council

Local military families are benefitting from the Ministry of Defence (MOD)'s Wraparound Childcare scheme that offers up to 20 hours per week of free childcare before and after school during term time for eligible military parents with children aged 4 to 11 years. The scheme offers practical support to help combat the unique challenges faced by service families, such as frequent relocations that require military families to move home, find new schools and childcare provision, and adjust their lives. Armed Forces Covenant signatories Encore Music Enterprises, the county's music service, offer vocal sessions for Service children wishing to gain confidence and the opportunity to learn, sing and record songs of their choice. In 2021 as part of Defence Medical Welfare Service funding portfolio, The Cart Shed, a charity providing natural outdoor spaces and activities to help people with mental health problems, delivered a range of woodland activities for military children. The Cart Shed continued to offer free school holiday activities for children from Serving and veteran families. 'Escape to the Woods' includes woodland fun such as den building and creating shelters, bush crafts, green woodworking, willow working and outdoor cooking.²⁹²

2.24. Gypsy, Roma, and Traveller CYP

- Gypsy, Roma, and Traveller (GRT) people experience racism and marginalisation in many aspects of their lives, contributing to their likelihood of experiencing poorer mental health outcomes. These may also restrict their access to healthcare services that tackle poor mental health.²⁹³
- The 2021 'The Big Ask' survey found that positively, most GRT children selected 'happy' or 'very happy' with all aspects of their lives. However, GRT children reported lower levels of happiness on average compared to their peers.²⁹⁴
- GRT children were less happy with their mental health compared to other ethnic groups, with 53% of GRT children rating themselves as happy compared to 58% and 56% of BME and White British children, respectively. They were also less likely to select mental health as important, chosen by only 38% of GRT children compared to 52% of all children.²⁹⁵
- GRT children were least likely to be happy with 'life at school or college' compared to other aspects of their lives, with only 42% reporting being happy compared to 56% of all other children. Notably, GRT children living in England and Wales have below average attainment across all key stages, higher rates of persistence absence from schools, and higher rates of exclusions.²⁹⁶
- While GRT children reported being unhappier with their family life compared to other ethnic groups, they were more likely to consider starting a family of their own as important for them to have a good life when they grow up compared to all other children (36% compared to 26% overall).²⁹⁷

²⁹² [Herefordshire Armed Forces Covenant Partnership](#), Herefordshire Council

²⁹³ Myers, M. (2022). Gypsy, Roma, and Traveller Pupils and Mental Wellbeing. In *Mental Wellbeing in Schools: What Teachers Need to Know to Support Pupils from Diverse Backgrounds* (37-47). London: Taylor & Francis (Routledge). <https://doi.org/10.4324/9781003160526-4>

²⁹⁴ [What we learnt from Gypsy, Roma, and Traveller children who responded to The Big Ask](#), Children's Commissioner, 2022

²⁹⁵ [What we learnt from Gypsy, Roma, and Traveller children who responded to The Big Ask](#), Children's Commissioner, 2022

²⁹⁶ [What we learnt from Gypsy, Roma, and Traveller children who responded to The Big Ask](#), Children's Commissioner, 2022

²⁹⁷ [What we learnt from Gypsy, Roma, and Traveller children who responded to The Big Ask](#), Children's Commissioner, 2022

- GRTs experience some of the worst health outcomes of any UK group, including high mortality rates for illnesses considered preventable in the wider population, high infant mortality rates, and traumatic or violent deaths such as road traffic collisions and suicides. The collective grief associated with these deaths may often be very deeply expressed throughout families and communities.²⁹⁸
- GRT pupils may share dissimilar attitudes and understandings of mental health as compared to other pupils. Some GRT pupils, in particular young men, may find mental health a more difficult subject, especially if they associate acknowledging mental health issues with being weak.²⁹⁹ However, unchallenged racist bullying in schools particularly harms GRT boys' mental health with often serious consequences, while one in four GRT boys in Young Offenders Institutions reported having mental/emotional health issues.³⁰⁰

GRT are an important ethnic minority group in Herefordshire, but face some of the most severe health inequalities and poor life outcomes.³⁰¹ 183 children aged 2-18 years have been identified through the 2021 school census, but there are an estimated 350 CYP aged 0-19 years as of April 2024 known to the Traveller Education Services (TES). The majority of the GRT group in Herefordshire are 'Romany'.³⁰² There has been an increased number of GRT children in care over the last 10 years, which is in line with national trends.

2.25. CYP migrants, refugees, and asylum seekers

- Research shows that migrant children and young people aged between 15 and 24 years experience poorer wellbeing than their non-migrant peers, including higher rates or levels of being overweight or obese, hypertension, depressive symptoms, trauma exposure, traumatic grief, community violence exposure, dissociative symptoms, somatization, and phobic disorder. However, they did have comparably lower rates of substance abuse and oppositional defiant disorder.³⁰³
- Prevalence estimates of post-traumatic stress disorder (PTSD) among refugee youth range from 11%-54%, with one review of 22 studies finding an average prevalence of 36% across samples, while another review that included 5 youth surveys reported an average prevalence of 11%.³⁰⁴
- A recent large study investigating refugee and non-refugee migrant (e.g. migrating for economic or work reasons) young people's mental health among European secondary students found both groups to be at significant risk for the development of

²⁹⁸ Myers, M. (2022). Gypsy, Roma, and Traveller Pupils and Mental Wellbeing. In *Mental Wellbeing in Schools: What Teachers Need to Know to Support Pupils from Diverse Backgrounds* (37-47). London: Taylor & Francis (Routledge). <https://doi.org/10.4324/9781003160526-4>

²⁹⁹ Myers, M. (2022). Gypsy, Roma, and Traveller Pupils and Mental Wellbeing. In *Mental Wellbeing in Schools: What Teachers Need to Know to Support Pupils from Diverse Backgrounds* (37-47). London: Taylor & Francis (Routledge). <https://doi.org/10.4324/9781003160526-4>

³⁰⁰ [Traveller Movement submission to Women and Equalities Committee Inquiry into the Mental Health of men and boys](#). The Traveller Movement, 2019

³⁰¹ Health and well-being needs of children and young people in Herefordshire 2022: summary to inform the Healthy Child Programme redesign, Herefordshire Council Intelligence Unit, 2023

³⁰² Traveller Education Team, Herefordshire Council, 2024

³⁰³ Heyeres, M., Perera, N., Udah, H., Attakey, A., Whiteside, M., & Tsey, K. (2021). Interventions Targeting the Wellbeing of Migrant Youths: A Systematic Review of the Literature. *Sage Open*, 11(3). <https://doi.org/10.1177/21582440211046942>

³⁰⁴ Frounfelker RL, Miconi D, Farrar J, Brooks MA, Rousseau C, Betancourt TS. [Mental Health of Refugee Children and Youth: Epidemiology, Interventions, and Future Directions](#). *Annu Rev Public Health*. 2020 Apr 2;41:159-176. doi: 10.1146/annurev-publhealth-040119-094230. Epub 2020 Jan 7.

mental health problems. Refugee migrants showed slightly higher levels of post-traumatic stress symptoms and decreased mental health related to family separation and daily material stress compared to non-refugee migrants. Perceived discrimination was associated with all measures of mental health and well-being in both groups.³⁰⁵

- 'Family and community level risk factors for mental health problems among resettled refugee youth include being unaccompanied or living in a single parent household, having parents with psychiatric problems or who have been exposed to violence, economic hardship, perceived discrimination in the host country, and exposure to post-migration violence'.³⁰⁶
- Research has shown that barriers to care for migrant children and young people in high-income countries with neurodevelopmental differences and/or mental health problems include privacy and confidentiality concerns, stigma, cultural values that deter help seeking, fear and mistrust of services, logistical and structural barriers, lack of information on mental health, language and communication barriers, and service providers lacking cultural responsiveness.³⁰⁷

Herefordshire welcomed 33 Afghan refugees aged 0 to 19 during August 2021 and welcomed 18 Syrian refugees aged 0 to 19 during 2018. More recently, 300 Ukrainian children have arrived in Herefordshire between May and August 2022. In these children, a very small number had existing mental health needs that were fast tracked. There were no emerging severe mental health needs. However, PTSD only starts about 5 to 7 months after arrival. During 2022/23, Herefordshire accommodated 481 unaccompanied asylum seeking children. Of these 481 children, 31 turned 18 and continued to be supported as care leavers and 47 left care. Twenty-nine children were living at home with their parents whilst assessments to discharge orders are undertaken and there was a plan for reunification of a further 27 children that were in foster care.

2.26. LGBTQ+ CYP

- Evidence from several studies shows that 'LGBTQ+ young people report significantly higher rates of depression, self-harm, suicidality and poor mental health than cisgender and heterosexual youth'.³⁰⁸
- Research from the UK studying participants from birth to 21 years of age found that mental health disparities between LGBTQ+ and heterosexual participants started as early as age 10. Sexual minority adolescents had higher depressive symptoms and

³⁰⁵ Spaas, C., Verelst, A., Devlieger, I. et al. [Mental Health of Refugee and Non-refugee Migrant Young People in European Secondary Education: The Role of Family Separation, Daily Material Stress and Perceived Discrimination in Resettlement](#). *J Youth Adolescence* **51**, 848–870 (2022). <https://doi.org/10.1007/s10964-021-01515-y>

³⁰⁶ Frounfelker RL, Miconi D, Farrar J, Brooks MA, Rousseau C, Betancourt TS. [Mental Health of Refugee Children and Youth: Epidemiology, Interventions, and Future Directions](#). *Annu Rev Public Health*. 2020 Apr 2;41:159-176. doi: 10.1146/annurev-publhealth-040119-094230. Epub 2020 Jan 7. p.2

³⁰⁷ Place V, Nabb B, Gubi E, Assel K, Åhlén J, Hagström A, Bäärnhielm S, Dalman C, Hollander AC. [Perceived barriers to care for migrant children and young people with mental health problems and/or neurodevelopmental differences in high-income countries: a meta-ethnography](#). *BMJ Open*. 2021 Sep 16;11(9):e045923. doi: 10.1136/bmjopen-2020-045923.

³⁰⁸ McDermott E, Eastham R, Hughes E, Pattinson E, Johnson K, Davis S, Prymachuk S, Mateus C, Jenzen O. [Explaining effective mental health support for LGBTQ+ youth: A meta-narrative review](#). *SSM Ment Health*. 2021 Dec;1:None. doi: 10.1016/j.ssmmh.2021.100004.

were more likely to report both self-harm and lifetime self-harm with suicidal intent than heterosexual adolescents.³⁰⁹

- LGBTQ+ children and young people can be affected by a range of complex risk factors that contribute to the disproportionately high level of mental health difficulties they experience. These include discrimination and bullying, hate crime, isolation within their communities, the coming out process, discrimination in healthcare, and family problems.³¹⁰
- LGBTQ+ youth underutilise mental health services despite elevated rates of poor mental health, and often experience inadequate support. Only one fifth of community participants recently studied in the UK sought help for their mental health problems from health services. This results in LGBTQ+ youth having a significantly higher unmet mental health need compared to heterosexual peers.³¹¹
- Reluctance and barriers to accessing mental health services among LGBTQ+ youth may be due to homophobia, biphobia, transphobia, difficulties disclosing sexual and gender identity, and fears of being misunderstood, judged, rejected, or humiliated due to normative expectations that they may not conform to.³¹²

In 2018, it was estimated that 698 young adults (aged 16-24) were most likely to identify as LGB in Herefordshire. According to the 2021 CYP Survey conducted in Herefordshire, 57 (2%) secondary age pupils chose to identify as neither male nor female (non-binary gender). The survey found that pupils who identified as non-binary reported lower emotional wellbeing and resilience. The survey also found that the 16 students in Year 10 who identified as non-binary were statistically significantly more likely than their peers to:

- not eat lunch
- have experienced an adverse life event this year
- not always follow online safety advice
- have been bullied or a victim of crime/harassment
- not feel safe after dark
- not have a trusted adult
- not be happy with life and worry greatly
- self-harm
- say that they or their family have sought mental health advice

³⁰⁹ Irish M, Solmi F, Mars B, King M, Lewis G, Pearson RM, Pitman A, Rowe S, Srinivasan R, Lewis G. [Depression and self-harm from adolescence to young adulthood in sexual minorities compared with heterosexuals in the UK: a population-based cohort study](#). *Lancet Child Adolesc Health*. 2019 Feb;3(2):91-98. doi: 10.1016/S2352-4642(18)30343-2.

³¹⁰ [LGBTQI+](#), Anna Freud Mentally Healthy Schools, accessed May 2024

³¹¹ McDermott E, Eastham R, Hughes E, Pattinson E, Johnson K, Davis S, Prymachuk S, Mateus C, Jenzen O. [Explaining effective mental health support for LGBTQ+ youth: A meta-narrative review](#). *SSM Ment Health*. 2021 Dec;1:None. doi: 10.1016/j.ssmmh.2021.100004.

³¹² McDermott E, Eastham R, Hughes E, Pattinson E, Johnson K, Davis S, Prymachuk S, Mateus C, Jenzen O. [Explaining effective mental health support for LGBTQ+ youth: A meta-narrative review](#). *SSM Ment Health*. 2021 Dec;1:None. doi: 10.1016/j.ssmmh.2021.100004.

2.27. CYP with Learning Disabilities

- Research from 2007 showed that children with learning disabilities (LD) in Britain were four to five times more likely to have a diagnosable psychiatric disorder than children who do not have a learning disability (prevalence rate of 36% compared to 8%). Significant group differences were found for almost all categories of disorders, including anxiety disorders, ADHD, and conduct disorder, but not for depressive disorders or eating disorders (though prevalence rates were still higher for children with learning disabilities).³¹³
- Put another way, one in seven children with mental health problems in the UK also have a learning disability.³¹⁴
- This group of young people are at increased risk of developing mental health problems due to social and emotional factors, such as living in poverty, having few friends, parental mental ill-health and negative life events, rather than their disability (though they are more likely to have additional long term health problems and disabilities such as epilepsy and sensory impairments). This increased risk can be apparent as early as 3 years of age, indicating that their mental health could be improved by timely intervention. However, CYP with learning disabilities may face significant challenges accessing appropriate and timely mental health provision.³¹⁵
- Mental health needs for children and young people with learning disabilities may be more complex, as they were also more likely to have multiple mental health problems.³¹⁶ Symptoms may be worse for children with greater support needs, particularly if they cannot communicate about their feelings or distress. Consequently, emotional wellbeing changes in children with high support needs may easily be overlooked by carers, particularly for those with high levels of medical needs.³¹⁷
- Important factors that commonly contribute to a change in emotional well-being include physical health, loss, and bereavement, change, and transition to adulthood.³¹⁸

In 2017, Herefordshire also had a higher proportion of school-aged pupils with a learning disability (7.3%) than England (5.6%), as has been the case since at least 2013.³¹⁹ The percentage of completed learning disability annual health checks by age for 2021-22 and 2022-23 are shown in Figure 63. There is a service specification in place with general practice to maintain and improve the offer and delivery of annual health checks, supported by patient facing information, reasonable adjustments in environment and an ICB reporting

³¹³ Emerson E, Hatton C. [Mental health of children and adolescents with intellectual disabilities in Britain](#). Br J Psychiatry. 2007 Dec;191:493-9. doi: 10.1192/bjp.bp.107.038729.; [Overshadowed - The mental health needs of children and young people with learning disabilities](#). Children and Young People's Mental Health Coalition, 2019

³¹⁴ [Overshadowed - The mental health needs of children and young people with learning disabilities](#). Children and Young People's Mental Health Coalition, 2019

³¹⁵ [Overshadowed - The mental health needs of children and young people with learning disabilities](#). Children and Young People's Mental Health Coalition, 2019; [Children and Young People with Learning Disabilities – Understanding their mental health](#), BOND, Department of Education, 2015

³¹⁶ [Overshadowed - The mental health needs of children and young people with learning disabilities](#). Children and Young People's Mental Health Coalition, 2019

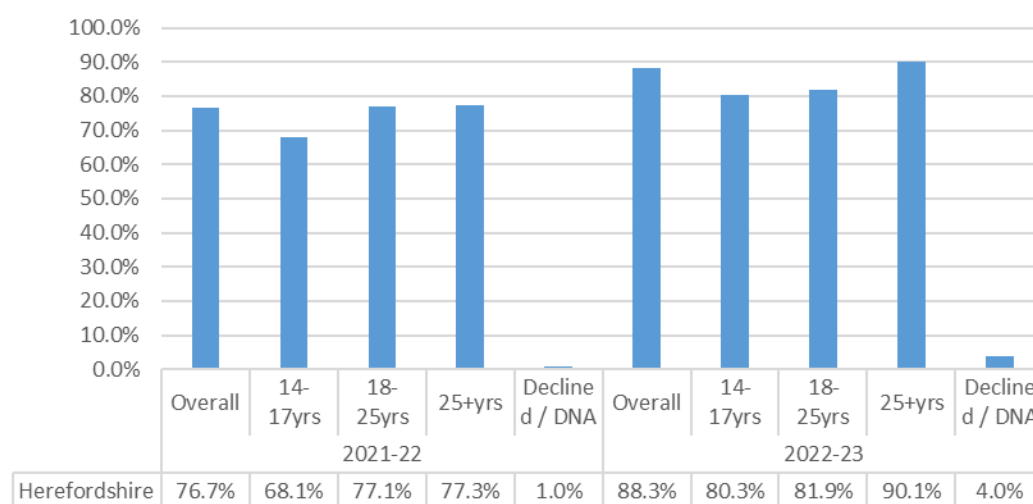
³¹⁷ [Children and Young People with Learning Disabilities – Understanding their mental health](#), BOND, Department of Education, 2015

³¹⁸ [Children and Young People with Learning Disabilities – Understanding their mental health](#), BOND, Department of Education, 2015

³¹⁹ [Pupils with Learning Disability: % of school aged pupils](#), OHID Fingertips, 2017

framework. The proportion of completed health checks increased overall and across age categories between 2021-22 and 2022-23.³²⁰

Figure 63 Learning disability annual health checks



2.28. CYP with SEN(D) and EHCPs

- A child or young person has Special Educational Needs (SEN) if they experience significantly more difficulty learning than most of their peers of the same age, or if they have a disability that makes accessing their age-appropriate educational provision difficult. Some children and young people who have SEN may also have a disability, legally described by the Equality Act 2010 as 'a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'. This includes sensory impairments such as hearing or visual impairments and long-term health conditions such as asthma, diabetes, epilepsy or cancer. Having a disability doesn't necessarily mean that a child or young person has SEN.³²¹
- Over 1.5 million pupils in England have SEN, an increase of 87,000 from 2022. Both the number of pupils with an education, health and care plan (EHCP) and the number of pupils with SEN support have increased, each continuing trends of increases since 2016. The most common type of need for those with an EHC plan is autistic spectrum disorder and for those with SEN support is speech, language and communication needs.³²²
- A 2017 survey of the mental health of children and young people in England found SEN were more common in children with a mental health or neurodevelopmental disorder (35.6%) than in those without (6.1%). The special educational need may sometimes have been related to the disorder itself. Nearly half (47.9%) of boys with a disorder were recognised as having special educational needs, compared to one in five (20.9%) girls with a disorder. About one in four (26.8%) children with an

³²⁰ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

³²¹ [What is special educational needs and disabilities \(SEND\)?](#), Herefordshire Council, 2024

³²² [Special educational needs in England](#), Department of Education, 2023

emotional disorder were recognised as having SEN.³²³ SEND is also more common among children living in socio-economically deprived circumstances.³²⁴

- Anxiety affects over half (55%) of children with SEN, compared to one in three (34%) of children without SEN, and students with SEN were more likely to report difficulty concentrating in class than their peers without.³²⁵ Educational settings may trigger anxiety among children, while struggling with schoolwork due to a learning or physical health difficulty may cause or maintain mental health problems.³²⁶
- Demand for mental health assessment has gone up by 60% over the past 5 years, with a further increase of 27% since the pandemic. However, there is only an average of one educational psychologist for every 5,000 children, which is insufficient to meet demand.

Herefordshire has a relatively high rate of children identified as having Special Educational Needs and Disability (SEND). There are 3,540 CYP receiving Special Educational Needs (SEN) support and 910 with an Educational Health Care Plan (EHCP). The proportion of CYP with a statement or EHCP continues to increase (from 3.1% in 2018 to 3.8% in 2022). 59% of pupils with a statement or EHCP are in mainstream schools and 41% are in special schools.³²⁷ While not all children with mental health problems have special educational needs (SEN) and equally not all children with special educational needs have a mental health problem, SEN can be a risk factor for mental health. In 2022/23, there were 19.4% of Herefordshire school aged school pupils with SEN, statistically significantly higher than both West Midlands and England proportions at 17.7% and 17.3%, respectively (joint highest in the region).³²⁸ The proportion of secondary school pupils with special educational needs in Herefordshire in 2018 was significantly higher than in England and the West Midlands region; 16.7% compared to 12.3% and 12.9% respectively and the second highest of all West Midlands local authorities.³²⁹ The percentage of pupils with SEN Support across all schools in Herefordshire has remained above English averages throughout the period between 2017/18 and 2022/23. There has been evidence historically that the SEN Support cohort was being over-reported and that some children in the category did not present with additional educational needs. To some extent this has been addressed and the percentage of pupils at SEN Support is now closer to, although still above, the England average (see Figure 64).³³⁰

³²³ [Mental Health of Children and Young People in England, 2017](#), NHS Digital, 2018

³²⁴ [Our three rights-based wishes for reforming SEND services in England](#), Place2Be, 2022

³²⁵ [Mental Health Awareness Week 2023: Supporting the mental health of children with SEND](#), Together Trust, 2023

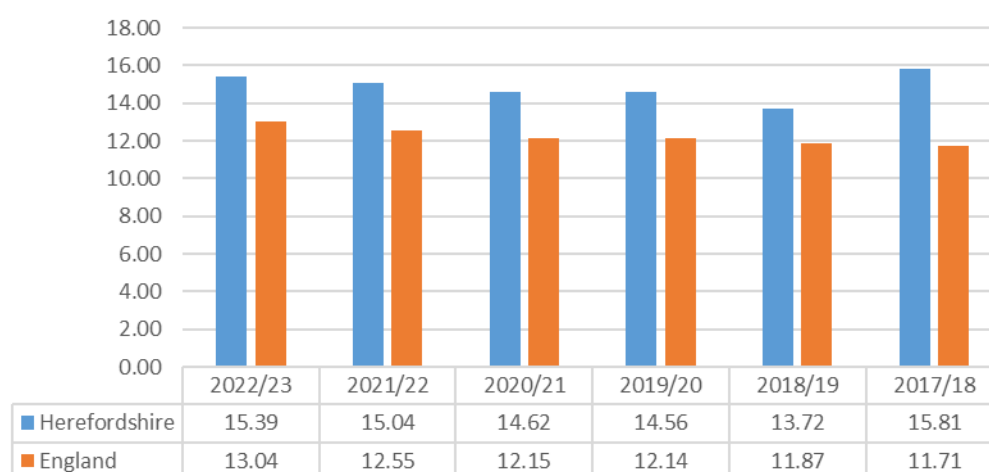
³²⁶ [Our three rights-based wishes for reforming SEND services in England](#), Place2Be, 2022

³²⁷ CYP 0-19 School Nursing Needs Assessment Draft, Herefordshire Council Intelligence Unit, 2022

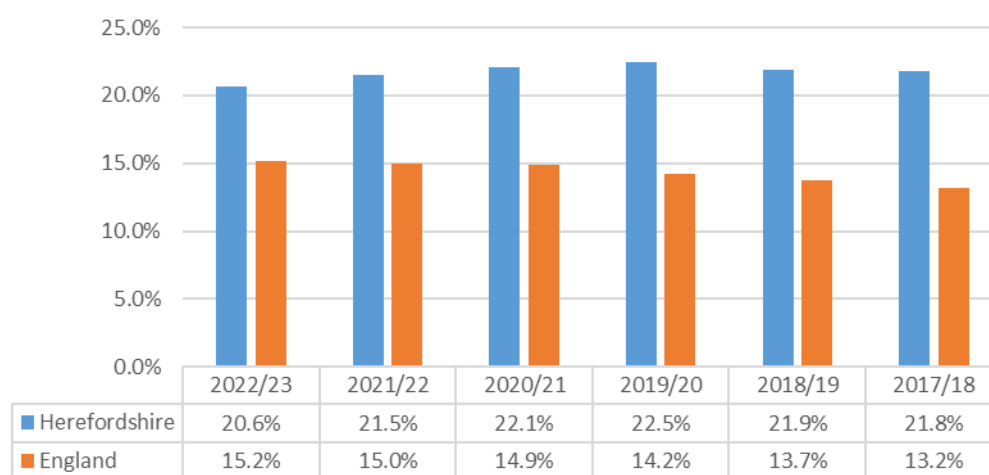
³²⁸ [Public health profiles](#), OHID, 2023

³²⁹ [Children and Young People's Mental Health and Wellbeing](#), OHID, 2018

³³⁰ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

Figure 64 % pupils with SEN Support (All schools)

In particular, the proportion of pupils with social, emotional and mental health (SEMH) as a primary need is significantly high (2nd highest amongst statistical neighbours) and increasing more rapidly than nationally (3.5% in 2021 – equating to 820, compared to 2.8% in England). Herefordshire has consistently had higher than average numbers of children with SEMH needs. There is also a significant discrepancy in the consistently low numbers of young people with Autism Spectrum Disorder (ASD). A young person may have undiagnosed ASD but due to the length of time for a diagnosis, their primary need is often recorded as SEMH or Severe Learning Difficulties (SLD) (see Figure 65).³³¹

Figure 65 % ECHP by primary need - Social, Emotional, and Mental Health

In Herefordshire, the most common primary needs of pupils with a statement or EHCP according to the 2021/22 school census are:

- Social, emotional and mental health (21%)
- Autistic spectrum disorder (20%)
- Severe learning difficulty (17%)
- Speech, language and communication needs (15%)

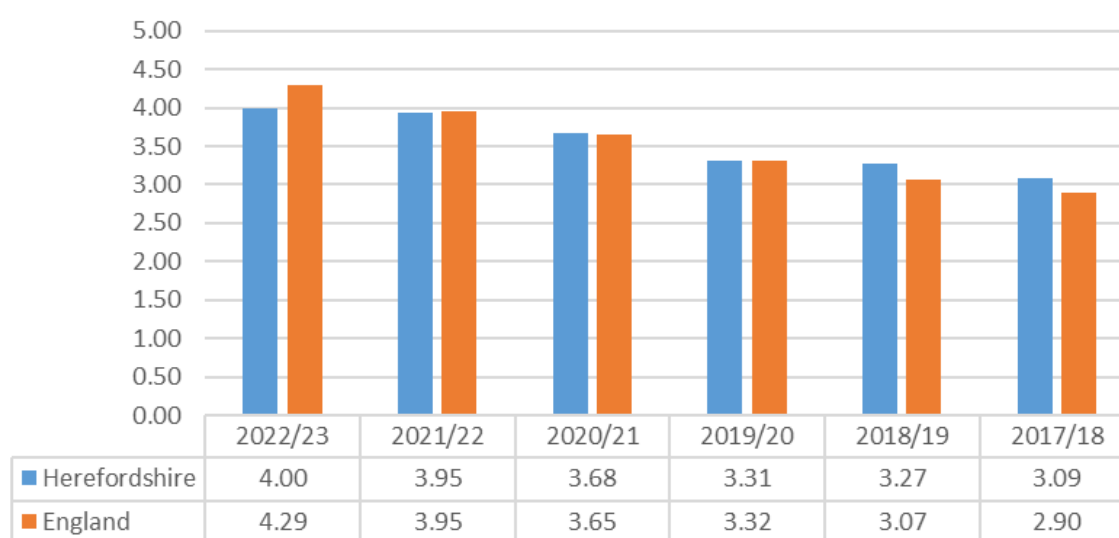
³³¹ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

During the 2021 CYP QoL survey conducted in mainstream schools, children were asked whether they had any special educational needs or disabilities. Approximately 350 pupils (7.5%) indicated they had any special educational needs or disabilities. For the approximately 100 of these CYP who were in Y6 or Y10, some results were significantly different to non-SEND pupils:

- More said their family have asked for help with their mental health (40% vs. 25%)
- Fewer reported being happy with life (45% vs. 59%)
- Fewer reported that they keep trying if at first they don't succeed (41% vs. 52%)
- More were likely to be afraid of going to school because of bullying at least 'sometimes' (48% vs. 29%) and to have been physically attacked at school in the last month (14% vs. 6%).
- More had received a hurtful, nasty or unwanted picture or message online (45% vs. 32%)
- Fewer felt like they belong to their school (55% vs. 63%)

The percentage of pupils across all school types with an EHCP has very much mirrored the England average over the 5 year period between 2017/18 and 2022/23 (see Figure 66).³³²

Figure 66 % of pupils with EHCP (All schools)

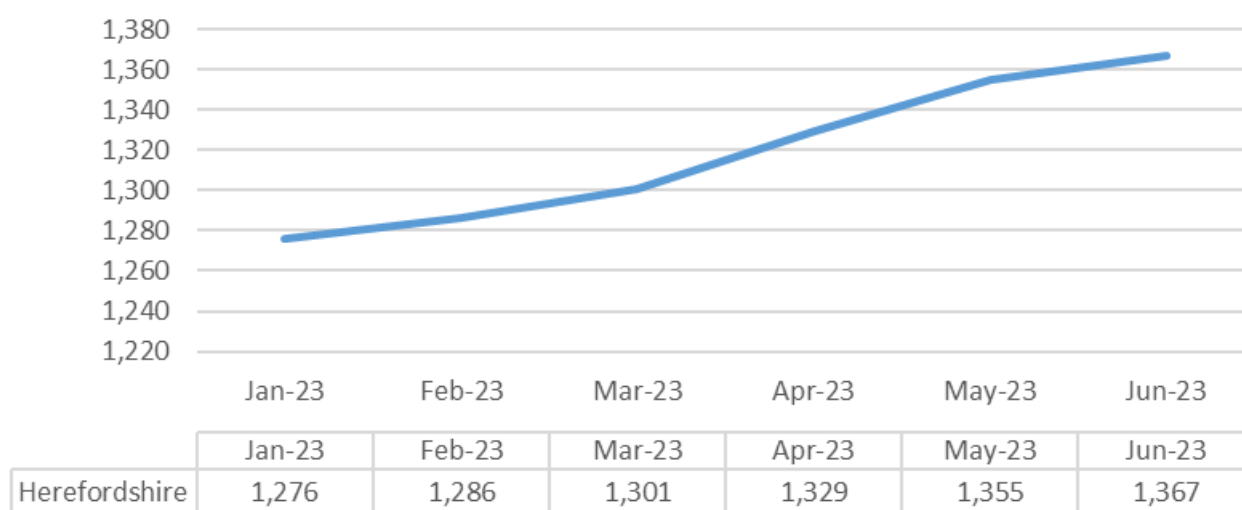


The number of children with an EHCP maintained by Herefordshire has been rapidly increasing since January 2023, a trend that is reflected nationally (see Figure 67).³³³

³³² Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

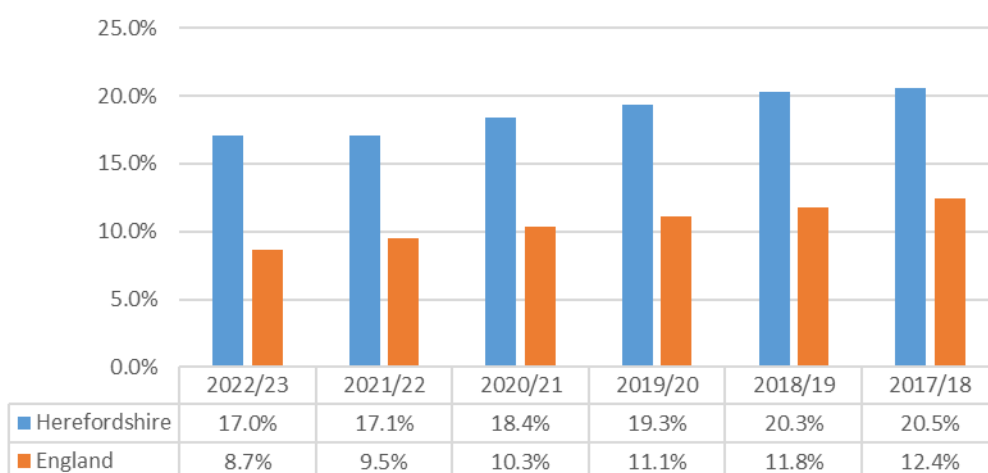
³³³ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

Figure 67 Number of children with an EHCP maintained by Herefordshire



Herefordshire has consistently had higher than average numbers of people with SLD needs. There is also a significant discrepancy in the consistently low numbers of young people with ASD. A young person may have undiagnosed ASD but due to the length of time for a diagnosis, their primary need is often recorded as SEMH or SLD (see Figure 68).³³⁴

Figure 68 % EHCP by primary need - Severe Learning Difficulties



Of the 168 children with an EHCP in special schools questioned as part of the 2021 CYP QoL survey, 81% reported that they were happy with their life. The remaining 16% reported being partly happy with life, while 3% reported not being happy with life. It was recognised that there needed to be consistency between the questions asked as part of the CYP QoL survey (issued to all schools in Herefordshire), and the adapted survey that was only issued to those children in local maintained special schools. Results from the survey also showed 83% of CYP with EHCP reporting going for a walk and 61% reported bowling when asked

³³⁴ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

about clubs, groups, or hobbies they were involved in. 77% of CYP with SEND reported feeling safe in their educational setting while 18% reported only feeling safe sometimes.

2.29. Neurodivergent CYP

- Neurodiversity refers to the differences in people's thoughts, information processing, behaviour, and communication, that are associated with different interests, motivations, skills, and strengths, that should be recognised, understood, respected, and celebrated. People with differences in mental or neurological function compared to what is considered 'typical' for most people may be considered neurodiverse or neurodivergent.³³⁵
- An estimated 15-20% of CYP in the UK are neurodivergent, which includes attention-deficit hyperactivity disorder (ADHD), autism, dyslexia, and Tourette's syndrome. Some people may have more than one diagnosis, while others may have none at all. Importantly, neurodivergence does not imply a mental health condition, disorder, deficit, or disability, but rather a different way of thinking and learning. As such, neurodivergent individuals do not necessarily have poor mental health.³³⁶
- A recent article reported estimates that there might be as many as 1.2 million autistic people and 2.2 million people with ADHD in England, with a huge rise in demand for autism and ADHD diagnoses amid increased awareness and understanding of neurodiversity. Data from December 2023 showed a five-fold increase in the number of open suspected autism referrals since 2019, with an all-time high of 172,022 patients who had an open referral for suspected autism.³³⁷
- There is an estimated childhood incidence rate of 5% in the UK for ADHD, for a national estimate of 708,000 children with ADHD. ADHD is diagnosed four times more in boys than girls, though there is an active discussion about whether female ADHD is under-diagnosed and if so what the reasons for that are.³³⁸ While there is no national data on referrals for ADHD assessments, national prescribing data shows that there was a 51% increase in the number of patients prescribed medication for ADHD between 2019/20 and 2022/23. These data also show a 28% increase in prescriptions for the 10-14 age group between 2019/20 and 2022/23.³³⁹
- Neurodivergent students may be particularly susceptible to mental health problems due to social expectations and insufficient or missing support in environments where their differences are misunderstood and not respected. Challenges in school environments that are designed with neurotypical individuals in mind may be cognitive, sensory, and social in nature, requiring neurodivergent students to mask their differences by suppressing natural behaviours, conforming to social norms, and forcing themselves to engage in 'typical behaviour'. These actions often result in feelings of anxiety, burnout, and further problems over time.³⁴⁰
- Neurodiversity is often first noticed in childhood, with neurodivergent CYP particularly vulnerable to mental ill health. Over 70% of autistic children experience mental health challenges such as depression and anxiety. As a result, many Child and Adolescent

³³⁵ [Neurodiversity](#), Anna Freud Mentally Healthy Schools, 2024

³³⁶ [Neurodiversity](#), Anna Freud Mentally Healthy Schools, 2024

³³⁷ [The rapidly growing waiting lists for autism and ADHD assessments](#), Nuffield Trust, 2024

³³⁸ [ADHD Incidence](#), ADHD UK

³³⁹ [The rapidly growing waiting lists for autism and ADHD assessments](#), Nuffield Trust, 2024

³⁴⁰ [Neurodiversity](#), Anna Freud Mentally Healthy Schools, 2024

Mental Health Services (CAMHS) users will also be neurodivergent, with an estimated 1 in 10 CAMHS users being autistic. Research found that parents reported feeling that their child's mental health problems were often dismissed as a feature of their autism, rather than a mental health condition in its own right.³⁴¹

The National Autism Prevalence tool has been used to estimate the numbers of autistic people in Herefordshire. The estimated population of autistic children and young people in Herefordshire calculated at 1.1% of resident population was 400 CYP in 2020 and is projected to be 410 in 2025, 400 by 2030, and 390 by 2035. A review of local primary care data shows that in comparison with the national estimates of prevalence (likely to be an underestimate), only 29% of autistic people are currently recorded on the health system in Herefordshire. Some autistic children and young people are still having poor experiences within school, are not reaching their potential, and are struggling in the transition to adult life. Anxiety and other mental health concerns in children has increased in combination with neuro-diversity related needs since the COVID-19 pandemic; this is reflected in the profile of the more recent EHCP cohort. 50% of schools have accessed the West Midlands autism training and there is an improved early years' offer, though parental concerns remain.³⁴²

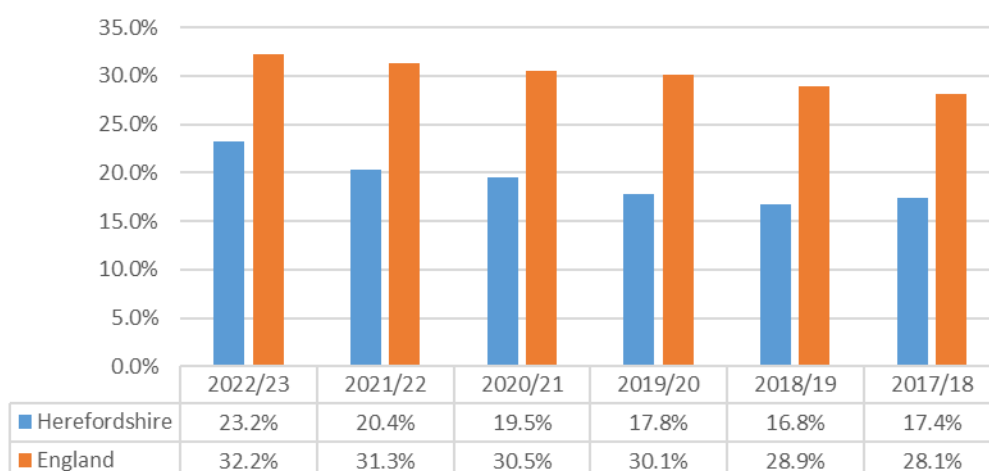
As of the end of August 2023 there were 1,463 children and young people aged 0-25 years with an Education Health and Care Plan maintained by Herefordshire, of which 325 were recorded with a primary need of autism, representing 22% of all children with an EHCP. This is significantly lower than national average and is thought to reflect the length of waiting list for a diagnosis of autism. Work is being done to update local authority records and improve accuracy.³⁴³ Data on the proportion of EHCPs with a primary need of Autism Spectrum Disorder (ASD) over time is shown in Figure 69. A young person may have undiagnosed ASD but due to the length of time for an assessment, their primary need is often recorded as Social, Emotional, and Mental Health (SEMH) or Severe Learning Difficulties (SLD), as a primary need of ASD cannot be recorded until they have a formal diagnosis.³⁴⁴

³⁴¹ [How does having a diagnosis of a neurodiverse condition affect CAMHS practitioners' decisions about mental health treatment?](#), CAMHS Rise, 2022

³⁴² [Herefordshire and Worcestershire Joint All Age Autism Strategy 2024 – 2029](#), Herefordshire and Worcestershire ICB, 2024

³⁴³ [Herefordshire and Worcestershire Joint All Age Autism Strategy 2024 – 2029](#), Herefordshire and Worcestershire ICB, 2024

³⁴⁴ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

Figure 69 % EHCP by primary need – Autism Spectrum Disorder

In Herefordshire, autism assessments for children below the age of 10 are provided by the Child Development Centre within Wye Valley Trust. Assessments for children above the age of 10 are provided by CAMHS within Herefordshire & Worcestershire Health & Care Trust. While CAMHS reported meeting targets for their Attention Deficit Hyperactivity Disorder (ADHD) diagnostic and management pathway in November 2023, it also reported not meeting all Autistic Spectrum Condition (ASC) Diagnostic Pathway targets, noting there were no specific staff funded for the neurodiversity pathways. Children presenting with a neurodiversity need and request for diagnosis were being seen in the children's mental health service in Herefordshire, both when there was a co-morbid mental health need and when there was no mental health need. Resource from the overall CAMHS service was used to respond to neurodiversity diagnosis need due to historical custom and practice. The Herefordshire and Worcestershire Integrated Care Board (ICB) were reviewing this service provision. Services for children presenting with a neurodiversity need (ADHD, Autism Spectrum Disorder [ASD], Learning Disorders [LD]) were reported as limited and not meeting the rising demand for ASD diagnosis. CAMHS reported continuing to cover some of this gap through historic custom and practice. Because of coding issues, the data for autism assessments from these providers was described as difficult to access regularly.³⁴⁵ The latest Herefordshire data return for NHS England (NHSE) spanning the period of April - December 2023 is shown in Table 24.³⁴⁶

³⁴⁵ Upton, S., Powell, K. [Child and Adolescent Mental Health \(CAMHS\) Presentation for Herefordshire Children and Young People's Scrutiny Committee](#), Herefordshire and Worcestershire Health and Care NHS Trust, 2023

³⁴⁶ Learning Disabilities and Autism Programme Board - Autism Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

	Child Development Centre, Wye Valley Trust (<10 years)		CAMHS Herefordshire & Worcestershire Health & Care Trust (>10 years)	
Number of referrals between 1 April up to 30 November	143		222 (not all accepted)	
Number of assessments completed between 1 April up to 30 November	80		18	
	1 st April 2023	30 Nov 2023	1 st April 2023	30 th Nov 2023
Number of people on waiting list (total on pathway)	322	232	100	142
Average waiting time in weeks (from first appointment to completion of assessment)	26 weeks <5 years 17 weeks > years	12 weeks <5 years 16 weeks >years	95	103
Longest wait (weeks)	Unavailable	78	142	155

Table 24 NHSE Data Return CYP Autism Diagnostic Assessments April - December 2023 for Herefordshire by service

Wait times to initial ASD assessment by age as reported in December 2023 is shown in Figure 70, while wait time from initial assessment to completion from March 2023 is shown in Figure 71.³⁴⁷ Waiting times for an initial assessment for acceptance onto the autism diagnosis pathway in all services is well above the expected NICE guidance. recommendations of assessment process to commence within 13 weeks of referral, with a wait time of no longer than six months from referral to completion of the assessment. There were 222 referrals to Herefordshire CAMHS (7+ years) for ADHD diagnostic assessments between April 2022 and March 2023. The average waiting time for ADHD diagnostic assessment and treatment in June 2023 was 28 days while the longest waiting time was 65 days, with 2 children on the waiting list for assessment. Given the ASD wait times, there is an ongoing re-design of ADHD & ASD Care Pathway and diagnostic assessment process across Herefordshire & Worcestershire to develop a Neurodevelopmental Care Pathway for both conditions. There is also recommissioning of Tier 2 mental health provision that will include targeted support for neurodivergent children and young people (ND CYP). Mental health provision for ND CYP will be incorporated into the re-design of 14-25 mental health services.³⁴⁸ Additionally, 90 additional assessments have been commissioned from The Family Psychologist on top of their current contract in 2024/25. These are expected to be delivered by September 2024. Arrangements have been made with Herefordshire and Worcestershire Health and Care Trust to deliver 50/90 (56%) of these assessments to young

³⁴⁷ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

³⁴⁸ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

people awaiting an Autism assessment in Herefordshire aged between 16 and 18. As of April 2024, the details of 39 young people had been shared with The Family Psychologist.³⁴⁹

Figure 70 Herefordshire ASD Diagnostic Assessment – wait times to Initial Assessment (weeks)

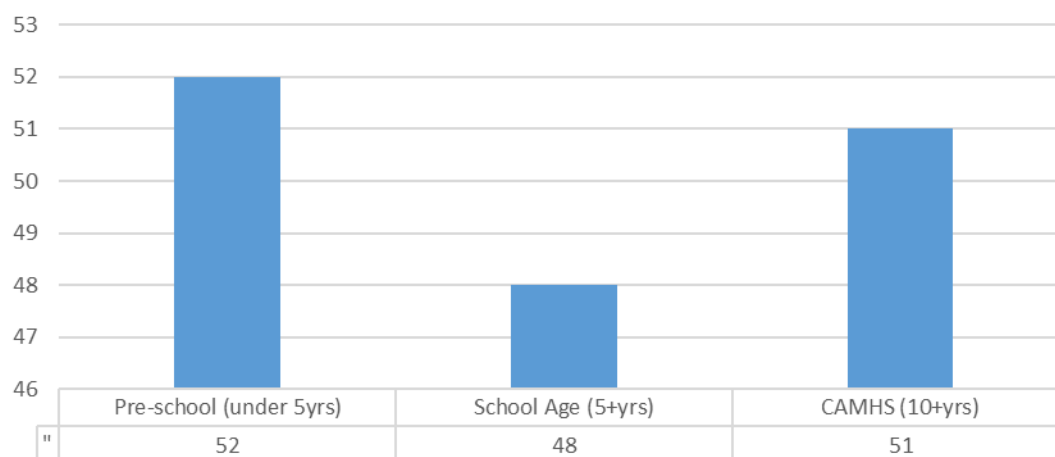
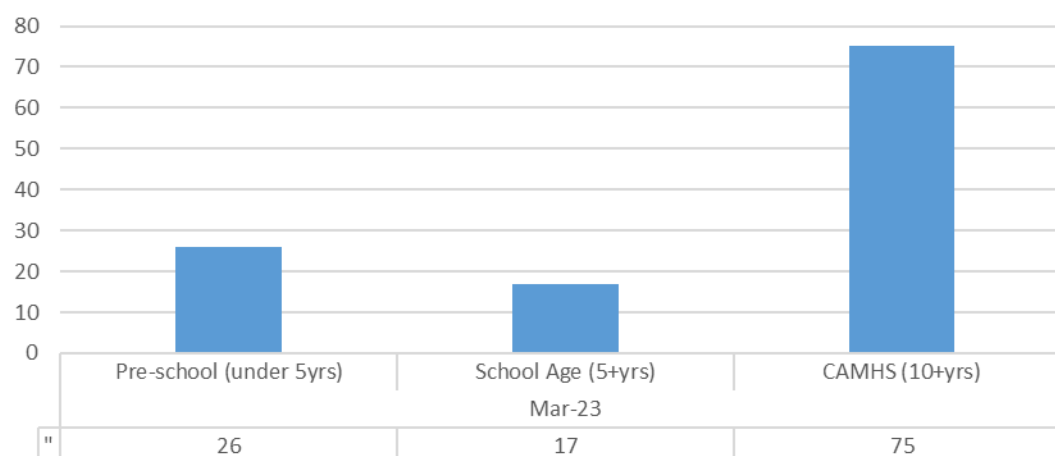


Figure 71 Herefordshire ASD Diagnostic Assessment – wait times from Initial Assessment to Completion (weeks)



The ICB Lead for Neurodivergent Children & Young People has worked with the Herefordshire and Worcestershire Health and Care Trust to agree new monthly reporting for Autism Assessments which will be in place for the next Learning Disabilities and Autism Programme Board meeting after April 2024. This will include:

- Number of people open to the pathway (at any point) and number on caseload.
- Monthly number of new referrals
- Average wait in weeks & longest wait for:
- From referral to first appointment (or initial assessment, NICE Guidance 12 weeks).
- Average wait in weeks first appointment to discharge from service.
- Average wait in weeks from first referral to the end of the assessment.

³⁴⁹ Learning Disabilities and Autism Programme Board - Autism Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

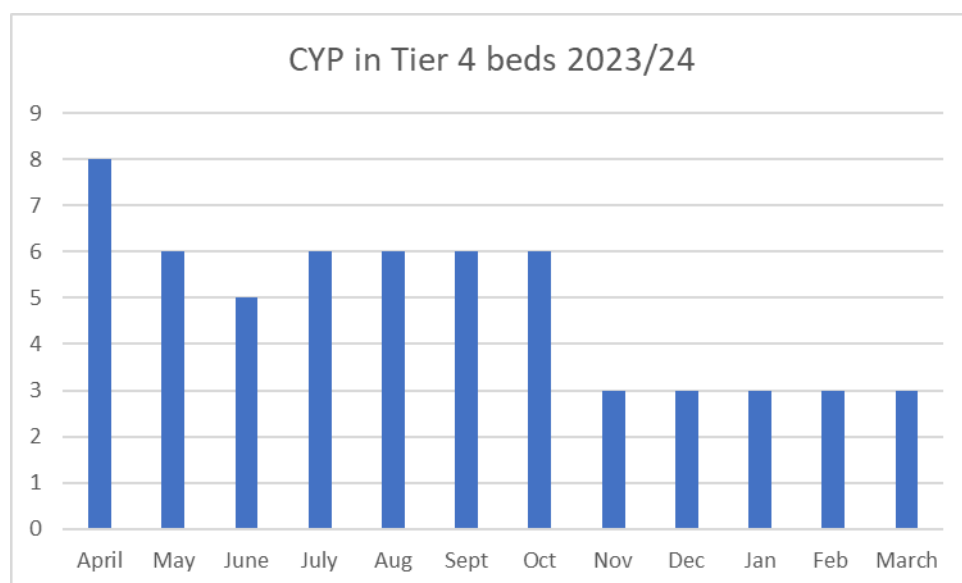
Key Performance Indicators to monitor a new Children and Young People's Neurodivergent Delivery Programme, set up to improve Autism and ADHD assessment and support for CYP and their families, are in development and will cover:

- Uptake and access to support services for children and families (once in place)
- Waiting times from referral to completion of diagnostic assessments for Autism and ADHD
- Pupils who have a primary and secondary diagnosis of Autism and have SEN support / an ECHP (Education Health and Care Plan)

A draft set of indicators will be shared at the next Learning Disabilities and Autism Programme Board meeting after April 2024. If average assessment times for children and young people take longer than three months this will have a big impact on the lives of autistic young people and adults. As it is very likely that this will happen, Herefordshire and Worcestershire ICB are reviewing the neurodiversity pathway for children. The review is expected to be completed by July 2024.³⁵⁰

NHSE has set a target (based on a rate per million of the population) for Herefordshire and Worcestershire of no more than 2 children and young people with a learning disability and/or autism in Tier 4 units. Figure 72 shows the monthly numbers of CYP with a learning disability and/or autism in Tier 4 beds for the period 2023/24.³⁵¹

Figure 72 The number of children and young people with a learning disability and/or autism in Tier 4 beds during 2023/24



While still above the target, a lot of progress has been made since April 2023. This has been due to the new Key Worker service working well with partners to discharge young people and support them in the community or at home. There have been 3 admissions from the community and 7 young people have been discharged back to the community. An target of no more than 2 CYP with a learning disability and/or autism tier 4 units by 31 March 2025 has been set by the ICS, having considered the likelihood of plans to discharge people being

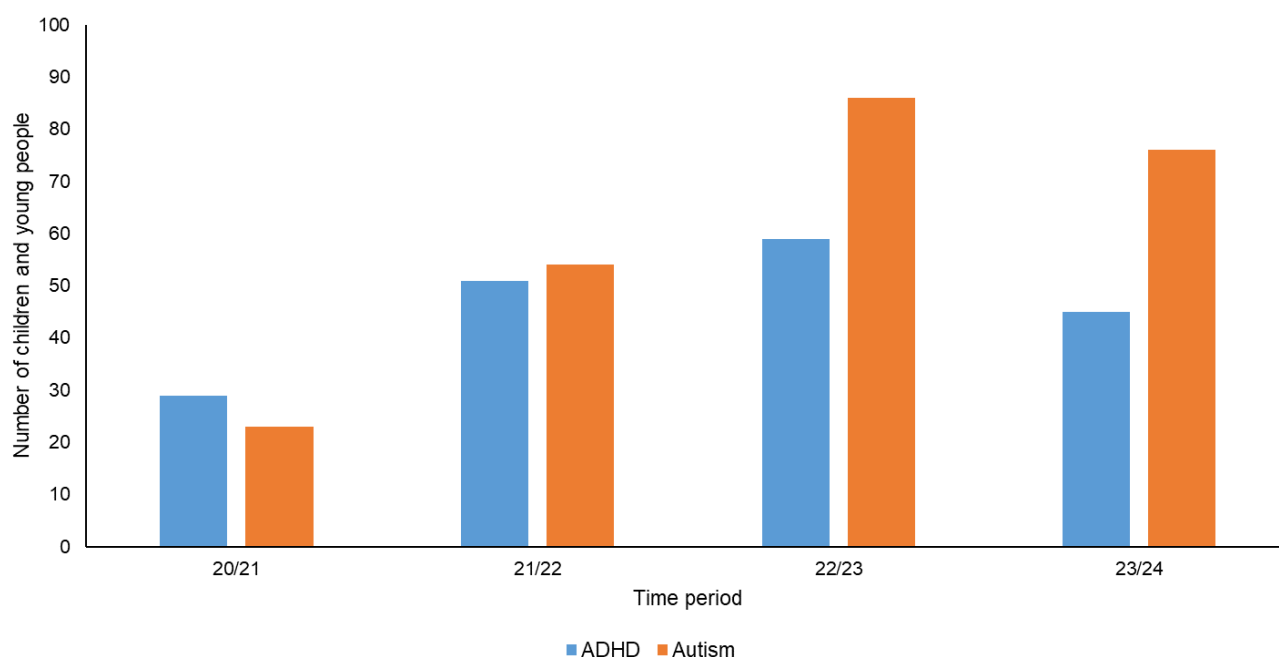
³⁵⁰ Learning Disabilities and Autism Programme Board - Autism Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

³⁵¹ Learning Disability and Autism Programme Board -Learning Disability and Autism Admission Avoidance Oversight Panel Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

carried out on time and the average number of people who have needed to be admitted every year.³⁵²

The CLD Trust have shared how many CYP with autism or ADHD they have worked with since 2020/21 to 2023/24, presented in Figure 73. Numbers increased between 2020/21 and 2022/23 before dropping slightly in 2023/24.

Figure 73 Number of children and young people with autism or ADHD working with the CLD trust between 2020/21 and 2023/24



Whilst The Cart Shed is not advertised as a neurodivergent organisation, they have a significantly higher number of neurodivergent people presenting than the average population, who are clearly drawn to and stay with the service because of its neurodivergent-affirming practices. All attendees of the Cart Shed present for a mental health problem or challenge, including all of their neurodivergent participants. Young Cart Shed has a higher proportion of neurodivergent young people either with a diagnosis or identifying as such, estimated at approximately 70%.

³⁵² Learning Disability and Autism Programme Board -Learning Disability and Autism Admission Avoidance Oversight Panel Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

2.30. CYP with long-term health conditions and disability

- A long-term physical condition is defined as ‘any diagnosed physical health condition with an expected duration of at least 3 months for which a cure is considered unlikely and which results in limitations in ordinary activities and necessitates the use of medical care or related services beyond what is usual for someone of the age of the affected individual.’³⁵³
- A disability is ‘any physical, sensory, or mental health condition or impairment that can make it harder to do day-to-day activities’, a broad term covering a range of very different conditions and experiences. Disability can be seen through medical or social models, visible or invisible, and struggling with mental health can be considered a disability in its own right. Living with a disability in a society that can be inaccessible to disabled people can have an important impact on mental health, though disabled people may struggle with mental health in a way that’s unrelated to their disability.³⁵⁴
- Extensive evidence has linked long-term health conditions with increased risk of the development of a mental health diagnosis in CYP, with the overall risk of a disorder reportedly around four times greater in CYP with long-term health conditions than in their physically healthy counterparts. This risk varies by several factors, including the severity and progression of the long-term condition. The evidence of an increased risk of mental health disorders for specific long-term conditions is mixed, ranging from strong to limited evidence. Co-occurring long-term health conditions and mental health disorders may exacerbate each other and worsen long-term outcomes.³⁵⁵
- A longitudinal study found an increased prevalence of mental illness among children living with long-term or chronic illness from the ages of 10 to 15 years, with a high prevalence of mental illness already observed at 10 years of age. Chronic health problems continued to predict incidence of mental illness at 13 and 15 years of age. The severity of chronic illness symptoms may be associated with an increased risk of mental illness. Being teased or intimidated by peers (peer victimisation) and missing school (school absenteeism) best substantiated the relationship between chronic and mental illness.³⁵⁶
- A recent population-based study in England found that the incidence of both anxiety and depression were significantly higher among CYP with life-limiting conditions and chronic conditions compared to those without, with chronic conditions appearing to present the greater risk. Increased risks were found for female, older, and ‘Other’ ethnic group CYP with or without illness.³⁵⁷

³⁵³ Moore DA, Nunns M, Shaw L, Rogers M, Walker E, Ford T, Garside R, Ukoumunne O, Titman P, Shafran R, Heyman I, Anderson R, Dickens C, Viner R, Bennett S, Logan S, Lockhart F, Thompson Coon J. [Interventions to improve the mental health of children and young people with long-term physical conditions: linked evidence syntheses](#). Health Technol Assess. 2019 May;23(22):1-164. doi: 10.3310/hta23220.

³⁵⁴ [Disability and mental health](#), YoungMinds, 2024

³⁵⁵ Moore DA, Nunns M, Shaw L, Rogers M, Walker E, Ford T, Garside R, Ukoumunne O, Titman P, Shafran R, Heyman I, Anderson R, Dickens C, Viner R, Bennett S, Logan S, Lockhart F, Thompson Coon J. [Interventions to improve the mental health of children and young people with long-term physical conditions: linked evidence syntheses](#). Health Technol Assess. 2019 May;23(22):1-164. doi: 10.3310/hta23220.

³⁵⁶ Brady AM, Deighton J, Stansfeld S. [Chronic illness in childhood and early adolescence: A longitudinal exploration of co-occurring mental illness](#). Dev Psychopathol. 2021 Aug;33(3):885-898. doi: 10.1017/S0954579420000206.

³⁵⁷ Barker MM, Beresford B, Fraser LK. [Incidence of anxiety and depression in children and young people with life-limiting conditions](#). Pediatr Res. 2023 Jun;93(7):2081-2090. doi: 10.1038/s41390-022-02370-8. Epub 2022 Nov 11.

- Evidence shows that children with disabilities have an increased risk of mental health problems compared to same-age peers, often presenting as externalising and/or internalising behaviour. However, several factors beyond the disability itself may contribute to patterns of mental health problems and participation in everyday situations.³⁵⁸

Data from the Marches Family Network, a charity that provides high quality, inclusive short breaks for children and young people with disabilities and their families across Herefordshire and the surrounding areas, shows that of the 217 CYP between the ages of 3 and 23 on their registers in April 2024, nearly one in ten (21 people, 9.6%) experienced mental health issues.

Key takeaways

- Since at least 2015, the proportion of school aged school pupils in Herefordshire with social, emotional and mental health needs has been significantly higher than in England and the West Midlands region. Data from the CYP QoL survey suggest the proportion of children and young people not very happy or not happy at all with life seems to rise with age, while the proportion very happy with life at the moment decreases. The proportion of children of children with lower wellbeing scores also increased with age.
- Significantly more CYP aged 10-14 and 15-19 are admitted to hospital for self-harm in Herefordshire than England. Similarly, significantly more CYP in Herefordshire under 18 years old are admitted to hospital for mental health conditions compared to nationally. However, these data require review.
- There is an increasing presentation of children with eating problems over last 5 years in Herefordshire, including an increase in acuity of eating disorders and late presentation to services. Recently, there was an increase in the number of CYP who required hospital admission for stabilisation due to eating disorders.
- The number of CAMHS referrals has been increasing over time, with particular challenges meeting neurodivergent diagnostic pathway targets. However, targets were being met across other services, including WEST, Kooth, crisis response, and learning disability team.
- Like self-harm and mental health admissions, there are significantly more hospital admissions for injuries in Herefordshire children as compared to nationally. However, these data should also be reviewed.
- While smoking and vaping were rare among Herefordshire CYP, the proportion who consumed alcohol and had been drunk increased significantly with age. Almost half of young people in FE had had an alcoholic drink in the last seven days. Drug consumption also increased with age, but remained rare as compared to alcohol use.
- As CYP aged, they reported an increase in both the amounts of healthy and unhealthy foods they consumed. However, levels of both physical activity and active travel decreased with age, as did going to parks or open spaces, sports clubs or

³⁵⁸ Täljedal T, Granlund M, Almqvist L, Osman F, Norén Selinus E, Fängström K. [Patterns of mental health problems and well-being in children with disabilities in Sweden: A cross-sectional survey and cluster analysis.](#) PLoS One. 2023 Jul 18;18(7):e0288815. doi: 10.1371/journal.pone.0288815.

classes, and volunteering. There is a long-standing pattern of levels of obesity almost doubling during primary school.

- School exclusions were significantly lower in Herefordshire than nationally and regionally, while more or similar numbers of children were achieving good levels of development and showing good levels of school readiness compared to nationally. Herefordshire also has a significantly lower proportion of children who are FSM eligible as compared to England.
- In 2023, Herefordshire had a higher rate of children in care (also referred to as looked after children), children with an episode of need, children in need plans, and child protection plans compared to England. The rate of children aged under 18 years who are classified as 'in need' due to abuse or neglect, and those due to parent disability or illness, were significantly higher in Herefordshire than England.
- The Herefordshire proportion of the number of children and young people who are placed in care with identified Special Educational Needs (SEN) continue to consistently remain above the national average, and slightly rising in recent years. This is also the case for the proportion of children looked after with an Education, Health, and Care Plan (EHCP).
- Mental health problems makes up a substantial proportion of illness that causes young people in Herefordshire to be not in education, employment, or training (NEET). The percentage of young people in Herefordshire with an EHCP up to the age of 25 who are NEET remains lower than the England average.
- The CYP QoL survey found that pupils who identified as non-binary reported lower emotional wellbeing and resilience. It also found that the 16 students in Year 10 who identified as non-binary were statistically significantly more likely than their peers to experience a range of negative risk factors and exhibit harmful behaviours, such as not eating lunch, having experienced an adverse life event that year, been bullied or a victim of crime/harassment, not be happy with life and worry greatly, and self-harm.
- Herefordshire has a relatively high rate of children identified as having Special Educational Needs and Disability (SEND), and the proportion of CYP with a statement or EHCP continues to increase. In particular, the proportion of pupils with social, emotional and mental health (SEMH) as a primary need is significantly high and increasing more rapidly than nationally. CYP who identified as SEND on the CYP QoL survey were less likely to report being happy with life, and more likely to be afraid to go to school because of bullying at least sometimes or they had been recently physically attacked there.
- For some CYP at-risk groups in Herefordshire, it is very difficult to establish the size of the group, much less assess their mental health and wellbeing. This is the case for at-risk groups such as CYP with long-term health conditions and disabilities and CYP from the agricultural community, the latter group omitted entirely as no information was available for them.
- For those CYP at-risk groups in Herefordshire whose size is known or can be measured, there are several where little is known about their mental health and wellbeing. This is the case for CYP carers, CYP from Armed Forces families, GRT CYP, CYP migrants, refugees, and asylum seekers, and CYP with learning disabilities.

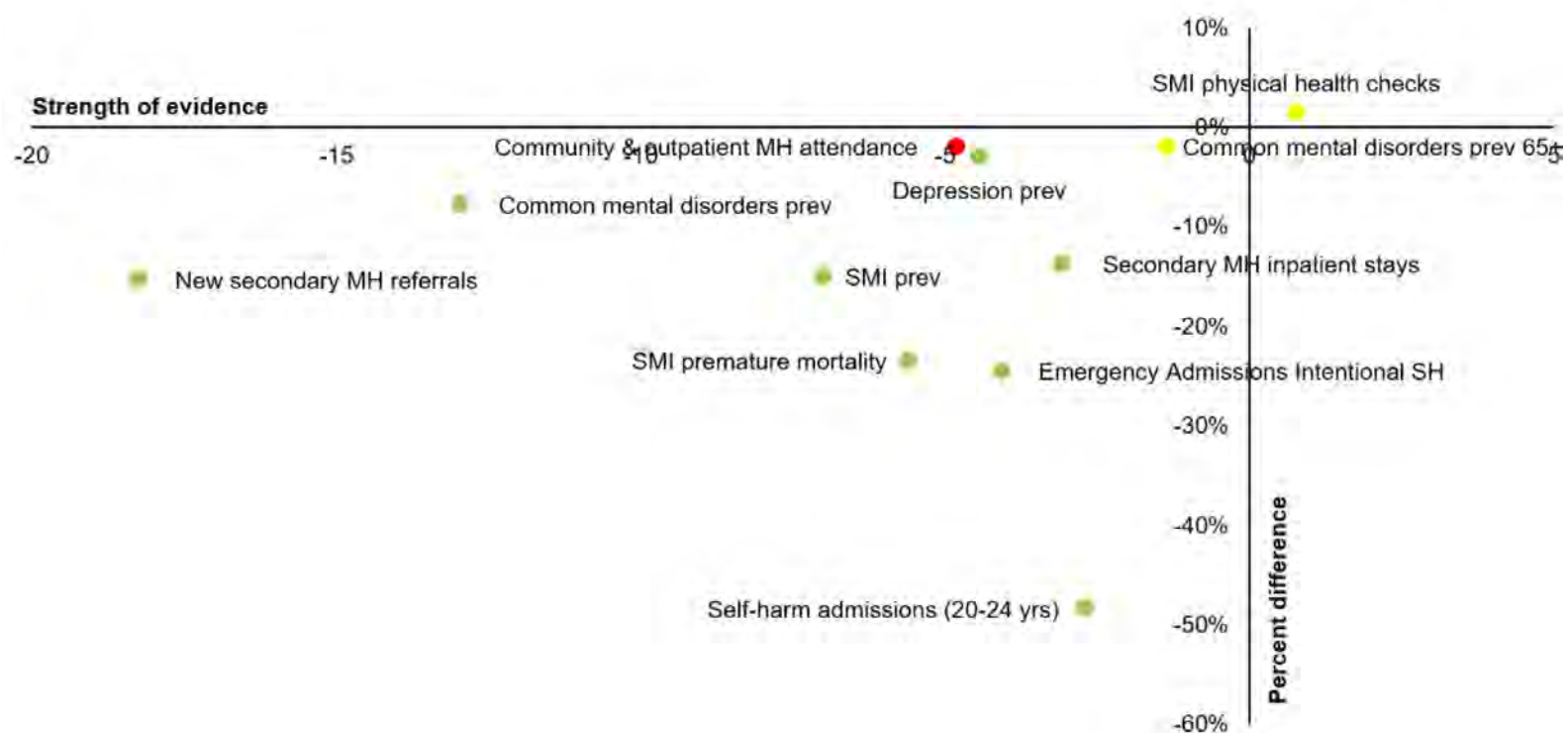
3. Adults

3.1. Mental health and wellbeing

3.2. At a glance

A visualisation of the comparison between Herefordshire and England values for indicators associated with the adult mental health and wellbeing is shown in Figure 74, while full details are shown in Table 25.³⁵⁹ Herefordshire compares favourably or similarly to England for most of the available indicators, including depression prevalence (12.8% vs. 13.2%), the rate of hospital admissions as a result of self-harm among 20-24 year olds (126 per 100,000 vs. 244), and prevalence of serious mental illness (0.85% vs 1%). However, Herefordshire had a slightly but significantly lower rate of people attending contacts with community and outpatient mental health services compared to England for 2019/20 (30,071 per 100,000 vs 30,674).

Figure 74 The percent difference and strength of evidence of this difference between Herefordshire and England values for adult mental health and wellbeing indicators



³⁵⁹ A strength of evidence of 2 or more typically represents a statistically significant (or strong evidence of a) difference between Herefordshire and England values. Figure data markers and table rows use 'RAG rating' colours, such that red indicates Herefordshire values are worse or poorer than England values, yellow indicates similar values, and green indicates Herefordshire values are better or more favourable than England values.

Indicator	Year	Type	Herefordshire	England	Strength of evidence	Percent difference	≤ 5yr trend
Hospital admissions as a result of self-harm (20-24 yrs)	2022/23	Rate / 100,000	126	244	-3	-48%	
Emergency Hospital Admissions for Intentional Self-Harm	2022/23	Rate / 100,000	95	126	-4	-24%	
Premature mortality in adults with SMI	2018-20	Rate / 100,000	79	104	-6	-23%	
New referrals to secondary mental health services	2019/20	Rate / 100,000	5845	6897	-18	-15%	
Serious Mental Illness (SMI) QOF prevalence	2022/23	Proportion (%)	0.9	1	-7	-15%	
Inpatient stays in secondary mental health services	2019/20	Rate / 100,000	208	241	-3	-14%	
Estimated prevalence of common mental disorders	2017	Proportion (%)	16	17	-13	-8%	Not available
Depression QOF prevalence	2022/23	Proportion (%)	13	13	-4	-3%	
Attended contacts with community and outpatient mental health services	2019/20	Rate / 100,000	30071	30674	-5	-2%	
Estimated prevalence of common mental disorders aged 65 & over	2017	Proportion (%)	10	10	-1	-2%	Not available
People with SMI receiving full physical health checks in last 12 months	2023	Proportion (%)	56	55	1	1%	

Table 25 A comparison of Herefordshire and England values for adult mental health and wellbeing indicators

A significant proportion of people that have mental health problems are not diagnosed.³⁶⁰ However, it is possible to obtain a broader picture of prevalence in the total population through 2023 GP patient survey data,³⁶¹ which is based on self-reported rather than diagnosed mental health. Of the nearly 10,000 Herefordshire and Worcestershire Integrated Care System (ICS) patients aged 16 and over used as a weighted base, 58% reported having any long-term physical or mental health conditions, disabilities, or illnesses (compared to 56% nationally with a weighted base of over 720,000). Of these Herefordshire and Worcestershire patients, 12% reported having a long-term mental health condition, compared to 13% nationally. Extrapolating this estimated prevalence to the 16 and over population of the county as per the 2021 census data (157,133) yields an indicative figure of around 18,856 people with a long-term mental health condition aged 16 and over in Herefordshire.³⁶²

Based on primary care (EMIS) data from July 2023 accessed through the Herefordshire PHM profile, 24,652 adult (18+ years) patients (14.7% of all adults) were recorded with depression. The average age of these patients was 51 years, 63% were female, 83% were White British, 42% had two or more long term conditions, and most were within the 5th IMD decile (28%). 5384 adult patients (3.2% of all adults) were recorded with anxiety. The average age of these patients was 45 years, two thirds were female (67%), 82% were White British, one in four (26%) had two or more long term conditions, and most were within the 5th IMD decile (29%). There were 1,589 adult patients (0.9% of all adults) recorded with schizophrenia, bipolar affective disorder, and other psychoses and other patients on lithium therapy. The average age of these patients was 54 years, half (50%) were female, 83% were White British, 70% had two or more long term conditions, and most were within the 5th IMD decile (25%). There were 110 adult patients (0.1% of all adults) recorded with loneliness and isolation. The average age of these patients was 69 years, 63% were female, 80% were White British, 67% had two or more long term conditions, and most were within the 5th IMD decile (29%).

Based on the 2014 Adult Psychiatric Morbidity Survey (APMS) results, the fourth national survey of psychiatric morbidity in adults living in private households, the estimated prevalence of common mental health disorders in Herefordshire is similar to England and the

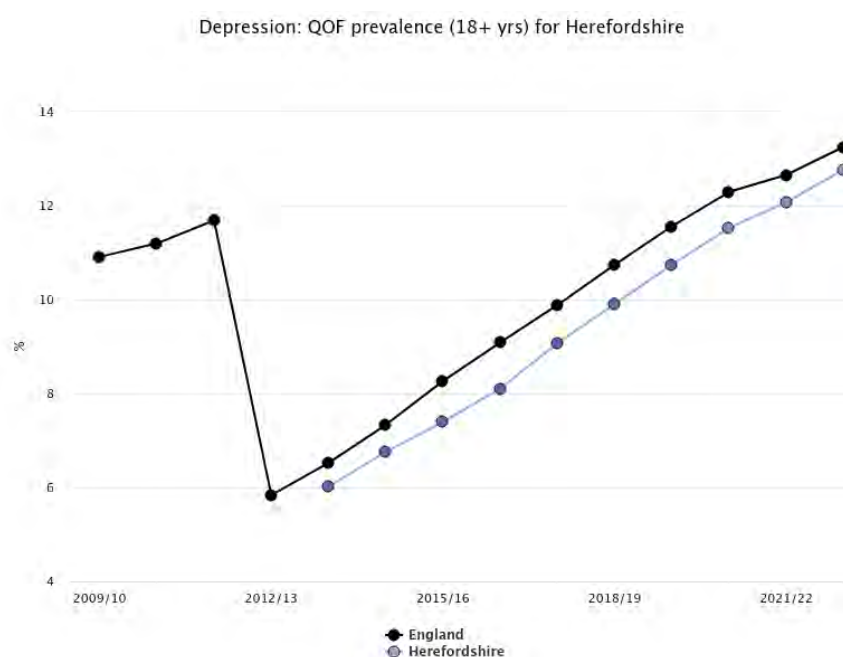
³⁶⁰ [Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014](#). S. McManus P. Bebbington, R. Jenkins and T. Brugha (eds.), NHS Digital, 2016.

³⁶¹ [GP patient survey](#). Department of Health and Social Care, 2023.

³⁶² Note that this estimate is not a definitive estimate of mental health prevalence as it is based on a self-reported assessment and could include an element of people with dementia or learning disabilities.

West Midlands region as a whole. In 2017, it was estimated that 24,850 people in the county aged 16 or over had a common mental health disorder; 15.6% of the population. Within this cohort, the prevalence of common mental health disorders in those aged 65 and over is significantly lower (10% of the population) and again similar to nationally and regionally.³⁶³ Based on Quality Outcome Framework (QOF) primary care data, Herefordshire has a lower incidence of common and serious mental health disorders than is the case nationally, with, for example, the prevalence of schizophrenia, bipolar affective disorder and other psychoses being lower than that for England (in 2022/23 it was 0.85% compared to 1% nationally).³⁶⁴ However, mirroring the trend nationally, the prevalence of patients in Herefordshire with these conditions has also increased steadily in recent years. Similarly, the prevalence of depression (one of the most common mental health conditions globally) has also risen in Herefordshire in line with a temporal trend observed nationally, 2.1 times higher since 2013/14, with a figure of 12.8% of adults (aged 18 and over) recorded in 2022/23. The prevalence for Herefordshire has been consistently lower than for England from 2013/14 to 2022/23 (see Figure 75).³⁶⁵

Figure 75 Recorded prevalence of depression (aged 18+)



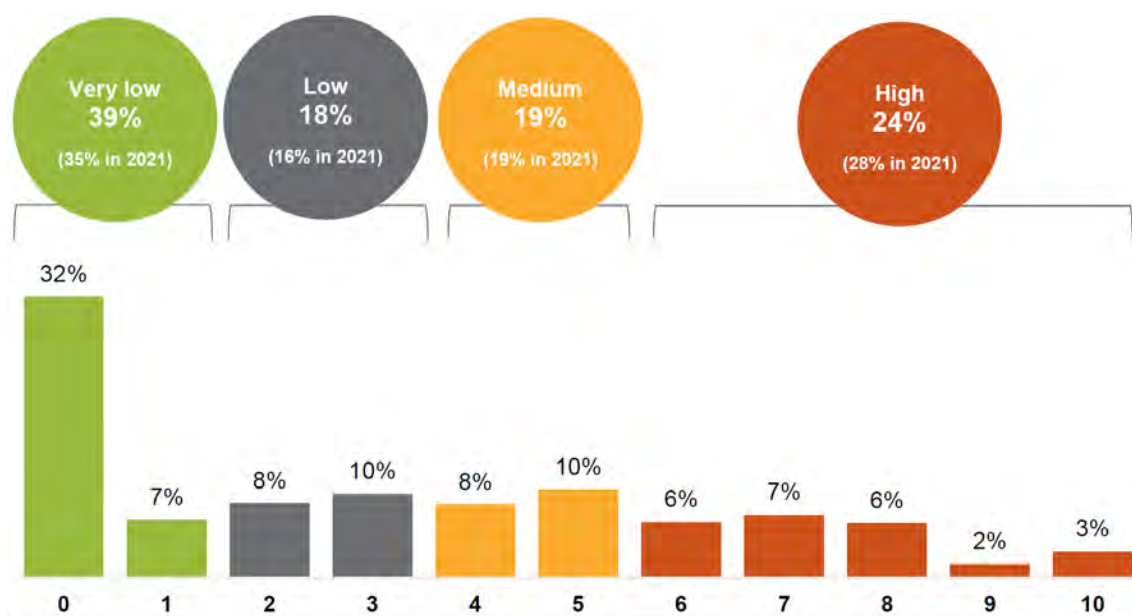
With respect to anxiety, the Community Wellbeing surveys asked residents to rate their level of perceived anxiety using a scale where 0 is not at all anxious and 10 is completely anxious. In the 2023 survey, the largest proportion gave a rating of 0 out of 10 (32%) and around one in four (39%) reported very low levels of anxiety (0-1). The proportion of people rating their anxiety levels as 0-1 had increased by four percentage points since 2021. At the other end of the scale, a quarter (24%) gave a rating of 6-10 (a high level of anxiety), a four percentage point reduction since 2021 (see Figure 76).

³⁶³ [Estimated prevalence of common mental disorders](#), OHID Fingertips, 2017

³⁶⁴ [Public health profiles](#), OHID, 2023

³⁶⁵ [Public health profiles](#), OHID, 2023

Figure 76 2023 Community Wellbeing Survey Question 24: Using a scale of 0 to 10 where 0 is not at all anxious and 10 is completely anxious, how anxious did you feel yesterday?



Levels of perceived anxiety varied notably between PCNs, while high levels of anxiety were also significantly more likely among people living in the most deprived areas (IMD quintile 1) (38%), those aged 18-34 (32%), the ethnic minority community (37%), those receiving care (34%), Mature Independents (35%), and those who feel lonely often or sometimes (45%). Residents were also asked whether their level of anxiety was the same, more or less than it was the same time last year. Around three in five (61%) stated their anxiety levels were the same as they were a year previously, a 16 percentage point increase since 2021. Around two in ten (22%) stated their level of current anxiety was higher than 12 months ago, though this decreased notably from 45% in 2021 (potentially due to the rise in anxiety resulting from the pandemic when the survey was undertaken in 2021). People reporting that their anxiety levels have increased were significantly more likely to be from an ethnic minority background (33%), living with a disability (27%), providing care (28%), and Young Families (29%).

The surveys also explored the extent to which residents felt lonely. Around three in five (62%) reported they either never or hardly ever felt lonely, consistent with the proportion reporting this in 2021. Two in ten (20%) reported they occasionally felt lonely and this had notably increased by five percentage points since 2021. However, a small proportion (6%) reported they often or always felt lonely, which is significantly lower than in 2021 (by four percentage points). This figure increased among people who had no formal qualifications (11%), those living with a disability (10%), Mature Independents (14%), and people with low mental wellbeing levels (20%).

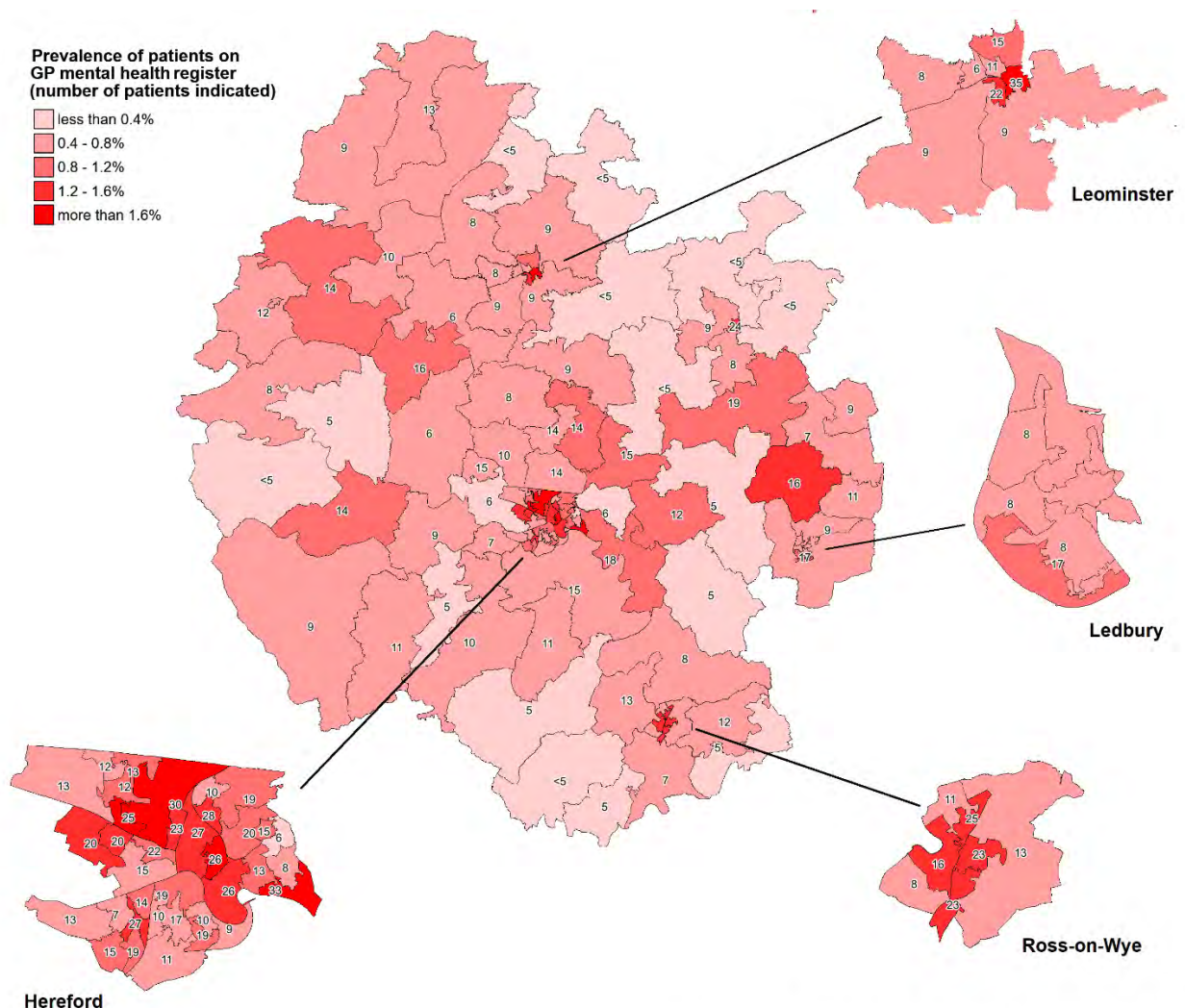
In 2022/23, the directly standardised rate of emergency hospital admissions for intentional self-harm in Herefordshire was 95 per 100,000, statistically significantly lower than the national rate of 126 per 100,000 and with a decreasing trend over time.³⁶⁶ The same is true for the crude rate of hospital admissions as a result of self-harm among 20-24 year olds, with

³⁶⁶ [Public health profiles](#), OHID, 2023

a Herefordshire rate of 126 per 100,000 compared to an England rate of 244 per 100,000 for 2022/23.³⁶⁷

Nationally, there were over 620,000 people listed on the mental health register of the Quality and Outcome Framework in General Practice in 2022/23, most of whom have a Serious Mental Illness (SMI) such as schizophrenia, bipolar disorder and psychosis.³⁶⁸ Across Herefordshire and Worcestershire, there are 6,352 individuals on the register at a prevalence of 0.77%. While the numbers are little different for males and females there is some difference across the county. For instance, based on 2020 data, the highest rates are evident in urban areas, particularly Hereford, Leominster and Ross-on-Wye, while rural areas tend to have lower prevalence; overall the prevalence in urban areas is 1.0% compared to 0.6% in rural areas (see Figure 77).³⁶⁹

Figure 77 Prevalence of patients on GP mental health registers in Herefordshire by LSOA



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ONS LOA Boundaries are reproduced with the permission of HMSO

Adults with SMI should be invited annually by GP surgeries to have an annual health check. Progress is reported quarterly, with Quarter 4 (Q4) data over time of the proportion of people

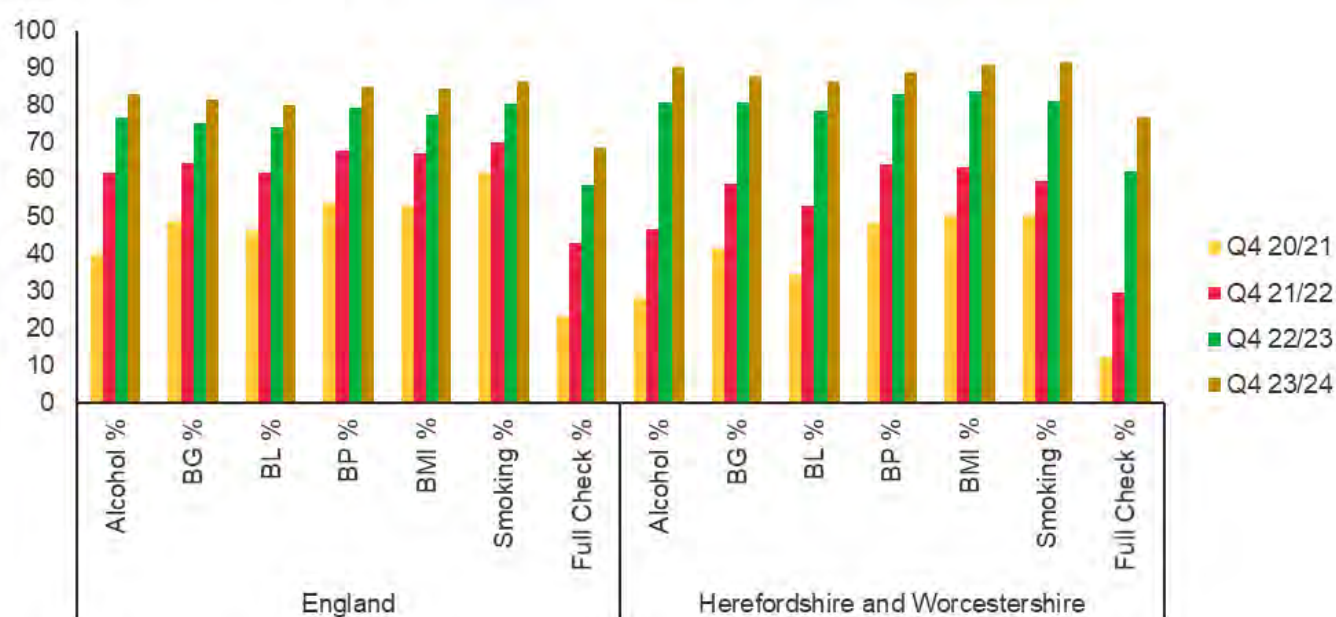
³⁶⁷ [Hospital admissions as a result of self-harm \(20-24 yrs\)](#), OHID Fingertips, 2023

³⁶⁸ [Quality and Outcomes Framework, 2022-23](#), NHS Digital, 2023

³⁶⁹ EMIS

on the SMI register in Herefordshire and Worcestershire completing a full health check and the proportion completing individual health checks shown in Figure 78. The proportion receiving a full check and the proportion completing individual checks have both increased over time and are now higher than England values.

Figure 78 Data over time of the proportion of people on the SMI register in Herefordshire and Worcestershire completing a full health check and the proportion completing individual health checks compared to England



The Projecting Adult Needs and Service Information (PANSI) system produces projections of the number of people aged 18-64 years in Herefordshire predicted to have mental health problems now and in the future both overall (see Table 26) and by gender (see Table 27). The estimated prevalence rates are based on the relevant 2014 APMS results that are applied to ONS population projections for the 18-64 population. This enables the production of estimated numbers of people in Herefordshire predicted to have a mental health problem, projected to 2040.³⁷⁰

³⁷⁰ [Projecting Adult Needs and Service Information \(PANSI\)](#), 2020

Mental health – all people	2023	2025	2030	2035	2040
People aged 18-64 predicted to have a common mental disorder	20,889	21,011	20,983	20,870	21,029
People aged 18-64 predicted to have a borderline personality disorder	2,653	2,668	2,664	2,650	2,670
People aged 18-64 predicted to have an antisocial personality disorder	3,700	3,717	3,696	3,676	3,700
People aged 18-64 predicted to have psychotic disorder	774	778	776	771	777
People aged 18-64 predicted to have two or more psychiatric disorders	7,956	8,000	7,981	7,937	7,996

Table 26 People aged 18-64 predicted to have a mental health problem, by gender, projected to 2040

Mental health – by gender	2023	2025	2030	2035	2040
Males aged 18-64 predicted to have a common mental disorder	8,114	8,144	8,070	8,026	8,070
Males aged 18-64 predicted to have a borderline personality disorder	1,049	1,053	1,043	1,037	1,043
Males aged 18-64 predicted to have an antisocial personality disorder	2,705	2,715	2,690	2,675	2,690
Males aged 18-64 predicted to have psychotic disorder	386	388	384	382	384
Males aged 18-64 predicted to have two or more psychiatric disorders	3,809	3,823	3,788	3,767	3,788
Females aged 18-64 predicted to have a common mental disorder	12,774	12,867	12,913	12,844	12,959
Females aged 18-64 predicted to have a borderline personality disorder	1,604	1,615	1,621	1,612	1,627
Females aged 18-64 predicted to have an antisocial personality disorder	995	1,003	1,006	1,001	1,010
Females aged 18-64 predicted to have psychotic disorder	387	390	391	389	393
Females aged 18-64 predicted to have two or more psychiatric disorders	4,148	4,178	4,193	4,170	4,208

Table 27 People aged 18-64 in Herefordshire predicted to have a mental health problem, by gender, projected to 2040

During 2017/18, a total of 8,395 Herefordshire residents were known to be in contact with secondary mental health, learning disabilities and autism services, which represents 4.4% of the population, a proportion similar to that for England as a whole (4.5%). Of this total, 4.1% (345) spent time in hospital as part of being in contact with these services which represents a similar proportion seen nationally.³⁷¹ By contrast, in 2023, 10,065 people in Herefordshire were in contact with NHS-funded secondary mental health, learning disabilities, and autism services. This number has steadily increased since 2021, when the figure was 8,755 people. However, since 2020 the number of people admitted as an inpatient in contact with those services has been decreasing, from 325 in 2020 to 240 in 2023.³⁷² More recent data from March 2024 shows that 25,755 were in contact with mental health services across Herefordshire and Worcestershire (a large increase from 23,620 in February 2024), while 240 had an open hospital spell, and 4,980 referrals had started during the reporting period.³⁷³

As of 1 February 2019, around 450 people reported³⁷⁴ as having one or more mental health conditions were supported by Adult Social Care (ASC) services in Herefordshire; this represented around 288 people per 100,000 thousand of the population aged 18 and above. This meant around 4% of people aged 18 and over with a long-term mental health condition in Herefordshire³⁷⁵ were supported by ASC services (regardless of whether “mental health support” was a reason for receiving support from the service). Of these 450 clients, 285 (63%) were receiving a support service for a mental health condition. Nine out of ten ASC clients reported as having a mental health condition also had at least one other type of disability (422 clients). Just under two-thirds of all mental health clients (64%) had one other condition and 29% had two or more other conditions. Table 28 provides a breakdown of other reported disabilities amongst this cohort.³⁷⁶ Around 1 in 5 ASC clients were reported as suffering with mental illness; however, “Mental health Support” was the primary reason for support for 13% of clients and was a subsidiary reason for support for a further 8% of clients.

Disability	No.	%
Total mental health needs	454	100%
Dementia	185	41%
Older people who are frail and/or disabled	173	38%
Working age people with physical disability and/or long term conditions	118	26%
Learning disabled	68	15%
Acquired brain injuries	5	1%

Table 28 Comorbidities of people with a mental health need that are supported by ASC (February 2019)

Among ASC users, in 2022/23 the percentage aged 65 and above who have as much social contact as they would like was in Herefordshire was statistically significantly higher than

³⁷¹ [Mental Health](#). Understanding Herefordshire.

³⁷² [Mental Health Bulletin Dashboard, 2022-23](#). NHS England, 2024

³⁷³ [Mental Health Services Monthly Statistics Dashboard](#). NHS England, 2024

³⁷⁴ A client is reported as having mental health illness if their primary or subsidiary support reason is recorded as being “Mental Health Support” or if mental health is a reported health condition, regardless of whether a support service is specifically provided for mental health. Note - 71 clients were recorded as having either dementia or a learning disability, but did not receive a support service for their mental health condition. It is possible that these cases have been inaccurately classed as a mental health disability.

³⁷⁵ This rate is based on GP patient survey and ASC service data.

³⁷⁶ Vulnerable Persons Housing Needs Assessment. Herefordshire Council, 2020

figures for England and the West Midlands region (51% compared to 41.5% and 44.6%, respectively).³⁷⁷ For ASC users aged 18 and over, the proportions were similarly 53.2% for Herefordshire compared to 44.4% and 47.1% for England and West Midlands, respectively.³⁷⁸

Reported in Quarter 3 (Q3) of 2023/24, NHS Talking Therapies, for depression and anxiety (formerly IAPT services), 2,135 people across Herefordshire and Worcestershire entered NHS funded treatment during reporting period. 53% of people attended at least 2 Talking Therapies treatment contacts and were moving to recovery. The NHS Talking Therapies recovery rate for Black, Asian or Minority Ethnic groups was also 53%. Seventy seven percent of people received their first Talking Therapies treatment appointment within 6 weeks of referral and 90% within 18 weeks of referral. Over one in four (28%) of in-treatment pathway waits reported in quarter 3 of 2023/24 were over 90 days in length.³⁷⁹ Data reported for Herefordshire from NHS Talking Therapies for Anxiety and Depression (formerly known as Improving Access to Psychological Therapies, IAPT) shared in May 2024 shows that over the last 6 months 53.21% of patients met full recovery and 68.70% of patients reliably improved. With respect to early intervention in psychosis, 84% of people started treatment within 2 weeks of referral as of Q3 of 2023/24. Regarding acute care, there was a Herefordshire and Worcestershire rate of 4 adults per 100,000 population of people in adult acute mental health beds with a length of stay over 60 days. Nearly three quarters (72%) of discharges from hospital were followed up within 72 hours.³⁸⁰

In Herefordshire and Worcestershire over 2022-23, there were 430 detentions under the Mental Health Act 1983, for a crude rate of 54.4 per 100,000 population. This compares to a crude rate of 90.8 per 100,000 population nationally. Of the 430 detentions, 205 were male and 220 were female. There were 140 people aged between 18 to 34 years, 110 were aged between 35 to 49 years, 75 were aged between 50 to 64 years, and 105 were aged 65 years and over. Crude rates for each of these genders and age groups were lower than national rates. Among the 430 detentions, 355 were of White ethnicity, 10 were mixed, 15 were Asian, and 5 were Black. Detainees were mostly normally distributed across IMD deciles (see Figure 79). Crude rates for each of these ethnicities and IMD deciles were lower or the same as national rates, except for IMD decile 4 where the Herefordshire and Worcestershire rate was 69 per 100,000 compared to 60 per 100,000 nationally.³⁸¹

³⁷⁷ [Public health profiles](#), OHID, 2023

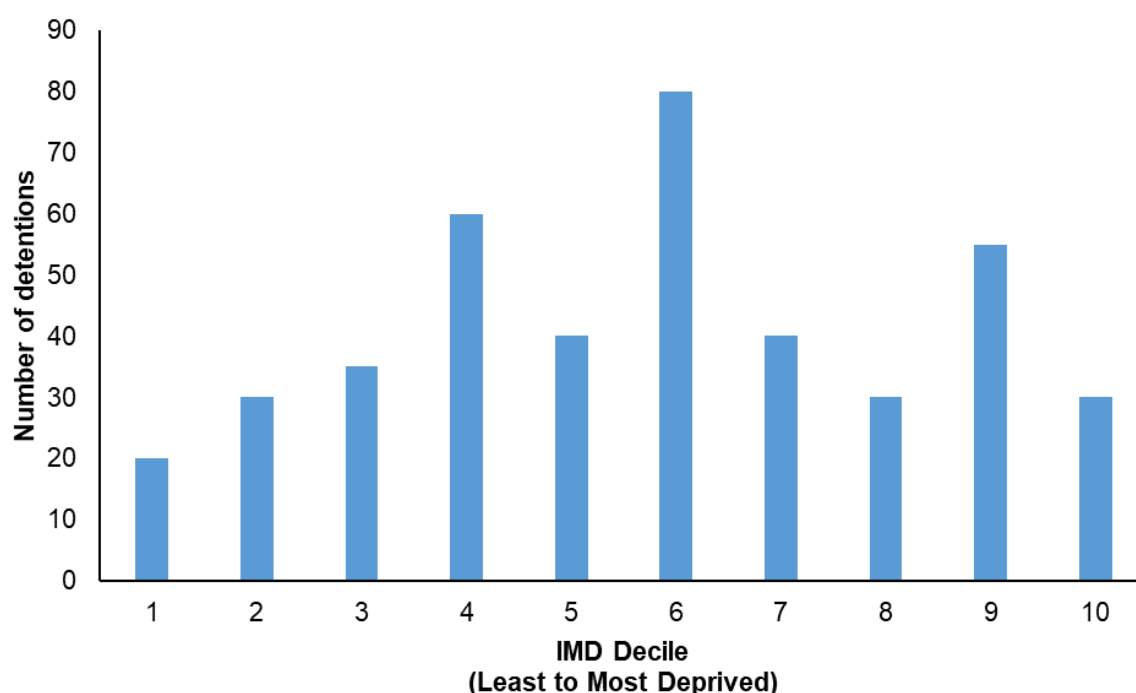
³⁷⁸ [Public health profiles](#), OHID, 2023

³⁷⁹ [NHS mental health dashboard Q3 2023/24](#), NHS England, 2024

³⁸⁰ [NHS mental health dashboard Q3 2023/24](#), NHS England, 2024

³⁸¹ [Mental Health Act Statistics, Annual Figures](#), 2022-23, NHS Digital, 2024

Figure 79 Number of detentions by IMD decile in Herefordshire and Worcestershire in 2022-23

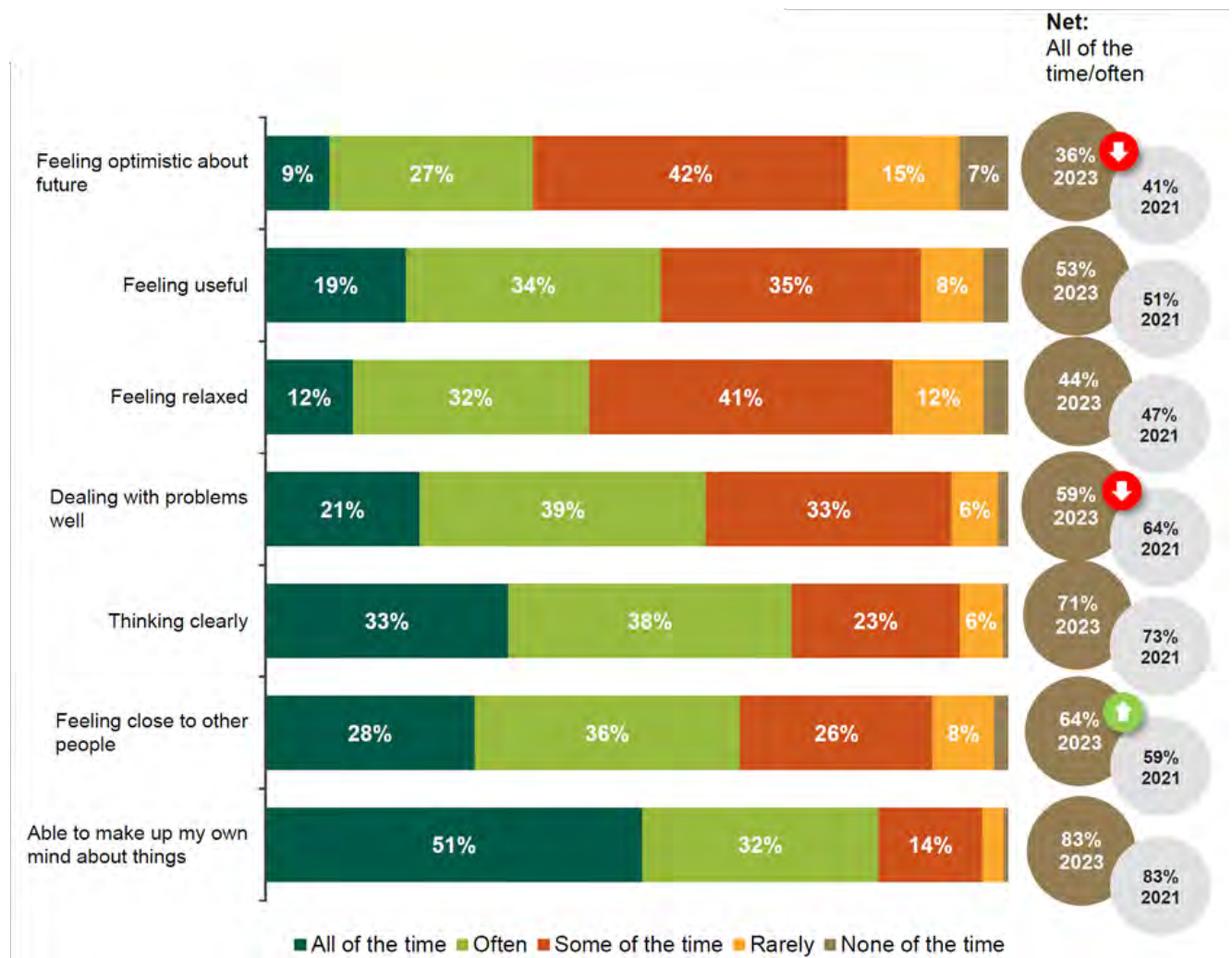


3.3. Wellbeing

In both Herefordshire Community Wellbeing surveys the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS),³⁸² a standardised and validated instrument used across a number of large national surveys including the Health Survey for England, was used to explore people's mental wellbeing levels. The shortened version of the scale includes seven statements about thoughts or feelings and people were asked to state the frequency with which they have felt that way over the past two weeks. Figure 80 shows a range of experiences. Over eight in ten (83%) say they had been able to make up their own mind about things and seven in ten (71%) had been thinking clearly. However, only just over a third (36%) say they felt optimistic about the future and this had significantly decreased since 2021. As many as 22% say they rarely or never felt optimistic about the future. Furthermore, 44% say they felt relaxed, with 15% saying they rarely or never felt this way.

³⁸² Tennant, R et al. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes*, 2007

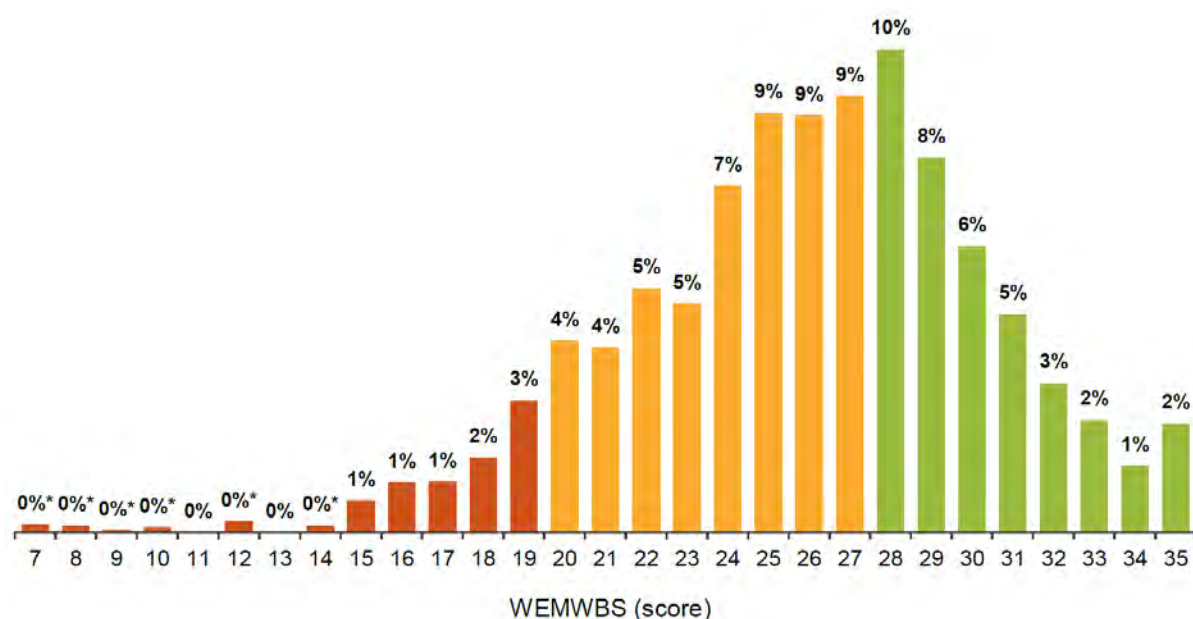
Figure 80 2023 Community Wellbeing Survey Question 27: I would like to read out some statements about your feelings and thoughts. Please tell me which best describes your experience over the last two weeks.



The WEMWBS includes a calculation to create an index score from the seven statements to measure a person's relative mental wellbeing levels.³⁸³ The distribution of the WEMWBS scores is shown in Figure 81, with 8% defined as having poor wellbeing (a score of 7-19), 52% defined as moderate wellbeing (a score of 20-27), and 37% defined as good wellbeing (a score of 28-35). The total mean score is 25.9, which is roughly in line with the 2021 survey mean score of 25.7. Wellbeing levels decreased significantly among those living in the most deprived communities (24.3), among those renting from a Housing Association/Trust (23.9), and among people living with a disability (24.5). Wellbeing levels notably increased among owner occupiers (26.5).

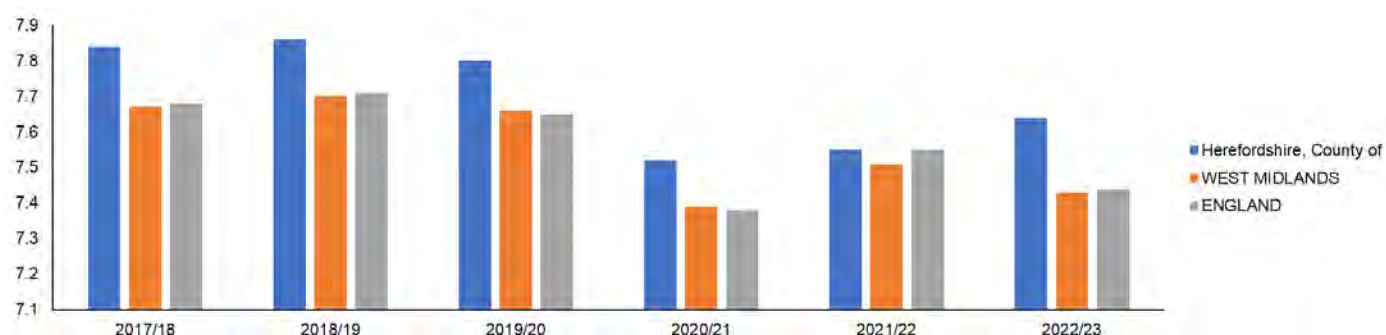
³⁸³ The scale response to each statement is measured from 1 (none of the time) to 5 (all of the time). Therefore, a person's mental wellbeing score is the sum of the scale responses across the seven statements, giving a score between 7 and 35. The mean of the mental wellbeing score is then taken across the total or sub-group samples.

Figure 81 2023 Community Wellbeing Survey Question 27: Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) – score distribution



Personal wellbeing is also measured at national and local authority levels annually, with the most recent available data collected from April 2022 to March 2023. Estimates of life satisfaction, worthwhile, happiness, and anxiety are produced based on responses to the Annual Population Survey (APS), which has asked personal well-being questions to adults aged 16 years and over in the UK to better understand how they feel about their lives since 2011. UK rates of personal wellbeing have been affected by the COVID-19 pandemic. At the start of the pandemic, ratings declined, followed by an improvement in the year ending March 2022. Average UK ratings for all measures of personal wellbeing have since declined in the latest year ending March 2023, and average UK ratings of personal wellbeing still remain below pre-pandemic levels. Herefordshire mean scores in 2022/23 for life satisfaction (Figure 82), feeling that things done in life are worthwhile (Figure 83), and happiness yesterday (Figure 84) are all higher than England and West Midlands scores, while being lower for anxiety yesterday (Figure 85), suggesting that people in Herefordshire on average experience increased wellbeing overall and across each measure when compared to England or West Midlands.³⁸⁴

Figure 82 Mean score (out of 10) for life satisfaction



³⁸⁴ [Annual personal well-being estimates](#), ONS, 2023

Figure 83 Mean score (out of 10) for feeling that things done in life are worthwhile

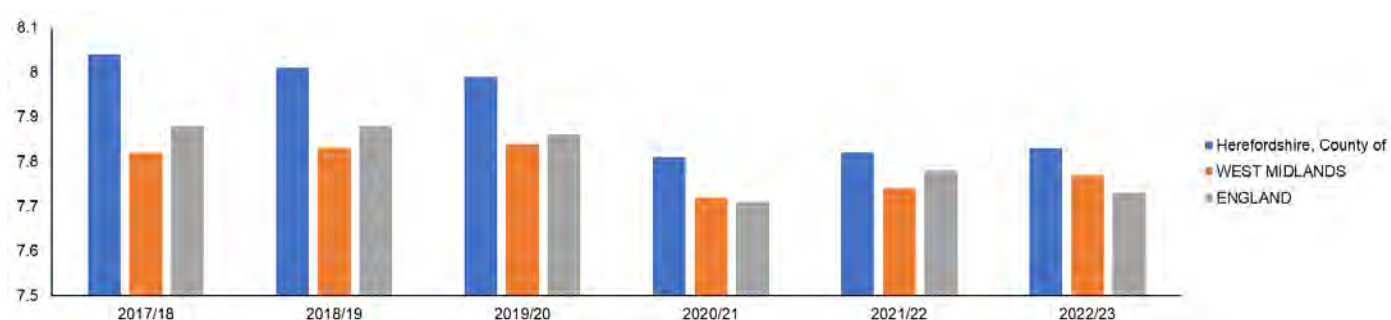


Figure 84 Mean score (out of 10) for happiness yesterday

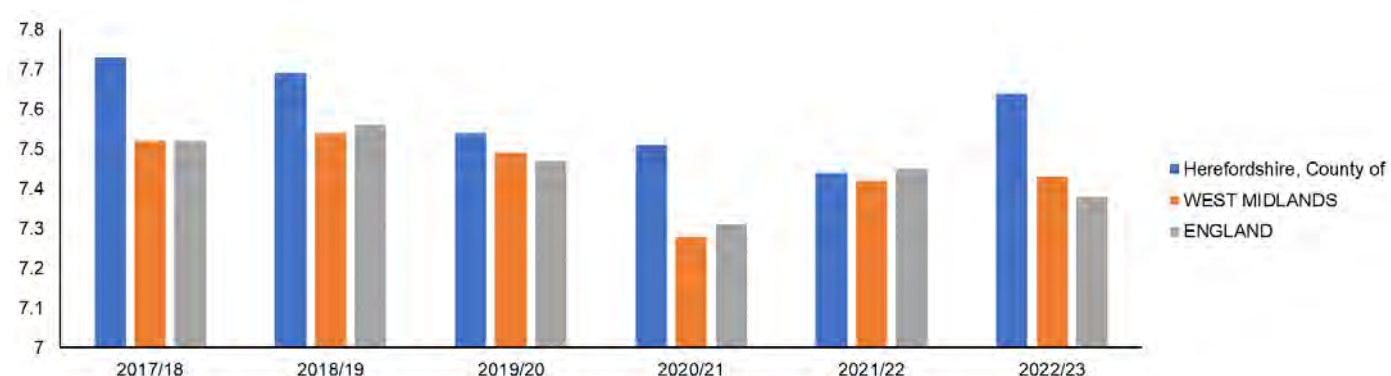
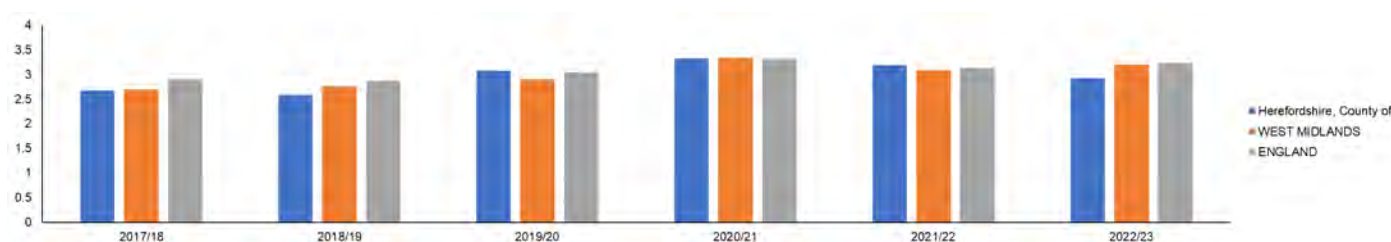


Figure 85 Mean score (out of 10) for anxiety yesterday



3.4. Health-related behaviours

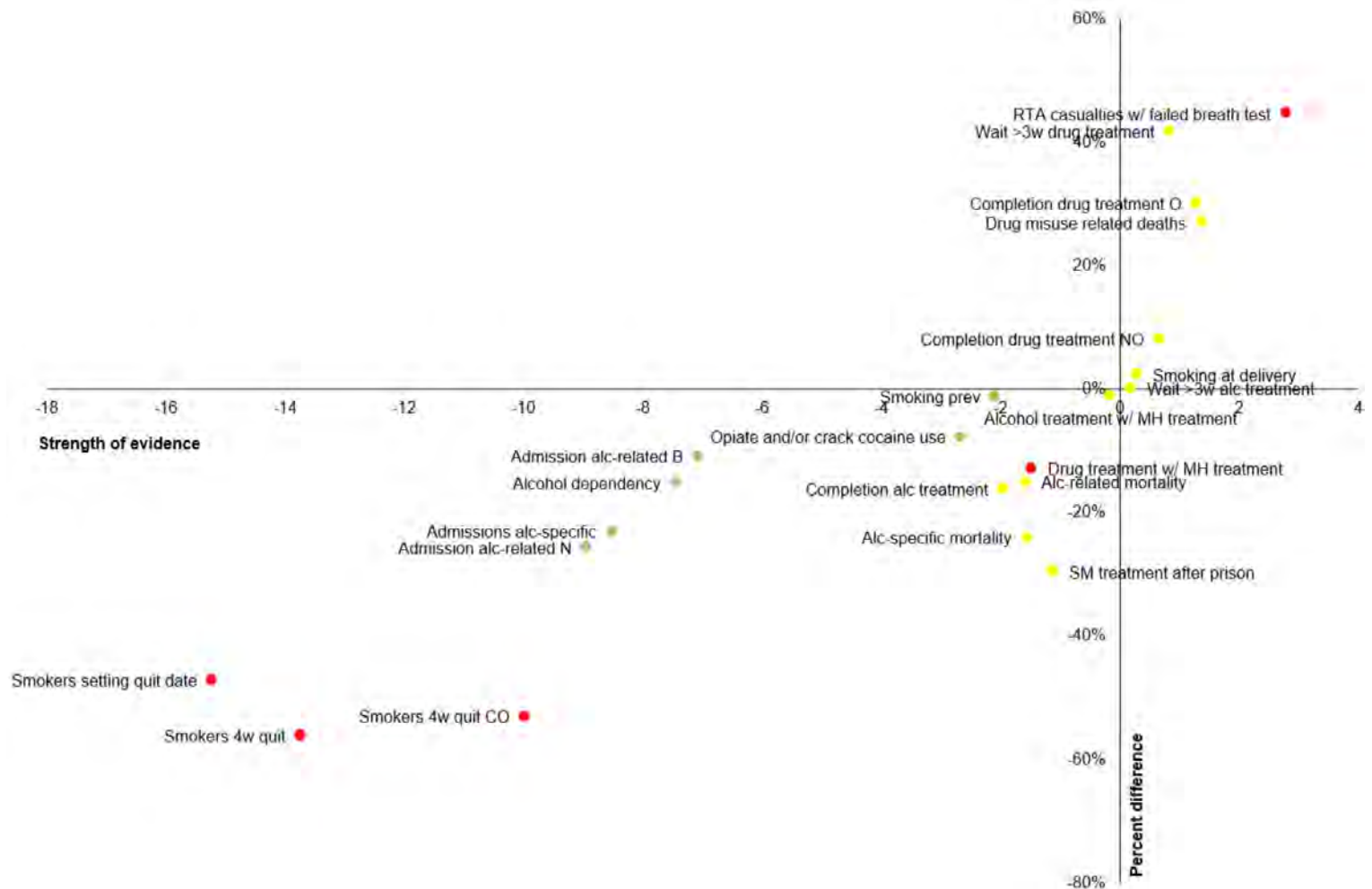
3.5. At a glance

A visualisation of the comparison between Herefordshire and England values for indicators associated with adult health-related behaviours is shown in Figure 86, while full details are shown in Table 29.³⁸⁵ While Herefordshire compares favourably or similarly to England with respect to alcohol admission and mortality as well as drug and alcohol treatment outcomes, it fares considerably worse with respect to casualties in road traffic accidents where a failed breath test (or refusal to provide a sample) occurred (5.45% vs 3.77% over 2019-2021). While smoking prevalence in Herefordshire is slightly lower than the England value (15.2% vs. 15.4%), the rate of Herefordshire smokers planning to or successfully quitting is also lower compared to nationally. Finally, in Herefordshire there was a lower proportion of clients

³⁸⁵ A strength of evidence of 2 or more typically represents a statistically significant (or strong evidence of a) difference between Herefordshire and England values. Figure data markers and table rows use 'RAG rating' colours, such that red indicates Herefordshire values are worse or poorer than England values, yellow indicates similar values, and green indicates Herefordshire values are better or more favourable than England values.

entering drug treatment identified as having a mental health treatment need who were receiving treatment for their mental health as compared to England (65.1% vs. 74.8%).

Figure 86 The percent difference and strength of evidence of this difference between Herefordshire and England values for adult health-related behaviour indicators



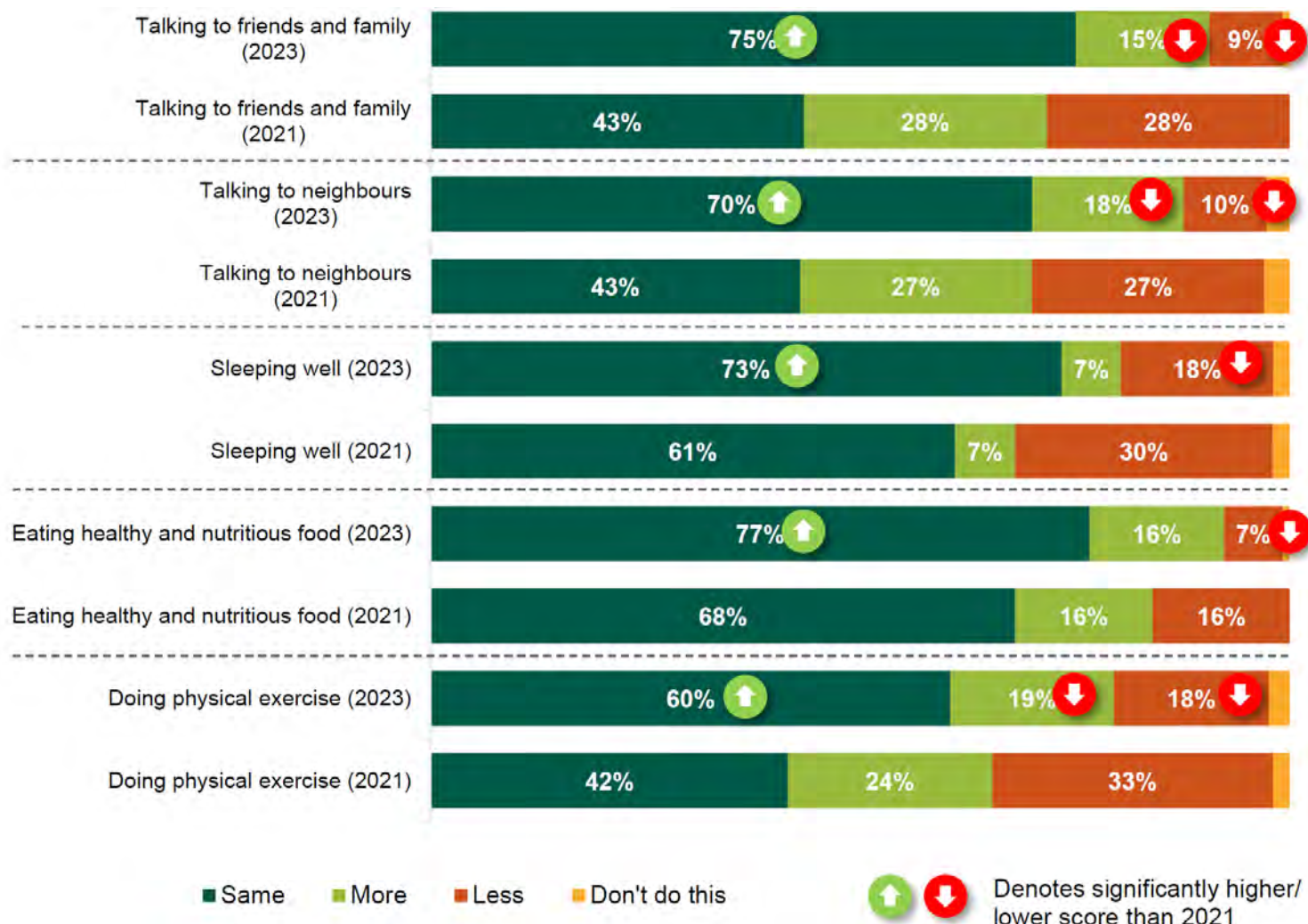
Indicator	Year	Type	Herefordshire	England	Strength of evidence	Percent difference	≤ 5yr Trend
Smokers that have successfully quit at 4 weeks	2019/20	Rate / 100,000	792	1808	-14	56%	
Smokers that have successfully quit at 4 weeks (CO validated)	2019/20	Rate / 100,000	523	1113	-10	53%	
Smokers setting a quit date	2019/20	Rate / 100,000	1853	3512	-15	47%	
Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison	2021/22	Proportion (%)	26	37	-1	30%	
Admission episodes for alcohol-related conditions (Narrow)	2022/23	Rate / 100,000	353	475	-9	26%	
Alcohol-specific mortality	2022	Rate / 100,000	11	15	-2	24%	
Admission episodes for alcohol-specific conditions	2022/23	Rate / 100,000	447	581	-9	23%	
Successful completion of alcohol treatment	2022	Proportion (%)	29	35	-2	16%	
Adults with alcohol dependency	2018/19	Proportion (%)	1.2	1.4	-7	15%	
Alcohol-related mortality	2022	Rate / 100,000	34	40	-2	15%	
Clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health	2022/23	Proportion (%)	65	75	-1	13%	
Admission episodes for alcohol-related conditions (Broad)	2022/23	Rate / 100,000	1518	1705	-7	11%	
Estimated prevalence of opiate and/or crack cocaine use	2019/20	Rate / 1,000	8.8	10	-3	8%	
Smoking prevalence in adults	2021/22	Proportion (%)	15	15	-2	-1%	
Clients entering alcohol treatment identified as having a mental health treatment need, who were receiving treatment for their mental health	2022/23	Proportion (%)	83	84	0	-1%	
Waiting more than 3 weeks for alcohol treatment	2020/21	Proportion (%)	2	2	0	0%	
Smoking status at time of delivery	2022/23	Proportion (%)	9	8.8	0	2%	
Successful completion of drug treatment: non opiate users	2022	Proportion (%)	34	31	1	8%	
Deaths related to drug misuse	2020-22	Rate / 100,000	6.6	5.2	1	27%	
Successful completion of drug treatment: opiate users	2022	Proportion (%)	6.5	5	1	30%	
Proportion waiting more than 3 weeks for drug treatment	2020/21	Proportion (%)	1.7	1.2	1	42%	
Casualties in road traffic accidents where a failed breath test (or refusal to provide a sample) occurred	2019-21	Proportion (%)	5.5	3.8	3	45%	

Table 29 A comparison of Herefordshire and England values for adult health-related behaviour indicators

3.6. Community Wellbeing surveys activities

One section of the Herefordshire Community Wellbeing surveys explored how residents were feeling physically and mentally, and how this might have changed between since the start of the COVID-19 pandemic. When asked how their behaviours may have changed as a result of the pandemic, results suggested that healthy behaviours were more in line with how they were prior to the pandemic, with almost eight in ten (77%) responding that they were eating healthy and nutritious food the same amount as before the pandemic and three quarters (75%) reporting that they were talking to friends and family the same amount. When comparing to levels recorded in the 2021 survey, notably more people said they were doing each of the activities the same amount as they were before COVID-19. In addition, significantly fewer people said they were talking to friends and family more, talking to neighbours more, or doing more physical activity than prior to the pandemic (see Figure 87).

Figure 87 2023 Community Wellbeing Survey Question 20: Can you tell me whether you are doing the following activities the same, more or less than you used to do before the Covid-19 pandemic?



Those from the most deprived areas (28%, IMD quintile 1), those renting from a Housing Association/Trust (28%) and those with no formal educational qualifications (27%) were the most likely groups to say they were sleeping less well than they were prior to the pandemic. This was also the case amongst people who were in poor/fair health (31%), who often/sometimes felt lonely (31%) and who had low mental wellbeing levels (46%).

3.7. Smoking

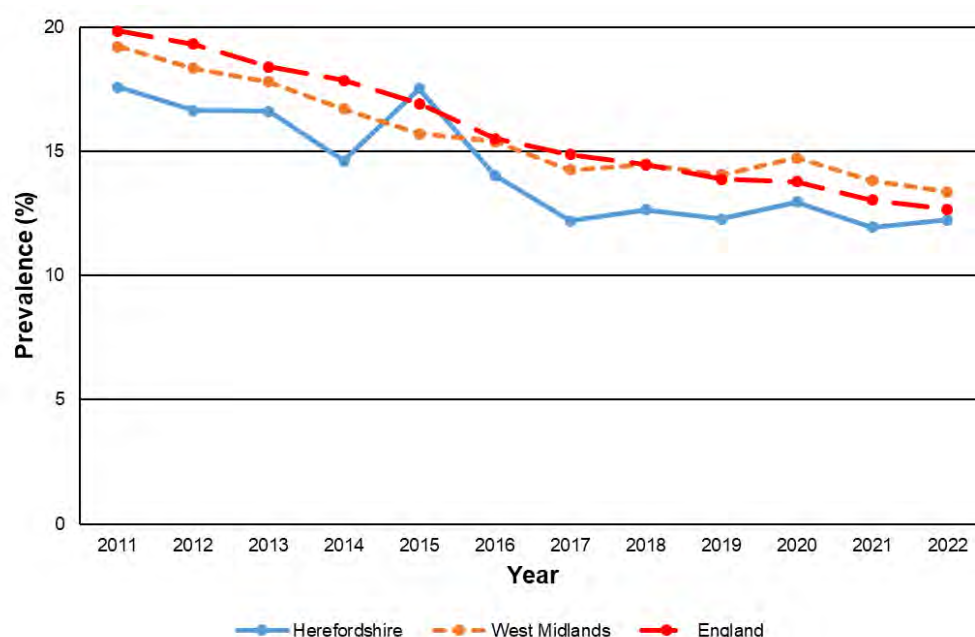
Smoking prevalence is measured different ways. The latest prevalence estimates of current smokers by source for Herefordshire, West Midlands, and England are presented in Table 30.

Source	Population	Time period	Herefordshire	West Midlands	England
Quality Outcome Framework (QOF)	Adults 15+	2021/22	15.2%	15.7%	15.4%
GP Patient Survey (GPPS)	Adults 18+	2021/22	14.9%	14.3%	13.6%
Annual Population Survey (APS)	Adults 18+	2022	12.2%	13.4%	12.7%

Table 30 Smoking prevalence estimates for adults in Herefordshire, West Midlands, and England by source.

Between 2011 and 2022 the proportion of adults in Herefordshire who were self-reported smokers showed a general fall from 17.6% to 12.2%, while over the same period the figures for both England and the West Midlands also fell. With the exception of 2015, the local prevalence was below those recorded nationally and regionally; in 2015 the local figure was higher than both of these figures, though not statistically significantly so. Based on 2020 APS data, it was estimated around 18,000 adults in Herefordshire smoke (see Figure 88).

Figure 88 Smoking prevalence in adults (aged 18+) over time (Annual Population Survey)



Males are a third more likely to smoke than females in Herefordshire while smoking prevalence is lower in rural and semirural areas of the county with higher levels recorded in

Hereford and the market towns. Smoking is nearly three times more prevalent for adults employed in routine and manual occupations in Herefordshire (33.1%) compared to the adult population as a whole (12.2%).

Figures for the proportions of adults living with a mental health condition who smoke indicate that the levels in Herefordshire are similar to those across England, although, as observed nationally, the local smoking prevalence in those with mental health issues higher than in the population as a whole. In 2014/15, 40.0% of Herefordshire adults with a serious mental health condition smoked, while 28.3% of people with a long-term mental health condition were reported as smokers in 2021/22. In 2016/17, 22.6% of Herefordshire adults with anxiety or depression were smokers.³⁸⁶ More recent data is needed on the proportion of smokers among people living with a mental health condition or experiencing mental health issues.

While most measures of smoking prevalence indicate Herefordshire is below the national average, Herefordshire has lower rates compared to England of smokers that have successfully quit at 4 weeks (792 per 100,000 vs. 1808), including quit attempts that are validated by carbon monoxide tests (523 per 100,000 vs 1113), and less smokers setting a quit date (1853 per 100,000 vs. 3512, see Table 29).

3.8. Substance misuse

Herefordshire compares favourably against England with respect to proportion of alcohol dependency (1.16% vs 1.37% in 2018/19) and rates of admission episodes for both alcohol-specific (both when broadly and narrowly defined) and alcohol-related conditions. Herefordshire has similar rates of both alcohol-specific (11 per 100,000 vs. 14.5) and alcohol-related (33.7 per 100,000 vs. 39.7) mortality to England as reported for 2022. Herefordshire also is comparable to England with respect to the proportion of people who successfully complete alcohol treatment (29.4% vs. 35.1% in 2022), the proportion of people waiting more than 3 weeks for alcohol treatment (2% for both in 2020/21), and the proportion of clients entering alcohol treatment identified as having a mental health treatment need who were receiving treatment for their mental health (82.7 vs. 83.7). However, Herefordshire exceeds England for the proportion of casualties in road traffic accidents where a failed breath test (or refusal to provide a sample) occurred (5.45% vs 3.77% over 2019-2021, see Table 29).³⁸⁷

In 2019/20, there were an estimated 1,011 opiate and/or crack cocaine users aged 15 to 64 years in Herefordshire, which corresponds to a prevalence of 8.8 per 1,000 population, which is not significantly different than that for England as a whole (9.54 per 1,000).³⁸⁸ In 2022/23 there were 607 Herefordshire adults (18+) in treatment at specialist drug misuse services.³⁸⁹ The proportion of those opiate users in Herefordshire undergoing drug treatment in 2022 who successfully completed treatment (6.5%) was similar to the national figure (5%).³⁹⁰ In relation to non-opiate users the rate for successfully completing drug treatment

³⁸⁶ [Local Tobacco Control Profiles](#) OHID.

³⁸⁷ [Alcohol Profile](#), OHID Fingertips

³⁸⁸ [Opiate and crack cocaine use: prevalence estimates](#), OHID & UKHSA, 2023

³⁸⁹ [Co-occurring substance misuse and mental health issues](#). Public Health England (from National Drug Treatment Monitoring System).

³⁹⁰ [Successful completion of drug treatment: opiate users](#), OHID, 2022

was 33.9% locally, which was similar to the England rate of 31.4%.³⁹¹ In 2020, 36 adults successfully completed drug treatment and did not re-present to treatment within 6 months, for a treatment ratio of 0.46 (the lowest ratio in West Midlands). This suggests less than half as many adults as expected successfully completed drug treatment, achieving significantly below expected performance.³⁹² As noted above, in Herefordshire there was a lower proportion of clients entering drug treatment identified as having a mental health treatment need who were receiving treatment for their mental health as compared to England in 2022/23 (65.1% vs. 74.8%). As of July 2020 there were 20 patients with mental illness and/or depression recorded on GP lists as misusing drugs.

From 1993 to 2022, there have been on average five deaths related to drug misuse annually in Herefordshire; however, for 2022 the figure was 10 and there has been consistently more than five deaths per year since 2018. Between 2020 and 2022, during which there were 31 deaths related to drug misuse, the age-standardised mortality rate was 6.6 per 100,000 which was higher than that for both England (5.2 per 100,000) and West Midlands (5.3 per 100,000) although not significantly so due to the imprecision of this estimate (95% confidence limits from 4.5 to 9.4 per 100,000).³⁹³

3.9. Problem gambling

One of the objectives of the Herefordshire Gambling Licensing Policy 2019-2022 was 'protecting children and other vulnerable persons from being harmed or exploited by gambling' with 'vulnerable persons' deemed to include people 'who gamble more than they want to; people who gamble beyond their means; and people who may not be able to make informed or balanced decisions about gambling due to a mental impairment, alcohol or drugs.'³⁹⁴ Data from the Health Survey for England 2021, which are only available at regional level, suggest that the age standardised proportion of adults who gamble (excluding the Lottery) is higher in the West Midlands than nationally, 42% compared to 36%, with the West Midlands rate tied with East of England for the second highest nationally (see Figure 89).³⁹⁵

³⁹¹ [Successful completion of drug treatment: non opiate users](#), OHID, 2022

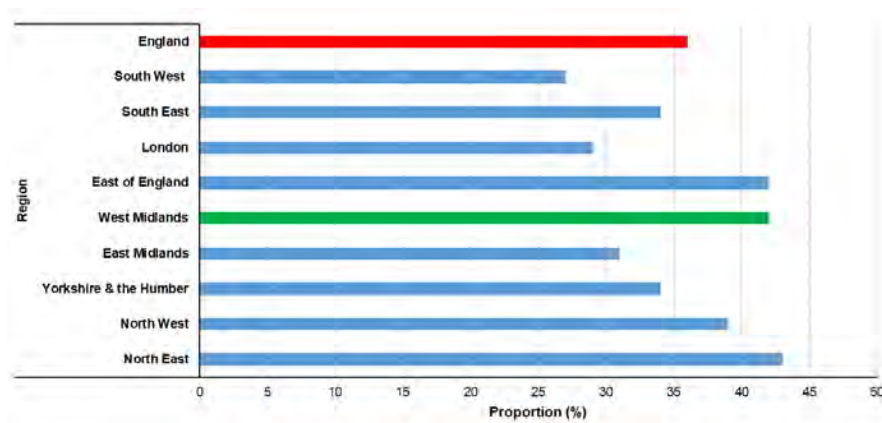
³⁹² [Successful completion of drug treatment, treatment ratio](#), OHID, 2020

³⁹³ [Deaths related to drug poisoning by local authority, England and Wales](#), ONS, 2023

³⁹⁴ [Gambling Act 2005. Statement of Gambling Licensing Policy 2019 – 2022](#). Herefordshire Council, pp.7-8.

³⁹⁵ [Health Survey for England, 2021](#), NHS Digital, 2023

Figure 89 Proportion of adults aged 16 and over participating in any gambling activity (excluding National Lottery) in past year 2021³⁹⁶



Based on a national prevalence of 0.4% of adults aged 16 or over from the 2021 Health Survey for England, the number of problem gamblers in Herefordshire would be in the region of 629 people. A further 2.5% of adults nationally are thought to be at low or moderate risk of developing problems with their gambling, which in Herefordshire would amount to around 3,928 people.³⁹⁷

There are 14 betting shops across Herefordshire with the majority (eight) in Hereford, three in Ross-on-Wye, and one each in Ledbury, Leominster and Bromyard. It is worth noting that many of these are located within or adjacent to some of the most deprived areas of the county.

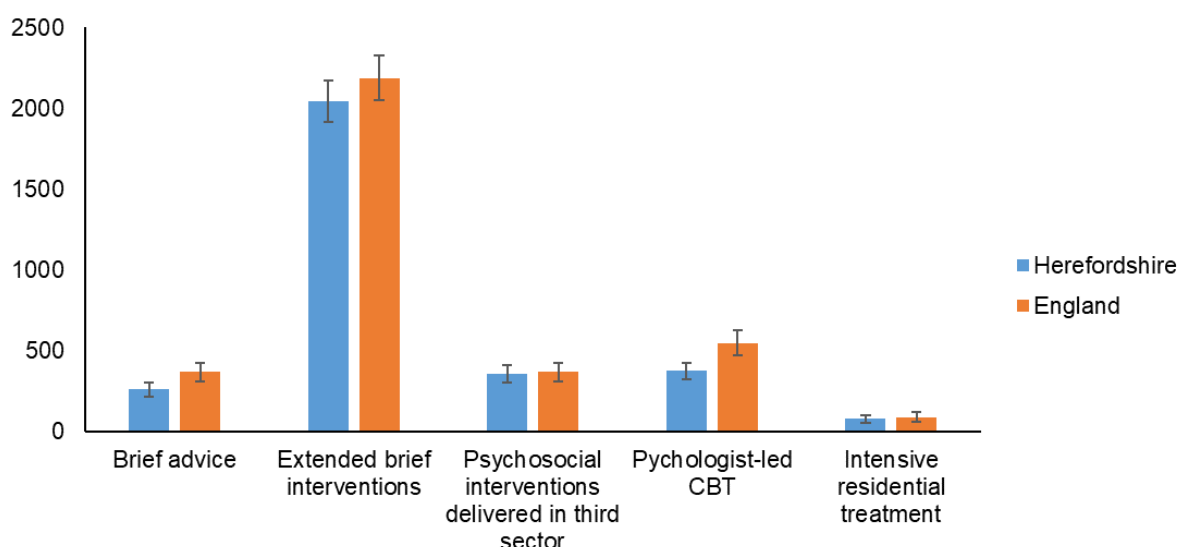
Using data from 2015, 2016, and 2018, there have been recent estimates of the rates of adults per 100,000 that would benefit from various types of gambling treatment. For most types of treatment, Herefordshire rates are similar or equal to England rates (see Figure 90).³⁹⁸

³⁹⁶ Note: Regional values are age standardised.

³⁹⁷ [Health Survey for England, 2021](#), NHS Digital, 2023

³⁹⁸ [Gambling treatment need and support: prevalence estimates](#), OHID, 2024

Figure 90 Estimated rate per 100,000 adult population of adults who would benefit from gambling treatment by type of treatment from combined 2015, 2016 and 2018 data



3.10. Healthy eating

Data from Sport England's Active Lives survey suggest that in 2021/22, 40.7% of Herefordshire adults aged 16 and over met the '5-a-day' fruit and vegetable consumption recommendations, statistically significantly higher than both West Midlands and England proportions of 29% and 32.5%, respectively (highest in the region).³⁹⁹ In the 2023 Community Wellbeing survey, 77% of Herefordshire residents said they were eating healthy and nutritious food as often as before the COVID-19 pandemic (up from 68% from the 2021 survey), while 16% reported doing it more often, and 7% less often (down from 16% in 2021, see Figure 87).⁴⁰⁰

3.11. Physical activity

In 2021/22, 71.2% of Herefordshire adults met the recommended level of physical activity of 150+ moderate intensity equivalent minutes per week, compared to 67.3% reported for England.⁴⁰¹ Over the same period, 20.1% of Herefordshire adults were physically inactive, similar to the 22.3% reported across England as whole.⁴⁰²

In the 2023 Community Wellbeing survey, 60% of Herefordshire residents said they were doing physical exercise as often as before the COVID-19 pandemic (up from 42% from a 2021 survey), while 19% reported doing it more often (down from 24% in 2021), and 18% less often (down from 33% in 2021). Those who reported lower activity levels than before COVID-19 were significantly more likely to be older residents aged 55+ (27%), people living with a disability (36%), retirees (30%), and those with low levels of mental wellbeing (41%).⁴⁰³

³⁹⁹ [Public health profiles](#), OHID, 2022

⁴⁰⁰ Community Wellbeing Survey 2023, Herefordshire Council, 2023

⁴⁰¹ [Percentage of physically active adults](#), OHID, 2022

⁴⁰² [Percentage of physically inactive adults](#), OHID, 2022

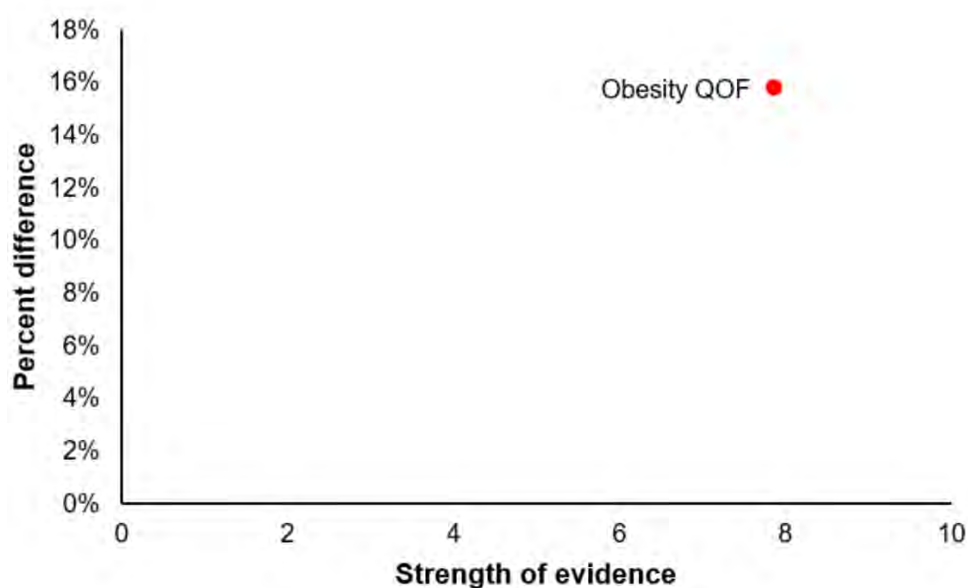
⁴⁰³ Community Wellbeing Survey 2023, Herefordshire Council, 2023

As part of the same survey, when asked how often they do moderate exercise or physical activity in a typical week, nearly a third (31%) of respondents said they did exercise or physical activity on every day of the week and almost half (48%) said they did this on 5 days or more. However, one in ten (10%) said they did not take part in any exercise/activity. When people who said they did not do 30 minutes of exercise on 5 or more days a week (which equates already to 150+ minutes a week) were asked whether they think they typically did 150 minutes of moderate exercise or activity across a week, two thirds (65%) said they typically did at least 150 minutes of exercise/activity per week. As a result, a third (32%) of residents did not. Overall, this equated to 74% of all respondents reporting they took part in 150 minutes or more of exercise/activity in a week, comparing favourably to the 61.4% reported in the 2020/21 Sport England Active Lives Survey.⁴⁰⁴

3.12. Adult-specific wider determinants

A visualisation of the comparison between Herefordshire and England values for indicators associated adult-specific wider determinants of health is shown in Figure 91, while full details are shown in Table 31.⁴⁰⁵ According to the NHS Quality and Outcomes Framework (QOF), Herefordshire has a higher proportion of obesity among people 18 years and over compared to England (13.2% vs. 11.4%).

Figure 91 The percent difference and strength of evidence of this difference between Herefordshire and England values for adult-specific wider determinants of health indicators



Indicator	Year	Type	Herefordshire	England	Strength of evidence	Percent difference	≤ 5yr Trend
Obesity QOF prevalence	2022/23	Proportion (%)	13	11	8	16%	

Table 31 A comparison of Herefordshire and England values for adult-specific wider determinants of health indicators

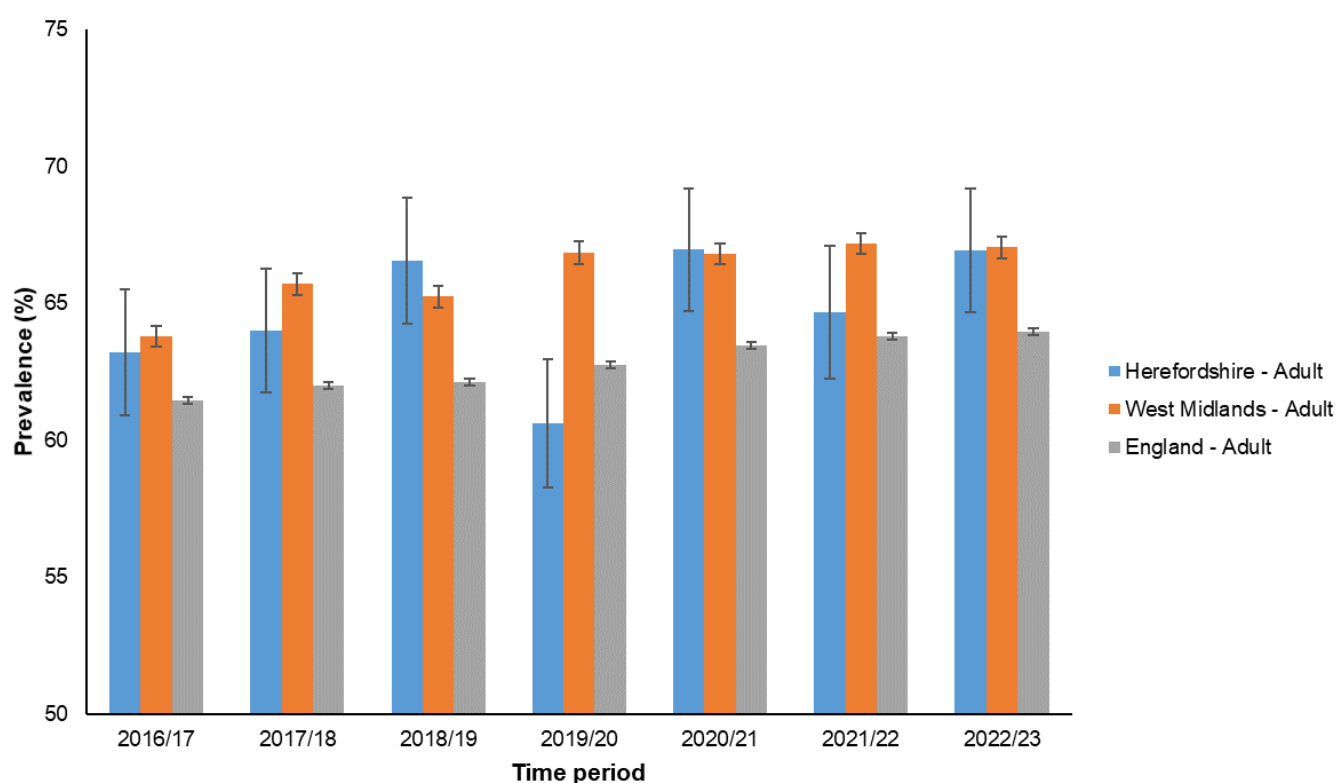
⁴⁰⁴ Community Wellbeing Survey 2023, Herefordshire Council, 2023

⁴⁰⁵ A strength of evidence of 2 or more typically represents a statistically significant (or strong evidence of a) difference between Herefordshire and England values. Figure data markers and table rows use 'RAG rating' colours, such that red indicates Herefordshire values are worse or poorer than England values, yellow indicates similar values, and green indicates Herefordshire values are better or more favourable than England values.

3.13. Healthy weight

In 2022/23, 66.9% of adults in Herefordshire were estimated to be overweight or obese, higher than the national figure of 64% but similar to the West Midlands figure of 67% (though not statistically significantly different from either, see Figure 92).⁴⁰⁶ Comparison with GP records indicates that it is highly probable that obesity prevalence is under-recorded. The prevalence of obese adults in Herefordshire has remained relatively consistent over time and is statistically similar to the England average, with 26.1% of adults classified as obese in 2022/23, compared to the England rate of 26.2%.⁴⁰⁷ However, according to Quality and Outcomes Framework (QOF) in 2022/23 approximately 21,063 Herefordshire adults were obese, which represents 13.2% of all patients aged 18 years and over, a 2.1% increase from 2021/22 and a higher prevalence than the 11.4% reported for England.⁴⁰⁸

Figure 92 Prevalence of overweight (including obesity) for adults in Herefordshire compared to West Midlands and England⁴⁰⁹



⁴⁰⁶ [Percentage of adults \(aged 18 plus\) classified as overweight or obese](#), OHID, 2022

⁴⁰⁷ [Percentage of adults \(aged 18+\) classified as obese](#), OHID, 2022

⁴⁰⁸ [Obesity: QOF prevalence \(18+ yrs\)](#), OHID Fingertips, 2023

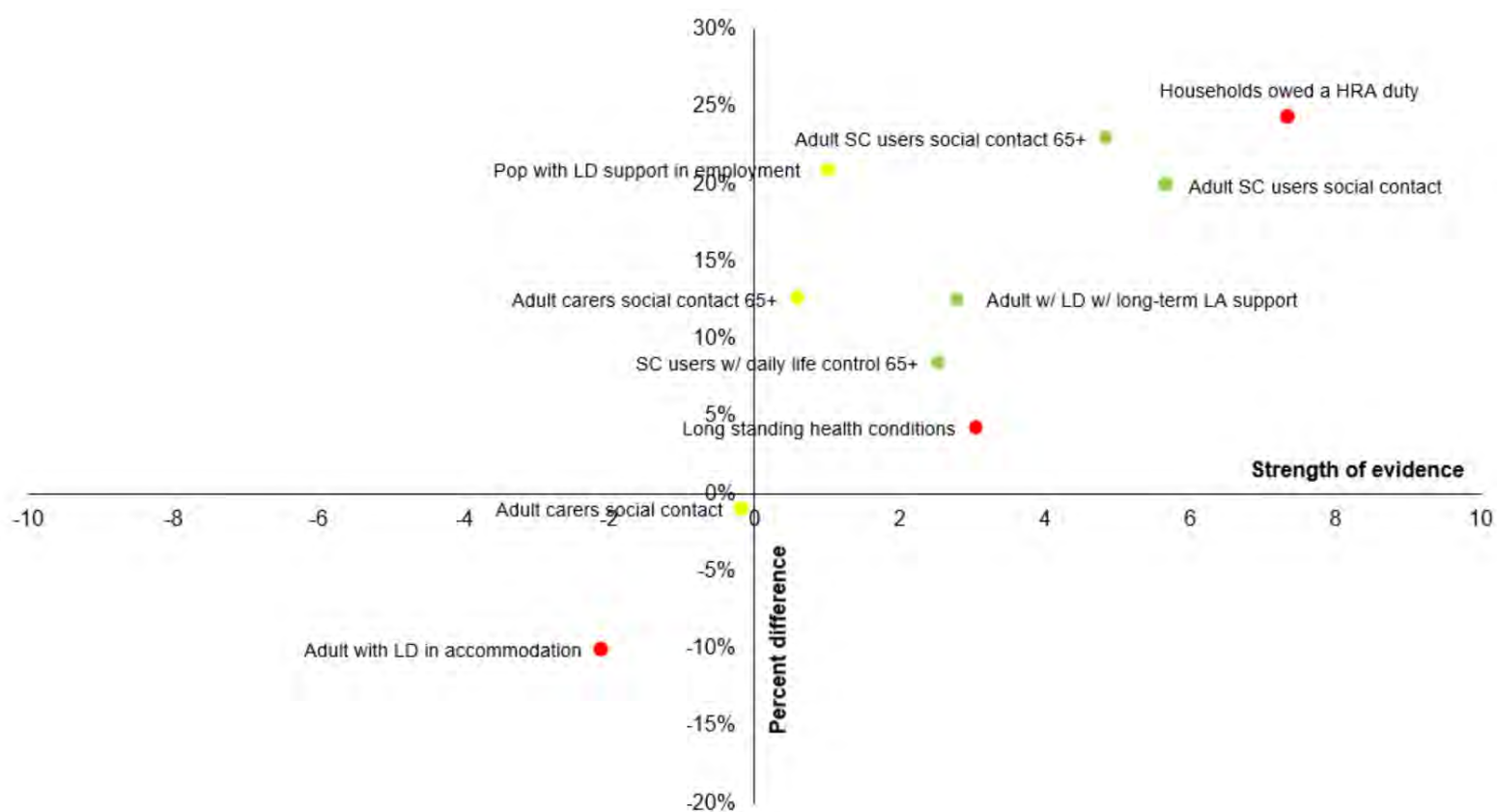
⁴⁰⁹ Error bars represent standard error.

3.14. At-risk groups

3.15. At a glance

A visualisation of the comparison between Herefordshire and England values for indicators associated with adult at-risk groups is shown in Figure 93, while full details are shown in Table 32.⁴¹⁰ While Herefordshire compares favourably or similarly to England across most indicators, including adult social care users and carers having as much control over their daily lives and social contact as they would like, the rate of households in temporary accommodation (1.3 per 1000 vs. 4.2), and supporting people with LD, it fares considerably worse with respect to the proportion of adults with a learning disability who live in stable and appropriate accommodation (72.3% vs. 80.5%). Compared to England, Herefordshire also has a higher proportion of people with long standing health conditions (58.4% vs. 56.1%) and a greater rate of households owed a duty under the Homelessness Reduction Act (15.4 per 1000 vs. 12.4).

Figure 93 The percent difference and strength of evidence of this difference between Herefordshire and England values for adult at-risk group indicators



⁴¹⁰ A strength of evidence of 2 or more typically represents a statistically significant (or strong evidence of a) difference between Herefordshire and England values. Figure data markers and table rows use 'RAG rating' colours, such that red indicates Herefordshire values are worse or poorer than England values, yellow indicates similar values, and green indicates Herefordshire values are better or more favourable than England values.

Indicator	Year	Type	Herefordshire	England	Strength of evidence	Percent difference	≤5 yr Trend
Eligible homeless people not in priority need	2017/18	Rate / 1,000	0.1	0.8	-14	-88%	
Households in temporary accommodation	2022/23	Rate / 1,000	1.3	4.2	-19	-68%	
Adult with LD in accommodation	2022/23	Proportion (%)	72	81	-2	-10%	
Adult carers who have as much social contact as they would like	2021/22	Proportion (%)	28	28	0	-1%	
Long standing health conditions	2023	Proportion (%)	58	56	3	4%	
Adult social care service users have control over their daily lives (65+ yrs)	2021/22	Proportion (%)	79	73	3	8%	
Adult with LD receiving long-term LA support	2019/20	Rate / 1,000	3.9	3.5	3	12%	
Adult carers who have as much social contact as they would like (65+ yrs)	2021/22	Proportion (%)	32	29	1	13%	
Adult social care users who have as much social contact as they would like	2022/23	Proportion (%)	53	44	6	20%	
Population with LD support in employment	2022/23	Proportion (%)	5.8	4.8	1	21%	
Adult social care users who have as much social contact as they would like (65+ yrs)	2022/23	Proportion (%)	51	42	5	23%	
Households owed a duty under the Homelessness Reduction Act	2022/23	Rate / 1,000	15	12	7	24%	

Table 32 A comparison of Herefordshire and England values for adult at-risk group indicators

3.16. Older adults

- 1 in 4 older people live with common mental health conditions. Only 7% of people referred to NHS counselling are 65+ despite a government target of 12%. Only 15% of older people with mental health conditions are receiving help from the NHS. The most common condition among older people is depression, affecting 22% of men and 28% of women aged 65 or over, followed by anxiety. Events like the death of a loved one or the onset of disability and illness may contribute to an older adult experiencing loneliness, which increases the risk of mental health conditions, including dementia and depression.⁴¹¹
- Mental health conditions are more prevalent among specific groups of older people. Two out of five (40%) older people living in care homes have depression, nearly one out of three (30%) older carers will experience depression, and older people experiencing bereavement are up to four times more likely to experience depression than non-bereaved peers. Older people living in care homes are up to three times more likely to have a mental health condition than those living in the community, as they are less able to participate in meaningful activities and live isolated from friends and family.⁴¹²
- Older people are more likely to experience physical health conditions that can trigger or worsen mental health issues. They often also live with multiple conditions, resulting in chronic pain, impaired functioning, reduced independence and social isolation, all of which strain mental health. Dementia may trigger mental health problems and make their treatment more challenging, with an estimated 20-40% of people living with dementia experiencing depression. The similarity in symptoms between dementia and mental health conditions can make accurate diagnoses more difficult, while older people living with dementia may also struggle to express how they are feeling.⁴¹³
- Many older people do not seek support when struggling with their mental health for several reasons, including perceiving poor mental health as an inevitable part of ageing, fear of being a burden, and concern about being judged or stigmatised. Less mental health awareness among older people means they may not always recognise

⁴¹¹ [Policy Position Paper – Mental Health \(England\)](#), Age UK, 2019

⁴¹² [Policy Position Paper – Mental Health \(England\)](#), Age UK, 2019

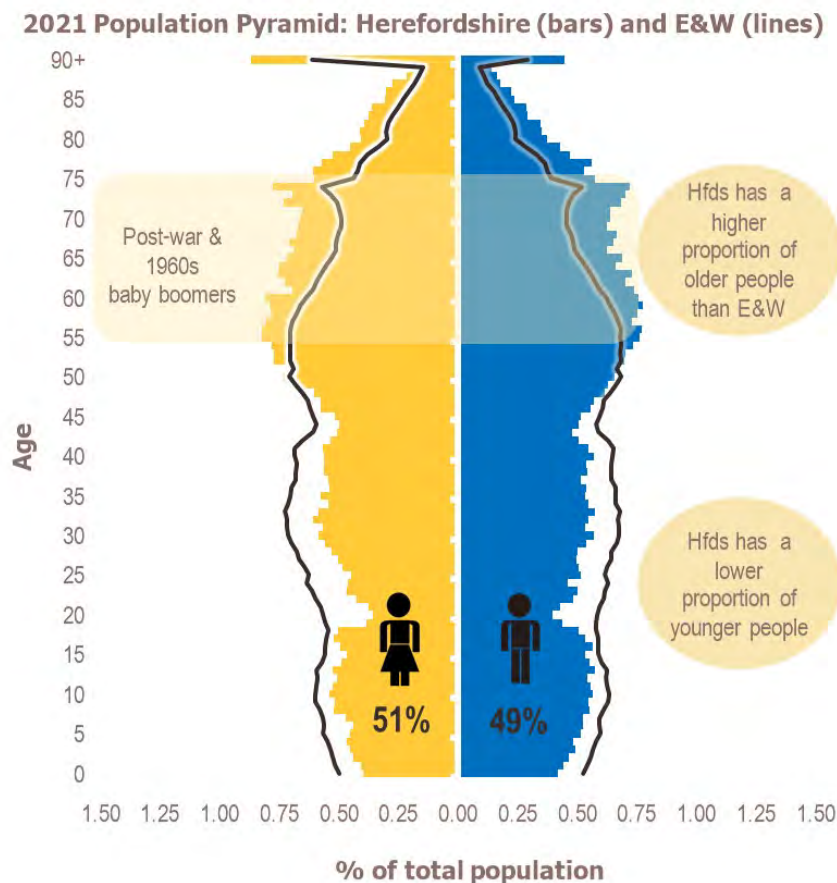
⁴¹³ [Policy Position Paper – Mental Health \(England\)](#), Age UK, 2019

they are experiencing a mental health condition. Older people may also face accessibility barriers due to the design of mental health services.⁴¹⁴

- Older people are more likely to be prescribed medication for their mental health problems, in contrast to younger people who are likely to be directed to talking therapies. Beliefs about older people results in discrimination in mental health services, with many health professionals holding unfounded presumptions making them more reluctant to talk about mental health with older people, perceive mental health conditions as an inevitable part of ageing, and believe that talking therapies are not effective for older people or that they will not engage with the process, so opt to prescribe medications instead.⁴¹⁵

Herefordshire's population profile is more aged, and is ageing more rapidly, than England and Wales as a whole, so any risk and protective factors associated with an ageing population are likely to be felt more acutely here than in other parts of the country. A population pyramid showing the distribution of the population by age is shown in Figure 94.⁴¹⁶

Figure 94 2021 Herefordshire population pyramid



The mid-2022 estimate of Herefordshire's resident population is 188,700, with 28% (approximately 53,000 people) being aged 65 or over, compared to 18.6% across England. There is also a higher proportion of older working age adults (mid-forties to age 64) than

⁴¹⁴ [Policy Position Paper – Mental Health \(England\)](#), Age UK, 2019

⁴¹⁵ [Policy Position Paper – Mental Health \(England\)](#), Age UK, 2019

⁴¹⁶ Office for National Statistics (ONS), 2021

across England as a whole. The natural ageing of the population structure as the post-war and 1960s 'baby boomers' move into older age, combined with net in-migration of people of all except the youngest adult ages (18 to 24), will continue to result in a disproportionate growth of the number of older people. By 2031, 30% of Herefordshire's population will be aged 65 or over compared to 22% nationally, with a 34% increase from the current over 65's population expected by 2040. Additionally, the number aged 85+ is likely to grow most rapidly: by more than 50%, from 6,200 in 2018 to over 9,000 by 2031; and is likely to double by 2040. The 2021 Census found that amongst Herefordshire respondents aged 65 and over, 67% were 'not disabled'; 18% were 'disabled - day-to-day activities limited a little'; and 15% were 'disabled - day-to-day activities limited a lot'. While life expectancy in Herefordshire has increased over recent decades, healthy life expectancy (the average number of years a person would expect to live in good health) has not, meaning more people are spending more years of their lives in poor health. In Herefordshire, approximately 16 years for both males and females are spent in ill health, with an approximately three year difference between residents living in the most and least deprived areas of Herefordshire.⁴¹⁷

Living alone is a risk factor for loneliness and associated mental health problems such as depression. In Herefordshire, the proportion of lone person households is higher in Wards such as Dinedor Hill, Birch, Penyard and Bromyard Bringsty. In Herefordshire, the combined effects of an ageing population and rurality also means there are an increasing number of elderly people living in isolated rural communities. Census data (2021) showed that 30.7% of Herefordshire households comprise a single person – half of whom were over 65, equating to 28% of all those aged over 65 living alone. Although the highest proportions of lone pensioner households are found in Hereford and the market towns, for those living in relatively remote rural locations the effects of isolation are likely to be felt even more acutely. Herefordshire is often compared to other rural counties such as Devon and Cornwall, but its population is spread over a larger area, further increasing the potential for social isolation and poorer access to services. The proportion of households in Herefordshire occupied by a single person aged 65 or over is significantly higher in Herefordshire than in either England as a whole or the West Midlands region (14.3% compared to 12.4% and 12.6% respectively).⁴¹⁸ Although isolation and loneliness are closely linked, it is important to recognise that people can be isolated but not lonely and vice-versa. Local data show that only 76 people over 65 in the county have been recorded by GP practices as lonely or isolated,⁴¹⁹ which suggests increased recognition and identification is needed.

In 2020 there were 33,600 individuals aged 70 and over registered with Herefordshire GPs as having a mental illness or depression, which represents 7% of this cohort. Based on primary care (EMIS) data from July 2023 accessed through the Herefordshire PHM profile, 5,568 older adult (65+ years) patients (10.5% of all older adults) were recorded with depression. The average age of these patients was 74 years, 65% were female, 86% were White British, 75% had two or more long term conditions, and most were within the 5th IMD decile (30%). There were 891 older adult patients (1.7% of all older adults) recorded with anxiety. The average age of these patients was 75 years, 70% were female, 86% were White British, over half (57%) had two or more long term conditions, and most were within the 5th IMD decile (31%). There were 454 older adult patients (0.9% of all older adults)

⁴¹⁷ [The Director of Public Health Annual Report 2023 - Ageing Well in Herefordshire](#), Herefordshire Council, 2023

⁴¹⁸ 2011 Census.

⁴¹⁹ [Herefordshire PHM Profile](#), *Power BI Tool*, 2023 (Accessed 16th February 2024)

recorded with schizophrenia, bipolar affective disorder, and other psychoses and other patients on lithium therapy. The average age of these patients was 75 years, 64% were female, 85% were White British, 84% had two or more long term conditions, and most were within the 5th IMD decile (29%). There were 76 older adult patients (0.1% of all older adults) recorded with loneliness and isolation. The average age of these patients was 79 years, 70% were female, 80% were White British, 74% had two or more long term conditions, and most were within the 5th IMD decile (25%).

The Projecting Older People Population Information (POPPI) system produces projections of the number of people aged 65-85+ years in Herefordshire predicted to have depression now and in the future both overall (see Table 33) and by gender (see Table 34), as well as for severe depression (see Table 35). The estimated prevalence rates are based on prevalence estimates for depression in older adults from a 2007 research paper⁴²⁰ that are applied to ONS population projections of the 65 and over population for Herefordshire. This enables the production of estimated numbers of older adults in Herefordshire predicted to have depression or severe depression, projected to 2040.⁴²¹

Depression – all people	2023	2025	2030	2035	2040
People aged 65-69 predicted to have depression	1,162	1,196	1,402	1,435	1,301
People aged 70-74 predicted to have depression	1,029	1,032	1,137	1,341	1,369
People aged 75-79 predicted to have depression	950	983	950	1,060	1,238
People aged 80-84 predicted to have depression	669	754	933	905	1,019
People aged 85 and over predicted to have depression	598	630	744	928	1015
Total population aged 65 and over predicted to have depression	4,408	4,595	5,166	5,669	5,942

Table 33 People aged 65 and over in Herefordshire predicted to have depression, by age, projected to 2040⁴²²

⁴²⁰ McDougall FA, Kvaal K, Matthews FE, Paykel E, Jones PB, Dewey ME, Brayne C; Medical Research Council Cognitive Function and Ageing Study. [Prevalence of depression in older people in England and Wales: the MRC CFA Study](#). Psychol Med. 2007 Dec;37(12):1787-95. doi: 10.1017/S0033291707000372. Epub 2007 Apr 4.

⁴²¹ [Projecting Older People Population Information System \(POPPI\)](#), 2020

⁴²² [Projecting Older People Population Information System \(POPPI\)](#), 2020

Depression – by gender (Male)	2023	2025	2030	2035	2040
People aged 65-69 predicted to have depression	377	400	476	476	429
People aged 70-74 predicted to have depression	421	414	462	552	552
People aged 75-79 predicted to have depression	319	330	319	354	425
People aged 80-84 predicted to have depression	310	349	437	427	485
People aged 85 and over predicted to have depression	143	153	189	240	260
Total Males aged 65 and over predicted to have depression	1,570	1,647	1,882	2,048	2,151

Depression – by gender (Female)	2023	2025	2030	2035	2040
People aged 65-69 predicted to have depression	785	796	927	959	872
People aged 70-74 predicted to have depression	608	618	675	789	817
People aged 75-79 predicted to have depression	631	653	631	706	813
People aged 80-84 predicted to have depression	359	405	497	428	534
People aged 85 and over predicted to have depression	455	477	555	688	755
Total Females aged 65 and over predicted to have depression	2,838	2,948	3,284	3,621	3,791

Table 34 People aged 65 and over in Herefordshire predicted to have depression, by age and gender, projected to 2040

Severe Depression	2023	2025	2030	2035	2040
People aged 65-69 predicted to have depression	343	355	418	425	385
People aged 70-74 predicted to have depression	202	200	221	259	266
People aged 75-79 predicted to have depression	392	410	396	441	518
People aged 80-84 predicted to have depression	216	237	297	288	324
People aged 85 and over predicted to have depression	273	285	339	425	464
Total population aged 65 and over predicted to have depression	1,425	1,486	1,670	1,838	1,957

Table 35 People aged 65 and over in Herefordshire predicted to have severe depression, by age, projected to 2040

Reported in Quarter 3 of 2023/24, 5.8% of all NHS Talking Therapies, for depression and anxiety (formerly IAPT services) referrals across Herefordshire and Worcestershire were for older people aged 65+ years. Regarding acute care, there was a Herefordshire and Worcestershire rate of 8 older adults per 100,000 population of older adult people in adult acute mental health beds with a length of stay over 60 days.⁴²³ Recent data on the number of Herefordshire older adult patients who had their assessment with and received treatment from the NHS Talking Therapies for Anxiety and Depression service (formerly known as Improving Access to Psychological Therapies, IAPT) from 2022 to 2024 are reported in Table 36.

Older Adult (65+ at time of assessment)	Total Assessed	Assessed and a clinical case	Assessed with Depression	Assessed with Anxiety	Number that went on to receive Treatment
No					
2022	2560	2383	2116	2254	1552
2023	2283	2121	1911	1994	1271
2024	763	702	636	652	262
Yes					
2022	231	193	156	175	117
2023	208	163	136	141	93
2024	84	62	51	55	22

Table 36 Number of older adult patients who had their assessment with and received treatment from the Talking Therapies service between 1st January 2022 and 30th April 2024

The overall number of adult patients assessed decreased from 2022 (231) to 2023 (208), as seen by these numbers. The number of patients who received a clinical case diagnosis and received treatment also decreased. While data for 2024 is only available through the end of April, extrapolating these figures to the full year appears to result in a higher number of cases assessed and number diagnosed across conditions.

3.17. Armed Forces personnel and veterans

- 1 in 8 (13.2%) of UK armed forces personnel were seen in military healthcare for a mental health-related reason in 2022/23, a rate that has increased over the last 11 years but remains broadly comparable to the general population. In the most recent year, the rate statistically significantly increased and is now at the highest since reporting began in 2012/13. The reasons for this latest rise are unclear but could in part be related to cost of living pressures.⁴²⁴
- Most personnel seeking military mental health care go to their GP in the first instance, with 1 in 8 (12.7%) personnel seen by their GP in the latest year, but some with more complex needs will receive treatment from specialist mental health care providers. 1 in 45 (2.2%) were seen by a specialist mental health clinician, a rate lower than that seen in the general population. 'Adjustment disorder' and 'Depressive

⁴²³ [NHS mental health dashboard Q3 2023/24](#), NHS England, 2024

⁴²⁴ [UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 to 2022/23](#), Ministry of Defence, 2023

episode' were the most common disorders seen among those requiring specialist mental health care.⁴²⁵

- Personnel from all age groups accessed military mental health care, with rates rising for all age groups in 2022/23, except personnel aged under 20 years. Similar to the general population, more females sought help than males. Rates were also higher in Royal Navy and Royal Air Force personnel, and those whose rank was other than Officer, while they were lower in Royal Marines, those aged over 50, and ethnic minorities (excluding white minorities).⁴²⁶
- The rate of PTSD among UK Armed Forces serving personnel was around 2 per 1,000 personnel (0.2%). Rates of PTSD were higher in those who had previously deployed to Iraq and/or Afghanistan than those not deployed there. In 2022/23, there was an increased risk of 80% for PTSD for service personnel previously deployed to Iraq and/or Afghanistan.⁴²⁷
- Veterans, defined as anyone who has served for at least a day in the UK Armed Forces, have generally lower rates of mental illness than that of the wider population (one in five vs. one in four). The most common problems are alcohol problems, depression, and anxiety disorder, while some also experience PTSD. The findings of a 2014 review suggested that veterans are no more likely to take their own lives than the general population.⁴²⁸
- A 2019 study of the perceived stigma and barriers to care in UK Armed Forces personnel and veterans with and without probable mental disorders found that those meeting criteria for current probable common mental disorders and PTSD were more likely to report concerns relating to access to care, internalised mental health-related stigma and perceived stigma of mental health treatment/service providers compared to those who did not meet criteria for a condition. Participants with probable PTSD experienced the greatest perceived and internalised stigma and barriers to care.⁴²⁹

As at 1 April 2022, 1,670 members of the Regular Armed Forces⁴³⁰ were stationed in (N.B. not resident in) Herefordshire.⁴³¹ 9,600 Herefordshire residents aged 16 and over have served in either the UK armed forces, UK reserve armed forces or both. This makes up 6.1% of the 16+ population in Herefordshire, compared with 3.8% in England and Wales, while it also accounts for 10.9% of households in Herefordshire, which is greater than the England and Wales average of 7.0%. Part of this may be due to Herefordshire having an older population than the UK as a whole, and most veterans are aged 65 and over. The majority (94%) of these households have only one veteran, but 500 households have two or more

⁴²⁵ [UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 to 2022/23](#), Ministry of Defence, 2023

⁴²⁶ [UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 to 2022/23](#), Ministry of Defence, 2023

⁴²⁷ [UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 to 2022/23](#), Ministry of Defence, 2023

⁴²⁸ [Veterans' Mental Health: Key Facts](#), Centre for Mental Health, 2024

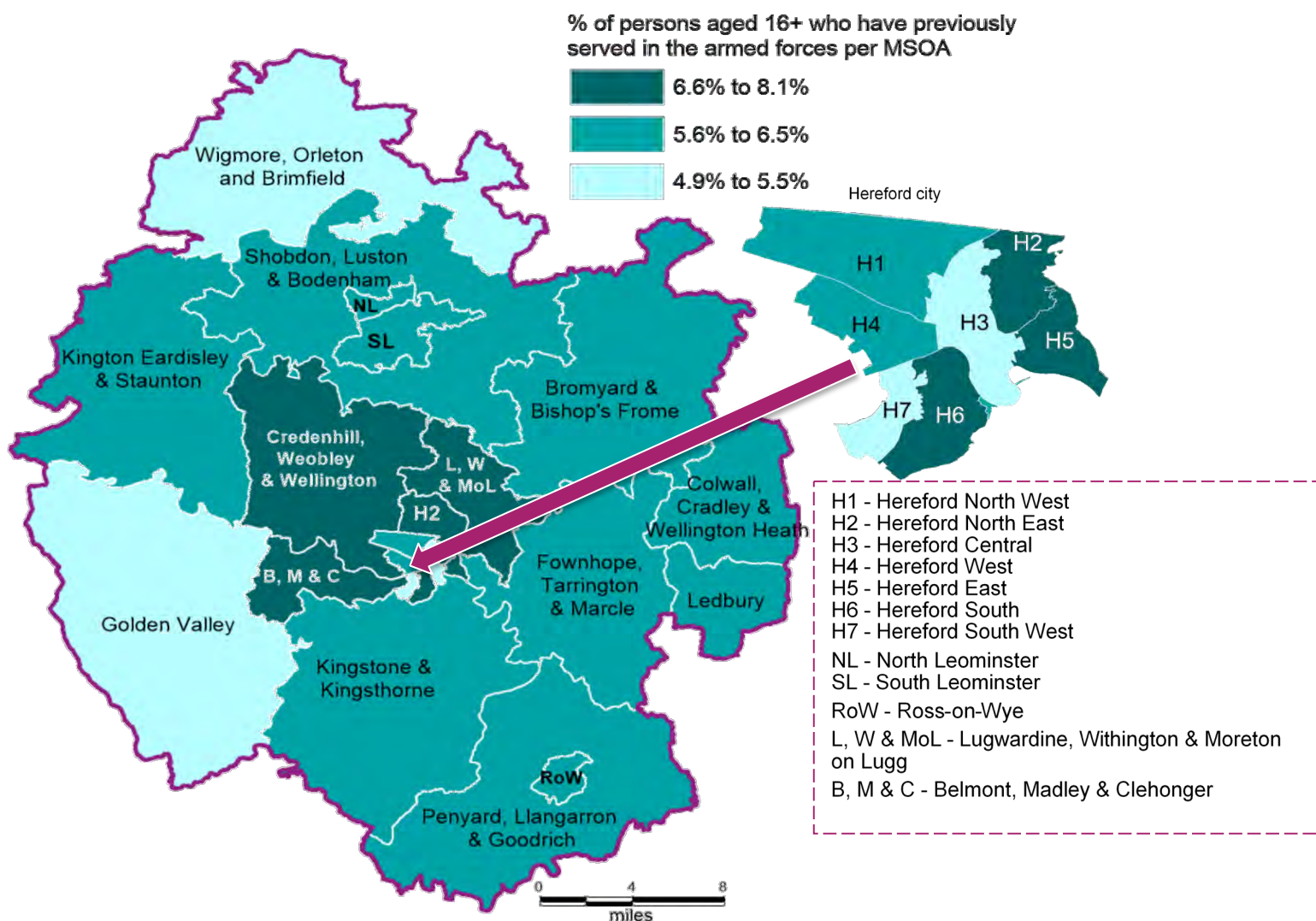
⁴²⁹ Williamson V, Greenberg N, Stevelink SAM. [Perceived stigma and barriers to care in UK Armed Forces personnel and veterans with and without probable mental disorders](#). BMC Psychol. 2019 Nov 27;7(1):75. doi: 10.1186/s40359-019-0351-7.

⁴³⁰ UK Regular Forces - Figures are for UK Regular Forces (including both Trained and Untrained personnel), and therefore exclude Gurkhas, Full Time Reserve Service personnel and mobilised reservists. Royal Navy / Royal Marines personnel on sea service are included against the local authority containing the home port of their ship. RAF Other Ranks serving in the South Atlantic are shown against the location containing their home base.

⁴³¹ [Location of UK regular service and civilian personnel annual statistics 1 April 2022](#) - Table 3.5a, Ministry of Defence, 2022. Figures are rounded to the nearest 10

veterans living there. 11% of all households in Herefordshire have at least one resident who is an armed forces veteran compared to the national average of 7%. Herefordshire also has the highest population of veterans (pro rata) of any local authority in the West Midlands. According to the ONS Census data, in 2021 there were 450 veterans in residential care across local authority and private care.⁴³² The majority of Herefordshire's veterans served in the UK armed forces (7,500, 78%) but there are also veterans who served in the UK reserved armed forces (1,600, 17%) and those who served in both the regular armed services and the reserved armed forces (500, 5%). The Credenhill, Weobley and Wellington area has the largest veteran population (by proportion and number of veterans) and also has the highest proportion of households (15%) where at least one veteran lives (see Figure 95).

Figure 95 Distribution of the veteran population across Herefordshire.



⁴³² [Herefordshire Armed Forces Covenant Partnership Annual Review Report 2022](#), Herefordshire Council

The proportion of veterans increases throughout the age groups, with only 1% (100) of 16-24 year olds having served in the UK armed forces, increasing to 25% (1,600) for those aged 85 and over. 52% (5,000) of Herefordshire veterans are aged 65 and over, this is likely in part linked to National Service, which meant between 1949 and 1960 most young men in the UK served in the armed forces for 18 months. Additionally, the size of the armed forces has declined since the 1950s, so in turn there will be fewer younger veterans as they were fewer serving personnel after this time. Furthermore, veterans only count those who have left the armed forces, so it is to be expected to see a higher proportion of those who are of retirement age. Those aged 54 and under only make up 28% (2,700) of veterans. 53% of veterans nationally are also aged 65 and over, showing that the age of veterans in Herefordshire is similar to the national profile. 86% (8,300) of Herefordshire veterans are male, which is a much higher proportion than that of the non-veteran population (46% male). It is important to note that roles for women in the armed forces have historically been very limited, with restrictions only completely lifting in 2018. Households where one or more people have previously served in the UK armed forces are more likely to be deprived in at least one dimension compared to household with no veterans. This is the case in both Herefordshire and England, however the gap between veteran and non-veteran households is smaller in Herefordshire than for England as a whole (5 percentage points vs 8 percentage points). Over 50% (5,000) veteran households in Herefordshire are deprived in at least one domain.

Herefordshire primary care data from April 2024 shows a patient cohort of 2249 veterans, of which 72 veterans were coded with low mood, 182 with anxiety, 160 with depression, and 16 with schizophrenia, bipolar affective disorder, and other psychoses and other patients on lithium therapy. Of these, 45 with low mood (63%), 80 with anxiety (44%), 60 with depression (38%) and nine with schizophrenia, bipolar affective disorder, and other psychoses and other patients on lithium therapy (56%) were referred for mental health support. This may represent an increase since July 2020, when there were 110 veterans included in those patients recorded in Herefordshire GP practices as having mental illness and/or depression.

Herefordshire Council undertook a Herefordshire Armed Forces Veterans Survey, which took place between 22 August 2019 and 7 October 2019. The survey was modelled on a similar survey undertaken by Worcestershire County Council, but differed quite significantly with regard to content to better represent local circumstances and issues, and to allow comparison with data from the UK census and other sources. The questionnaire asked for demographic information about the respondent, their service history, and reasons for leaving the Armed Forces. There then followed groups of questions relating to access to services, current accommodation, skills, education and employment, and health and wellbeing. In total, 169 responses were received from a veteran population of around 14,000. Over three quarters (78%) of responses were from former Army personnel.

The age of respondents was not representative of the Herefordshire population. Partly, this is likely due to the over-representation of older age groups in the veteran population: the legacy of the very significant and sustained decline in the size of the Armed Forces since the 1960s. By age group, the proportion of responses was 18 to 24 years 0%, 25 to 34 years 3%, 35 to 44 years 9%, 45 to 54 years 26%, 55 to 64 years 14%, 65 to 74 years, 31% and 75+ years 17%. 3% of respondents indicated that mental health (including PTSD) had been a factor in their decision to leave the Armed Forces.⁴³³ Asked to rate their experience to a set of statements, excluding those who answered 'not applicable', 68% of respondents agreed that they felt in a state of positive mental health and wellbeing and 20% disagreed.⁴³⁴ Of those who had used mental health services, 31% were either very or fairly satisfied, 48% neither satisfied nor dissatisfied and 20% fairly or very dissatisfied.⁴³⁵

In terms of risk and protective factors for mental health, 40% of respondents reported having a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work they can do.⁴³⁶ This is similar to the 38% of the general adult population reported in the 2018 Herefordshire Quality of Life Survey.⁴³⁷ The proportion of survey respondents who reported having contact with family, friends, or neighbours most days (59%) was similar to that reported in the 2018 Herefordshire Quality of Life survey (60%), as was the proportion who had contact at least weekly (both 34%).⁴³⁸ The proportion of veterans reporting having contact once a month or less was only slightly higher (8% compared to 6%).⁴³⁹ Compared to the Quality of Life survey, a similar proportion of veterans also reported providing some amount of unpaid care (30%), however a smaller proportion reported providing 50 or more hours of care per week (5% compared to 9%).⁴⁴⁰ In terms of protective factors 47% of respondents indicated that they give unpaid help to a group(s), club(s) or organisation(s) at least once a month.⁴⁴¹

Data on the number of Herefordshire Armed Forces veteran patients and their dependents who had their assessment with and received treatment from the NHS Talking Therapies for Anxiety and Depression service (formerly known as Improving Access to Psychological Therapies, IAPT) from 2022 to 2024 are reported in Figure 96.

⁴³³ Armed Forces veterans' survey, 2019, p.16.

⁴³⁴ Armed Forces veterans' survey, 2019, p.48.

⁴³⁵ Armed Forces veterans' survey, 2019, p.27.

⁴³⁶ Armed Forces veterans' survey, 2019, p.44.

⁴³⁷ [2018 Herefordshire Quality of Life Survey Results: Focus on people who are disabled and/or have a long-term illness](#). Data Orchard, p.6.

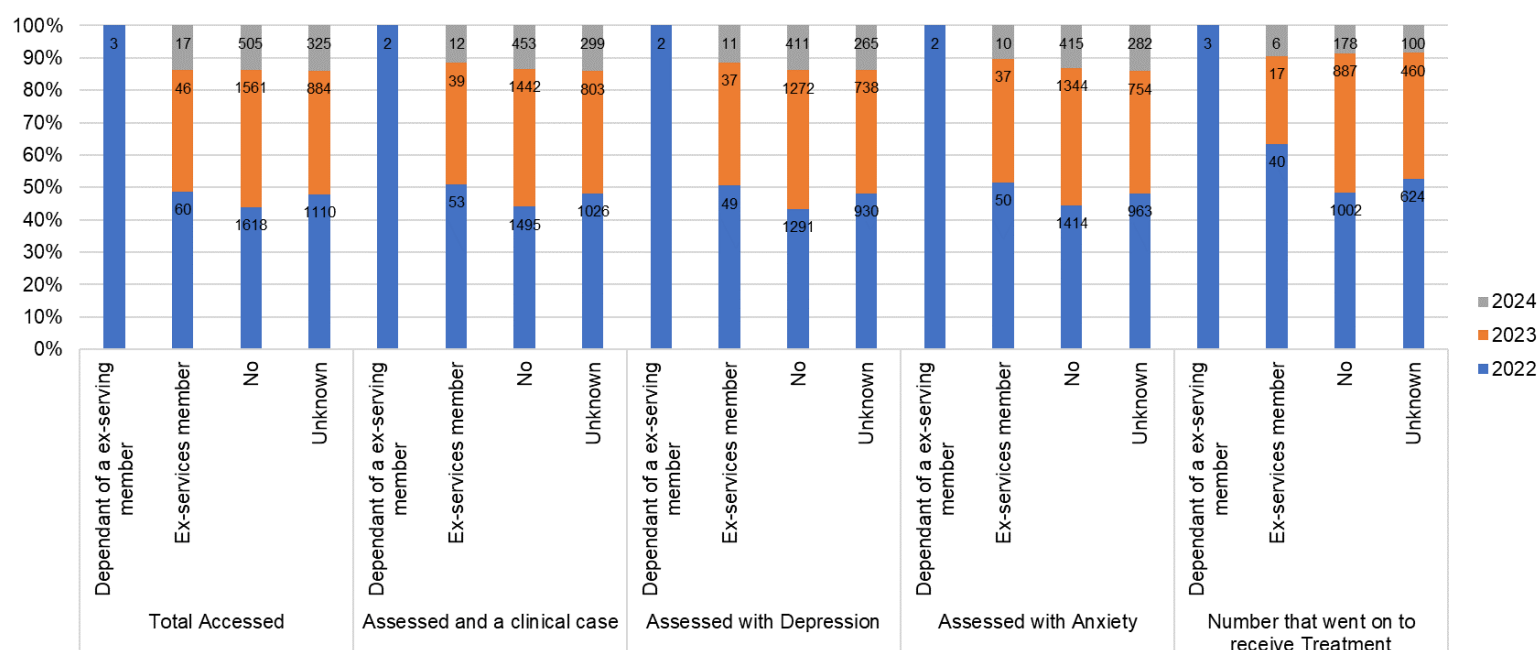
⁴³⁸ Armed Forces veterans' survey, 2019, p.46; [Herefordshire Quality of Life Survey: Headline Results 2018](#). Data Orchard.

⁴³⁹ Armed Forces veterans' survey, 2019, p.46; [Herefordshire Quality of Life Survey: Headline Results 2018](#). Data Orchard.

⁴⁴⁰ Armed Forces veterans' survey, 2019, p.45; [Herefordshire Quality of Life Survey: Focus on unpaid carers](#). Data Orchard.

⁴⁴¹ Armed Forces veterans' survey, 2019, p.41.

Figure 96 Number of Armed forces veterans (ex-services members) and their dependents who had their assessment with and received treatment from the Talking Therapies service between 1st January 2022 and 30th April 2024



Data for the dependents of veterans (referred to as ex-services members in the Figure) is available only for 2022. From 2022 to 2023, the number of veterans being assessed decreased, with a corresponding decrease across all groups, including the number of patients diagnosed with a mental health condition. Throughout 2022, patients diagnosed with anxiety outnumbered those diagnosed with depression across all categories, a trend that continued into 2023. When comparing these figures to Worcestershire, Herefordshire's numbers are approximately one-third of Worcestershire totals. Given Herefordshire's population is also about one-third that of Worcestershire, this suggests a comparable proportion of veterans and their dependents being assessed and receiving treatment.

3.18. Adult carers

- Unpaid or informal carers are people who look after or give any help or support to family members, friends, neighbours, or others because of long-term physical or mental ill-health or disability or problems related to old age.
- In 2022, Carers UK estimated that nationally there are around 10.58 million carers across the UK, or one in five adults (20%).⁴⁴² Several reviews have shown that the mental and physical health of unpaid carers is poorer than non-carers, though notably some carers report positive benefits from caregiving. Becoming a carer has been associated with increases in depressive symptoms and psychological distress as well as poorer emotional health.⁴⁴³
- A recent longitudinal study found that mental health worsened when becoming a carer, particularly for those providing the most intense levels of care and includes those providing care in earlier stages of adulthood. In all age groups except 16–29

⁴⁴² [Making caring Visible, Valued and Supported – Carers Week 2022 report](#), Carers Week, 2022

⁴⁴³ Lacey RE, Xue B, Di Gessa G, Lu W, McMunn A. [Mental and physical health changes around transitions into unpaid caregiving in the UK: a longitudinal, propensity score analysis](#). *Lancet Public Health*. 2024 Jan;9(1):e16-e25. doi: 10.1016/S2468-2667(23)00206-2.

years, the study found poorer mental health persisted for several years following becoming a carer.⁴⁴⁴

- In a 2023 report of survey results from UK carers, over three quarters (79%) of carers reported feeling stressed or anxious, half of carers (49%) felt depressed, and half of carers (50%) felt lonely. Over one in four carers (27%) said their mental health was bad or very bad, of which 39% said they were not receiving any support with their mental health. Carers who were struggling to make ends meet were even more likely to feel stressed or anxious (87%). Nearly three quarters (73%) said that they continued providing care even though they felt they were at breaking point. 44% of carers said they had put off health treatment because of their caring role.⁴⁴⁵
- While another study similarly found that carer status was associated with psychological distress for both full-time and part-time carers, it also reported that the perceived availability of social support significantly reduced the effect being a carer on experiencing psychological distress by about 40-60%.⁴⁴⁶
- Some carers do report finding their role positive and rewarding, with improved mental health and wellbeing. Some evidence suggests that helping others may be just as beneficial to health as receiving support, with caregiving making carers feel good about themselves, giving meaning and purpose to their lives, enabling them to learn new skills, improving their resilience, and strengthening their relationships with others. This is dependent on the amount of care being provided and the ability to balance it with other aspects of life, as well as the availability of appropriate support. One analysis found carers who provided up to four hours of caregiving per week had higher mental wellbeing scores than non-carers.⁴⁴⁷

The number of residents providing unpaid care in Herefordshire is increasing both in terms of overall numbers and as a proportion of the population. In the 2021 Census, an age-standardised proportion of 8.8% of people aged 5 years or over in Herefordshire (16,577 people) were providing at least an hour of unpaid care a week.⁴⁴⁸ This is similar to England's age-standardised proportion of 8.9%,⁴⁴⁹ but is almost certainly an under-estimate, partly attributable to the timing of 2021 Census coinciding with the COVID-19 pandemic when interaction between households was restricted. The number residents provide unpaid care therefore appeared to decrease from the previous census in 2011 (20,700), and a similar decrease was seen in England and Wales as well (from 11% to 9%). Shropshire, one of Herefordshire's geographical and statistical neighbours, reported a similar proportion of unpaid carers (10%).⁴⁵⁰

Overall, census data show the largest proportional decrease between 2011 and 2021 was in people who provided 19 or less hours of unpaid care a week, which decreased from 7.8% to 4.7%. This is to be expected, as careers providing less hours of care are less likely to be living with the person they are caring for and so have had their caring activities

⁴⁴⁴ Lacey RE, Xue B, Di Gessa G, Lu W, McMunn A. [Mental and physical health changes around transitions into unpaid caregiving in the UK: a longitudinal, propensity score analysis](#). *Lancet Public Health*. 2024 Jan;9(1):e16-e25. doi: 10.1016/S2468-2667(23)00206-2.

⁴⁴⁵ [State of Caring 2023 – The impact of caring on: health](#), Carers UK, 2023

⁴⁴⁶ George ES, Kecmanovic M, Meade T, Kolt GS. [Psychological distress among carers and the moderating effects of social support](#). *BMC Psychiatry*. 2020 Apr 6;20(1):154. doi: 10.1186/s12888-020-02571-7.

⁴⁴⁷ [Carers mental and physical health](#), Iriss, 2020

⁴⁴⁸ [UK Census 2021 census maps – provision of unpaid care \(age-standardised\)](#), ONS, 2021

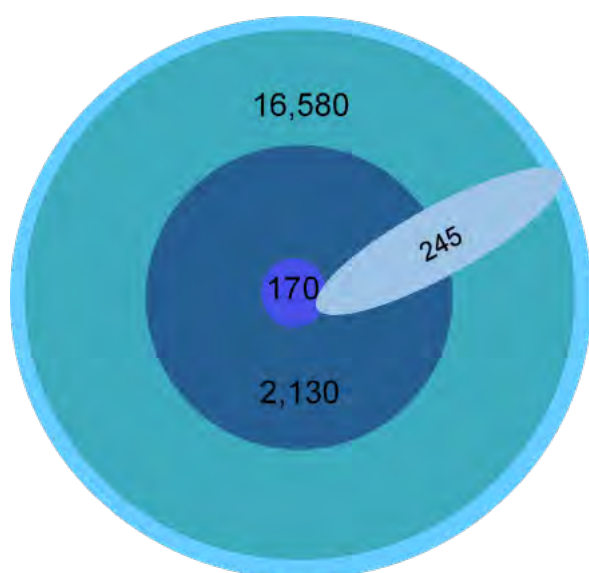
⁴⁴⁹ [Unpaid care by age, sex and deprivation, England and Wales: Census 2021](#), ONS, 2023

⁴⁵⁰ Carers data assessment, Herefordshire Council Intelligence Unit, 2024

disproportionately impacted by the pandemic. The proportion of people providing 20 to 49 hours of unpaid care a week actually increased from 1.3% to 1.6%, while people providing 50 or more hours of unpaid care a week remained the same at 2.4%. The majority 53% (8,815) of carers provided unpaid care for 19 hours or less a week. Nearly a third of carers 29% (4,810) provide 50 hour or more of unpaid care a week.⁴⁵¹

The Community Wellbeing Survey found that 23% of Herefordshire adults provided some level of unpaid care in 2021, decreasing to 21% in the 2023 survey. Considering the Carers UK estimate of one in five adults, the Community Wellbeing Survey estimates are much more likely to be closer to the true figure. The decrease in the proportion of adults providing care between the 2021 and 2023 surveys likely partly reflects the lifting of pandemic restrictions in the intervening period. In the council's adult social care data system, around 150 carers have been recorded that they have been in contact with the council in the last 12 months. Figure 97 visually presents these varying estimates of the number of unpaid carers residing in Herefordshire.⁴⁵²

Figure 97 Estimates of the number of residents who provide unpaid care in Herefordshire⁴⁵³



There were more females (9,940 – 60%) providing unpaid care than males (6,640 - 40%). Similar to nationally, the majority of these carers were aged 50 years or older. Women are more likely to become carers and to provide more hours of unpaid care than men.⁴⁵⁴ More women than men also provide high intensity care at ages when they would expect to be in paid work.⁴⁵⁵ The highest number of hours (50 hours and more) of unpaid care was provided by residents aged 65 years and older - 4,966 (30%) unpaid carers. With an ageing population, it is also likely that in the future more high level care will be needed and for longer.⁴⁵⁶ Similar to nationally, the majority of the unpaid carers aged 16 and over were straight/heterosexual (91%) and 2% belonged to gay, lesbian, bisexual or other sexually

⁴⁵¹ Carers data assessment, Herefordshire Council Intelligence Unit, 2024

⁴⁵² Carers data assessment, Herefordshire Council Intelligence Unit, 2024

⁴⁵³ Note. The outermost ring without a value represents the total number of unpaid carers in Herefordshire that is unknown.

⁴⁵⁴ Carers data assessment, Herefordshire Council Intelligence Unit, 2024

⁴⁵⁵ Carers UK – [Key facts and figures about caring](#)

⁴⁵⁶ [Carer Facts – why investing in carers matters](#). NHS England.

orientations community.⁴⁵⁷ Using the 2011 census data, the highest proportion of residents providing unpaid care were found in The Slip (17% of residents), Greater Weobley and Greater Mathon (both 16% of residents) areas of the county. The highest proportions of residents not providing any unpaid care were found in Hereford City Centre (94% of residents) and the Putson area of Hereford (93% of residents).

In Herefordshire, a half of carers were economically active and in employment, while 45% of were economically inactive, 1% each were students who were unemployed or in full time education. This was similar to national picture. According to the 2021 Census, one in ten (10% - 1,180) unpaid carer households in Herefordshire did not have the access to a private vehicle (a car or a van) compared to one in five (19%) nationally. Just below a third of unpaid carer households live in a rented accommodation, 13% in private and 16% in social rented accommodation, compared to 10% and 21% nationally. Recently, carers have been disproportionately impacted by the cost-of-living crisis, partly because their caring responsibilities limit their employment and earnings opportunities and cost-of-living pressures exasperate existing disadvantage with respect to educational and social opportunities. Carer's Allowance is the lowest benefit of its kind at only £76.75 per week (2023/24 rates) for providing a minimum of 35 hours of care. An inflexible and strict earnings limit with the benefit hinders carers' ability to work extra hours to make ends meet. Carers often bear additional costs of caring which are not met but existing benefits. The Caring for Others survey 2021 reported that 43% of carers were having some financial difficulties in Herefordshire. According to the recent data, there were 2,125 people who claimed carers allowance in May 2023, 140 more claimants since the beginning of the pandemic (February 2020). Compared to nationally, there were more people aged 50 years and over claiming carers allowance.⁴⁵⁸

Due to the longer hours of caring responsibilities, carers often do not get to do things that they enjoy. According to the 2021 Caring for Others survey, a large majority (91%) of Herefordshire's carers didn't have the time to do things they value or value and they had little or no control over their daily life (88%). Increasing hours of care often results in the general health of carers deteriorating incrementally. Unpaid carers who provide high levels of care for sick, or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities, with nearly 21% of carers providing over 50 hours of care, in poor health compared to nearly 11% of the non-carer population.⁴⁵⁹ The 2021 census revealed that the majority (72%) of unpaid carers in Herefordshire were recorded to have very good or good health and 21% (3,430) were fairly healthy, while 7% (1,180) look after someone while their general health was bad or very bad. Nearly a half of these carers (565) even provide care for 50 hours or more a week. There is a similar picture for England and Wales in terms of the general health of unpaid carers. Whilst the majority of the unpaid carers were not disabled, 28% (4,615) were disabled under the Equality Act. Almost a half of these carers (1,705) provide 50 or more hours of unpaid care a week. This is similar to the proportions reported for England and Wales. The Caring for Others survey for Herefordshire found that 40% adult carers reported being affected by at least one these conditions; tiredness, disturbed sleep, depression, stress, irritability, and physical strain. As of July 2020 there were 160 patients listed on Herefordshire GP mental health registers who are also recorded as

⁴⁵⁷ Carers data assessment, Herefordshire Council Intelligence Unit, 2024

⁴⁵⁸ Carers data assessment, Herefordshire Council Intelligence Unit, 2024

⁴⁵⁹ [Carer Facts – why investing in carers matters](#). NHS England.

being a carer.⁴⁶⁰ In Herefordshire, the 2023 Community Wellbeing Survey found that carers were among those groups reporting the highest anxiety levels (34% vs 28% 'high' for the general population). The Personal Social Services Carers Survey (which uses a different definition of 'carer' to the census) estimated that in 2021/22, 27.7% of adult carers (aged 18 or over) in Herefordshire had as much social contact as they would like, a similar proportion as for the West Midlands region (29.4%) and England (28%). With respect to older adult carers, 32.4% of adult carers aged 65+ years in Herefordshire had as much social contact as they would like, also similar to West Midlands (30.3%) and England (28.8%).⁴⁶¹

Data on the number of Herefordshire carer patients who had their assessment with and received treatment from the NHS Talking Therapies for Anxiety and Depression service (formerly known as Improving Access to Psychological Therapies, IAPT from 2022 to 2024 are reported in Table 37.

Carer status	Total Assessed	Assessed and a clinical case	Assessed with Depression	Assessed with Anxiety	Number that went on to receive Treatment
Not a Carer					
2022	2699	2491	2196	2347	1611
2023	2430	2227	1995	2082	1334
2024	820	742	668	686	273
Carer					
2022	92	85	76	82	58
2023	61	57	52	53	30
2024	27	22	21	21	11

Table 37 Number of carer patients who had their assessment with and received treatment from the Talking Therapies service between 1st January 2022 and 30th April 2024

Between 2022 (91) and 2023 (61), there was a decline in the total number of carers assessed as well as a decline in the number of clinical cases, depression, anxiety, and those that went on to receive treatment. When the data from the first four months of 2024 are projected for the full year, there is an increase in the number of patients assessed and diagnosed with a mental health condition.

3.19. Adults from the agricultural community

- Past surveys among farmers indicated that most believed that mental ill-health was the biggest problem in agriculture. In one survey, while 64% of farmers felt positive about their physical health, only 55% felt positive about their mental health. Mental ill-health in farmers can also affect animal-welfare or cause farmers to leave the industry altogether.⁴⁶²
- In 2020/21, a survey of 15,000 farmers, farm workers, contractors, and their households found the farming community had a lower level of average mental well-being compared to the whole UK population, 36% of respondents had mental wellbeing scores that were sufficiently low to cause concern, 21% were probably

⁴⁶⁰ Carers data assessment, Herefordshire Council Intelligence Unit, 2024

⁴⁶¹ [Personal Social Services Survey of Adult Carers in England, 2021-22](#), NHS Digital, 2022

⁴⁶² [MH0032 - Mental Health Risks to Farmers in the UK](#), Forbes, V.K., 2023

depressed and a further 15% were possibly depressed. 47% of respondents were experiencing some form of anxiety, including moderate (12%) or severe levels of anxiety (6%). Women were more likely to be depressed and anxious, while people involved in livestock-farming were most likely to report poor mental wellbeing.⁴⁶³

- Evidence from several studies across multiple countries suggest farmers have higher levels of mental ill health than non-farmers, with studies possibly underestimating levels of mental ill-health in farming as farmers can be hard to reach and depressed individuals may be less likely to participate.⁴⁶⁴
- Drivers of mental ill health among farmers can be categorised as farm stressors, contextual stressors, and barriers to support. Within these driver categories are factors including financial difficulties, policy changes and paperwork, poor work-life balance, poor physical health, traumatic events, community pressure, and negative public perception.⁴⁶⁵
- Farmers may be less likely to discuss their mental health, have a lack of awareness of symptoms of mental ill-health, and may wish to maintain anonymity, all of which might decrease help-seeking. Community support can be particularly effective as farmers trust other farmers to understand their issues. Families can also be a source of support, with having a spouse being found to reduce mental ill-health. However, some farmers feel pressure to support their families and while both men and women experience mental ill health, higher male suicide rates may be linked to stoic attitudes and stigma that prevent help-seeking. Changes in farming have resulted in larger, fewer, farms that have fragmented the community and decreased sense of belonging, which can protect against mental ill health such as depression.⁴⁶⁶

Agriculture, forestry and fishing' is the largest industry in Herefordshire in terms of numbers of businesses, accounting for 2,245 enterprises in 2023 (2018) or 21.2% of all enterprises in Herefordshire.⁴⁶⁷ According to the Business Register and Employment Survey 2022, around 11,000 people in Herefordshire work in agriculture and forestry, accounting for 12.2% of all employment; of these 5,000 are employees.⁴⁶⁸ Nationally it is recognised that there is a need for a better understanding of the nuances surrounding the mental health of farmers and farm workers and that more and better data are needed, especially regarding the prevalence of mental health problems in seasonal migrant workers and the barriers to accessing help faced by the sector as a whole. Given the importance of farming to Herefordshire's economy and the number of people in the county employed in farming-related occupations, this need is particularly acute.

The agricultural subgroup of the Advancing MH Equality Collaborative is formed from several local mental health stakeholders, including Herefordshire and Worcestershire Health and Care Trust, We are Farming Minds, Healthwatch, Worcestershire Council public health, and primary care provider Taurus Healthcare. Their review of national data and reports found that there is over one suicide a week in the agricultural community, depression prevalence ranging from 30-50% and anxiety prevalence ranging from 50-75%. Working age (16-64)

⁴⁶³ [Rural Mental Health - Fourth Report of Session 2022–23](#), House of Commons Environment, Food, and Rural Affairs Committee, 2023

⁴⁶⁴ [MH0032 - Mental Health Risks to Farmers in the UK](#), Forbes, V.K., 2023

⁴⁶⁵ [MH0032 - Mental Health Risks to Farmers in the UK](#), Forbes, V.K., 2023

⁴⁶⁶ [MH0032 - Mental Health Risks to Farmers in the UK](#), Forbes, V.K., 2023

⁴⁶⁷ [Business Register and Employment Survey 2018](#), Office for National Statistics, 2019.

⁴⁶⁸ [Business Register and Employment Survey 2022](#), Office for National Statistics, 2023

mental health and wellbeing poor when contrasted with those over 65 (and when compared to wellbeing scores of general population). Like the general population, mental health problems are more common among females than males, with women between ages of 25-54 particularly at risk of low mental wellbeing. 92% of farmers under 40 years of age rate mental health as the biggest hidden problem faced by farmers, which frequently goes unrecognised. Farmers on average work 65 hours per week, 11% never take a holiday, and 10% never take part in off-farm activities, with a third hardly ever leaving their farms.⁴⁶⁹ They experience poor physical health and present late to services. Sources of stress include agricultural regulation and inspection, unpredictable weather and climate change, financial instability, and isolation and loneliness. Barriers to accessing support include digital poverty, challenging primary care access, inability to prioritise their own health needs, the constraints associated with self-employment, and challenges of rurality and lack of infrastructure. There is also significant stigma associated with mental health problems, with a culture of pride among members of agricultural communities, the challenge of living in small communities, not feeling understood, and perceived risk to maintaining their gun and driving licenses.⁴⁷⁰

3.20. Gypsy, Roma, and Traveller (GRT) adults

- The terms 'Gypsy, Roma, and Traveller' are variously used to describe a wide range of ethnic groups or people who have nomadic ways of life as part of their historic and present-day practice. Romany Gypsies, Welsh Gypsies, Irish Travellers and Scottish Gypsy Travellers all have protected ethnic status under the Equality Act, 2010. GRT communities have been described as some of the most vulnerable and marginalised ethnic groups in British society, as reflected by poor access to education, poor health, unequal access to services, and experiences of multiple and acute forms of social exclusion.⁴⁷¹
- Gypsy, Roma, and Traveller communities face some of the starkest inequalities in healthcare access and outcomes amongst the UK population, including when compared with other minority ethnic groups. Research has highlighted the 'ripple effect' of hate crime on Gypsy and Traveller mental health, finding that being a victim of hate crime has a greater impact on the emotional wellbeing of victims than non-hate crimes, and may be linked to and exacerbate the risk of suicide. However, being less likely to access health services than the general population results in a lack of statistical information about the prevalence and perceptions of mental health problems within these communities in the UK.⁴⁷²
- Evidence also indicates the existence of cultural taboos regarding mental health, causing some people to feel unable to seek help within the community and finding extended family structures hindering engagement with mental health services. It is therefore difficult to accurately assess the full extent of mental health issues experienced by Gypsies and Travellers, a problem which is significantly exacerbated

⁴⁶⁹ Advancing Mental Health Equality Collaborative Agricultural + rural communities project team, Herefordshire and Worcestershire Health and Care NHS Trust, 3-part data review summary

⁴⁷⁰ Advancing Mental Health Equality (AMHE) Collaborative Agricultural Sub-group, progress update January 2024

⁴⁷¹ [Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities, Identifying Best Practice](#), The NHS Race & Health Observatory, 2023

⁴⁷² [Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities, Identifying Best Practice](#), The NHS Race & Health Observatory, 2023

by the lack of ethnic monitoring of Gypsies and Travellers within categories of service users accessing health services.⁴⁷³

- Perceived causes of mental distress among GRT women included many factors such as present and future accommodation worries, poverty, childcare and giving birth, keeping up with cleanliness in trailers, living close to other families, and bereavement, the latter having a particularly strong impact within close communities.⁴⁷⁴
- The reasons for these poor physical and mental health outcomes are complex and include the effects of wider social determinants of health. A study summarised several themes that emerged from focus groups conducted with organisations providing mental health support to Gypsy and Traveller communities. These include shame and stigma which prevented open discussion and engagement with services, a need for more initiatives targeted at men, and structural barriers to accessing support including low literacy levels, lack of cultural awareness and training (including literacy and vocational training), the gender of mental health services staff lack of adapted or specialist services developed and absence of health and social care professionals from Gypsy, Traveller, and Roma communities.⁴⁷⁵
- Another theme was policy, with more funding needed to support efforts to provide mental health and bereavement services to GRT communities and a need for GRT focus in national and local plans for mental health and suicide prevention. Creative approaches to mental health was the final theme, with a need to educate, prepare, and support parents regarding how to approach mental health in young people while also supporting young people in coping with mental health of parents and other family members. The use of arts as part of community mental health was particularly celebrated in Ireland, while reaching young people in creative ways, including positive use of social media, seemed valued.⁴⁷⁶

There has been a large travelling community in Herefordshire for hundreds of years. In the 2021 census, 374 persons identified as Gypsy or Irish Traveller, 0.2% of the population. However, local information suggests that there are roughly 5,000 GRT people living in the county, the majority of Romany heritage. Herefordshire Council currently run and manage six sites for Travellers across the county:

- Romany Close, Grafton, Hereford: 10 pitches.
- Croft Lane, Luston, Leominster: 10 pitches.
- Open Fields, Linton, Bromyard: 12 pitches.
- Watery Lane, Lower Bullingham, Hereford: 11 pitches.
- Tinkers Corner, Near Bosbury: 7 pitches.
- Turnpike, near Pembridge/Shobdon: 6 pitches.

⁴⁷³ [Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities. Identifying Best Practice](#), The NHS Race & Health Observatory, 2023

⁴⁷⁴ [Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities. Identifying Best Practice](#), The NHS Race & Health Observatory, 2023

⁴⁷⁵ [Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities. Identifying Best Practice](#), The NHS Race & Health Observatory, 2023

⁴⁷⁶ [Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities. Identifying Best Practice](#), The NHS Race & Health Observatory, 2023

There appears to be very little in the way of local data available regarding the mental health of Gypsies and Travellers and their experience of interaction with local mental health services. Anecdotally, the GRT community are considered a closed community, described as its greatest strength as well as its greatest weakness. Most of the community find it difficult to trust outsiders. Men in the community would generally not register and not attend health appointments. Historic values in the community generally follow the premise that women are stay at home mothers whose role is to bring up the children, cook and clean. They generally would not go out to work though this is slowly changing. Mothers also generally claim benefit as single parents; when their children reach five years of age the Department for Work and Pensions expects them to look for work. In response to this, some GRT mothers become carers for family members, while others visit their GP and report problems with anxiety and depression. A number of local GRT women also suffer with poor mental health due to loneliness and isolation. Families who might engage with services such as the Council's Traveller Education Team are among the most vulnerable in the community. Over 90% of them live in houses and 99% are settled, only travelling during the summer.⁴⁷⁷

3.21. Homeless and rough sleeping adults

- People experiencing homelessness include people sleeping rough, temporary residents of temporary accommodations (e.g. hostel, B&B, hotels, etc.), are obliged to temporarily stay with others, are squatting, are newly homeless, or have a history of homelessness and are at high risk of becoming homeless again.⁴⁷⁸ Rough sleepers are defined as people planning to, or actually, lying down or sleeping in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). They are also people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, or stations).⁴⁷⁹
- An estimated 3,069 people slept rough on a single night in autumn 2022, an increase of 26% on the number in autumn 2021. There was a downward trend in the number of people sleeping rough from 2017 to 2021, but the number of rough sleepers in 2022 was 74% higher than the number in 2010 (1,770 people). The most frequently reported support need amongst people seen rough sleeping in 2021/22 was mental health (50% of those assessed), while interviews from 2020 found that 82% had a mental health vulnerability.⁴⁸⁰ Common mental health conditions – such as depression, anxiety, and panic disorder – are over twice as high among homeless people, with psychosis up to 15 times as high. Research shows people are around 50% more likely to have spent over a year sleeping rough if they are also experiencing mental ill health.⁴⁸¹
- Six out of 10 (61%/3,071) homeless service users classify as 'lonely', three times the proportion of over 52s in the UK, a group most associated with being most lonely in society. Past research by homeless charity Crisis found that over half (53%) of homeless people interviewed said that being homeless had destroyed their self-esteem and self-confidence, with isolation and loneliness continuing after individuals

⁴⁷⁷ Traveller Education Team, Herefordshire Council, 2024

⁴⁷⁸ [Integrated health and social care for people experiencing homelessness](#), National Institute for Health and Care Excellence, 2022

⁴⁷⁹ [Homelessness data: notes and definitions](#), UK Government, 2018

⁴⁸⁰ [Rough sleeping \(England\)](#), House of Commons Library, 2023

⁴⁸¹ [Rough sleepers in homeless hotspots to benefit from NHS mental health support](#), NHS England, 2023

have been rehoused due to lacking contact with family members, friends, and being a part of a larger community.⁴⁸²

- In a qualitative study across six cities in England, GPs spontaneously identified housing issues when discussing factors involved in their patients' mental health presentations, both as a sole cause and an exacerbating factor of existing mental health conditions. Where housing was seen as the sole cause of mental health conditions, the most commonly cited conditions were anxiety and depression. Where patients presented with a mental health condition that was linked to problems with housing, the GPs self-identified a knowledge and support gap. The impact upon mental health from both general (condition of properties, affordability of rented housing, insecurity of tenancies) and specific (like damp within properties, benefit changes, and eviction from private rented accommodation) housing issues were referenced by a number of GPs as well as coinciding financial pressures.⁴⁸³
- A quantitative study found that for those who had had housing problems and/or worries in the previous five years, anxiety and depression were the most frequently cited mental health conditions when prompted. One in five people surveyed (20.7%) indicated that they had had a housing problem or worry in the last five years, which they identified as having had a negative impact upon their mental health. The research also found that 5.8% of the sample had visited their GP in the previous years with a physical or mental health issue that they linked to problems with housing, primarily the affordability of rental and mortgage payments, and the condition of their properties.⁴⁸⁴

Fortunately, Herefordshire has lower rates of statutory homelessness⁴⁸⁵ than other parts of the country and the West Midlands region; in 2017/18, 0.6 per 1,000 households compared to 2.4 per 1,000 in England and 3.3 per thousand in the West Midlands. In 2017/18, the rate of households who are eligible homeless people who were assessed by their local authority but deemed to be not in priority need was 0.1 per 1,000 households in Herefordshire, statistically significantly less than the West Midlands, (1.1) and England (0.8) rates.⁴⁸⁶ There were a total of 1,328 households eligible for prevention or relief duty during 2022-23 threatened with homelessness or homeless, of whom it is estimated that a third (445 households) have a history of mental health problems.⁴⁸⁷ In 2022/23, there were 110 households in temporary accommodation in Herefordshire for a rate of 1.3 per 1,000, significantly lower than the England rate of 4.2 per 1,000.⁴⁸⁸ However, Herefordshire does have a higher rate of households owed a prevention or relief duty under the Homelessness Reduction Act when compared to England (15.4 per 1,000 vs. 12.4). Prevention duties include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duties are owed to households that are already

⁴⁸² [‘I was all on my own’: experiences of loneliness and isolation amongst homeless people](#), Crisis, 2015

⁴⁸³ [The impact of housing problems on mental health: Findings of a research project between Shelter and ComRes](#), Shelter, 2017

⁴⁸⁴ [The impact of housing problems on mental health: Findings of a research project between Shelter and ComRes](#), Shelter, 2017

⁴⁸⁵ Statutory homeless are defined as households who are eligible, unintentionally homeless and in priority need, for which the local authority accepts responsibility for securing accommodation under part VII of the Housing Act 1996 or part III of the Housing Act 1985.

⁴⁸⁶ [Statutory homelessness - Eligible homeless people not in priority need](#), OHID, 2018

⁴⁸⁷ [Homelessness statistics](#), Ministry of Housing, Communities & Local Government, October 2023

⁴⁸⁸ [Homelessness: households in temporary accommodation](#), OHID Fingertips, 2023

homeless and require help to secure settled accommodation.⁴⁸⁹ Herefordshire's rate remains higher than England when the main applicant is aged 16-24 years, when they are aged 55 years and over, or when they are households with dependent children.⁴⁹⁰ Data from May 2024 show Herefordshire had one new rough sleeper for a single night, five new rough sleepers for over a month, three people sleeping rough for a single night, 14 people sleeping rough over a month, three people experiencing long term rough sleeping, and three people returning to rough sleeping. Numbers of rough sleepers across categories have generally decreased from May 2023, with the exception of the number of people returning to rough sleeping. The Herefordshire Council Rough Sleeper Outreach Team are focusing on reducing long term rough sleeping, which accounts for the majority of people residing on the streets in the county, with a target to reduce the number of long term rough sleepers to less than five by end of March 2025.⁴⁹¹

In Herefordshire, the majority of households seeking housing help are single person households, but only marginally so. The majority of households seeking help are between the ages of 35 and 64 years. Significant numbers of households seeking help identify a support need or more than one support need, with a history of mental health issues being the highest declared support need. Substance use is also significant, but less than half of those relating to mental health issues.⁴⁹²

In 2019, Herefordshire's Homeless Link Health Needs Audit was used to capture the health needs data of people who were/are sleeping rough, sofa surfing, otherwise chaotically housed, or living in specialist supported accommodation. Audits were undertaken through face-to-face interview by Home Group, Supported Housing for Young People Project (SHYPP) and Herefordshire Council's Outreach Service (HCOS). There were 102 completed audits. The majority of respondents were male (82%), White British (92%) and the average age was 34.5 years. Participants were sleeping in a hostel or supported accommodation (n=43; 42%), in emergency accommodation (n=23, 23%), rough on the streets or in a park (n=15, 15%) or on someone's sofa/floor (n=14, 14%). Six percent of respondents did not have recourse to public funds. It also found backgrounds were in institutions, including prison, local authority care, and mental health admissions, were common. The majority of respondents identified the cause of their most recent homelessness to be related to the loss of their individual personal support networks.⁴⁹³

The audit found that participants experience high levels of stress, anxiety and other signs of poor mental health. Overall 76% of respondents reported a mental health problem/behaviour condition. Dual diagnosis (severe mental health issue and substance misuse) was reported by 18% (18 people, 78% of whom were told in the last 12 months); 14% reported psychosis (of whom 71% were told in the last 12 months). Just under half of those with a mental health problem felt that they were not receiving treatment that they would benefit from, this included respondents with severe mental health conditions and common mental health conditions.⁴⁹⁴

⁴⁸⁹ [Homelessness: households owed a duty under the Homelessness Reduction Act](#), OHID Fingertips, 2023

⁴⁹⁰ [Public health profiles](#), OHID Fingertips

⁴⁹¹ Herefordshire Council Housing

⁴⁹² [Herefordshire Homelessness Prevention and Rough Sleeping Strategy 2020-2025](#). Herefordshire Council, p.20.

⁴⁹³ [Herefordshire's Homeless Link Health Needs Audit](#), Herefordshire Council, February 2019, pp.2-3.

⁴⁹⁴ [Herefordshire's Homeless Link Health Needs Audit](#), Herefordshire Council, February 2019, p.3.

43% of respondents did not use drugs, 15% used cannabis only and 42% used Class A, prescription or other non-cannabis drugs. 25 people identified themselves as having a drug problem or being in recovery, of which 32% felt they would benefit from more treatment. Approximately half of respondents drank frequently (from almost every day to once or twice a week). Those that drank, drank on average 10.7 units on a typical day.⁴⁹⁵

From 2015/16 to 2019/20, 209 offences were recorded involving the keyword 'homeless'. A keyword search was used due to there being no marker that specifies homelessness. No offences relating to homelessness recorded a mental health marker. Overall offences with the keyword 'homeless' increased over the five year period by 113% (n = 27). September 2019 to October 2020 recorded a slight decrease in offences when comparing to the previous period (see Table 38).⁴⁹⁶

Offence Group	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	Total	Percentage
Violence Without Injury	5	11	15	17	15	63	30%
Violence With Injury	5	7	6	14	4	36	17%
All Other Theft Offences	7	7	5	9	3	31	15%
Other Crimes Against Society	0	7	6	3	11	27	13%
Criminal Damage & Arson	0	1	3	5	10	19	9%
Theft from Person	1	0	2	2	4	9	4%
Burglary - Residential	2	1	0	1	2	6	3%
Shoplifting	0	1	4	0	0	5	2%
Burglary - Business and Community	1	1	0	2	0	4	2%
Rape	1	0	2	0	0	3	1%
Bicycle Theft	1	0	0	0	1	2	1%
Other Sexual Offences	0	0	1	0	1	2	1%
Vehicle Offences	0	0	1	0	0	1	0.5%
Personal Robbery	1	0	0	0	0	1	0.5%
Total	24	36	45	53	51	209	100%

Table 38 Number of offences recorded involving the keyword 'homeless'

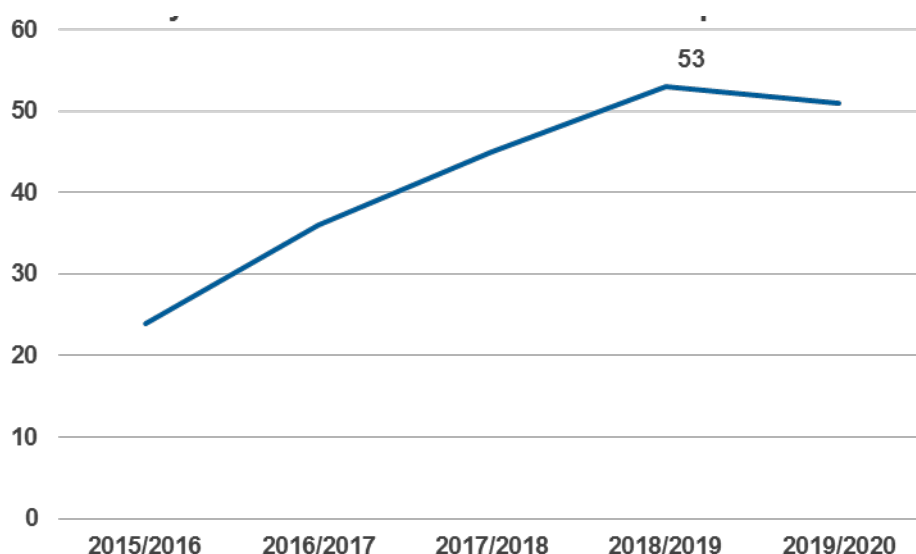
Mental health keywords have not been applied consistently over the five year period. Thus, of the 209 offences involving the keyword 'homelessness', a total of 25 also involved use of mental health keywords (see Figure 98).⁴⁹⁷

⁴⁹⁵ [Herefordshire's Homeless Link Health Needs Audit](#), Herefordshire Council, February 2019, p.3.

⁴⁹⁶ Herefordshire Mental Health Overview October 2015 to September 2020, West Mercia Police, 2020

⁴⁹⁷ Herefordshire Mental Health Overview October 2015 to September 2020, West Mercia Police, 2020

Figure 98 The changing volume of recorded crimes with a 'homelessness' keyword between October 2015 and September 2020



The keyword 'mental health' was recorded 13 times between October 2015 and September 2020. 'Depression', 'anxiety', and 'suicidal' were all recorded three times. 'Self harm' was recorded twice and 'panic attack' once (see Table 39).⁴⁹⁸

Keyword	Total
Mental Health	13
Depression	3
Anxiety	3
Suicidal	3
Self Harm	2
Panic Attack	1
Total	25

Table 39 Incidence of mental health keywords in recorded offences between 2015/16 and 2019/20

3.22. Adult migrants, refugees, and asylum seekers

- Migration represents a major life transition, with some refugee and migrant groups experiencing benefits for their mental health and well-being. However, other groups may be at an increased risk of mental health conditions, including depression, anxiety and psychosis. Potential consequences of these conditions include premature death by suicide, physical ill health and loss of economic productivity.⁴⁹⁹ In the UK, refugees are five times more likely to have mental health needs than the general population, but less likely to receive support.⁵⁰⁰
- Almost all people who have been affected by emergencies will experience psychological distress. The World Health Organization (WHO) also found that the prevalence of depression and anxiety is more than doubled in a humanitarian crisis, 1 in 5 people who have experienced war or conflict in the past 10 years will have

⁴⁹⁸ Herefordshire Mental Health Overview October 2015 to September 2020, West Mercia Police, 2020

⁴⁹⁹ [Mental health of refugees and migrants: risk and protective factors and access to care](#), World Health Organization, 2023

⁵⁰⁰ [UK Asylum System and Asylum Seekers' Mental Health](#), Kate Osamor at UK Parliament, 2021

depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia, while 1 in 11 will have a moderate or severe mental health disorder.⁵⁰¹

- In some contexts, refugees and migrants are at risk of developing mental disorders owing to a cluster of migration-specific stressors (e.g. a difficult migration journey), in addition to more general stressors (e.g. exposure to socioeconomic adversity). Particularly vulnerable groups include refugees and victims of trafficking, those who have experienced conflict, potentially traumatic events and major losses.⁵⁰²
- Barriers to mental health services include lack of cultural awareness and competence among providers and a lack of language-appropriate services. Family and community support may also be disrupted by migration. A recent review found complex and mixed patterns of risk and protective factors and of facilitators and barriers to care at all levels (individual, family, community and national government). Five high level themes emerged: self-identity and community support, basic needs and security, cultural concepts of mental health as well as stigma, exposure to adversity and potentially traumatic events, and navigating mental health and other systems and services.⁵⁰³

Up to the year ending March 2024, Herefordshire had 929 immigrant arrivals across Homes for Ukraine (784), Afghan Resettlement Programme (100), and Supported Asylum seekers (45) pathways. This represents 0.49% of the County's 188,719 population.⁵⁰⁴

In Herefordshire, many Eastern European migrants are employed as farm workers or in food production facilities and thus face additional risk factors associated with those occupations. Furthermore, as the 2020 outbreak of coronavirus at a farm in Mathon has shown, these are largely self-contained communities within communities and have health needs that are quite discrete from those of the host population. Thus there may be a case for dedicated health, including mental health support. Of 18,200 individuals recorded on Herefordshire GP lists as having a mental health illness and/or depression in 2020, the first language is recorded for almost 8,300, 95% of which had English as their first language. In total there were 300 individuals whose first language was not English over half of whom spoke Polish.

3.23. Adults living with long-term health conditions and disability

- In 2018 it was estimated 16.5 million (30% of people in England) had one or more long-term conditions (LTCs), such as cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes, and musculoskeletal disorders.⁵⁰⁵ More working-age people are self-reporting long-term health conditions, with 36% saying that they had at least one long-term health condition in Quarter 1 (Jan to Mar) 2023, up from 31% in the same period in 2019 and 29% in 2016.⁵⁰⁶

⁵⁰¹ [Mental health: migrant health guide](#), Office for Health Improvement and Disparities, 2022

⁵⁰² [Mental health of refugees and migrants: risk and protective factors and access to care](#), World Health Organization, 2023

⁵⁰³ [Mental health of refugees and migrants: risk and protective factors and access to care](#), World Health Organization, 2023

⁵⁰⁴ [Regional and Local authority data on immigration groups](#), Home Office and Department for Levelling Up, Housing and Communities, 2024

⁵⁰⁵ [The Improving Access to Psychological Therapies \(IAPT\) Pathway for People with Long-term Physical Health Conditions and Medically Unexplained Symptoms](#), NHS England and NHS Improvement, 2018

⁵⁰⁶ [Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023](#), ONS, 2023

- Over 1.35 million (53%) of those inactive because of long-term sickness reported that they had depression, bad nerves or anxiety in Quarter 1 2023, with the majority (over 1 million) reporting it as a secondary health condition rather than their main one.⁵⁰⁷ People who live with long-term physical conditions are twice as likely to have poor mental health as those who do not.⁵⁰⁸ Around 40% of people with depression and anxiety disorders also have a LTC, while around 30% of people with an LTC and 70% with medically unexplained symptoms (persistent physical symptoms such as irritable bowel syndrome) will also experience a comorbid mental health problem.⁵⁰⁹ It is highly likely that this has increased further during the COVID-19 pandemic.⁵¹⁰
- Having a long-term condition affects people's mental health in a number of ways, including coming to terms with the illness and its effects; living with it day-to-day, and for many years; the burden of having to go through repeated appointments, treatments and procedures; and the effects on people's relationships. People's experiences vary according to a number of factors, such as age, racial discrimination, poverty and financial difficulty, and fluctuating and progressive conditions.⁵¹¹
- If left untreated, mental health problems can have a significant impact on the person's physical health, including lowering the likelihood of engagement with treatment for physical health problems, increasing the likelihood of unhealthy behaviours, and worsening physical health.⁵¹²
- Recent research has shown that LTC status has a negative effect on mental health outcomes of recovery, reliable improvement, distress, and functioning for patients of Improving Access to Psychological Therapies (IAPT) services. This is independent of associated variables such as severity of baseline mental health symptoms, ethnicity, and social deprivation.⁵¹³
- Adults with disabilities more often report depression and anxiety, reduced health care access, and health-related risk behaviours than do adults without disabilities. A 2018 USA study found the prevalence of reported mental distress (14 or more self-reported mentally unhealthy days in the past 30 days) among those with disabilities (32.9%) was 4.6 times that of those without disabilities (7.2%). Among adults with disabilities, those with both cognitive and mobility disabilities most frequently reported mental distress (55.6%). Adults living below the federal poverty level reported mental distress 70% more often than did adults in higher income households.⁵¹⁴
- UK data from 2019 found disabled people's average ratings were lower than those for non-disabled people for happiness, worthwhile and life satisfaction measures.

⁵⁰⁷ [Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023](#), ONS, 2023

⁵⁰⁸ [Ask How I Am: Supporting emotional health among people living with long-term conditions](#), National Voices, 2021

⁵⁰⁹ [The Improving Access to Psychological Therapies \(IAPT\) Pathway for People with Long-term Physical Health Conditions and Medically Unexplained Symptoms](#), NHS England and NHS Improvement, 2018

⁵¹⁰ [Ask How I Am: Supporting emotional health among people living with long-term conditions](#), National Voices, 2021

⁵¹¹ [Ask How I Am: Supporting emotional health among people living with long-term conditions](#), National Voices, 2021

⁵¹² [The Improving Access to Psychological Therapies \(IAPT\) Pathway for People with Long-term Physical Health Conditions and Medically Unexplained Symptoms](#), NHS England and NHS Improvement, 2018

⁵¹³ Seaton N, Moss-Morris R, Norton S, Hulme K, Hudson J. [Mental health outcomes in patients with a long-term condition: analysis of an Improving Access to Psychological Therapies service](#). *BJPsych Open*. 2022 Jun 1;8(4):e101. doi: 10.1192/bjo.2022.59.

⁵¹⁴ Cree RA, Okoro CA, Zack MM, Carbone E. Frequent Mental Distress Among Adults, by Disability Status, Disability Type, and Selected Characteristics — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2020;69:1238–1243. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a2>

Average anxiety ratings were higher for disabled people at 4.27 out of 10, compared with 2.66 out of 10 for non-disabled people. Disabled people with a mental impairment as a main health problem had the poorest well-being ratings, while those with more severe impairments also had poorer well-being ratings. The proportion of disabled people (13.3%) who reported feeling lonely “often or always” was almost four times that of non-disabled people (3.4%), with the greatest disparity for young adults (16-24 years).⁵¹⁵

According to the 2021 census, around 34,800 Herefordshire residents (17%) reported having any physical or mental health conditions or illnesses lasting or expected to last 12 months or more – a similar proportion to nationally (18%).⁵¹⁶ However, compared to England, Herefordshire has a higher proportion of people with long standing health conditions (58.4% vs. 56.1%).⁵¹⁷ In 2022/23, Herefordshire had a higher proportion of the population with a physical or mental long term health condition in employment (aged 16 to 64 years) as compared to England (72.9% vs. 65.3%)⁵¹⁸ and also a smaller percentage point gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64 years) and the overall employment rate (3% vs 10.4%).⁵¹⁹

In the 2018 Herefordshire Quality of Life Survey, 38% of respondents reported having long-standing illness, disability or infirmity with some respondents having multiple issues. Particular conditions included 53% who had progressive or chronic illness, such as cancer, COPD, diabetes, heart problems, or asthma and 41% had problems which affect mobility - arthritis, back, hip or knee problems. There was also an indication that those who are disabled/have a long-term illness had lower life satisfaction scores, lower happiness scores and higher levels of anxiety.⁵²⁰

In a 2023 survey of its members by Herefordshire Board Gamers, eight out of 31 (26%) of respondents reported having a long-standing physical condition or illness, and of these six out of eight (or three thirds, 75%) reported having a long-standing mental health condition, disorder, or illness. In a second survey from 2024, four out of 23 (17%) respondents reported having a physical disability and all of them reported that they also had a mental health condition or mental health disability.

Data on the number of Herefordshire disabled patients who had their assessment with and received treatment from the NHS Talking Therapies for Anxiety and Depression service (formerly known as Improving Access to Psychological Therapies, IAPT) from 2022 to 2024 are reported in Table 40.

⁵¹⁵ [Disability, well-being and loneliness, UK: 2019](#), ONS, 2019

⁵¹⁶ [2021 Census health, disability and unpaid care headline results for Herefordshire](#), Herefordshire Council, 2023

⁵¹⁷ [2023 results](#), GP Patient Survey

⁵¹⁸ [The percentage of the population with a physical or mental long term health condition in employment \(aged 16 to 64\)](#), OHID Fingertips, 2023

⁵¹⁹ [Gap in the employment rate between those with a physical or mental long term health condition \(aged 16 to 64\) and the overall employment rate](#), OHID Fingertips, 2023

⁵²⁰ [Feedback](#), Herefordshire Board Gamers

Disability status	Total Assessed	Assessed and a clinical case	Assessed with Depression	Assessed with Anxiety	Number that went on to receive Treatment
Has Disability					
2022	398	372	339	349	230
2023	396	376	356	352	193
2024	136	122	116	112	38
No Perceived Disability					
2022	1833	1689	1463	1601	1111
2023	1708	1556	1360	1449	968
2024	583	525	460	487	205
Unknown					
2022	560	515	470	479	328
2023	387	352	331	334	203
2024	128	117	111	108	41

Table 40 Number of patients with a disability who had their assessment with and received treatment from the Talking Therapies service between 1st January 2022 and 30th April 2024

The number of patients with a disability who had their assessment with the Talking Therapies service remained relatively constant between 2022 (398) and 2023 (396). However, the number of those assessed with a clinical case and with each condition increased in 2023 compared to the previous year. Despite the slight rise in the number of assessments, the number of patients who went on to receive treatment decreased from 230 in 2022 to 193 in 2023.

3.24. Neurodivergent adults

- UK prevalence estimates suggest that autism occurs in around 0.6 to 1.7% of the general population, though this does not account for the proportion who may remain undiagnosed or may go on to be diagnosed later in life.⁵²¹ A recent study suggests there may be as many as 750,000 undiagnosed autistic people aged 20 and above, in England, bringing the total autistic population to over 1.2 million (nearly double the government estimate).⁵²² Autistic individuals are substantially more likely to have a physical or mental health condition than those who are not. Mental health or other neurodevelopmental conditions known to co-occur with autism include anxiety, depression, ADHD, alexithymia, and eating disorders.⁵²³
- Evidence from reviews shows autistic adults may experience poorer quality of life based on lower scores on quality of life measures (though these measures may not be appropriately validated).⁵²⁴ While autism is not a learning disability, around 1 in 3 autistic people have a learning disability and people with a learning disability are 26 times more likely to be diagnosed with autism compared to those without.⁵²⁵ UK evidence suggests lower rates of regular alcohol consumption, binge drinking, smoking and drug use in autistic people compared to the non-autistic people. However, autistic people who reported substance use were more likely to report doing so to manage behaviour or mental health.⁵²⁶

⁵²¹ Ward, R. [863: Autism population health needs assessment: rapid evidence scan](#). The Strategy Unit, 2022

⁵²² [Number of autistic people in England may be twice as high as previously thought](#), UCL 2023

⁵²³ Ward, R. [863: Autism population health needs assessment: rapid evidence scan](#). The Strategy Unit, 2022

⁵²⁴ Ward, R. [863: Autism population health needs assessment: rapid evidence scan](#). The Strategy Unit, 2022

⁵²⁵ [Learning disability and autism](#), Autistica,

⁵²⁶ Ward, R. [863: Autism population health needs assessment: rapid evidence scan](#). The Strategy Unit, 2022

- Autistic individuals experience considerable disparities in access to health and care services (particularly for mental health services), and a lack of support after diagnosis. Common barriers to access to health and care services (including diagnostic services) for autistic individuals include sensory sensitivities, communication difficulties, lack of autism knowledge, and waiting times. Quality and experience of care is also of concern.⁵²⁷
- There is a growing backlog of autism assessments for adults and children in England. In December 2023, there were 172,022 patients with an open referral for suspected autism – the highest number ever reported and a more than five-fold increase since 2019. Patients are also waiting longer for a first appointment after they have been referred: 79% of patients in 2023 with a suspected autism referral had been waiting over 13 weeks without having had a first appointment recorded compared to 44% of patients in 2019. Median wait times for first appointments was over nine months between October and December 2023 compared to over 4 months in 2019.⁵²⁸
- Research has shown that other mental and physical health conditions are more common in people with Attention-Deficit/Hyperactivity Disorder (ADHD), including anxiety, depression, bipolar disorder, substance use disorders, and obesity.⁵²⁹ Past research has suggested as many as 80% of adults with ADHD have at least one coexisting psychiatric disorder, including mood and anxiety disorders, substance use disorders (SUD), and personality disorders,⁵³⁰ while up to 50% of individuals with ADHD have one or more comorbid anxiety disorders.⁵³¹ Recent research suggests anxiety disproportionately increased in neurodiverse adults during the pandemic, while related lockdowns may have provided these individuals a protective environment for depressive symptoms.⁵³²
- ADHD changes with age. While it is thought some children may no longer have impairments as they grow older, the majority (~65%) retain some impairments in adulthood. The prevalence of adult ADHD has been estimated by an American study as 4.4%, while a UK incidence rate of 3-4% has been suggested by NICE guidelines. Therefore, there are an estimated 1.9 million adults with ADHD in the UK.⁵³³
- While there is no national data on referrals or waiting times for ADHD assessments, a 2023 survey found that, of the respondents who were waiting for an NHS ADHD assessment, 24% had been waiting between one and two years and 10% had been waiting between two and three years. National prescribing data shows that between 2019/20-2022/23, there was a 51% increase in the number of patients prescribed medication for ADHD. The data also shows that compared to CYP, there has been

⁵²⁷ Ward, R. [863: Autism population health needs assessment: rapid evidence scan](#). The Strategy Unit, 2022

⁵²⁸ Morris, J. [The rapidly growing waiting lists for autism and ADHD assessments](#). Nuffield Trust and Health Foundation, 2024

⁵²⁹ [ADHD in adults](#), Royal College of Psychiatrists, 2023

⁵³⁰ Katzman MA, Bilkey TS, Chokka PR, Fallu A, Klassen LJ. [Adult ADHD and comorbid disorders: clinical implications of a dimensional approach](#). BMC Psychiatry. 2017 Aug 22;17(1):302. doi: 10.1186/s12888-017-1463-3. PMID: 28830387; PMCID: PMC5567978.

⁵³¹ van der Meer D, Hoekstra PJ, van Rooij D, Winkler AM, van Ewijk H, Heslenfeld DJ, Oosterlaan J, Faraone SV, Franke B, Buitelaar JK, Hartman CA. [Anxiety modulates the relation between attention-deficit/hyperactivity disorder severity and working memory-related brain activity](#). World J Biol Psychiatry. 2018 Sep;19(6):450-460. doi: 10.1080/15622975.2017.1287952.

⁵³² Shakeshaft A, Blakey R, Kwong ASF, Riglin L, Davey Smith G, Stergiakouli E, Tilling K, Thapar A. [Mental health before and during the COVID-19 pandemic in adults with neurodevelopmental disorders](#). J Psychiatr Res. 2023 Mar;159:230-239. doi: 10.1016/j.jpsychires.2023.01.029. Epub 2023 Jan 30.

⁵³³ [ADHD Incidence](#), ADHD UK

faster growth over time for adult prescriptions: between 2019/20-2022/23, the 25-44 age groups saw the biggest increases in patients being prescribed ADHD medication, with a 146% increase in the 30-34 age group.⁵³⁴

The National Autism Prevalence tool has been used to estimate the numbers of autistic people in Herefordshire. The estimated population of autistic adults in Herefordshire calculated at 1.1% of resident population was 1,720 adults in 2020, 1760 in 2025, 1810 by 2030, and 1,840 by 2035. A review of local primary care data shows that in comparison with the national estimates of prevalence (likely to be an underestimate), only 29% of autistic people are currently recorded on the health system in Herefordshire. Table 41 below shows the mix of sex and age within the autistic people recorded in Herefordshire. Over 90% are recorded as White British.⁵³⁵



Table 41 The age distribution of people in Herefordshire with autism by sex

An adult assessment service for autism is provided for Herefordshire and Worcestershire by The Family Psychologist. The Family Psychologist is commissioned to provide 420 adult autism assessments a year. In the financial year 2023/24, a total of 387 people received a diagnosis of autism from the service, an increase of 85 from December 2023. As of April 2024, there were 1,481 people awaiting an assessment, an increase from 1,446 reported in the previous quarter. The average wait for an assessment is 540 days, an increase from the previously reported figure of 394 days. National guidance states that no-one should wait longer than three months between being referred and first being seen.⁵³⁶

In a 2023 survey of its members by Herefordshire Board Gamers, 13 out of 31 (42%) of respondents reported having dyslexia, attention deficit-hyperactivity disorder, dysgraphia, or dyspraxia, and nine out of 13 (69%) of these reported having a long-standing mental health condition, disorder, or illness. In a second survey from 2024, eight out of 23 respondents (35%) reported that they are neurodivergent and six out of eight (75%) of these reported having a mental health condition or mental health disability.⁵³⁷

⁵³⁴ Morris, J. [The rapidly growing waiting lists for autism and ADHD assessments](#). Nuffield Trust and Health Foundation, 2024

⁵³⁵ [Herefordshire and Worcestershire Joint All Age Autism Strategy 2024 – 2029](#), Herefordshire and Worcestershire ICB, 2024

⁵³⁶ Learning Disabilities and Autism Programme Board - Autism Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

⁵³⁷ [Feedback](#), Herefordshire Board Gamers

There were 484 people, including people with autism, parents or carers of an autistic people, professionals, and members of the public who responded to a survey on experience of health services as part of the development of a Herefordshire and Worcestershire All-Age Autism Strategy. Most (82%) respondents reported they would like to have a health check designed specifically for people with autism to discuss their physical and mental health needs, while 16 people reported that mental health support or counselling would have been useful support after the assessment.⁵³⁸

A Community Autism Support Service for autistic adults is provided for Herefordshire and Worcestershire from Autism West Midlands. The service includes a phone helpline, one to one support sessions and a personal development programme called Autism Confident. Between January and March 2024, the Community Autism Support Service received 77 referrals, an increase from the 39 referrals received in the previous quarter. A person had to wait 3.5 weeks to be triaged and 8 weeks for a service on average during that time. Between October and December 2023, a person waited 2 weeks to be triaged and six weeks for support to start on average.⁵³⁹

The Cart Shed has run its 'Being Autistic' programme for over two years as of May 2024. Whilst The Cart Shed is not advertised as a neurodivergent organisation, they have a significantly higher number of neurodivergent people presenting than the average population, who are clearly drawn to and stay with the service because of its neurodivergent-affirming practices. All attendees of the Cart Shed present for a mental health problem or challenge, including all of their neurodivergent participants. The programme was developed after staff realised they had a significant proportion of adults attending who were autistic (over 30%) and others who presented with behaviours that suggested they may be. Together, they suggest that more than 50% of their adult cohort may be autistic. Their programme has been open to those with a diagnosis as well as those contemplating diagnosis, and has led to several participants seeking formal diagnosis. There have been eight 'Being Autistic' courses run to date since March 2022 over 10 or 12 weeks at a time, with 54 unique learners. They have also run three 'Whittling for Autistic People and ADHDers' courses as of between November 2023 and May 2024 over 4 to 5 weeks at a time, with 20 unique learners and 8 doing the course a second time. Internally, following an Autistic Awareness training day, one member of staff had identified as autistic. They were also aware that many of the older people they support may be neurodivergent but have never thought of pursuing a diagnosis, as it had never been raised as a possible issue during their long history of mental illness.

Herefordshire and Worcestershire have relatively small numbers of people with autism in Long Stay Hospitals. A dynamic risk register of individuals at risk of admission is held and monitored across the ICS. In 2024 there were 75 autistic individuals on the register, demonstrating that most of the work is focussed on admission avoidance to prevent people being admitted to a hospital. There was a lack of specialist community provision in Herefordshire and Worcestershire to discharge individuals back into the community.

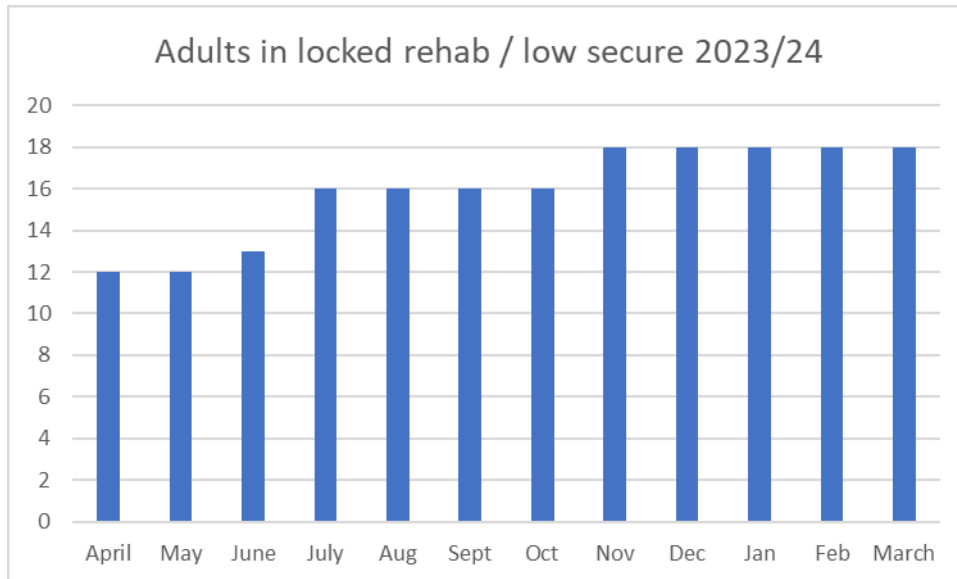
⁵³⁸ [Herefordshire and Worcestershire Joint All Age Autism Strategy 2024 – 2029](#), Herefordshire and Worcestershire ICB, 2024

⁵³⁹ Learning Disabilities and Autism Programme Board - Autism Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

Commissioners were working to develop services to meet eligible social care needs and to support hospital discharge in both counties.⁵⁴⁰

NHS England has set a target (based on a rate per million of the population) for Herefordshire and Worcestershire of no more than 19 adults with a learning disability and/or autism in locked or secure hospitals. Figure 99 shows the monthly numbers of adults with a learning disability and/or autism in locked or secure hospitals for the period 2023/24.⁵⁴¹

Figure 99 Monthly numbers of adults with a learning disability and/or autism in locked or secure hospitals for the period 2023/24



While still within the national target, the number has increased over the last nine months. This is largely because eight people have either been transferred from a prison or have been given a late diagnosis of learning disability and autism and were not known to the ICS beforehand. Over this period, one person was admitted from the community and two people were discharged back to the community. An ambitious target of no more than 13 adults with a learning disability and/or autism in locked or secure hospitals by 31 March 2025 has been set by the ICS, having considered the likelihood of plans to discharge people being carried out on time, the average number of people who have needed to be admitted every year, and the risk of adults continuing to be diagnosed as autistic whilst an in-patient. Half (50%) of the people in locked or secure hospitals have committed serious offences, making it harder to arrange for their safe discharge as they require a complex package of support and agreement is needed from the Ministry of Justice before they can be released.⁵⁴²

3.25. Adults with Learning Disabilities

- Evidence suggest that mental health problems may be higher in people with a learning disability (LD) than in those without a learning disability. Past research

⁵⁴⁰ [Herefordshire and Worcestershire Joint All Age Autism Strategy 2024 – 2029](#), Herefordshire and Worcestershire ICB, 2024

⁵⁴¹ Learning Disability and Autism Programme Board -Learning Disability and Autism Admission Avoidance Oversight Panel Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

⁵⁴² Learning Disability and Autism Programme Board -Learning Disability and Autism Admission Avoidance Oversight Panel Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

suggests the rate of mental health problems in people with a learning disability is double that of the general population. Depending on the diagnostic criteria used, the estimated prevalence of mental health disorders range from 15-52%. Four risk factors for people with a learning disability being more likely to experience poor mental health include i) biology and genetics potentially increasing vulnerability to mental health problems, ii) a higher incidence of negative life events, iii) access to fewer resources and coping skills, and iv) the impact of other people's attitudes.⁵⁴³

- Mental health problems among adults with learning disabilities may go unrecognised for a number of reasons, including gaps between mental health services and learning disabilities services, assessments to detect mental health problems in this group may not be properly developed, and symptoms are often attributed to the learning disability rather than the true problem.⁵⁴⁴
- Mental health problems can also go unnoticed in people with learning disabilities because the symptoms can be lost amongst other behaviours which they may display. Research has found that when challenging behaviour (i.e. behaviour that breaks social rules) becomes more severe it can be connected to an increase in the symptoms of a mental health problem. It has even been suggested that challenging behaviour can sometimes be another symptom of depression, although it's important to remember that other factors can cause challenging behaviour.⁵⁴⁵
- In England, there were 2,084 adults with learning disabilities who died in 2022 whose age at death was known. The most common long-term conditions recorded were mental health conditions (820, 39%). There was no statistical evidence that mental health conditions were associated with the hazard of death. Of the 853 adults who died from an avoidable cause of death, 41% had a history of a mental health condition.⁵⁴⁶

In 2019/20, 3.89 per 1,000 adults with LD in Herefordshire were receiving long-term support from the local authority, higher than the England rate of 3.46 per 1,000 adults. However, in 2022/23 a lower proportion of adults with LD in Herefordshire were living in stable and appropriate accommodation compared to the national average (72.3% vs. 80.5%)⁵⁴⁷. Data on the proportion of adults with a learning disability who live in their own home or with their family between 2017/18 and 2021/22 is shown in Figure 100.⁵⁴⁸

⁵⁴³ [Mental health](#). Mencap.

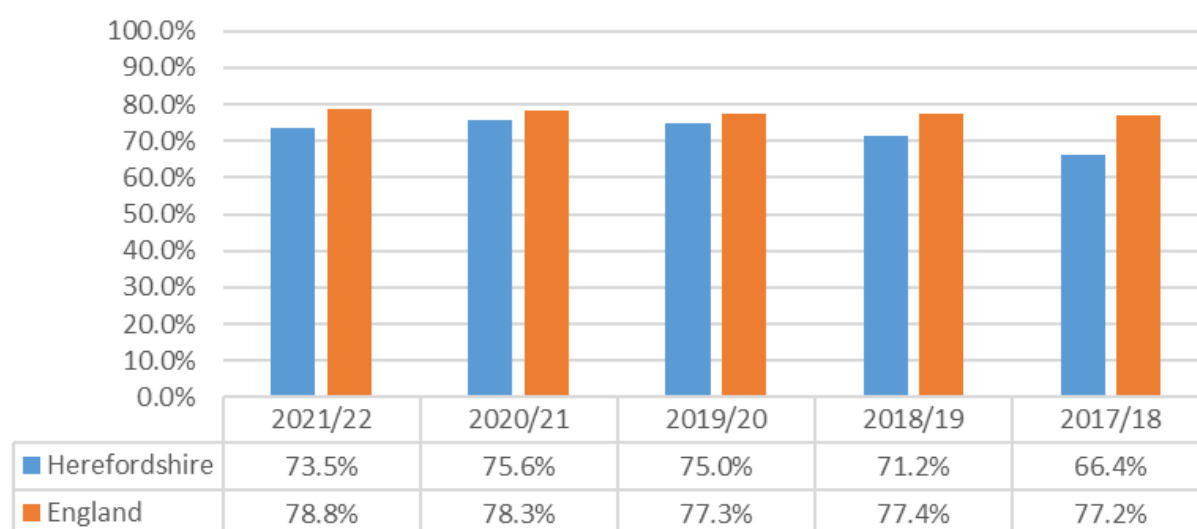
⁵⁴⁴ [Mental health](#). Mencap.

⁵⁴⁵ [Information Sheet - Mental health problems in people with a learning disability](#). The Challenging Behaviour Foundation, 2021.

⁵⁴⁶ [Learning from Lives and Deaths - people with a learning disability and autistic people \(LeDeR\) report for 2022](#). LeDeR Autism and learning disability partnership, King's College London, 2023.

⁵⁴⁷ [Public health profiles](#), OHID Fingertips

⁵⁴⁸ Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

Figure 100 Proportion of adults with a learning disability who live in their own home or with their family

Out of the 78 people that answered the 2019 Learning Disability Partnership Board's "What I think of where I live" survey,⁵⁴⁹

- 23 lived with family, five in a residential home, 11 on their own, 35 in a shared house, and two lived somewhere else.
- 62 of them were happy with the place they lived in, six were not sure, and four said they were not happy.
- Responses to the question on what they like about where they lived were:
 - 59 of them said that they liked where their area was and four of them said that they didn't.
 - 38 of them said they liked the people who worked there.
 - 49 of them said that they liked who they lived with.
 - 60 of them said they liked how it looked.
- 45 of them were involved in choosing the place they lived in, while 16 of them weren't.
- In the future, eight of them wanted to live on their own, one in a shared house with tenancy, eight of them wanted to live in their own place but with support nearby, 10 wanted to live with their family, one wanted to live with another family (shared lives), and 37 wanted to continue staying where they currently were.
- 24 out of the 78 respondents had completed the survey on their own, while 44 respondents had not.

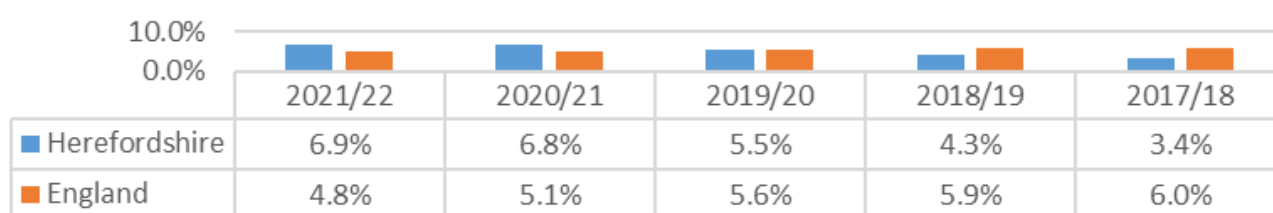
In 2022/23, the proportion of the population receiving long term support for a learning disability that are in paid employment (aged 18 to 64 years) are comparable between Herefordshire (5.8%) and England (4.8%).⁵⁵⁰ There was also a comparable gap in the employment rate between those receiving long term support for a learning disability (aged 18 to 64 years) and the overall employment rate between Herefordshire (70.1%) and England

⁵⁴⁹ [What I think of where I live survey](#), Herefordshire Council, 2019

⁵⁵⁰ [The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment \(aged 18 to 64\)](#), OHID Fingertips, 2023

(70.9%).⁵⁵¹ Data on the proportion of adults with a learning disability in paid employment between 2017/18 and 2021/22 is shown in Figure 101.⁵⁵²

Figure 101 Proportion of adults with a learning disability in paid employment



In 2018/19, Herefordshire had a higher proportion of eligible adults with a learning disability having a GP health check compared to England (58.5% vs 52.3%).⁵⁵³ Data on the number of Herefordshire learning disability patients who had their assessment with and received treatment from the NHS Talking Therapies for Anxiety and Depression service (formerly known as Improving Access to Psychological Therapies, IAPT) from 2022 to 2024 are reported in Table 42.

Learning disability status	Total Assessed	Assessed and a clinical case	Assessed with Depression	Assessed with Anxiety	Number that went on to receive Treatment
No Learning Disability					
2022	2696	2487	2186	2346	1616
2023	2382	2178	1947	2036	1310
2024	823	738	661	682	275
Learning Disability					
2022	95	89	86	83	53
2023	108	106	100	99	54
2024	27	26	26	25	9

Table 42 Number of patients by learning disability status who had their assessment with and received treatment from the Talking Therapies service between 1st January 2022 and 30th April 2024

There was an increase in the number of patients with learning disabilities assessed from 2022 (95) to 2023 (108), along with patient diagnosed with mental health conditions. With 53 patients receiving therapy in 2022 and just 54 in 2023, the number of patients who continued to receive treatment did not rise in 2023 as would be predicted. Despite the fact that data for 2024 is only available through the end of April, extrapolating these figures for the full year suggests a decrease in the number of people with learning difficulties who are assessed and therefore given a diagnosis.

NHSE has set a target (based on a rate per million of the population) for Herefordshire and Worcestershire of no more than 19 adults with a learning disability and/or autism in locked or secure hospitals. Figure 99 shows the monthly numbers of adults with a learning disability and/or autism in locked or secure hospitals for the period 2023/24. While still within the national target, the number has increased over the last nine months. This is largely because eight people have either been transferred from a prison or have been given a late diagnosis

⁵⁵¹ [Gap in the employment rate between those who are in receipt of long term support for a learning disability \(aged 18 to 64\) and the overall employment rate](#), OHID Fingertips, 2023

⁵⁵² Special Educational Needs & Disabilities: Herefordshire dashboard, Herefordshire And Worcestershire ICB, 2023

⁵⁵³ [Proportion of eligible adults with a learning disability having a GP health check](#), OHID Fingertips, 2019

of learning disability and autism and were not known to the ICS beforehand. Over this period, one person was admitted from the community and two people were discharged back to the community. An ambitious target of no more than 13 adults with a learning disability and/or autism in locked or secure hospitals by 31 March 2025 has been set by the ICS, having considered the likelihood of plans to discharge people being carried out on time, the average number of people who have needed to be admitted every year, and the risk of adults continuing to be diagnosed as autistic whilst an in-patient. As noted above, half (50%) of the people in locked or secure hospitals have committed serious offences, making it harder to arrange for their safe discharge as they require a complex package of support and agreement is needed from the Ministry of Justice before they can be released.⁵⁵⁴

3.26. LGBTQ+ adults

- From the findings of a national survey published in 2018, LGBT respondents were less satisfied with their life than the general UK population, with particularly low scores among trans respondents. One in four (24%) respondents had accessed mental health services in the 12 months preceding the survey. This figure was higher for trans people (30% for trans women, 40% for trans men and 37% for non-binary people) and cisgender bisexual people (29%). Furthermore, 8% of all respondents had tried to access mental health services but had been unsuccessful. 28% of respondents who had accessed or tried to access mental health services in the 12 months preceding the survey said it had not been easy at all. The most frequent reason given for difficulties was long waiting lists (given by 72%). When mental health services were accessed, respondents were generally positive or neutral about the support they received; only a fifth of respondents (22%) said they had had a negative experience.⁵⁵⁵
- Another survey conducted across Great Britain published in 2018 found half of LGBT people (52%) said they've experienced depression in the last year, with another 10% saying they think they might have experienced depression. Two thirds of trans people (67%) have experienced depression in the last year. Seven in ten non-binary people (70%), more than half of LGBT women (55%) and more than two in five GBT men (46%) have also experienced depression.⁵⁵⁶
- Rates of depression are also higher among LGBT people who've experienced a hate crime based on their sexual orientation and/or gender identity (69%). LGBT people aged 18-24 (68%), and Black, Asian and minority ethnic LGBT people (62%) are also more likely to have experienced depression in the last year. LGBT people in lower income households (64%) are more likely to experience depression than those in higher income households (48%).⁵⁵⁷
- Three in five LGBT people (61%) said they've experienced anxiety in the last year. Four in five non-binary people (79%) have experienced anxiety in the last year compared to 65% of LGBT women and 54 per cent of GBT men. Seven in ten trans people (71%) have experienced anxiety in the last year. Incidence of anxiety is higher among LGBT people in lower income households (70%) compared to those in

⁵⁵⁴ Learning Disability and Autism Programme Board -Learning Disability and Autism Admission Avoidance Oversight Panel Highlight Report, Herefordshire and Worcestershire Integrated Care System, 2024

⁵⁵⁵ [National LGBT Survey Summary Report](#), Government Equalities Office, 2018

⁵⁵⁶ [LGBT in Britain Health Report](#). Stonewall, 2018

⁵⁵⁷ [LGBT in Britain Health Report](#). Stonewall, 2018

higher income households (58%). 76% of LGBT people who have experienced a hate crime because of their sexual orientation and/or gender identity in the last year also experienced episodes of anxiety.⁵⁵⁸

- One in eight LGBT people (12%) have said they experienced an eating disorder in the last year. One in four non-binary people (24%) had experienced this in the last year compared to 13% of LGBT women and nine percent of GBT men. More than one in five Black, Asian and minority ethnic people (22%) and one in five trans people (19%) have experienced an eating disorder in the last year. Almost half of LGBT people aged 18-24 (48%) said they'd deliberately harmed themselves in the last year. 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men. One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT.⁵⁵⁹

Data from the 2021 Census indicates 2.18% of people aged 16 years and over in Herefordshire are lesbian, gay, bisexual, or other (LGB+). Broken down further, 1.04% responded as gay or lesbian, 0.90% as bisexual, 0.07% as pansexual, 0.04% as asexual, 0.01% as queer, and 0.11% as another sexual orientation, with 89.70% of residents responding as straight or heterosexual and 8.12% did not answer.⁵⁶⁰

In a 2023 survey of its members by Herefordshire Board Gamers, seven out of 31 (23%) of respondents reported their gender identity was not the same sex as they were assigned at birth, and of these six out of seven (86%) reported having a long-standing mental health condition, disorder, or illness. In a second survey from 2024, nine out of 23 (39%) respondents identified as LGBTQIA+, and of these six out of nine (or two thirds, 67%) reported having a mental health condition or mental health disability.⁵⁶¹

Data on the number of Herefordshire patients by sexual orientation who had their assessment with and received treatment from the NHS Talking Therapies for Anxiety and Depression service (formerly known as Improving Access to Psychological Therapies, IAPT) from 2022 to 2024 are reported in Figure 102.

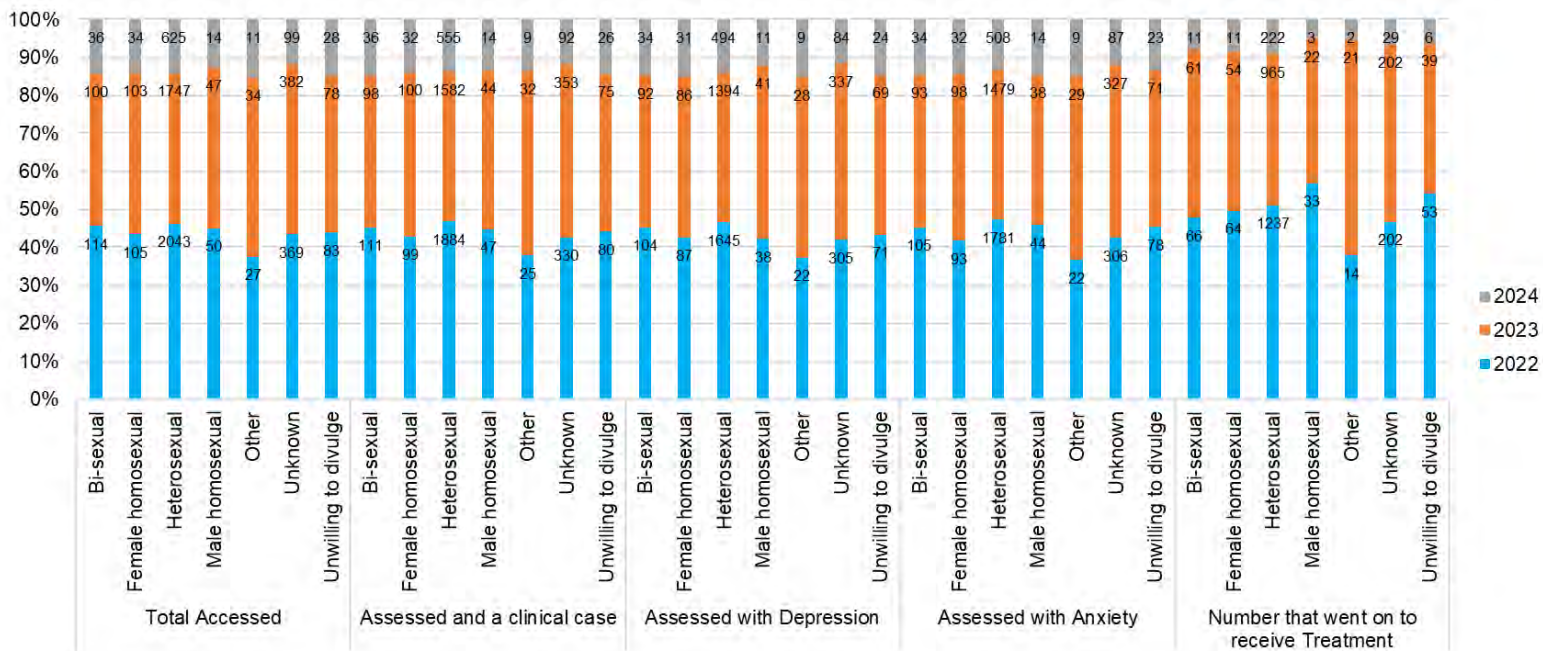
⁵⁵⁸ [LGBT in Britain Health Report](#). Stonewall, 2018

⁵⁵⁹ [LGBT in Britain Health Report](#). Stonewall, 2018

⁵⁶⁰ [Sexual Orientation](#), 2021 Census

⁵⁶¹ [Feedback](#), Herefordshire Board Gamers

Figure 102 Number of patients by sexual orientation who had their assessment with and received treatment from the Talking Therapies service between 1st January 2022 and 30th April 2024



When comparing the sexual orientation categories between 2022 and 2023:

- **Bisexuals:** The proportion of bisexual patients who were assessed and given a mental health diagnosis decreased.
- **Lesbians:** while the number of lesbians (female homosexuals in figure) assessed in 2023 (103) was somewhat lower than that of 2022 (105), the number of lesbians diagnosed with anxiety in 2023 (98) was higher than that of 2022 (93). Additionally, there was a marked decline in the number of lesbians who received treatment in 2023 (54) as opposed to 2022 (64).
- **Heterosexuals and "unwilling to divulge":** from 2022 to 2023 in both these categories, fewer patients were assessed and given a mental health diagnosis.
- **Male homosexuals:** Although the number of male homosexuals assessed decreased from 2022 to 2023, the number of male homosexuals diagnosed with depression increased slightly from 2022 to 2023 (38 to 41).
- **"Other" and "Unknown":** the number of individuals who were assessed and given a mental health diagnosis increased between 2022 and 2023.

When using the data for January through April of 2024 to project totals until the end of the year, it does not seem like there will be any fewer people accessing the service of any sexual orientation.

Key takeaways

- Most adults in Herefordshire experience good mental health. Herefordshire compares favourably or similarly to England for most mental health indicators, including depression prevalence, the rate of hospital admissions as a result of self-harm among 20-24 year olds, and the prevalence of serious mental illness.
- One indicator where Herefordshire has performed slightly but significantly worse compared to nationally is the rate of people attending contacts with community and outpatient mental health services (though this data was only most recently updated in 2019/20).
- A quarter of adults who completed the 2023 Community Wellbeing Survey rated their anxiety levels as high, while a third reported no anxiety at all. One in five (20%) adults reported they occasionally felt lonely on the same survey, an increase of five percent from the 2021 survey.
- The proportion of people on the Serious Mental Illness (SMI) register in Herefordshire and Worcestershire receiving a full check and the proportion completing individual checks have both increased over time and are now higher than England values. Herefordshire also has a significantly lower rate of premature mortality in adults with SMI compared to nationally.
- While the number of people in Herefordshire in contact with NHS-funded secondary mental health, learning disabilities, and autism services has been steadily increasing since 2021, the number of people admitted as an inpatient in contact with those services has been decreasing since 2020.
- Most people (63%) aged 18 and over with a long-term mental health condition in Herefordshire supported by Adult Social Care (ASC) services were receiving a support service for a mental health condition. Nine out of ten ASC clients reported as having a mental health condition also have at least one other type of disability. Just under two-thirds of all mental health clients (64%) had one other condition and 29% had two or more other conditions.
- Wellbeing as measured in the 2023 Community Wellbeing Survey found just over a third (37%) of respondents rated as having good wellbeing while less than one in ten (8%) were rated as having poor wellbeing. Data collected nationally by the 2022/23 Annual Population Survey suggest that people in Herefordshire on average experience increased or similar wellbeing overall and across each individual measure when compared to England or West Midlands.
- Herefordshire compares favourably or similarly to England with respect to alcohol admission and mortality as well as drug and alcohol treatment outcomes. While smoking prevalence in Herefordshire is slightly lower than the England value, the rate of Herefordshire smokers planning to or successfully quitting is also lower compared to nationally (though quit data is only most recently available from 2019/20). However, in Herefordshire there was a lower proportion of clients entering drug treatment identified as having a mental health treatment need who were receiving treatment for their mental health as compared to England.
- In 2021/22, statistically significantly more people in Herefordshire aged 16 and over met the '5-a-day' fruit and vegetable consumption recommendations than both West Midlands and England. More Herefordshire adults also met the recommended level of physical activity of 150+ moderate intensity equivalent minutes per week and less

were physically inactive as compared to England. However, Herefordshire has a higher proportion of obesity among people 18 years and over compared to nationally, with two thirds of adults estimated to be overweight or obese.

- Herefordshire's population profile is more aged, and is ageing more rapidly, than England and Wales as a whole. Based on the estimated number of older adults who may be experiencing mental ill health in the Herefordshire population, this group may be under-identified and under-represented among mental health services.
- According to 2021 survey data, the vast majority (91%) of Herefordshire's carers didn't have the time to do things they value or value and they had little or no control over their daily life (88%). Unpaid carers who provide high levels of care were more than twice as likely to suffer from poor health compared to people without caring responsibilities. Two out of five (40%) adult carers reported being affected by at least one these conditions: tiredness, disturbed sleep, depression, stress, irritability, and physical strain. The 2023 Community Wellbeing Survey found that carers were among those groups reporting the highest anxiety levels.
- Herefordshire has lower rates of statutory homelessness than other parts of the country and the West Midlands region, though Herefordshire does have a higher rate of households owed a prevention or relief duty under the Homelessness Reduction Act when compared to nationally. A 2019 audit found that Herefordshire rough sleepers experienced high levels of stress, anxiety and other signs of poor mental health. Three quarters (76%) of respondents reported a mental health problem/behaviour condition. Dual diagnosis (severe mental health issue and substance misuse) was reported by almost one in five (18%) and 14% reported psychosis. Just under half of those with a mental health problem felt that they were not receiving treatment that they would benefit from, this included respondents with severe mental health conditions and common mental health condition.
- The estimated population of autistic adults in Herefordshire calculated at 1.1% of resident population, expected to be 1760 people in 2025. This is likely an underestimate, with only 29% of autistic people currently recorded on the health system in Herefordshire. The average wait for an autism assessment is 540 days, an increase from the previously reported figure of 394 days and far exceeding the national guidance of no longer than three months. Two recent small surveys found that most (69-75%) neurodivergent adults reported having a long-standing mental health condition, disorder, illness, or disability. Most neurodivergent adults (82%) reported on a recent survey they would like to have a health check designed specifically for people with autism to discuss their physical and mental health needs, and some reported that mental health support or counselling would have been useful support after the assessment.
- For some adult at-risk groups in Herefordshire, it is very difficult to establish the size of the group, much less assess their mental health and wellbeing. This is the case for at-risk groups such as sex workers, a group omitted from this report entirely as no information was available for them.
- For those adults at-risk groups in Herefordshire whose size is known or can be measured, there are several where little is known about their mental health and wellbeing. This is the case for GRT adults, adult migrants, refugees, and asylum seekers, adults living with long-term health conditions and disability, neurodivergent adults, adults with learning disabilities, and LGBTQ+ adults. This is also the case for

adults from the agricultural community, though work by the Advancing Mental Health Equality (AMHE) Collaborative is ongoing.

Chapter 6 Recommendations

Considering the data and evidence both included in and absent from this Epi Profile, the following five recommendations are proposed:

- 1. Investigate the accuracy and understand the context of data at a more local level, particularly where Herefordshire is substantially significantly different than the national average.**

Engagement with stakeholders has cast some doubt on the accuracy of some indicator data and the scale of potential problems where Herefordshire performs significantly worse when compared to the England average. This includes CYP mental health admissions and self-harm indicators. More work is needed to investigate the data underlying these indicators and to engage with clinicians to understand where there may be local practices that may contrast with national practice, thus producing these discrepancies.

- 2. Collaborate with stakeholders to facilitate the collection and sharing of relevant and timely data.**

In working with stakeholders to obtain data for inclusion in the Epi Profile, it became clear that some clinical data systems do not easily allow for the identification of individuals from at risk groups. This renders understanding the particular mental health problems or conditions facing a specific at risk group (e.g. people from GRT communities) very difficult when these groups cannot be easily distinguished within these datasets. In other cases data is available but there is a lack of capacity to support data preparation and sharing. Finally, as much of local health and care provision is delivered across Herefordshire and Worcestershire, it is often challenging to obtain Herefordshire-only data. Given the Worcestershire population is over three times the size of that of Herefordshire, it is crucial that Herefordshire-specific data is available to enable effective local decision making and commissioning decisions.

- 3. Continue supporting the delivery of local Children and Young People's Quality of Life and Herefordshire Community Wellbeing surveys to collect rich and crucial local data on, and associated with, the mental health and wellbeing of the population, the prevalence of health risk and protective factors and inequalities, and to address knowledge gaps.**

Local, place-based surveys such as the Children and Young People Quality of Life and Community Wellbeing surveys delivered by Herefordshire Council are invaluable to collecting pertinent data on mental health and wellbeing, health-related behaviours, wider and individual determinants of health, and for specific at-risk groups and individuals. These surveys allow us to further investigate the associations between these many demographic, individual, and wider factors that influence mental health and wellbeing. They also allow for flexible and timely data collection in the event of emerging and rapidly changing situations, such as the COVID-19 pandemic.

4. Prioritise data collection for the most vulnerable and hard-to-reach groups in order to improve support for these communities particularly where needs would otherwise go unmeasured

One of the important limitations of this Epi Profile is those at-risk groups for which we did not have data regarding their mental health and wellbeing. For some of the at-risk groups in this work, they could only be quantified, like CYP with learning disabilities or CYP migrants, refugees, and asylum seekers, and some potentially inaccurately, like GRT children and adults or travellers. Other at-risk groups, while important, were omitted entirely from this work because even determining their prevalence in Herefordshire proved difficult, such as sex workers. However, while data may be sparse or lacking for these and other at-risk groups, both research and national work offers insights into the challenges they may be facing. Using this and local knowledge, local support and services should be designed to be as accessible and inclusive as possible to enable these most vulnerable and hard-to-reach groups to engage. Challenges like Herefordshire's rurality and public transport infrastructure will undoubtedly also affect the ability of individuals from these groups to access support and services, most likely disproportionately so. Ensuring the inclusivity and accessibility of services and support across a number of domains (e.g. opening hours, location, method of communication, etc.) will benefit many, with the potential for making the biggest difference among those who may need it the most.

As mentioned in the introduction of this Epi Profile, these recommendations will contribute to broader, final recommendations that will be produced in a future document as part of the aforementioned penultimate MHNA action to then iteratively be fed back into and reflected by the Health and Wellbeing Strategy priority implementation plans.

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