healthwatch Cheshire East

Children and Young people's (CYP's) Understanding of Mental Health in Cheshire East

This report explores CYP's experiences, knowledge and understanding of mental health

June 2016

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About Healthwatch Cheshire East

Healthwatch Cheshire East is here to make health and social care better for people. We believe that the best way to do this is by designing local services around people's needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put people's experiences at the heart of their strategies.

Our vision

Healthwatch Cheshire East as "Consumer Champion" will give everyone in our community a powerful voice enabling them to get the best out of their local health and social care services and help to shape and improve these services for the future.

Engaging with people who use health and social care services

We have used different ways to engage with consumers, to find out their experiences of services including focus group interviews, online surveys and social media, attending various events and talking to people about who we are.

Our Engagement Team's goal this year has been to increase the number of people we interact with.

Our priority is to listen to seldom heard groups and make sure their voice is represented. At the beginning of the year we analysed the stories gathered so far and undertook a 'gap-analysis' to find out who we hadn't yet listened to.

Our key target groups for the year were identified as:

- Carers
- Seldom heard groups
- Young people
- Young mothers
- Older people

'Seldom heard' is a term used to describe groups who may experience barriers to accessing services or are under-represented in healthcare decision making.

NHSinvolvement.co.uk

Working with Children and young people

We listened to over 200 carers at groups and events over five months in 2015, which resulted in a report that was published on our website and disseminated to all stake holders. The report was recognised by Healthwatch England and Healthwatch Cheshire East have presented in London.

Providing an information and signposting service for health and social care

We also help families and carers to find and access local services and to take more control of their own health and social care. This is done by providing information about local services and helped them to navigate the health and social care system.

Share your Experience

You can share your experience and stories with us by completing our online form, phoning our office, or joining us at one of our events.

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Executive Summary

The project is an initiative by Healthwatch Cheshire East, in light of the national and local transformations to children and young people (CYP)'s mental health services.

It explores CYP's knowledge and understanding of mental health and sought to answer questions on how children understand mental health.

The work was undertaken with Cheshire East young advisors. We recognise at this time that CYP's organisations/ service providers are working on various ways of improving mental health services for CYP in Cheshire East.

The aims of this project were:

- ✓ To explore children and young people's understanding of mental health
- ✓ To understand how they process and deal with negative emotions
- ✓ Identify routes through which children feel they can get support if they need it.

The outcome is that the report will provide intelligence to support work that is already being undertaken in improving services across the locality.

As an organisation that is a 'consumer voice', we understand the importance of the consumer voice in designing services that are relevant and accessible to communities they serve.

Children's voices should be included at all levels in the design and transformation of mental health services in Cheshire East. In keeping with this principle we used child focused participatory research methods, using story creation to facilitate discussions around mental health with children between the ages of 9-11 years of age.

The project was undertaken in 7 schools in Cheshire East that included 3 primary schools and 4 high schools. There were no set criteria in regards to recruitment of schools, just those who were willing to take part. Due to limited resources available, the research could not be undertaken with all children in the year groups. Therefore, it was left to the teachers/Head teachers to choose the participants with an emphasis on diversity of experiences, ethnicities and needs

The data was analysed using thematic analysis, key themes emerged which have provided the structure for this report. In summary the themes are:

- Children's understanding and knowledge of mental health was mainly based on family experiences and school education.

- Children and young people use friendships and pets in significantly different ways when they are emotionally and mentally distressed.

  Friendships are used for support and off loading of their burden and they become co-conspirators to their situation. On the other hand, pets and toys are used to build confidence and working through one's emotions so they are able to speak to an adult about their situation.

- Trust was a theme that was common throughout the stories. The children talked about opening up to an adult they trusted in whatever setting they were, i.e. trusted parent, teacher or friend.

- Financial concerns, where parents lose their jobs and the children are worried about being homeless.

- Body image and self esteem: The children seemed to be very concerned about looks and their peers' opinions of them. This anxiety and stress over looks, coupled with other stressful situations has an impact their mental health.

- Bullying and cyber bullying: All the children were aware of the impact bullying has on one's mental health. They also understood how some children may bully others as a way of dealing with their own negative emotions as result of being bullied.

There were also common experiences that were found to contribute to children's mental ill health. It is important to note that the children understood that circumstances are not experienced in isolation, but are all intertwined, each impacting one's mental health in different ways.

Through the identification of the themes there are two key recommendations that we would make:

- The provision of support for children should consider the different channels they can access to communicate their concerns. It is also important that they are aware of the options available to them and how they can access them.

  This includes online services; we recommend that children are made aware of reliable and accurate online support.

- That schools are supported to ensure that trusting relationships are developed between staff and pupils and that schools consider how they ensure that the children know they can trust designated support staff. e.g. In one school, the pastoral team, put in place for supporting children were not very popular with the children, as they were seen to be the people one was sent to when in trouble.
- Teachers are trained around self harm, so they are better able to support children accordingly.

Introduction

Children's health and well-being is essential to children's psychosocial adjustment in early childhood and socio-emotional competencies in later life success. In recent years, there has been an increase in numbers of children with mental health problems and this increase has been at the fore of political and health providers' debates and discussions.

There is a need to ensure that the voice of the child is embedded in making decisions and this report aims to provide that 'voice'. Children's right to have their voice heard is enshrined in the Children Act (2004) and the United Nations Convention on the rights of the child (1989) and locally, The Cheshire East Children and young people's plan 2014/2018[1].

Healthwatch Cheshire East understands the importance of children's participation in consultations regarding their lives, therefore, the children in this project are viewed as competent social agents that are able to influence and effect changes in their social and cultural settings.

The children were asked questions around their understanding of mental health and most importantly, how and why they access services. These questions were designed with an understanding of children's unique experiences of their world and are able to reflect and interpret those experiences.

Research and consultations with service users and their families show that there are gaps in access and provision of service across the country. Similar consultations and patient feedback by both of the Clinical Commissioning Groups in Cheshire East have found similar findings in regards to service provision for children and young people with mental ill health.

The purpose of this report is to provide evidence for the work that is currently being undertaken by other agencies and also provide another perspective to that work. For the purposes of this report,

> Mental health is defined as 'what we think about ourselves /lives/circumstances, how we feel about it and the impact it has on our relationships with other people'

This is a simplified definition that was used with the children.

The proceeding sections provide an in-depth analysis of the findings in regards to answering the research questions.

[1] http://www.cheshireeast.gov.uk/children_and_families/childrens_trust/childrens_trust.aspx

Context

A review of services by the two local Clinical Commissioning Groups (NHS Eastern Cheshire CCG and NHS South Cheshire CCG), Children's Trust, Cheshire and Wirral Partnership and NHS trusts have shown that there are inconsistencies and gaps in service provision across Cheshire East.

The waiting list for CYP in Cheshire East is deemed higher than ever before. We, as a consumer voice for health and social care, saw the need to do consultations with CYP and make sure that their voices are heard and are fed into current work being undertaken locally.

National context

On a national level, the Department of Health and NHS England set up a Children and Young People's Mental Health Task force[2] (CYPMHTF), 2014.

The aim of the task force was to identify the barriers and challenges to children accessing services and provide solutions that would improve mental health services for children and young people. This work was also in collaboration with the Department of Education.

The report notes the importance of collaboration between health and education and acknowledges the work that schools already do in educating and supporting children with mental health problems. The results from the task force have seen certain policies being implemented at local levels across England.

Local context

There are various work projects underway in Cheshire East that are focused on CYP's mental health services, interventions, support and treatment.

One of the priorities of Cheshire East Council's Children and Young People's plan for 2015/2018 is the improvement of CYP's emotional and mental health and well-being. It aims to equip CYP with the resources they need to able to

[2] https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people.

communicate their needs and access the right services. Although this report is not going to be discussing each work plan in detail, below are summaries to give the report a context.

The Cheshire East children and young people's plan[3] (2014-2018) estimates that between 10 to 15% of children have a mental health problem, which would be between 8,000 and 12,000 children of young people in Cheshire East, who have accessed support services.

Some of the areas of concern have been self-harm, with an increase of children identified as self harming.

The local CCG set out mental health priorities that are a part of the larger mental health plans[4].

The focus is to improve services for people affected by poor mental health. These priorities are aligned with outcomes from the national CYP's mental health task force report.

NHS South Cheshire CCG and NHS Vale Royal CCG

Both South Cheshire and Vale Royal and Eastern Cheshire CCG are jointly working together to improve services for Children and Young people in Cheshire East. South Cheshire and Vale Royal are explicitly looking at the following priorities in an effort to support people with mental health problems:

- ✓ Better access to high quality services
- ✓ A wider choice of treatments
- ✓ More focus on prevention
- ✓ Increase funding
- ✓ Reduce the stigma attached to mental health problems

South Cheshire and Vale Royal CCGs have also launched a number of programmes in support of people with mental health issues.

3 (http://moderngov.cheshireeast.gov.uk/ecminutes/documents/s37472/ChildrenandYPPlan.pdf)

4 http://www.southcheshireccg.nhs.uk/news_items/9880-south-cheshire-named-as-pilot-area-to-benefit-from-3-million-investment-in-mental-health-in-schools

NHS Eastern Cheshire CCG

Similarly, Eastern Cheshire CCG[5] has also set out their own mental health plan, to transform children and young people's mental health services. From prevention to interventions for existing or emerging mental health problems, including in-patient care and transitions between services.

In Eastern Cheshire, there are an estimated 5,500 children with mental health conditions and the service will allow children to be treated at home and in the school setting – bringing care professionals to where children are, rather than the other way around.

Children's Mental Health Services (CAMHS)

CAMHS define mental health as being about the way you think and feel, and how you manage with life's ups and downs. The Child and Adolescent Mental Health Service, is a team whose role is to improve the mental health of children and young people through providing various therapies and other resources young people need to deal to improve their mental health.

They work in partnership with GP's, hospitals, multi disciplinary professionals and parent and carers to support children's health and social care needs.

5 https://www.easterncheshireccg.nhs.uk/News/Mental_health_transformation_plans.htm

Who are the children we are talking about?

The project is underpinned by principles of the ecological approach (Bronfeinbrenner, 1989) that argues that children's development, health and wellbeing is impacted by their social and cultural contexts.

Children's lives are embedded in a specific socio-cultural and economic culture. Therefore the children's understanding of mental health would be influenced by their various contexts. The project also identifies children as agents of their lives who interact with the world and co-construct their world around them. Thus we also sought to find out if schools provided any information to children around mental health and well being and any other related work with other organisations.

The children that took part in the project were from schools that are located in various areas of Cheshire East, who have their own culture and socio-economic contexts which would have an impact on how the children experience certain challenges and how they access support.

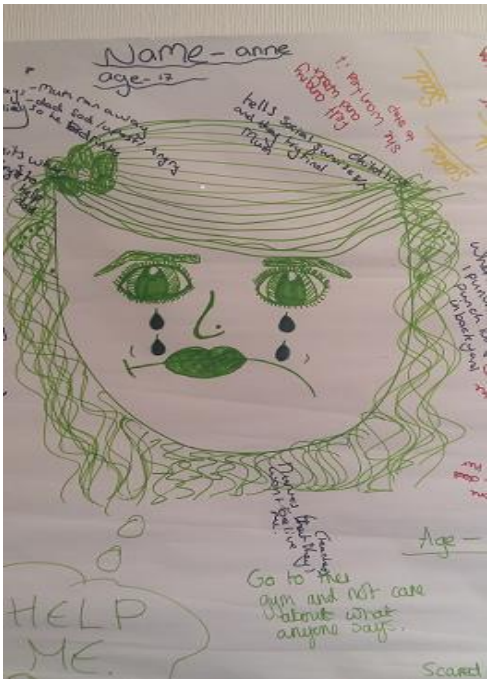
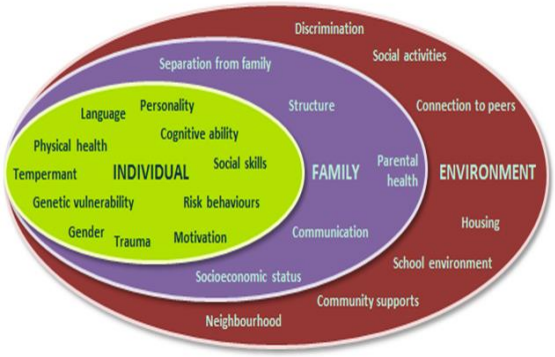


Diagram 1 (below): Shows the relationship between an individual and their social/cultural context. This has been used as a basis for our project in understanding children and young people's mental health



Involvement of Schools

Cheshire East is a geographical area that is mainly affluent with pockets of deprivation and small minority populations. In regards to recruitment of participants, we were aware of the challenges of inclusive research and sought to engage with various schools and groups that would be more representative of the local populations.

Recruitment was based on the schools that were willing to participate. Emails were sent to heads of schools and other organisations/ charities that work with children and young people. After, which meetings were arranged with the schools that wanted to take part.

Scholars agree on the importance of diversity in participants that is reflective of the local population and children are not a homogenous group. Efforts were made to recruit children from as diverse a backgrounds as possible. There were no specific criteria set for actual school participation. However, it was important for the project to involve as diverse a sample as possible in order to get children's unique views and experiences.

Additionally, we were made aware of the 'Emotionally healthy schools project' in some schools across Cheshire East. These schools were excluded from the research to avoid biased results as a result of the ongoing work within the schools.

Young people involved

The primary schools involved were predominantly White British. The schools had programmes on anti-bullying and other related information. All schools had a welfare/ pastoral team that is involved in the children's emotional well being in the school. All schools had experiences of children with varying degrees of mental ill health and were being provided with support both outside and inside school.

The year groups involved were year 5/6 (primary schools), with 120+ children and year 7 (secondary schools), with 180+ children taking part. The reason these classes were chosen was because of the project's additional focus on transition from primary school to secondary school support.

Within the resources available, the research could not be conducted with all the year groups in the high schools. Therefore, the children that were involved were those the schools felt would benefit and give the school an opportunity to explore some of the barriers to accessing support within the school.

Information and informed consent/assent

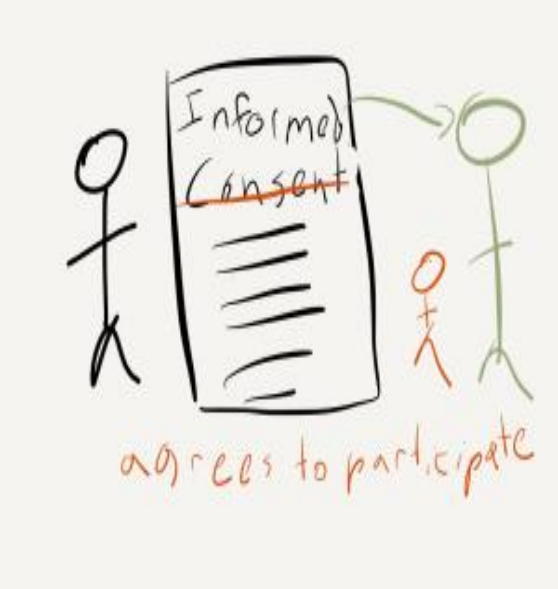
Any project that includes interviewing or consulting with children must include information about what the research project is about and gain consent from participants (Angell, Alexander and Hunt,

2015). This research project adheres to our own ethical standards/principles of working with vulnerable people, including children.

Negotiation of access was through the head teachers, who are the gate keepers and have duty of care for the children. Meetings were held with school head teachers and pastoral teams, so they understood what the work was about.

Information letters and consent forms were sent to parents with the appropriate information relating to anonymity, confidentiality, right to withdraw and how the children's stories would be used.

During the sessions, the schools' pastoral teams and class teachers were present to provide support for children who may have become distressed. In the event of a child disclosing an upsetting experience or becoming distressed, we would follow the school's safeguarding procedures and also provide information on counselling services available locally.



Data collection: Participatory research methods

The project utilised a participatory, child centred arts based approach to achieve our aims. This approach was chosen because it gives children an opportunity to explore their own ideas and understandings. It also gives them the space to create their own stories with adults acting as facilitators of that process.

Researchers concur on the challenges of qualitative research with children, that is truly reflective of their perspectives and experiences (Carter and Ford, 2013; Mayaba and Wood, 2015). Others have argued for research methods that are participatory, inclusive and give the children an opportunity to explore their ideas without too many constraints.

Story creation was used to explore issues around mental health[6], with cue cards used as prompts (see diagrams and pictures below). Prout (1997) has argued that drawings and story creation give children of different abilities an opportunity to express themselves, if they are not confident with verbal communication, which gives all children an opportunity to participate.

The head teachers/teachers provided information about any children that had experiences of mental health issues that we needed to be aware of, hence we provided the children with 'rules of conduct' that emphasised sensitivity and respect for others' opinions and contributions.

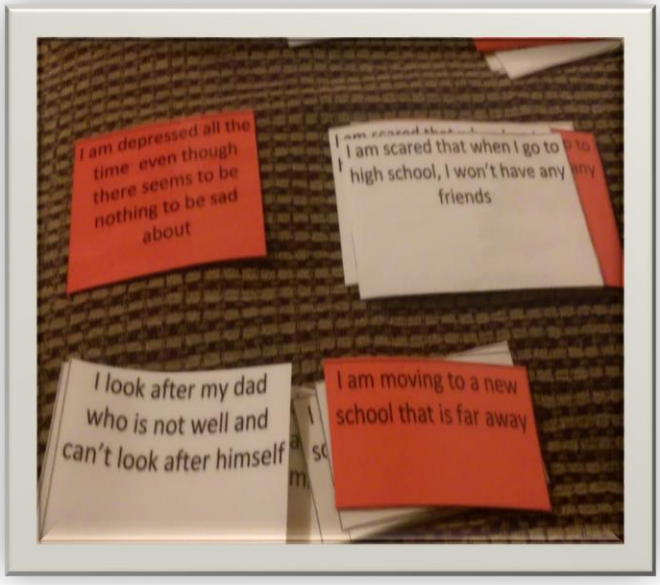
[6] 'Draw, write and tell': A literature review and methodological development on the 'draw and write' research method. Angell, Catherine; Alexander, Jo; Hunt, Jane A Journal of Early Childhood Research, 02/2015, Volume 13, Issue 1

Research design: How story creation was used to elicit information

Strategy used: Research purpose	Create a character as a class and then do the same in groups. To get the children to create a character, they can identify with and can better understand their experiences.	Questions asked: What is the name of the character? Where do they live? Who do they live with? How old are they?
Strategy used: Research purpose	Create stories using cue cards (see below diagram). Children can begin to explore and reflect on different circumstances and their impact on their mental health. Children could also think about how they could seek help and why they would choose to speak to that individual about their mental health problems.	What could be going in this character's life? How do they feel about it? What can they do about it and why?

Cue cards used for the stories

Cue cards were used as 'triggers' to help the children with their story creations. According to (Carter and Ford, 2013) use of triggers aids in eliciting data and helps engage the children with the research. Children had to choose the cue cards; they thought were interesting and build a story around it, using the questions above.



Challenges of using participatory research with children

We are aware of the challenges of using participatory research with children, which include; understanding and interpreting children's concepts and language away from the adult world. Hence, the data was analysed with the help of the Young Advisors who were able to bring their experiences and understanding of mental health as young people.

Limitations of the study

The criteria for participation and who participated was left to the schools. Leaving that choice to the schools could result in biased opinions, as schools may choose children whom they deem capable of taking part or will behave well in the sessions. Additionally, all the children attend school in Cheshire East and those that attend schools outside of Cheshire East were missed.

Findings

Session one: Perceptions of mental health

What do you understand by the phrase 'mental health'?

The data was analysed using thematic analysis. Overall, most of the children did have a sophisticated understanding of mental ill health and not necessarily mental health. They were aware of the link between life experiences and one's mental well being. They also had understanding of how mental ill health might impact one's physical health and behaviours as an individual.

They had understanding of coping strategies for negative emotions that an individual may use. This concurs with research that has been done on how children understand mental health. Research by Roose and John (2003)[7]'s research with 10-11 year olds found that children did have a sophisticated understanding of mental health.

Although Walsh (2009)'s research found that older children, 12-14 years had a better understanding of how mental health problems were not only linked to behaviours, but also to cognitive and emotional well being of an individual. In our research, although the children are younger, we found that most of the children in high schools did have understanding of how some mental health issues have an emotional and cognitive impact on people's lives[8].

Diagram 1: Relationship between negative experiences and one's mental health

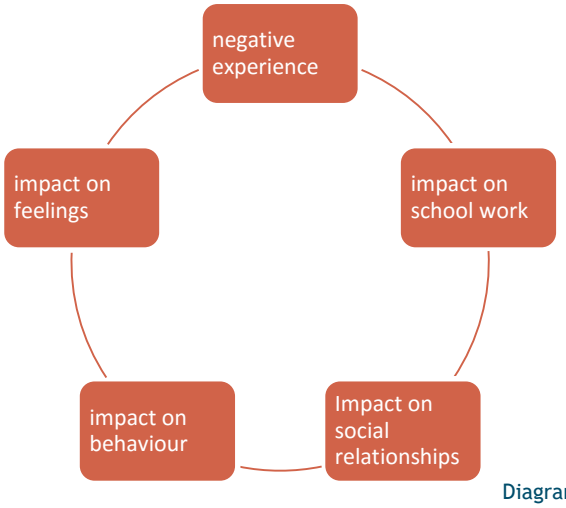


Diagram 1

[77] Roose and John, (2003) A focus group investigation into young children's understanding of mental health and their views on appropriate services for their age group. Child: Care, Health and Development Volume 29, Issue 6, pages 545–550,

[8] Level of understanding would also be determined by age and cognitive developmental stage

Knowledge based on personal/family experiences

50% of the children, in both primary and high schools understood mental ill health from their family experiences which formed a basis on which they built their perceptions of mental ill health.

It is important to note that having a personal experience of a learning disorder or mental health problem made it difficult for the children to differentiate the differences between the two, even though learning disorders may impact one's mental health. This confusion has been found by other scholars, who found that younger children (below, the age of 14years) did have some confusion on the differences between the two[9]. Examples of children's responses:

John* who had been recently diagnosed with autism, a few weeks before the session, talked about mental health as,

> **'When the way you think is different to everybody else's and you are more intelligent'**

Jemima* also talked about mental health in relation to her cousin who had been sent away because;

> **'There was something wrong with his brain, he had a mental problem and they had to send him away…that's all I was told'.**

Therefore, her understanding of mental health was that it was when there was 'something wrong with your mind'

Another child, Peter* talked about mental health in regards to his mother's work,

> **My mom is a nurse and she works with people who are sick in their minds and she has told me about mental health……it's when you are sick in your head and not normal like everybody else'.**
>
> **…it makes me think about my brother' 'My brother went to a mental hospital'**

Drey* who also had been diagnosed with autism said;

> **'It's about thinking in your brain, I have autism'**

One of the children was upset because his friend had said, you have a 'mental problem, because I struggle with reading in class'

[9] Walsh, J (2009) Children's understading of mental ill health: implications for risk and resilience in relationships. Child and Social work, 14, pp 115-122


MOMMY
ME
DADDY

Understanding based on education at school

The children were asked if they had heard about mental health in school and 80% of them, both primary and secondary schools, had covered it in school. However, the children's experiences seemed to take precedence over what they had been taught.

The children were aware that mental health had something to do with how one felt, their thoughts about situations and how this affected their minds. Importantly, all the schools had children who had different levels of mental ill health and were on various forms of treatment and support.

The schools also had policies in regards to reporting and supporting children with mental ill health. Some of the primary school children did not seem to have a deeper understanding of the various mental health illnesses. These discrepancies in level of knowledge could be a result of level of teaching.

Examples of children's responses:

'Health outside your body….mental health is mind…your inside'

'Disease [that] does something to your brain …e.g. schizophrenia'

'Your head works different to others'

'Mental health is about when you have something happen to you and it upsets you and affects your mind'.

On the other hand, some of the children understood mental health in relation to specific circumstances within the school.

A couple of the schools had higher incidences of self-harm and the children were aware of the incidences. These experiences eschewed the children's understanding of mental ill health and influenced how they felt their story characters would seek help.

School X had had issues with children self-harming and although the situation had been dealt with, the children were aware of what had happened and as a result talked about, 'keeping self harming a secret, as you could get into trouble'

In another school (Y) when the children were creating a character for the story, the class all wanted to give the character a certain name with a certain mental illness, which the teacher intervened and told us that the character was a real child in the school who had experienced mental illness and had difficulty in the school and had to leave. The children were then not allowed to do the story.

Session two: Emerging themes from the stories

All the cue cards were used to create stories; below is a summary of the ones that were commonly used by the children to create the stories.

Cards used	% of children who used them
I hate my body	**90%**
I am being bullied at school	**100%**
I am always on the internet going on sites that I shouldn't and I can't help myself. I don't know what to do	**60%**
I feel angry all the time	**95%**
My parents are always fighting and it makes me sad	**90%**
I don't like myself very much	**95%**
We are moving and I don't want to go to a new school	**50%**
I am scared that when I go to high school, people will find out that sometimes I cut myself to feel better	**75%**
I find it difficult to understand stuff at school because of a learning disorder	**80%**
I don't feel like I belong because I am different	**95%**
My dad is always drinking and I am worried about his health	**80%**
I am ashamed of my family because we are poor and I don't want people to know	**90%**

As stated earlier, 85% of the children were able to understand the link between circumstances and one's mental well being. They were able to connect how certain circumstances would impact on one's mental health.

The following sections will discuss the main themes and provide examples of children stories. These themes can not be viewed as being independent of each other, but experienced at the same time.

There were common themes found to significantly contribute to children's mental ill health. The children's main concern was **bullying**, which was mostly related to their **body image** and how others saw them.

The children's characters appeared to show them as inferior to their peers and highlighted the reason other children would bully them e.g. calling a child "four eyes", because they wear glasses.

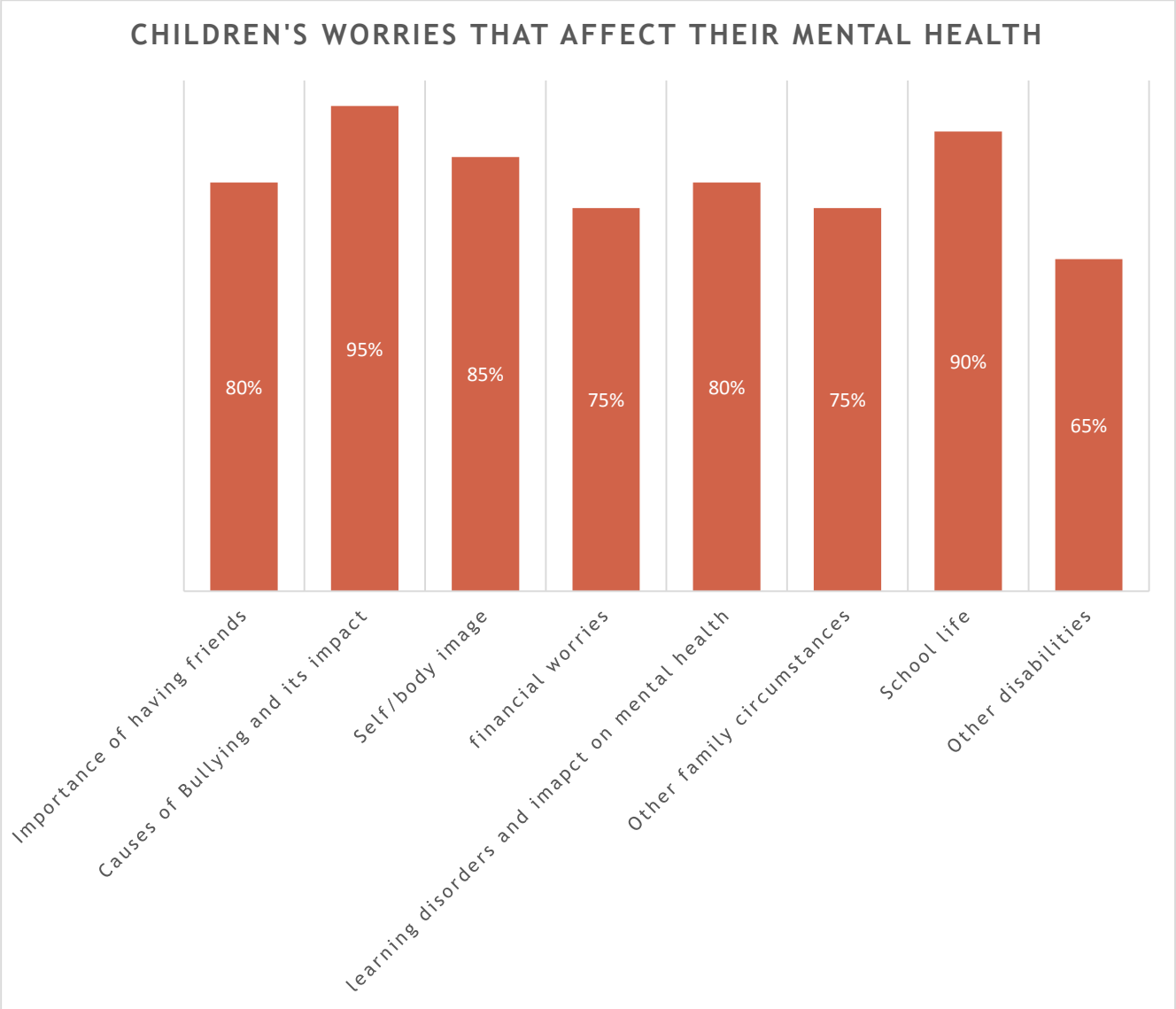
Physical health, disability and emotional distress were also a priority concern. Physical health problems were more related to their family members such as parents, however, mental health issues were related to the character themselves with issues such as anxiety and depression, feeling sad or angry, not being able to control their temper. Self-harming was discussed in relation to its psychological and emotional benefits to the character.

School worries were centred on not being able to do their work and being worried about being told off by their teachers, not being smart enough and everyone else being better than them.

Financial worries, was mentioned in relation to the inability to buy 'cool stuff', food and a more extreme example being a worry about becoming homeless.

Finally, **pets** were shown as being a very important part of the character's lives and were mentioned in all the stories but more from a supportive view point rather than something the character would worry about.

Below is a breakdown of the main themes and following on is a detailed exposition of some of the themes with story examples.



Causes of bullying and its impact on children's already fragile mental health

Diagram 2 shows how bullying is at the centre of children's experiences and how it has links with a child's life circumstance

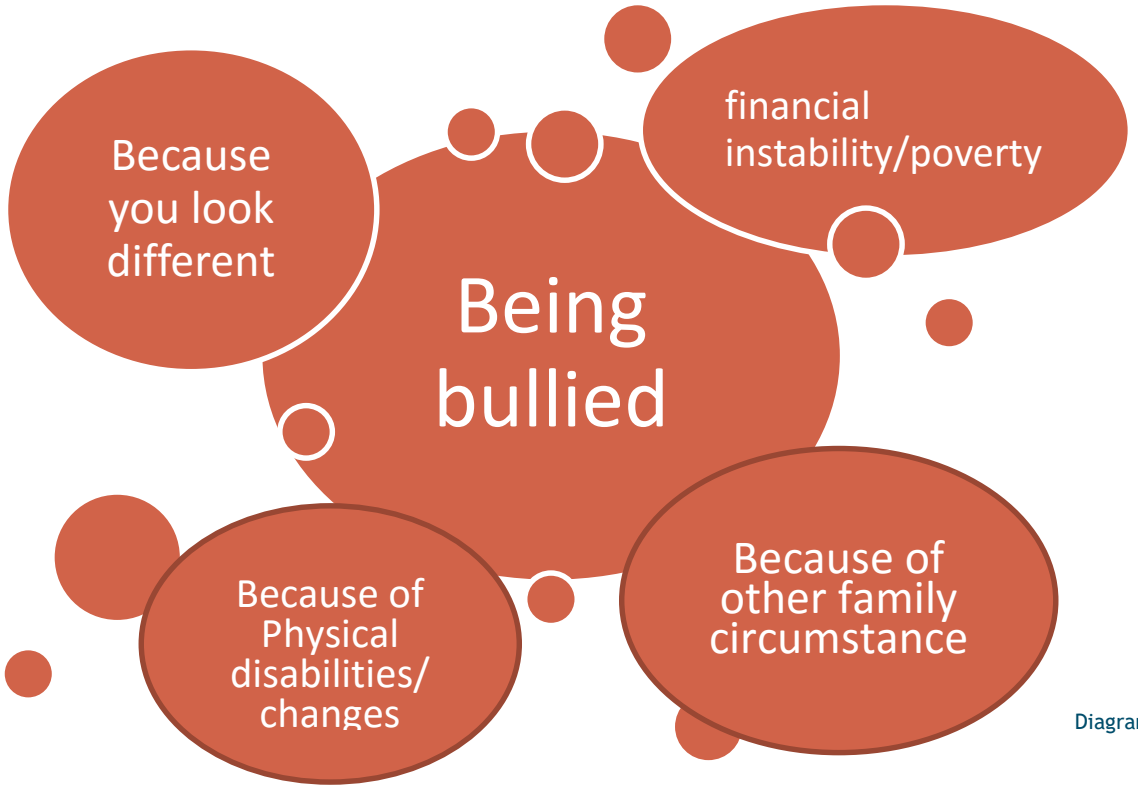


Diagram 2

Being bullied was a common thread across all the stories the children created. Research shows that bullying is prevalent amongst CYP. Being bullied or bullying others is a relatively common experience in childhood and adolescence (Nansel et al., 2001). Children can be perpetrators or victims of bullying, and some children both bully and get victimized (bully-victims).

Bullying is defined as a 'systematic abuse of power and refers to repeated aggression against another person that is intentional and involves an imbalance of power'[10]. The repeated aggression can be either direct (e.g., name calling, beating) or relational, that is, with the intent to damage relationships. The children spoke about bullying in relation to name calling, being left out of activities and not having any friends. They also recognised that an individual can be bullied as a result of various situations in one's life. Bullying seemed to reinforce the negative feelings in the child as a result of their circumstances e.g. If the child felt left out because of a disability, bullying would reinforce their notion that they were different.

[10] Wolke,D., Copeland,W.E., Angold,A. and Costello, E.J. ( ) Impact of Bullying in Childhood on Adult: Health, Wealth, Crime, and Social Outcomes. Association for Psychological science

Researchers have found that victims of bullying are at a greater risk of adverse outcomes in childhood, including physical health problems, emotional and psychological problems and reduced academic achievement[11] The children's stories show their understanding of how bullying affects one's mental health and performance at school which would make the existing problem worse. The young people in the high schools had a more complex understanding of how bullying can be used a way of dealing with one's negative emotions, e.g. the children talked about *Fred*, a character who cyber bullies other children because of what is going on at home and he is being bullied at school himself.*

Furthermore, a child's lack of friends/peers was seen as a catalyst to being bullied as the child would not be able *'to defend themselves or have friends to defend him/her'.* This is supported by research that has found that a lack of friends/ peers to support a young person or who can stand up for them are more likely to become victims of bullying at school.[12]

Examples from the children' stories:

'She has a disability and nobody likes her'

Jess* is angry; thinking ' why am I being bullied? There's nothing wrong with me….'

'She feels unwanted and different because she has a learning disability

'She is sad, because she is being bullied for being fat'

[11] A Reijntjes, JH Kamphuis, P Prinzie, PA Boelen, M Van der Schoot, Aggressive behavior 37 (3), 215-222 Prospective linkages between peer victimization and externalizing problems in children: A meta-analysis

[12] L. Arseneault, L. Bowes and S. Shakoor (2010). Bullying victimization in youths and mental health problems: 'Much ado about nothing'?. Psychological Medicine, 40, pp 717-729

Body image and self esteem

The children felt that body image had an impact on whether one had friends or not. These concerns were mainly with year 7 children (11years).

From the stories, more girls were concerned about their body image, in relation to the character's size and what clothes she wore and the boys were more concerned with the characters' physique and how the other boys viewed them and treated them. This could be because of the onset of puberty and other developmental changes.

These changes, combined with wanting to feel accepted by friends, means that the children end up comparing themselves to others. Self image and body image has an impact on a child's self esteem and confidence.

Cheshire East Children and Young People's Plan carried out consultation with young people and found higher incidences of low self esteem. Other research has found that there is pressure for children to conform to their peers' expectations. This can be from body size, weight or material possessions i.e. expensive gadgets and other toys.

In one instance the children explore a story about gender dysphoria, where the character, Alex* does not like her gender and has;

'Anxiety issues and she feels depressed. She wants to change her gender (wants full operation), but this is not available because she is not old enough'

Examples from the children's stories:

'The boy who has reached puberty earlier than his friends didn't, 'take care of himself and has hair everywhere, and puberty hit him really hard.'

The children used the body to reflect what the character would be thinking about him/her self.

Example:

The girl, who doesn't like herself, covers herself in tattoos and make up……

Jolie*

She hates school life; she is being bullied for wearing the wrong clothes. So she gets judged for it

'She can't make friends; girls say she has no fashion sense.'

'She wants to be pretty, she feels ugly.'

She feels all alone, and doesn't like herself very much. She feels alone even when she is with people.'

Katie*

'Other children tease her for being short'

'Friends don't like the way she looks; she hates her body because some girls are slim. She is being bullied about her body size……'

She feels depressed all the time and she is anorexic……..

She's shy and struggling and can't talk to anyone about it…..

She pretends to be happy….

Mika*

he hates his body….he has a disability……he feels like he can't control his body……

She feels ugly and feels angry all the time, she cuts herself because she doesn't like herself

Financial instability and children's mental health

Home life was mentioned 34 times throughout the stories, with family almost as high with 29 mentions. They spoke about worries including relationships between their parents.

The characters also had worries about having no money, being poor and then becoming homeless. Most of the young people created characters who thought they were safer at home than they were at school.

The children are under pressure to confirm to societal standards of materialism. Research by Joseph Rowntree shows that family financial situation has significant impact on children health and well being, including mental health.

Other financial concerns were in regards to a child being a carer for a parent and realising that their parent can't work and therefore can't provide for the family. Being carer also meant that the child did not have time for friends or schools work, which made them perform poorly in school.

Examples from children's stories

'She is poor, money is an issue'

'His dad drinks his pain of being poor'

'He can't afford what others can, money is important'

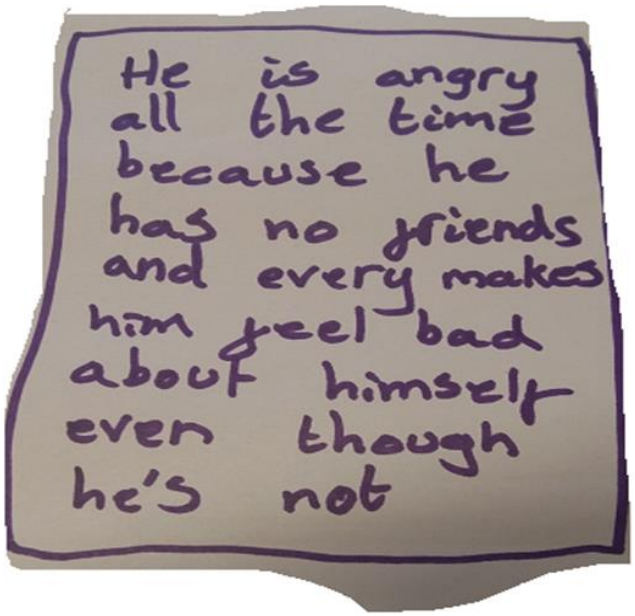
'He is scared that he might lose his house and pets'

'Dad drinks away his pain of being poor' and Jack is worried about him'

Emotional health: How children process and deal with negative emotions

How does the child feel?

Scared	80%
Lonely	90%
Worthless	60%
Useless	45%
Neglected	50%
Sad	90%
Anxious	80%
Angry	95%
Shame and guilt	80%



The two feelings that were most evident in the characters were those of being **scared** and feeling **sad**. Scared that they would lose or not have something such as friendship or possessions and sad because they did not have friends already or felt not as good as their peer group.

Feeling anxious and angry were also mentioned quite frequently which can be supported by the findings above, which suggests mental health was a particular worry or concern. For example, useless and worthless might suggest that the character had feelings of low self-esteem and issues with confidence. On the other hand neglect might relate to family problems and their position within the family. Some of the other feelings related to specific problems such as feeling ashamed and guilty about looking at inappropriate websites online.

Self harm: An outlet for undesirable emotions and distraction from the problem

There were mixed results with the children in regards to understanding self-harm, within classes and between classes. Self-harm in this research was focused on self cutting only. Self cutting was chosen because of its increase among young people and we wanted to find out what the children thought about it. Recent media reports also show the increased rates of self harm in children and young people.

Previous research has been mainly focused on adolescents, and not necessarily younger children. In our research, some of the children understood what 'cutting yourself' meant and others had a complete lack of knowledge, these tended to be the younger children (year 6). Although, it was explained to them, some of them seemed more fascinated by the idea, than knowing why someone would do it and its potential consequences. For those that knew what 'cutting yourself' was about, they understood it as a way to deal with stress and tension.

This discrepancy in knowledge could be argued to be a result of lack of awareness and learning about self harm at school.

When the facilitator asked the other children about what they thought about talking to someone if one is self-harming, a higher percentage of boys agreed on talking to an adult and a higher percentage of girls did not agree.

For the girls that knew about self harm, they were adamant that 'cutting yourself' was not something they should speak to anyone about except their friends, who understood that they were not to tell anyone. There seemed to be a secrecy and unwillingness to talk about self-harm that was evident among the groups, in comparison to other mental health issues like depression or anxiety as a result of bullying.

These different groups of children seemed to have an unspoken code that they understood in regards to 'cutting your self'. This was evident in both primary schools (9/10 years old) and high school children (11 years old).

In some schools, the children's understanding of self harm was within a context of what had happened in the past. Two of the primary schools and all the high schools had had experiences of self-harm.

Some researchers have suggested that exposure to self harming can be a social transmitter of behaviour to other children,[13] thereby contributing to high incidences of the behaviour and how CYP understand it. This was one of the concerns of the staff we spoke to about self harm. They were unsure about some of the underlying reasons for self harming and thought that some of the children 'cut themselves' out of curiosity and a need for attention. This lack of clarity on the underlying issues, made it harder for them to provide the necessary support

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within the school and sign post the young people to relevant health and social services.

Some children talked about self harm also as a distraction to stopping the parents fighting and draw their attention from their problems. Our research findings concur with other research that has been done around self harming in CYP. NSPCC found that children self-harm to cope with over- whelming emotions and is the 4th most common issues child line deals with.

Examples from children's stories

'….she cuts herself to stop the parents from fighting, because if she cuts herself, then the parents' attention is on her and they will stop fighting'

'She is cutting herself because she is being abused and she wants the abuse to stop'

He cuts himself because he doesn't like himself'

He cuts himself because he is being bullied and he doesn't have anyone to talk to'

'Cutting yourself is a cry for help. He might be scared to talk to people about what is going on and cuts himself to deal with the situation'

Use of friendships and pets in significantly different ways when emotionally distressed

Most of the characters had worries that their friends would fall out with them or did not like them with this being mentioned 22 times. They also worried that they would not have friends when they transitioned to high school. For example, one group talked about a teacher, who had told a child that 'If you don't make friends in the first week of high school you're done for'. The same group discussed gang affiliation as a way to get accepted and a place of safety.

Research[14] has shown that social relationships (friends and peers) are important to children's health and well being. Friendships play an essential role in the socialisation of interpersonal competence and children acquire skills that are life long. Friendships are also seen to offer a child, protection against anxiety and stress especially when there are family problems.

One can conclude that friendships and peer relationships help a child develop emotional coping skills to deal with various distressing circumstances that may have a negative impact on their mental health. Children with close friend's experience less depression and anxiety, for example, when children come from punitive environment the risk of becoming victims of bullying is reduced if they have close friends.

It was very interesting how children, when discussing issues related to shame and guilt used non communicating resources for emotional support. During the story creation, where the children talked about going on websites meant for adults when they were not supposed to and they could not help themselves, elicited shame and guilt in the character. The children would then suggest that the character speak to a pet or a toy, in this case a favourite teddy or speaking to themselves in the mirror.

Examples from children's stories

he can speak to himself in the mirror, so he feels confident to speak to adults,

The children talked about lack of friends as making them feel left out, depressed, unwanted, alone…..

Bob* 'some of the children don't' like me, I'm depressed because people don't want to be my friend'

Jimmy* feels like a loser ' I am loser and I don't have any friends'

'He doesn't have any friends and he is lonely'

Jack* doesn't feel safe in school. He is being bullied and he doesn't have any friends…… He questions himself, ' saying' will life get any better?

[14] *Bukatko, D. & Daehler, M.W. (2012) Child development: A thematic approach, Wadsworth CEEngage learning*

Where do children seek support?

What can a child do about his/her situation?

The children's characters showed that they felt the best way to deal with their problems would be to speak to someone. This was mentioned by all the children, with other children suggesting other ways of dealing with the problems, e.g. joining a community centre.

The characters would speak to someone that was trustworthy however they also said that they would not necessarily be able to trust everyone such as friends, this was a result of previous experiences of friendship groups.

- Teachers: All of the children talked about seeking support from a trusted teacher. However, the children did not differentiate between the pastoral team, whose responsibility is to support children in those cases and their other teachers.
- Friends were also as a source of support; as stated above
- Parents were also mentioned, dependent on what the circumstance was, if the parent was the problem, most of the children suggested talking to a teacher.
- Child line was also mentioned by the children. The children knew about Child line through school, although there were some reservations with some children about what child line would do if the situation was a family concern by the child.
- Other professionals were also cited as sources of support, including GPs, Counsellors and Psychiatrists, Social workers

For children who had had experiences with mental health issues and were getting professional support, they did not seem to understand how they had ended up with the support workers, even though they knew why they had professional support.

The importance of trust to where children seek support

Trust was very important to characters that were deemed to be self harming.

Most of the children in the schools, regardless of different socio-economic differences, were adamant that self harming was not to be discussed with just anyone. Friends were mentioned as first people to be told and they were aware that they would not be allowed to discuss it with anyone else.

When probed further about whom they would tell, the children would then suggest telling a trusted teacher. One character however did say that they would not tell anyone because they would be frightened that they would spread rumours.

Examples from children's stories

He doesn't tell because they will spread rumours'

'He can't speak to anyone because they will tell everyone'

Ann* is self harming, 'she can tell the teacher or nurse…. but they won't believe me'

Conclusion and Recommendations

The research project's aims were to explore children and young people's understanding of mental health and how they access support.

The results show that CYP have some understanding of mental health. Although some children used words that were derogatory when asked about what mental health meant to them. However, their understanding is mostly of mental ill health and did not include positive mental health.

This research also found that the CYP accessed support mostly through their schools. Additionally, any sources of support outside of the school were mainly Child line, with some children having memorised the number.

Our evidence shows the children's knowledge of various online resources to get support for mental health issues was very limited.

- **We would recommend that CYP have more teaching on available online resources that they can access at any time they may need to.**

Role of Educational settings

These play a very important role in educating children and young people about mental health and mental ill health. This is in line with recent studies and recommendations about teaching children about mental health in schools *(PSHE Association: Teachers' guide to preparing to teach mental health and emotional well being*[15]*)*.

However, our research found that some children's understanding of mental ill health were based on family experiences and in some cases, these experiences were confusing for them and not necessarily discussed by the family.

These experiences informed the children's knowledge and understanding of what happens when someone has a mental health issue.

The children's willingness to report bullying and discuss it could be attributed to the education and resources they have around bullying.

All the schools did have a pastoral team, in some form and children had been taught about bullying and its impact on the victim's mental and emotional well being. They were aware that they could tell the teachers if it was happening.

Evidence from the children's discussions on bullying shows that when children are taught and have understanding of a mental illness, they are more prone to discussing it and more likely to access support if they need it.

This is further supported by the fact that children talked about depression and anxiety and were less apprehensive about seeking help.

[15]http://www.youngminds.org.uk/assets/0002/2182/PSHE__2015__Preparing_to_teach_about_mental_health_and_emotional_wellbeing.pdf

In comparison, the children seemed to not have had extensive teaching around other common mental illnesses, especially, self harming, as evidenced by some children not knowing what self harming meant. Although the phrase 'cutting myself' had been used, some children did not have an in-depth understanding of the dangers of cutting one self and its psychological impact for those doing it.

- **We recommend that the same time and effort be put into teaching CYP about self harm and its dangers, mindful of the shame and guilt surrounding it. So, the success of dealing with bullying in most schools can be replicated in teaching CYP about mental ill health and mental illnesses.**

- **Additionally, teachers and school pastoral teams need training around self harm, so they are better able to understand the under lying issues, support and sign post the young people to the relevant services.**

Teacher-student relationships

Research literature provides evidence that strong and supportive relationships between teachers and students are important to the healthy development of all students in schools (Birch & Ladd, 1998).

Trust was found to be paramount in who the children talked to about how they felt, so developing trusting relationships between teachers and young people is important.

Another important observation made was that the children did not necessarily mention any designated support staff as the people to speak to, instead children talked about the teachers they trusted who varied widely depending on who they liked.

- **We recommend that the provision of support for children should consider the different channels children can have to communicate their concerns and they should be aware of them.**

In one school, the pastoral team, put in place for supporting children were not very popular with the children, as they were seen to be the people one was sent to when in trouble.

All these factors should be considered when dealing with all the different mental health support for children and young people. It is important for the children to have the different channels of communication and know the options available to them.

Increased knowledge and understanding reduces stigma and increases chances of CYP seeking support.

Social relationships and emotional resilience

The children were also aware of the importance of social relationships, including: Friendships; Engaging in activities and the importance and benefits of belonging.

The stories also show that the children did have ways of coping with emotional distress and other life circumstances, i.e. friendships, writing, talking to their pets. These are various ways children use to

develop resilience and deal with traumatic experiences and manage their emotions.

Online support

Most of the children talked about ringing child line and talking to adults about any concerns.

A small percentage of the children (10%) talked about on line support. Those that talked about it referenced 'kooth' and 'my mind'.

- **From these results, we recommend that children are made more aware of other online support service options and resources that they can access.**
- **Recommended online websites means that the children are accessing websites with reliable information and also means information is easily accessible to them.**

Dealing with self harm as part of other related causes and effects.

The children's stories and responses showed that self harm is used to relieve tension, anxiety and also as a distraction to what may be going on in the child's life.

- **We recommend that service providers and education support to approach self harm in a holistic manner that helps support the children's needs both in regards to family circumstance and emotional well being.**

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