Key findings 2026



Anna Freud

UCL

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Anna Freud's Research Division

The Research Division at Anna Freud builds and applies evidence to improve the lives of children, young people and families. Our work ranges from international trials and longitudinal studies to local evaluations and evidence synthesis, spanning mental health, education, social care and youth justice.

We believe the best research is rigorous, relevant and relational, combining robust methods with lived experience and practice expertise. Collaboration is central to this approach, including through our research units co-located at UCL.

We use evidence to inform practice and learn from practice to strengthen our research, helping to improve support for children, young people and families, now and in the future.

Our research groups and collaborations

Child Attachment and Psychological Therapies Research Unit (ChAPTRe)

ChAPTRe is a partnership between UCL and Anna Freud. Its research focuses on helping to understand children's development, particularly attachment and mentalization, and developing and evaluating psychological therapies for children, young people and caregivers.

ChAPTRe brings together practitioners, researchers and children and families with lived experience to explore why treatments work, who they work for, people's experiences of receiving them and how they can be implemented effectively in real-world services.

The Child Outcomes Research Consortium (CORC)

CORC is the UK's leading membership body collecting and using evidence to improve children and young people's mental health and wellbeing.

CORC members include mental health providers, education settings, cultural and community services, local authorities, professional bodies and research institutions across Europe and beyond.

The CORC team helps organisations collect, analyse and use outcome data to improve services, alongside providing training and knowledge-sharing opportunities.

The Evidence Based Practice Unit (EBPU)

Founded in 2006, EBPU is a partnership between Anna Freud and UCL's Faculty of Brain Sciences.

EBPU bridges research and practice in children and young people's mental health. Its work spans four themes: risk, resilience, change and choice.

The unit conducts research, develops practical tools and resources, provides training, evaluates interventions and shares evidence. Its vision is for all children and young people's wellbeing support to be informed by real-world evidence so that every child can thrive.

Children, young people and families are at the heart of EBPU's work.

Group for Research in Relationships And NeuroDiversity (GRRAND)

GRRAND is based in UCL's Faculty of Brain Sciences and works closely with Anna Freud. It brings together researchers, activists, artists, policymakers, people with lived experience, and health and education professionals.

GRRAND's work spans developmental psychology, relationships and mental and physical health, with expertise in autism, ADHD, learning disability and other forms of neurodivergence. GRRAND works with neurodivergent people, families and professionals to co-produce research, resources, peer support and training, contributing to NHS England-funded initiatives such as Autism Central and the National Autism Trainer Programme.

The group takes participatory, creative and mixed-methods approaches to research, with an emphasis on relationships and lived experience.

UCL Psychoanalysis Unit

Anna Freud has a long history of collaboration with UCL's Psychoanalysis Unit.

The Psychoanalysis Unit is a global centre for psychodynamically informed research. Its research with Anna Freud focuses on improving support for children, young people and families, particularly those for whom support has been hard to access, and strengthening healthcare systems around them. Learning from people with lived experience is central to this work.

The unit also engages with policymakers to help inform policy relating to children and young people's mental health.

Reflections

Every year, we are reminded that our research would not be possible without the generosity of those who take part. We are incredibly grateful to the children, young people, parents, carers and professionals who share their views and experiences, helping us to better understand the challenges they face, ask the right questions and focus on what matters most to them.

This year, our Research Division has evolved to bring together a wider range of collaborations between Anna Freud and UCL. This report reflects the breadth and scale of our collective work, spanning the perinatal period and the early years through to early adulthood and parenting, and encompassing prevention and early intervention through to research in specialist and forensic settings.

We are also placing a greater emphasis on understanding the mechanisms and pathways that influence mental health outcomes, including the therapeutic processes and other 'active ingredients' that contribute to effective support.

To reflect this breadth, we have organised this year's *Key findings* around four new themes:

- understanding mental health and young people's experiences
- supporting families and relationships
- mental health and wellbeing at school
- improving systems and services.

We are proud of the progress our teams and collaborators have made over the last year. We published findings from wave one of Growing Up in the 2020s. Funded by the Department for Education and delivered in partnership with Ipsos and UCL centre for longitudinal studies, this is the first comprehensive national cohort study of secondary school-aged young people in England since the COVID-19 pandemic.

We were pleased to see findings from our Education for Wellbeing research directly inform practice, with the Welsh Government commissioning the delivery of Strategies for Safety and Wellbeing, a curriculum-based mental health approach, across all maintained schools in Wales.

Supporting schools to embed evidence-informed approaches to mental health will remain an important focus in the year ahead, including through our evaluation of Learning Together Mental Health. This whole-school approach aims to improve students' mental health, sense of belonging, engagement with school and academic outcomes, while reducing bullying.

Newer projects include Prevention First, which aims to equip the adults who work with young people with the evidence and practical tools they need to help prevent mental health problems. Prevention First sets out an ambitious national route to stronger mental health for young people by shifting practice towards prevention. It is a collaboration between mental health leaders, Anna Freud and Centre for Mental Health, working in partnership with young people, parents, carers and practitioners.

Following the successful completion of a feasibility study, the Psychoanalysis Unit was awarded an NIHR i4i grant for a three-year study to evaluate a dialectical behaviour therapy-informed programme for young people who self-harm and their parents. The study will involve a full-scale randomised controlled trial within the NHS and will assess the effectiveness of the programme in improving outcomes for young people and their families. Anna Freud is collaborating with Speek Health, King's College London, UCL and Unity Insights on this study.

Looking ahead, several themes will shape our research over the coming year. We will continue to explore young people's digital lives, including interaction with social media and artificial intelligence, through projects such as Growing Up in the 2020s. This autumn has also seen the launch of the independent review into mental health conditions, ADHD and autism, which highlights many themes central to our work. These include tackling the wider drivers of mental health difficulties; strengthening the role of schools and communities in promoting wellbeing and providing early support; improving local data intelligence; and ensuring access to joined-up, evidence-based support that responds to need.

We will deepen our understanding of the social determinants of mental health and wellbeing, including through our work with #BeeWell. Existing research shows that factors such as socioeconomic circumstances, racism and discrimination can influence mental health outcomes, and we want to build on this evidence.

Another priority is ensuring our research includes the perspectives of groups who have historically been underrepresented. This includes children and young people with special educational needs and/or disabilities and their families.

Through our Linking Loss project, we will also work with people who have experienced pregnancy loss before 24 weeks, co-producing a peer-led group intervention to support mental health.

Finally, we will continue to strengthen our focus on knowledge mobilisation – ensuring that the findings and insights from our research reach the people, services and systems that can put them into practice.

Thank you for your interest in our research. We hope you enjoy reading about our recent findings.

Equity, diversity and inclusion

Our commitment

Throughout Anna Freud's Research Division and research collaborations, we are committed to fairness, equity and inclusion, and to improving the representation of diverse experiences and perspectives in our research and our teams. We aim to put these principles into practice throughout our work, from how we design and carry out research to how we work with participants, partners and other organisations.

Progress this year

Over the past year, we have developed shared guidance on equity, diversity and inclusion (EDI), participation and reflexivity, with our team helping to shape and test these resources.

We have also brought together the different ways we recognise and give back to organisations that contribute to our research, creating a shared set of approaches that teams can draw on across projects.

We have seen encouraging progress in recruiting a diverse range of participants to projects such as My Story and Me, where inclusion was built in from the start. This included setting recruitment targets and working with community organisations to reach young women from a wide range of backgrounds.

Supported by the NIHR Undergraduate Internship Programme, we welcomed three interns this summer as part of our paid researcher internship scheme. The scheme aims to increase opportunities for groups underrepresented in research. Two former interns are currently employed within our team, while a further two have previously worked with us.

What's next

Over the coming year, we will focus on strengthening collaboration and bringing greater consistency to our EDI practice. We will invite a wider range of colleagues to contribute to our EDI meetings, helping us share learning, align approaches and embed EDI within our work.

Our quarterly participation meetings will continue to provide a space to share learning and develop guidance and tools, including how we record and evaluate participation.

We will also develop a more consistent and inclusive approach to recognising the contributions of research participants, organisations that help us reach participants and partner organisations. This will include exploring options other than financial remuneration, such as research skills training and professional and career development opportunities. Young people, parents, carers and participation colleagues will help shape this work.

Together, these activities will help us embed EDI and meaningful participation more consistently across our research.



Theme 1

Understanding mental health and young people's experiences

Does measuring wellbeing give us a fuller picture of mental health?

Mental health is often measured by focusing on symptoms and difficulties. However, wellbeing, including positive feelings and psychological functioning, may provide additional information about a young person's mental health. In this study, we explored whether considering wellbeing alongside mental health difficulties could provide a fuller picture.

We analysed data from 15,258 young people in England who took part in the HeadStart* programme when they were in Year 7. Around three quarters also provided data two years later, when they were in Year 9. We compared different ways of combining measures of emotional and behavioural difficulties and wellbeing and explored how well these predicted difficulties with everyday life two years later.

Our findings suggest that wellbeing and mental health difficulties are neither completely separate nor simply opposite ends of the same scale. Instead, they appear to have both shared and distinct aspects. A model that captured both their overlap and their unique elements fitted the data well and the results showed that young people with greater mental health difficulties and lower wellbeing were more likely to report difficulties with everyday functioning two years later.

The findings suggest that measuring wellbeing alongside mental health difficulties could help provide a more complete understanding of young people's mental health, particularly in schools and community settings. However, further research using more comprehensive measures is needed to test and refine this approach.[1]

* HeadStart was a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund. It aimed to explore and test new ways to improve the mental health and wellbeing of young people aged 10–16 and prevent serious mental health issues from developing.

[1] Chokhani, R., Lereya, S. T., & Deighton, J. (2025). Incorporating wellbeing into general factor models: A more complete mental state? *PLOS ONE, 20(11)*, e0335657. https://doi.org/10.1371/journal.pone.0335657

Co-producing an animation-based mental health measure for children and young people

Traditional text-based mental health questionnaires can be difficult for some young people to complete, including those with reading difficulties, special educational needs or different first languages. This study explored whether animation could offer a more accessible approach.

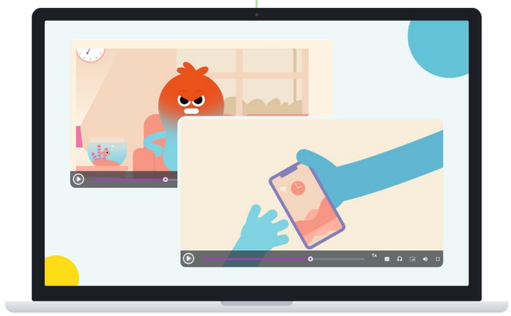
We worked with young people to develop Animi, an animation-based measure of seven symptoms of anxiety and depression. It uses animated characters to represent different experiences, with young people selecting the animation that most closely reflects their own.

Young co-researchers and mental health professionals helped shape Animi through workshops and focus groups. We also tested the measure with 31 young people to explore how well they understood the animations and how easy it was to use.

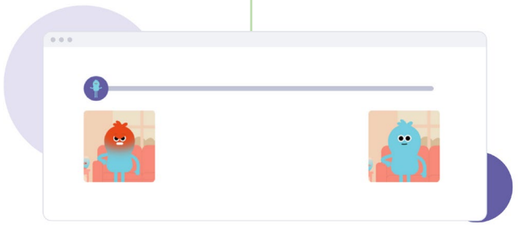
Young people generally understood the animations as intended and found the measure engaging and easy to use. They suggested ways to make it more accessible, including clearer instructions, subtitles and more options for personalisation. Participants also felt the approach could have potential for younger children, neurodivergent young people and those with additional needs.

Animi offers a promising approach to making mental health measurement more inclusive. The next stage of our research will refine and further test the measure, including how reliably and accurately it measures mental health and how it could be used in clinical and education settings.[2]

Screenshots of a video showing Animi having their phone taken away, which leaves them frustrated all day. The measure uses established symptoms of depression and anxiety.



Example of a slider scale, where the user moves the slider to reflect which scenario best reflects their experiences or which Animi is most like them.



[2] Christodoulides, V., Malik, N., Labno, A., Ravaccia, G., Grace, E., Ferguson, A., Obi, O., Khaling, G., Alapati, H., Cortina, M., McDonnell-Bond, L., Edridge, C., & Edbrooke-Childs, J. (2026). Developing an animation-based mental health measure for children and young people. *BMC Psychology*, 14, 451. https://doi.org/10.1186/s40359-026-04036-0



Mapping the adolescent mind: profiles of reflective functioning and epistemic trust in young people's mental health

Adolescence is a key period for developing the ability to understand our own and other people's thoughts and feelings (reflective functioning, or mentalizing), and for developing the capacity to know when and whether it is safe to learn from others (epistemic trust). Both of these are thought to influence mental health. With colleagues in Italy, we explored how different patterns in these abilities relate to young people's mental health.

We analysed data from 688 young people with an average age of 15.5. Young people completed measures of reflective functioning, epistemic trust, mistrust and credulity, alongside measures of emotional and behavioural symptoms.

We identified four distinct profiles:

- **Adaptive** – those with stronger reflective functioning and healthier patterns of trust. They reported relatively low levels of mental health difficulties.
- **Disengaged** – those who were less open to information from others but also reported relatively low levels of mental health difficulties.
- **Ambivalent** – those showing high mistrust and credulity despite relatively strong reflective functioning. This group showed the highest levels of emotional difficulties.
- **Impaired** – those with greater difficulties understanding their own and others' mental states. This group reported the highest levels of behavioural difficulties.

Our findings suggest that different combinations of reflective functioning and epistemic trust are linked to different levels of wellbeing. Assessing these profiles could help identify young people at risk and inform more personalised approaches to prevention and support.[3]

[3] Benzi, I. M. A., Midgley, N., Ensink, K., Parolin, L., Fonagy, P., & Locati, F. (2026). Mapping the adolescent mind: Profiles of reflective functioning and epistemic trust in adolescent psychopathology. *Journal of Adolescence, 98(5), 1549–1558.* https://doi.org/10.1002/jad.70160

Theme 2

Supporting families and relationships

The Reflective Fostering Programme: a randomised controlled trial of a group intervention for foster carers

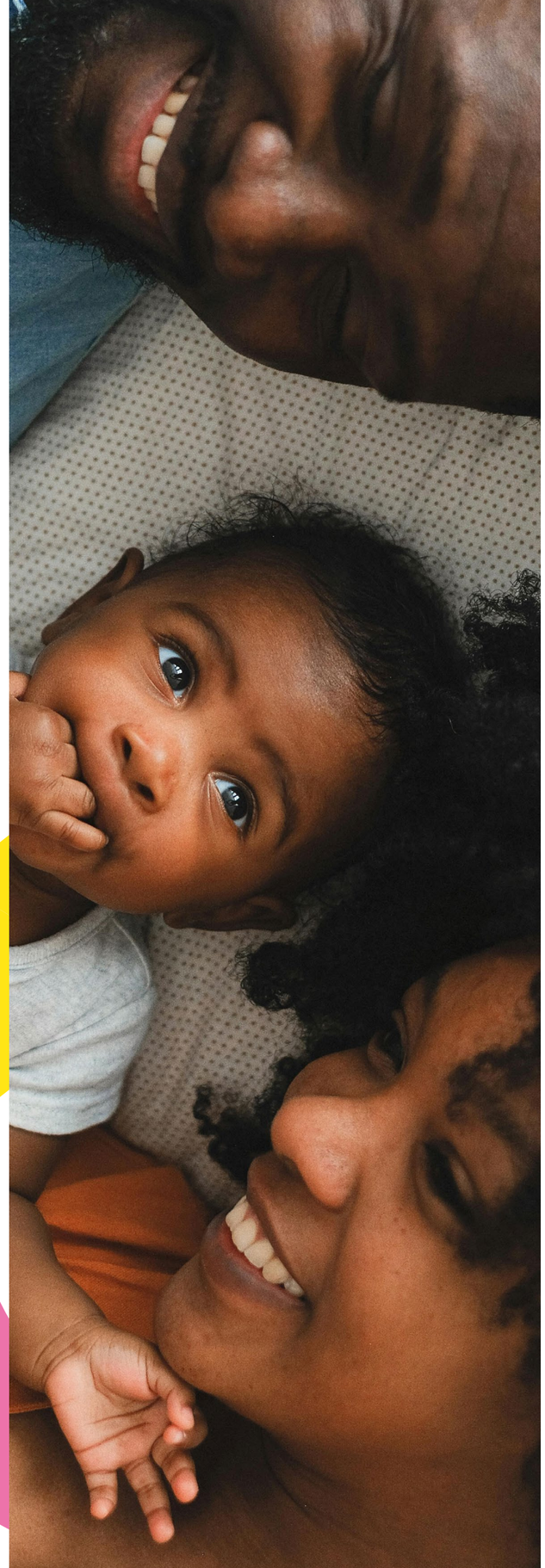
Foster and kinship carers play a vital role in supporting children in care, but there is limited evidence about which interventions are most effective. This study explored the impact and cost-effectiveness of the Reflective Fostering Programme, a 10-week online group intervention for foster and kinship carers.

The study involved 524 foster carers of children aged 4–13. Carers received either the Reflective Fostering Programme alongside usual support, or usual support alone, with outcomes assessed over 12 months.

The Reflective Fostering Programme led to greater improvements in the ability of carers to reflect on children's thoughts and feelings, as well as lower stress and burnout and stronger relationships with the children they cared for. The programme also showed a high probability of being cost-effective. However, the children of the carers who attended the programme did not show significantly greater improvements in their psychosocial functioning or ability to manage their emotions, compared to the children of those carers who received usual support.

Our findings suggest that Reflective Fostering may benefit foster carers and their relationships with children, even where measurable improvements in children's mental health were not seen within the first year.[4]

[4] Midgley, N., Irvine, K., Redfern, S., Murdoch, J., Smith, C., Byford, S., Wellsted, D., Sims, E., Rayfield, E., Ganguli, P., Colles, A., Pursch, B., Rider, B., Sprecher, E., Cirasola, A., Hopson, H., Choudhury, A., Izzidien, S., Stemp, R., . . . Shepstone, L. (2026). The Reflective Fostering Programme – Improving the wellbeing of children in care through a group intervention for foster carers: A randomised controlled trial. *Adoption & Fostering, 50(2)*, 129–157. https://doi.org/10.1177/03085759251410260



Supporting parents and carers to develop reflective functioning skills with an artificial intelligence (AI) chatbot

Reflective functioning involves the ability to interpret and understand your own mental states and those of others. For parents and carers, these skills can enable sensitive responses to their children, which can support their children's socio-emotional development. However, there are currently few interventions available to help parents develop their reflective functioning skills.

Together with collaborators, we developed an interactive AI-based chatbot, MentiParent, which allowed participants to practise having a challenging conversation with a young person. A virtual therapist provided support, helped participants interpret the young person's language and behaviour, and offered suggestions and feedback about the participant's approach to the conversation.

MentiParent was tested first with mental health professionals and then with parents. Overall, participants responded positively to the experience. They described the interactions as realistic and engaging and found the virtual therapist particularly helpful.

The findings suggest that this type of intervention could be developed further to give parents and carers a safe and supported space to develop their reflective functioning skills.[5]

[5] Yirmiya, K., Refoua, E., Truscott, A., Reeve, H., Fonagy, P., & Elyoseph, Z. (2026). Feasibility and acceptability of the MentiParent AI chatbot for training parental reflective functioning. *Scientific Reports, 16,* 17755. https://doi.org/10.1038/s41598-026-47934-4

Interventions targeting interparental conflict – do they work in the early years?

Conflict is a normal part of parenting relationships. However, destructive interparental conflict behaviours (such as aggression or avoidance) are associated with poorer child development and parental wellbeing.[6,7] Parenting interventions that aim to reduce conflict are used around the world, but it is not clear how effective they are, particularly during the early years when parents often experience more conflict.[8]

We conducted a systematic review to summarise the existing evidence about these parenting interventions and understand what further research is needed.

We found that interventions targeting interparental conflict can support a range of family outcomes, including parental relationships, child development and parenting behaviours. We also found some evidence that these interventions can be effective for parents of children under five, though this evidence was limited.

Our review suggests that interventions targeting interparental conflict can support family outcomes in the early years. However, more research is needed to understand which interventions are most effective for families with babies and young children. This would help inform service delivery and improve the care available to families.[9]

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[6] Harold, G. T., & Sellers, R. (2018). Annual research review: Interparental conflict and youth psychopathology: An evidence review and practice focused update. *Journal of Child Psychology and Psychiatry*, 59(4), 374–402. https://doi.org/10.1111/jcpp.12893

[7] Findley, H., McMahon, G., & Giallo, R. (2026). Parent, child and family factors associated with interparental conflict: A study of parents seeking support from a community health service in the postnatal period. *Child & Family Social Work, 31*(1), 378–388. https://doi.org/10.1111/cfs.13283

[8] Huss, B., & Pollmann-Schult, M. (2020). Relationship satisfaction across the transition to parenthood: The impact of conflict behavior. *Journal of Family Issues, 41*(3), 383–411. https://doi.org/10.1177/0192513X19876084

[9] Hopson, H. L., Fonagy, P., & Rosan, C. (2026). The effectiveness of interventions targeting interparental conflict in improving family outcomes: A systematic review. *Journal of Child and Family Studies, 35,* 694–707. https://doi.org/10.1007/s10826-025-03254-1



Theme 3

Mental health and wellbeing at school

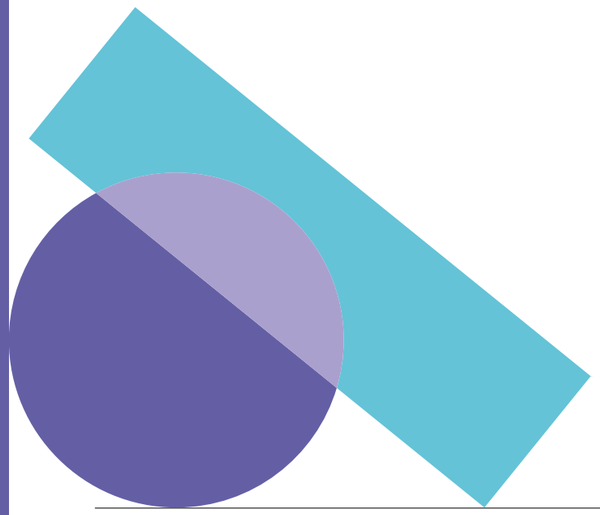
Wellbeing surveys in schools: exploring the views of young people with special educational needs

Schools increasingly use mental health and wellbeing surveys to understand pupils' needs. However, little is known about how young people with special educational needs (SEN) in non-mainstream schools feel about completing these surveys.

We conducted semi-structured interviews with 19 young people aged 11–16 with a range of SEN, including autism and learning difficulties, from four non-mainstream schools to explore their views on completing wellbeing surveys.

We found that young people had mixed but largely positive views. Some valued the opportunity to share how they felt, particularly when they found it difficult to discuss emotions face to face. Some young people told us they believed surveys could help schools improve the support available. However, some young people also raised concerns about privacy, confidentiality and whether surveys would lead to meaningful change.

Based on our findings, we recommend that schools and researchers clearly explain the purpose of wellbeing surveys, how responses will be used and whether they are anonymous. We also suggest that surveys should be accessible, voluntary and embedded within a broader approach to supporting young people's mental health.[10]



[10] Jeffery, M. C., McDougal, E., Lereya, S. T., & Deighton, J. (2026). Exploring the perspectives of young people with special educational needs in non-mainstream schools on completing mental health and wellbeing surveys. *International Journal of Disability, Development and Education.* https://doi.org/10.1080/1034912X.2026.2666497

When school upsets: understanding autistic and ADHD young people's emotional responses

This study explored what happens after autistic and ADHD young people become upset at school, and why their responses need to be understood in context.

With colleagues in the RE-STAR team, we worked with neurodivergent secondary school students to develop the My Emotional Responses in School Inventory (MERSI), a self-report measure designed to capture how young people respond after becoming extremely upset at school. The study analysed responses from 732 students, including autistic students, those with ADHD, those with both ADHD and autism, and non-autistic/non-ADHD peers.

We identified three types of response:

- outward expressions of distress, such as arguing
- inward expressions of distress, including hiding feelings, withdrawing and dwelling on what happened
- solution-focused responses, such as seeking explanations or ways to address the problem.

Autistic and/or ADHD students were more likely to report both outward and inward expressions of distress, and inward expressions of distress were associated with anxiety and depression. Those with ADHD were less likely to report solution-focused responses.

The findings encourage us to look beyond behaviour alone and recognise less visible forms of distress. They suggest that understanding what has caused distress, and the wider school environment in which it occurs, may help schools better support neurodivergent young people.[11]

[11] Lukito, S., Chandler, S., Kakoulidou, M., Griffiths, K., Funnell, E., Wyatt, A., Baker, S., Stahl, D., Pavlopoulou, G., & Sonuga-Barke, E. J. S.* (2026). Autistic and ADHD adolescents respond differently to upset in school: Evidence from a new questionnaire co-designed from the neurodivergent point of view. *European Child & Adolescent Psychiatry.* Advance online publication. https://doi.org/10.1007/s00787-026-03073-9 *joint senior authors

Reducing the emotional burden on neurodivergent students at school

What if, instead of asking neurodivergent students to become better at coping with school, we asked what schools could change to reduce the emotional burden students are being asked to carry?

The RE-STAR team spoke to 11 autistic and/or ADHD students aged 11–16 attending mainstream secondary schools in the UK, alongside 12 members of school staff from 10 schools.

Students and staff identified several factors that could contribute to distress, including overwhelming sensory environments, uncertainty and unexpected change, a lack of belonging and understanding, inflexible policies and pressure around academic achievement.

Students described feeling overwhelmed, anxious, lonely, misunderstood and sometimes ashamed. Some hid their emotions at school, meaning their distress was not always visible to others.

Staff also described challenges like workload, limited time, emotional exhaustion and feelings of helplessness. Some felt policies could restrict their ability to respond flexibly to individual students. They noted that understanding of autism and ADHD varied between colleagues, and felt that insufficient training was available.

The findings suggest that supporting neurodivergent students' wellbeing requires attention not only to how individual young people cope with distress, but also to the environments, relationships and systems around them.[12]



[12] Kakoulidou, M., Pavlopoulou, G., Low, L., Chandler, S., Baker, S., Johnson, A., Lukito, S., Hurry, J., & Sonuga-Barke, E. J. S. (2026). Reducing emotional burden carried by neurodivergent students in school: Perspectives from students and school staff. Journal of Autism and Developmental Disorders. Advance online publication. https://doi.org/10.1007/s10803-026-07470-6

Theme 4

Improving systems and services

Forgotten grievers: what services can learn from families bereaved by youth-violence-related homicide

Families bereaved by youth violence experience profound, complex and enduring grief. They report a lack of awareness of available services, alongside inconsistent, inadequate and difficult-to-access support.

This research was a collaboration between UCL's Psychoanalysis Unit and the charity Safer London, initiated in response to concerns raised by Mrs Karen Green Stewart regarding the adequacy and scope of support provided following the murder of her son, Lamar Stewart, in September 2017.

We carried out 24 semi-structured interviews with people affected by youth-violence-related homicide, including members of immediate and extended families and a peer.

The interviews explored the support people received following their bereavement and what better help might look like.

Recommendations for an improved model of care included:

- providing timely, long-term support
- offering responsive, flexible and tailored care that is compassionate and culturally sensitive
- making support more accessible and embedded within community settings
- rethinking how support is organised and delivered, including the potential value of a dedicated key worker.

The findings highlight practical ways services could improve support for families bereaved by youth violence.[13]

[13] Wallace-Hanlon, S., Green Stewart, K., Okafor-Sholaja, N., Peck, S., Fonagy, P., Campbell, C., & Simes, E. (2026). Forgotten grievers: What services can learn from families bereaved by youth-violence-related homicide. *Death Studies.* Advance online publication. https://doi.org/10.1080/07481187.2026.2705379

On the Way to School: supporting active travel programmes

Active travel programmes that support children to walk or cycle to school can have health, social and wellbeing benefits. However, opportunities for active travel are not equally accessible, and programmes can be particularly challenging to implement in low- and middle-income countries.

On the Way to School is exploring how active travel programmes can be successfully implemented in different settings. The project brings together learning from Colombia, where such programmes have been running for several years, with work to develop an approach for Mozambique, engaging with local communities to co-produce implementation plans.

The team worked with 23 experts from different countries and disciplines to develop a four-stage approach:

1. understanding local challenges
2. identifying what helps or hinders implementation
3. working with local stakeholders to plan how programmes could be delivered
4. defining an approach to measuring outcomes.

The research highlighted the importance of adapting programmes to local priorities. While health provided an important focus in Colombia, road safety and personal security emerged as important ways to engage local organisations in Mozambique.

This project provides a blueprint that could support the planning and implementation of similar programmes, with the potential to benefit children's health and wellbeing through everyday active travel.[14]

[14] Oviedo, D., Wilches-Mogollon, M. A., Arbelaez, M. J., Villamizar-Duarte, N., Sarmiento, O. L., Marquez, S., Davila, J. D., Romero de Tejada, J., Durán, D., Florez, J., Torres, M. L., Casas, G., Guzman, L. A., Edbrooke-Childs, J., Chrisinger, B., Salinas, L., Pristа, M., Serra, C., Casas-Cortes, C., & Lombe, M. (2026). On the way to school: Co-producing pathways for evidence-based implementation of active mobility to school interventions. *African Transport Studies, 4*, 100095. https://doi.org/10.1016/j.aftran.2026.100095

How do young people with anxiety and depression reach specialist mental health services?

Young people with anxiety and depression can be referred to child and adolescent mental health services (CAMHS) through various routes including schools, primary care, hospital emergency services and social care. However, little is known about whether referral pathways differ according to young people's socio-demographic and educational characteristics.

We analysed linked education and CAMHS records for 4,169 young people in south London with a clinical diagnosis of anxiety and/or depression. We examined whether educational and socio-demographic factors were associated with different referral routes.

Young people with lower attainment, special educational needs or a history of school exclusion were more likely to be referred through education services. Black young people, those eligible for free school meals, those with English as an additional language and care-experienced young people were more likely to access CAMHS through social care or youth justice services.

These findings highlight the important role of schools in identifying mental health needs and suggest that closer collaboration between education, health and social care professionals could support more equitable access to specialist services.[15]

[15] Yoon, Y., Deighton, J., Wickersham, A., Lewis, S., Chui, Z., Edbrooke-Childs, J., Osborn, D., Viding, E., Jewell, A., & Downs, J. (2026). Pathways into child and adolescent mental health services for anxiety and depression: The role of social and educational factors. *European Child & Adolescent Psychiatry.* Advance online publication. https://doi.org/10.1007/s00787-026-03084-6



Overrepresented and underserved: autistic young people seeking help in suicidal crisis

Together with colleagues, we examined the medical records of 338 children and young people aged 8–16 who attended a UK paediatric emergency department in suicidal crisis. Across the study period, these young people accounted for 472 emergency department visits.

Over a third (35.8%) of the young people presenting in suicidal crisis were autistic, recorded as suspected to be autistic or self-identified as autistic.

Autistic young people presented at a younger age than their non-autistic peers, and 62% were female – an important finding given continuing challenges around recognising autism in girls and young women.

Significantly, around three quarters (74.4%) of the autistic young people had previously been known to CAMHS. Autistic young people were also more likely to return to the emergency department for suicidal crisis: 31.4% had repeated attendances, compared with 17.5% of non-autistic young people.

The findings highlight that many autistic young people presenting in suicidal crisis have already had contact with CAMHS. They point to the importance of considering how support can better meet autistic young people's needs before, during and after a crisis. This could include earlier and appropriately adapted mental health support, reasonable adjustments during emergency care and effective follow-up after discharge.[16]

[16] Ashworth, E., Saini, P., Hanlon, C., Hunt, A., McCarthy, M., Wynne, S., Crosbie, V., Bray, L., Moore, D., Knight, A., & Pavlopoulou, G. (2026). Over-represented and under-served: Autistic children and young people seeking help for suicidal crisis in a UK emergency department. *Journal of Autism and Developmental Disorders.* Advance online publication. https://doi.org/10.1007/s10803-026-07424-y



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