**Equality Analysis Form**

**on**

**Digital Mental Health Technology and Children and Young People.**

The Health Innovation Network South London (HINSL) is committed to ensuring that its work and activities are equitable and do not disadvantage anyone, particularly individuals or groups who are underserved and have a Protected Characteristics as defined by the Equality Act 2010 (Appendix 1).

Equality Analysis (EA) is an approach designed to improve our approach to ensuring equality, diversity, and inclusion. Equality Analysis should not stifle innovation but rather it helps us understand the steps we may need to take to ensure people are not disadvantaged by our work and the steps we will take to mitigate risk. It provided evidence that we are complying with the Equality Act and Public Sector Equality Duty, and important helps us assess, analysis and mitigate risks to ensuring we are making a real difference to the lives of people from the diverse communities we serve.

**Before completing this form, please read the Equality Analysis Guidance. This provided the rationale for completing the form and step by step advice on how to complete each section.**

Assessor's Name, role, and contact: Vanessa Zampangi (Programme Support Officer) v.zampangi@nhs.net

Date of Analysis:    Review date: October 2025

1. **Detail the brief description of the project or proposal provided in the Executive Summary in Verto.**

This project is a continuation of project PRJ000924 and is funded by an internal investment from the HIN SL NHSE MLA funding.

The mental health (MH) needs of children and young people (CYP) in the UK has become an urgent concern. A 2021 study by the Children's Commissioner for England has documented rising rates of anxiety, depression, and behavioural issues. Contributing factors include long waiting times, unequal access to care, and the lack of early intervention, leading to life-long issues [1]. Digital solutions may play a part in addressing these issues by increasing access to care, freeing up clinical time and improving system efficiency. Implementing, evaluating, and sustaining the use of digital tools remains a challenge in CYP MH, with lack of funding and operational support being potential factors.

Work completed in year one included:
- a post COVID-19 desktop literature review of CYP MH needs
- stakeholder engagement with key south London/ London MH leaders to understand the system pressures and barriers and opportunities to implementing CYP DHTs
- a horizon scan of CYP DHTs

The aim of project activity in 25/26 is to:
1. To continue work initiated in 24/25 to engage the south London mental health

system to agree the focus, co -design a digital CYP MH pathway focusing on waiting lists and explore the potential for seeking investment for an 'implementation fund' for CYPMH DHTS.

Subject to agreement being reached, progress to aim:
2. To seek to attract investment to establish a fund which supports the implementation of the focus agreed for CYP DHTs in the south London mental health system.

2. **Briefly describe the role of the HIN in the project including the benefits of our involvement (use info provided in Verto)**

HIN SL is leading a project on DMHT for CYP. We will used Experience Based Co-design (EBCD) methodology with CYP and clinicians to inform the project. Our focus is to explore how digital approaches may strengthen mental health support in South London by ensuring that the voices and experiences of young people are central to the design process. Through our expertise in engagement and co-production, we will create safe and inclusive spaces for children and young people to share their perspectives on current mental health support (with a focus on CAMHS waiting list) and look at how digital tools might offer flexibility, accessibility, and earlier intervention mental health support

The benefit of our involvement is that we can help shape solutions that are more relevant and supportive to young people's needs, while also bringing together insights from health, education, and voluntary sector partners. This may lead to earlier access to support, better experiences for young people, and less pressure on specialist services.

3. **Summarise and reference any relevant research or consultation in relation to equalities (if none has been undertaken indicated any proposed plans for research / evaluation to measure impact upon protected groups).**

A variety of search mechanisms were used to inform this EIA:

- Academic databases (including PubMed and PsycINFO) were searched for peer-reviewed articles.

- Grey literature sources such as government reports, NHS England publications, and local authority documents and outputs from the Children's Commissioner were reviewed.

- Targeted searches of websites belonging to voluntary sector organisations, charities, and professional bodies (for example Mind, YoungMinds, NSPCC, and Stonewall) were carried out.

- Google Scholar was used to capture additional academic and grey literature not indexed in the main databases.

- Searches were conducted on policy portals, including GOV.UK , and NICE evidence search.

- Reference lists of relevant studies, reviews, and reports were checked to identify additional sources.

- Direct searches were undertaken on local authority websites to capture Joint Strategic Needs Assessments and other localised reports.

**4. Identify from appendix 2 who, from these Protected Characteristics/other underserved communities will / may be affected for the project or proposals. Indicate how they will be impacted** (please refer to the guidance notes)

| Race | Positive impact | Negative impact | No impact | Impact unknown |
|---|---|---|---|---|
| | X | | | |

Please justify your assessment:
Children and young people (CYP) from Global Majority communities face systemic inequalities in accessing mental health support across the UK. These disparities exist at multiple points in the care pathway, from access and engagement to outcomes and are well documented in national reports and academic research.

A 2025 Children's Commissioner report found that Black and Asian CYP are more likely to access mental health services through crisis pathways (such as A&E or social care referrals) rather than through early or preventative support. This is consistent with previous NHS Digital data showing lower referral and engagement rates in early intervention services for CYP from Global Majority backgrounds, despite similar levels of mental health need (Children's Commissioner 2025, NHS Digital 2024).

It is important to recognise that outcomes for mental health support do not look the same across all ethnic groups. A study by Ruphrect-Smith et al found that CYP from global majority backgrounds often report lower satisfaction and poorer outcomes from mental health services. A range of factors contribute to this, from language barriers and lack of cultural understanding, to a wider mistrust of institutions, or not feeling seen or safe.(Ruphrect-Smith et al, 2023)

**Impact of Digital Mental Health Technology for Children and Young People**

There is limited published research exploring the impact of Digital Mental Health Technology (DMHTs) on race. However, DMHTs have the potential to make a positive difference:

- DMHTs can help CYP from global majority backgrounds overcome barriers to accessing mental health support. Traditional services are not always free from bias, and CYP may feel their culture, identity or lived experience is not fully understood. DMHTs are less influenced by the implicit social and cultural biases that can potentially affect face to face care, which can make support feel more equitable (Bitomsky et al., 2025).

- Research demonstrates a key strength of DMHTs is flexibility. DMHTs can be adapted to reflect different cultures, languages, and contexts, which allows for tools that feel more relevant and inclusive to CYP from diverse backgrounds. If designed with inclusivity in mind, DMHTs have the potential to make support more accessible and to reach CYP who might otherwise be excluded from traditional services (Bitomsky et al., 2025).

- A systematic review looking at CYP aged 12–25 from diverse ethnic backgrounds explored how well DMHTs engage and support young people. The review found that when DMHTs are co-produced with input from young people themselves and designed to be culturally sensitive, they are more effective and can engage CYP across ethnic groups more fairly (Bakhti et al., 2024).

- For many global majority communities, mental health remains a stigmatised topic. DMHT may help address this by offering a more private, self-guided way to seek support, which some young people may find safer and more acceptable than attending in-person services

However, language barriers, financial constraints, and a lack of culturally relevant content have been identified as key challenges that can limit both the engagement with, and the effectiveness of, DMHTs for CYP who non-native English speakers are or from minority backgrounds.

Local Data
- Local data highlights disparities in access to mental health services among CYP from different global majority backgrounds. A 2021 study which analysed data from 18,931 young people (YP) aged 12–29 accessing services in south east London (covering the boroughs of Lambeth, Southwark, Lewisham, Croydon, and Greenwich), found disparities in referral pathways. YP of Black African ethnicity were twice as likely as their White British counterparts to be referred to mental health services through secondary health, social care, or criminal justice routes rather than via their GP. This pattern was particularly pronounced among those aged 16–17. In addition, Black African CYP were significantly more likely to be referred into inpatient or emergency services, rather than community based care options (Chui et al, 2021)

- In south east London, CYP from White backgrounds accessed mental health services at a rate of 5,324 per 100,000 population, slightly above the regional average. In comparison, CYP from Asian backgrounds had the lowest access rate at 2,798 per 100,000, which is 46.9% below the south east London average. Access rates were also lower for Black or Black British CYP (4,050), as well as for those from Mixed (5,053) and Other (5,188) ethnic backgrounds (South East London ICB, 2024)

- The Wandsworth Director of Public Health Annual Report highlights local disparities in access to mental health support, noting that Black or Black British CYP are slightly under represented in referrals to early intervention and community-based services, yet significantly over represented in crisis presentations. This suggests that earlier, culturally responsive support is not reaching all groups equitably. (Wandsworth Council. Director of Public Health Annual Report, 2023)

Potential Impacts of the Project:
- May support earlier access to help for CYP from global majority backgrounds who are sometimes missed by traditional referral pathways.
- Has the potential to improve engagement and retention through culturally relevant design and delivery.
- May help reduce pressure on waiting lists by offering alternative, early access support options for CYP.

| Sex/Gender | Positive impact | Negative impact | No impact | Impact unknown |
|---|---|---|---|---|
| | X | | | |

<u>Please justify your assessment:</u>
Gender potentially has an influence on how CYP experience and engage with mental health services. Research consistently shows that girls are more likely to experience internalising mental health conditions, such as anxiety and depression, whereas boys are more often referred for externalising behaviours, such as hyperactivity. This often leads to delays in diagnosis for boys and under recognition of emotional distress, particularly among adolescent males.

A 2021 systematic review explored barriers to mental health support among adolescent boys and young men. It found that many young men experience stigma, fear of being judged, and reluctance to appear vulnerable, which can prevent them from seeking help through traditional services (Radez et al., 2020).

Conversely, girls may be more likely to seek support but often face long waiting times or limited access to early intervention, especially in under resourced areas.

**Impact of Digital Mental Health Technology for Children and Young People**

Our research found no published research examining how DMHTs can impact different genders. However, early findings suggest that well designed digital tools may help address some of these disparities. For example, digital platforms:

- DMHTs may offer confidential and flexible access to mental health support, which could help reduce stigma for CYP. Many boys may avoid traditional face to face services due to fear of judgement or social expectations around masculinity. Digital interventions could provide a self-guided space where young people can seek help anonymously and at their own pace, potentially encouraging earlier engagement and making it easier for those reluctant to access formal services to get support.

- DMHTs may also increase the availability of care for both male and female CYP by offering on-demand support outside of normal office hours. They could provide remote and virtual care, making it possible for young people to access support regardless of location or scheduling constraints, potentially improving timely and equitable access to mental health services (Bitomsky et al., 2025).

<u>Local Data</u>
- According to the NHS Digital Mental Health of Children and Young People Survey (2023), girls, and young women aged 17–19 in England were the most likely group to be experiencing probable mental disorders (31.6%), followed by boys aged 11–16 (22.3%). (Mental Health of Children and Young People in England, 2023 Survey)

- A UK study found that referral rates to specialist mental health services have increased for girls, while for boys they remained stable or declined slightly. Among accepted referrals, the proportion of girls also rose to around 62%, indicating that girls are now increasingly accessing and being accepted into specialist services compared with boys (Ball et al., 2022).

Potential Impacts of the Project:

- May support earlier engagement among boys and young men by providing stigma free access to mental health resources in private, digital settings.
- May improve engagement and continuity of care for girls and young women experiencing anxiety or low mood by offering tailored, accessible interventions.
- May help to bridge the gap in service access between genders, particularly in areas where boys and young men's mental health needs are under identified.
- May offer more consistent access and self-directed options for CYP of all genders, potentially reducing the reliance on school or GP based referrals.

| Gender Reassignment/Transgender | Positive impact | Negative impact | No impact | Impact unknown |
|---|---|---|---|---|
| | X | | | |

Please justify your assessment:

Transgender and gender diverse children and young people (CYP) face disproportionately high risks of poor mental health when compared with their cisgender peers. Evidence consistently demonstrates that they experience elevated rates of suicidal thoughts and attempts, with stigma and discrimination playing a central role in these outcomes (Dickey & Budge, 2020). Findings from the charity Just Like Us further illustrate this disparity. A survey of 1,140 pupils who identified as LGBTQ+, conducted between December 2020 and January 2021, found that 68% of LGBTQ+ young people had experienced suicidal thoughts, compared with 29% of cisgender heterosexual young people. Among this group, transgender young people reported the highest prevalence, with 77% experiencing suicidal thoughts and feelings (Just like Us, 2021).

Despite the scale of these challenges, transgender, and gender diverse CYP continue to face significant barriers to accessing appropriate mental health services. These barriers operate at individual, social, and systemic levels. Research shows that transgender and non-binary youth are more likely than cisgender youth to report multiple barriers to care. These include fear of discrimination, concerns that healthcare professionals would not understand their experiences, and uncertainty about where to seek support (Lucas et al., 2024). The evidence highlights a clear gap. Although the mental health needs of transgender and gender diverse CYP are well documented, accessing support that feels safe and inclusive remains a significant challenge.

**Impact of Digital Mental Health Technology for Children and Young People**

At present there is limited published research specifically on DMHTs and their impact on Gender reassignment/transgender CYP. However, the HIN South London recognises that, if designed inclusively, digital tools could help overcome some of these barriers.

- As evidenced by Liverpool et al. 2025, DMHTs can help reduce stigma by enabling CYP to access support privately, flexibly, and in environments where they feel safe. This is particularly important for transgender and gender diverse CYP, as many face high levels of discrimination, harassment, and stigma, all of which are directly linked to poorer mental health outcomes. By providing a confidential and accessible space, DMHTs give these young people the opportunity to seek help without fear of judgement or exposure.

- Research shows that transgender CYP often seek support through social media. A study of transgender adolescents found that many used these platforms to obtain

emotional support from peers and to develop a sense of community ([Selkie et al., 2019](#)) More recent evidence supports this pattern, with [Bacaj et al., 2025](#)identifying social media as an important supportive space for LGBTQ+ youth more broadly. Alongside this, early research indicates that LGBTQ + CYP are interested in LGBT specific e-therapies; however, these interventions must explicitly acknowledge and reflect the lived experiences of LGBTQ+ young people in their design and content in order to be effective ([Lucassen et al., 2018](#)). Therefore, this evidence suggests that DMHTs could potentially be a valuable form of support for transgender and gender diverse CYP, provided they are developed inclusively and tailored to their specific needs as research shows that young people already use digital and social media spaces for support and information.

## Local Data

- Based on [Southwark's Joint Strategic Needs Assessment, 2023](#), an estimated 300 CYP were identified as transgender or gender diverse, of whom around 250 were experiencing mental health difficulties. However, the number who received treatment is not known.

## Potential Impacts of the Project:

- May help address disproportionately high rates of anxiety, depression, and self-harm experienced by transgender or gender diverse CYP.
- Provides an opportunity to create services that feel safer, more affirming, and better able to meet their specific needs.
- Could support earlier access to care and reduce barriers created by stigma or discrimination.

| **Sexual Orientation** | Positive impact | Negative impact | No impact | Impact unknown |
|---|---|---|---|---|
| | X | | | |

This section examines sexual orientation specifically, with a focus on the experiences of lesbian, gay, bisexual, asexual and queer/questioning (LGB+) children and young people. It does not cover the experiences of transgender or gender reassigned CYP, as matters relating to gender identity are considered separately within this EIA.

## Please justify your assessment:

LGB + CYP face higher risks of poor mental health compared to their heterosexual peers. The 2024 United Kingdom Survey on the Mental Health of LGBTQ+ Young People, which gathered the views of nearly 10,000 CYP aged 13–24, found that 58% had seriously considered suicide in the past year, 19% had attempted suicide, 62% reported symptoms of depression, 70% reported anxiety, and 58% had self-harmed ([The Trevor Project, 2024](#).)

These outcomes are closely linked to minority stress, which arises from repeated experiences of stigma, harassment, discrimination, and exclusion that accumulate over time and negatively impact mental health ([Dürrbaum & Sattler, 2020](#)). Additional risk factors include low socioeconomic status and limited opportunities to discuss sexual identity ([Jadva et al., 2023](#)), as well as exposure to homophobia ([de Lange et al., 2022](#)). For LGBTQ+ CYP from global majority backgrounds, these challenges can be compounded by the impact of multiple minority identities ([Jaspal et al., 2023](#)).

Despite the severity of these difficulties, research suggests that LGB+ CYP are often reluctant to access mental health services. Barriers include experiences of homophobia

and biphobia, challenges in disclosing sexual identity, and fears of being misunderstood. Many also anticipate judgement, rejection, or humiliation, particularly in the context of assumptions about adolescent development, cis-heteronormativity, and conventional approaches to mental health. When LGB+ CYP do engage with services, their experiences are frequently negative. Studies report concerns such as limited practitioner engagement, a lack of staff understanding of LGB+ needs, and exclusion from decision making about their own care (McDermott., 2021, University of Manchester, 2021). Together, these factors create significant barriers to help seeking and contribute to ongoing health disparities in this population.

**Impact of Digital Mental Health Technology for Children and Young People**

DMHT may help address some of the barriers that make it more difficult for LGB+ CYP to access mental health support. Research highlights potential benefits:

- CYP today spend much of their lives online, with social media and digital spaces shaping how they connect with peers, share experiences, and seek information. As a result, they are often more open to using digital tools for mental health support, which provide flexibility, accessibility, and the option of anonymous interaction (Wies et al., 2021). For LGB+ CYP who may face barriers in accessing face to face settings, these features may be especially valuable. Digital platforms can create safer and more comfortable spaces to talk about personal struggles, seek help, and engage with services they might otherwise avoid. This has the potential to reduce inequalities and improve access to care.

- A key potential benefit of DMHT for LGB + CYP is the increased accessibility they may provide. Compared with face-to-face services, digital platforms and apps can be more affordable, overcome geographical barriers, and may reduce the need for long waiting times by offering immediate or on demand support. For CYP in general, this flexibility has the potential to make it easier to seek help when they need it, rather than being restricted by service availability (Wies et al., 2021). For LGB+ CYP, DMHTs may support earlier engagement and more consistent access to care, helping to narrow disparities in mental health support.

- Evidence from a systematic review focusing on LGBTQ+ CYP highlights the range of positive impacts DMHTs may have. Structured formal interventions, such as telehealth, were shown to reduce depressive symptoms, while structured informal tools such as serious games may support coping strategies and stress management. Unstructured formal interventions, including online programmes, showed potential in reducing psychological distress and perceived stress. Unstructured informal interventions, such as peer-driven social media platforms, may help build resilience by fostering social connection and a sense of belonging. Taken together, these findings suggest that DMHTs have the potential to directly benefit LGB+ CYP by reducing depression and stress, strengthening coping skills, and creating opportunities for connection with others who share similar experiences (Liu et al., 2023).

However, digital tools also have limitations. They may not always be personalised or reflect the specific experiences of LGB+ CYP, which can reduce engagement. In addition, unstructured informal interventions such as social media may expose CYP to risks, including bullying and harmful content (Liu et al., 2023).

Local Data:
- The 2023 Southwark Joint Strategic Needs Assessment shows that 9.8% of 16 – 24 year olds in the borough identify as LGB+. An earlier survey also found that 10% of secondary school pupils aged 11 – 16 identified as LGBTQ. It is estimated that around 2,150 CYP in Southwark identify as LGBTQ+, of whom approximately 750 LGB+ CYP experiencing mental health difficulties. However, the number currently receiving treatment is not known.

Potential Impacts of the Project:
- May improve accessibility by creating opportunities for LGB+ CYP to engage with mental health support more easily, without being limited by geography or local service availability.
- It may also contribute to reducing waiting times by exploring interventions that can provide earlier, more immediate forms of support than traditional services. By prioritising flexible and confidential ways of accessing help, the project has the potential to create safer and less daunting routes into care for LGB+ CYP compared with face-to-face services

| Disability Including the NHS requirement to identify and meet the communication needs of people with disabilities. **Consider the full range of disabilities –physical, sensory, learning, and mental ill health Gender Reassignment /Transgender** | Positive impact | Negative impact | No impact | Impact unknown |
|---|---|---|---|---|
| | X | | | |

Please justify your assessment:
CYP with learning disabilities experience some of the highest levels of mental health inequality. They are over six times more likely to have a diagnosable psychiatric disorder, with prevalence rates of 36% compared with 8% in those without learning disabilities (Mental Health Foundation, 2022). The risk extends across a range of conditions, including conduct disorders, emotional disorders, schizophrenia, and depression. National estimates also show that CYP with learning disabilities are more than four times more likely to develop a mental health problem, with one in seven CYP with a mental health difficulty in the UK also having a learning disability (Children and Young People's Mental Health, 2023). For those with greater support needs, challenges in communication mean that distress is often expressed through behaviour that may be labelled as "challenging," which increases the risk of mental health needs being overlooked (Mental Health Foundation, 2022).

Neurodevelopmental disorder (NDDs), such as attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and global intellectual disability, are also strongly linked to poor mental health outcomes. CYP with NDDs are estimated to be three to six times more likely than their peers to experience mental health problems such as depression, anxiety, and antisocial behaviour (King's College London, 2023). These findings highlight how neurodiverse CYP often face both heightened risk and unmet need when it comes to their emotional wellbeing.

For CYP with physical disabilities, emotional wellbeing and physical health are often deeply intertwined. A review of 33 studies examining conditions such as cerebral palsy, juvenile arthritis, and spina bifida found that the most common mental health concerns were depression and mood-related problems (73%), anxiety (39%), and social or

behavioural difficulties (33%), particularly among adolescents aged 13–17 (Lal et al., 2022). Broader population based evidence shows that CYP with life limiting or chronic conditions are also significantly more likely to experience anxiety and depression than their peers without long term conditions (Barker et al., 2023). This reinforces the need to view mental health as an integral part of care for CYP with physical health challenges.

Mental health challenges are also prevalent among CYP with sensory disabilities, often shaped by both the impairment itself and its social consequences. Children with hearing loss are more likely to experience depressive symptoms, self-harm, and, for girls in particular, peer victimisation compared with those without hearing loss (Butcher et al., 2022). The risks are especially pronounced when hearing loss develops later and persists into adolescence. CYP with visual impairments report similarly high levels of need, with studies showing that over half (56.5%) experience symptoms of anxiety and stress (Cheng et al., 2025). These findings underline the disproportionate emotional burden faced by CYP with sensory disabilities and the importance of targeted support.

Despite clear evidence of need, CYP with disabilities frequently encounter barriers in accessing mental health services. For those with neurodevelopmental conditions, clinicians often focus on the presenting diagnosis, such as autism or ADHD, while underlying or emerging mental health needs remain unaddressed. Caregivers consistently report difficulties in securing appropriate support for their children (Munro et al., 2023). A systematic review also found that adolescents with physical disabilities encounter challenges in accessing mental health services, including stigma and unmet needs even when support is offered. Only a minority of CYP with physical health problems received any mental health care, with delays in both seeking and receiving help common (Tremblay et al., 2023). Together, these findings highlight persistent inequalities in access and the need for services to adapt to the specific requirements of CYP with disabilities.

**Impact of Digital Mental Health Technology for Children and Young People**

Limited published literature was found on DMHTs and their impact on disabilities. However, the HIN South London anticipates that, if designed well, digital tools may help address some of these disparities. Digital interventions can:

- Evidence from a UK study found that most carers of CYP with borderline to moderate intellectual functioning believed their child could benefit from CBT if given the right support, suggesting that adapted or digital CBT could be effective for CYP with intellectual disabilities (Hronis et al., 2020).

- An internet based CBT programme tested with children with high functioning autism showed significant improvements in anxiety symptoms and overall functioning compared with those on a waiting list, demonstrating the potential of digital therapies for neurodiverse CYP (Conaughton et al., 2017) .

- Online therapies delivered through apps or telehealth have been shown to provide flexible ways to support CYP with neurodevelopmental conditions, particularly in managing co-occurring challenges such as anxiety and depression.

- Digital tools can be designed with accessibility in mind, using visual supports, simplified formats, and interactive features to make it easier for CYP with learning or communication difficulties to engage with and benefit from mental health support.

However, barriers remain. Some CYP with disabilities may struggle to access digital support and risk being excluded from care. Research during the pandemic showed that CYP with visual impairments faced barriers to mental health services because many remote learning and telehealth platforms were not accessible to them. This highlights the importance of engagement and accessibility. For CYP with disabilities, factors such as interface design, sensory load, communication format, and support in using digital tools determine whether interventions are effective or risk widening inequalities.

Local Data:
- The Southwark Joint Strategic Needs Assessment highlights that in 2021/22, 6,604 pupils under the age of 18 in the borough were receiving support for special educational needs (SEND). Of these, around 10% (656 pupils) had a diagnosis of ASD, while approximately 24% (1,606 pupils) has a learning disability. An estimated 4,400 CYP with SEND in Southwark are living with a mental disorder, with more than one third of those with a learning disability experiencing mental health difficulties. In 2022/23, CAMHS worked with around 250 CYP with ASD. However, there remains limited data on how many CYP with SEND in Southwark are supported through wider services, meaning the number of CYP with a learning disability in Southwark, receiving support for their mental health is not currently known.

Potential Impacts of the Project:
- Offers the opportunity to design services and interventions that are more accessible, inclusive, and responsive to different communication and support needs.
- may help reduce inequalities by ensuring CYP with learning, physical, and sensory disabilities are recognised as groups at higher risk of poor mental health.
- could strengthen early intervention for CYP whose distress is often overlooked or misinterpreted as behaviours that challenge.

| Religion or Belief | Positive impact | Negative impact | No impact | Impact unknown |
|---|---|---|---|---|
| | | | X | |

| Pregnancy / Maternity | Positive impact | Negative impact | No impact | Impact unknown |
|---|---|---|---|---|
| | | | X | |

| Marriage and Civil Partnership | Positive impact | Negative impact | No impact | Impact unknown |
|---|---|---|---|---|
| | | | X | |

| Other (e.g. people living in deprived/rural/urban areas, people on low income/unemployed, adult &young carers, location, isolated, Asylum Seekers and Refugees, Looked after Children) | Positive impact | Negative impact | No impact | Impact unknown |
|---|---|---|---|---|
| | X | | | |

For the purpose of this EIA, the term socioeconomically marginalised is used to collectively refer to CYP living in deprived areas, those from low income or unemployed households, young carers, socially isolated CYP, asylum seeking and refugee CYP, and looked after children.
We acknowledge that acceptance of this terminology may vary and recognise that no single term can fully capture the diversity of experiences within these groups. The terminology is therefore applied here for consistency and clarity, without intending to diminish individual identities or circumstances.

Please justify your assessment:
Socioeconomically marginalised CYP are two to three times more likely to develop mental health problems (Kirkbride et al., 2024) Financial strain is not only correlated with poor outcomes but is a causal driver, for example research by Vizard et al., 2021, found that during the COVID-19 pandemic children with probable mental health problems were more than twice as likely to live in households that had newly fallen behind on bills or rent, compared with those in financially stable families. The study also reported that one in ten CYP said their family did not have enough to eat or had to increase reliance on foodbanks compared with before the pandemic. In parallel, according to a 2023 NHS data 27% of children aged 8 –16 with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with rent, bills or mortgage payments.

The link between deprivation and poor mental health outcomes is also evident in self-harm rates. Research highlights that incidence rates were significantly higher in the most deprived neighbourhoods compared with the least deprived. CYP living in the least deprived areas had self-harm rates around 40% (female) and 50% (male) lower than those living in the most deprived areas in Manchester (Hussey et al., 2023). Research shows that, despite the clear link between deprivation and poor mental health, CYP living in socioeconomically deprived areas of Northwest London are more likely to have unmet needs compared with their peers (Lazzarino et al., 2023).

Asylum seeking and refugee CYP also experience disproportionately high levels of mental health difficulties. These arise from both pre-migration trauma (such as conflict and persecution) and post-migration stressors, including integration challenges, discrimination, and stigma (Mental Health Foundation., 2025). Research indicates that unaccompanied asylum seeking CYP face some of the highest rates of mental health difficulties among refugee populations, with elevated levels of PTSD, depression, and anxiety compared with accompanied peers. Discrimination, racism, and social exclusion in host communities further compound their psychological distress and can limit their access to support services (Bamford et al., 2021).

Looked after children (LAC) are among the most vulnerable socioeconomically marginalised groups, with rates of mental health difficulties far higher than their peers.

Research shows that many children in care experience serious mental health challenges, which can lead to self-harm, substance misuse, risk-taking behaviours, and suicide attempts at a rate four times higher than children not in care ([Cummings et al., 2024](#)). These difficulties are often linked to experiences of abuse, neglect, and placement instability, underlining the need for consistent and multiagency support.

**Impact of Digital Mental Health Technology for Children and Young People**

DMHTs show promise in supporting socioeconomically marginalised CYP, CYP if developed in ways that are sensitive to their unique needs. Evidence highlights that:

- When designed with cultural and linguistic adaptations in mind, DMHTs can support refugee and asylum seeking CYP, for example, A recent randomised controlled trail with Ukrainian children and adolescents displaced by war found that a short, school delivered digital intervention (Project SOLVE), delivered via mobile devices, significantly reduced symptoms of depression and anxiety at one month, with improvements maintained at four months. This highlights the potential for scalable and culturally responsive DMHTs to provide timely and effective support for refugee and asylum seeking CYP, particularly where access to face to face services is limited ([Weisz et al., 2025](#)).

- DMHT offer potential to improve access to mental health support for socioeconomically marginalised CYP, who often face barriers to traditional services such as travel costs, long waiting times, and limited local provision. Evidence from ([Piers et al. 2023](#)) indicates that digital tools can provide flexible and cost-effective support, particularly when designed to be simple to use, low cost, and accessible on devices that young people already own. Many CYP in marginalised groups reported finding digital approaches acceptable, and in some cases preferable, as they can be integrated into daily life more easily than face-to-face care.

- Research from ([Liverpool et al. 2025](#)) indicates that DMHTs can help reduce stigma by allowing CYP to seek support privately and flexibly, in environments where they feel safe. This is particularly important for socioeconomically marginalised CYP, who may face additional stigma or mistrust in traditional services.

With that said, digital exclusion continues to be a real concern for socioeconomically marginalised CYP. According to the [Joseph Rowntree Foundation](#) (2025), nearly three in ten children in the UK are growing up in poverty. Factors such as education, family employment, and where a young person lives all influence their ability to access digital services. The ongoing cost of living crisis makes this worse, as rising prices for essentials like food, heating, and broadband force many families to prioritise basic needs over connectivity ([Allmann, 2022](#)). Without factoring in these barriers, DMHTs could risk deepening inequalities and excluding the socioeconomically marginalised CYP who could benefit most from them.

Local Data:
- In [South East London](#) (2025), an estimated 50,950 CYP aged 8–19 are living with a probable mental disorder. Four of the six boroughs (Lambeth, Southwark, Lewisham, and Greenwich) are among the most deprived areas in the country, and one in five children are growing up in low-income households. These figures highlight the close connection between financial strain and mental health

difficulties. Access to support is also limited, with specialist CAMHS currently reach only around 30% of those with a diagnosable condition, leaving many CYP either waiting for care or not in contact with services. This reflects a high level of unmet need in the most deprived boroughs, where disadvantage, access to services, and poor mental health outcomes are closely intertwined.

- In 2022, it was estimated that around 200 of the 456 children in care were struggling with a mental health disorder, yet only 87 received treatment in 22/23. This figure show how many LAC are potentially living with unmet need, and how access to timely support remains limited for those who may need it most (Southwark's Joint Strategic Needs Assessment, 2023).

- Refugee and asylum seeking CYP face similar challenges. In 2022, there were around 250 children and young people aged 0–17 living in initial accommodation centres, including 70 unaccompanied asylum-seeking children in Southwark. Based on prevalence estimates, up to 150 may have been living with PTSD, 100 with depression, 100 with anxiety, and 100 with behavioural or emotional difficulties, with many likely experiencing more than one difficulty at the same time. How many of these children received support is not known, but the figures paint a picture of significant need and the risk of children falling through the gaps (Southwark's Joint Strategic Needs Assessment, 2023).

- According to the South West London Mental Health Strategy a significant proportion of CYP in the area may be experiencing socioeconomic disadvantage, which could potentially affect their mental health. Croydon has both a large CYP population (32%) and is the most deprived borough locally, with neighbourhoods such as New Addington and North Croydon experiencing high levels of poverty. Croydon also records the highest number of LAC, including a substantial population of unaccompanied asylum seekers, many of whom may have experienced adversity. Across south west London, both Croydon and Wandsworth have lower proportion of 16 – 17-year-olds in education, employment or training compared to London averages. These socioeconomic pressures may contribute to greater vulnerability, reflected in higher rates of under 18s accessing NHS community mental health services compared to other London areas, concerns about the wellbeing of LAC, and some of the highest self-harm admission rates in London, with Kingston's rate reported to be twice the London average. The data indicates a potential link between socioeconomic disadvantage and mental health difficulties for CYP.

Potential Impacts of the Project:
- May contribute to improving access to support for socioeconomically marginalised CYP by reducing barriers such as cost, travel and long waiting times.
- The project has the potential to support those experiencing mental health difficulties and enable timely intervention.
- By being designed inclusively, the project may promote greater equity for CYP in vulnerable circumstances, including those in care, young carers, and refugee or asylum seeking CYP.

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