

Understanding
Young Peoples'
Experiences of
Mental Health and
Wellbeing

Engaging with the Thomas
Gainsborough School



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Healthwatch Suffolk

Healthwatch Suffolk help you to get the best out of health and social care services in Suffolk; improving them today and helping to shape them for tomorrow. Healthwatch Suffolk are all about local voices being able to influence the delivery and design of their services - not just people who use them, but for anyone who might need them in the future.

Every voice counts when it comes to shaping the future of health and social care, and when it comes to improving it for today. Everything that Healthwatch Suffolk does will bring the voice and influence of local people to the development and delivery of local services.

Healthwatch Suffolk's Powers:

- Healthwatch Suffolk have the strength of the law and the national influence of Healthwatch England to help shape and influence decision making.
- Healthwatch Suffolk can contact health and social care commissioners and providers to request information and expect a response within 20 working days by law. Service providers

must have regard to Healthwatch Suffolk's views, reports and recommendations. They must respond explaining what action they will take, or why they are not taking action.

- Healthwatch Suffolk can enter and view any premises where publically funded health or social care is provided to people in Suffolk with the exception of children's services.
- Healthwatch Suffolk can escalate matters to the Suffolk Health Scrutiny Committee. The Committee must acknowledge receipt of Healthwatch Suffolk's concerns and keep us informed of any action it takes.
- Healthwatch Suffolk represent the voice of patients and the public on the Suffolk Wellbeing Board. This will mean that the views and experiences of local people will be taken into account when decisions are made about what services are needed in Suffolk. Through this position, Healthwatch Suffolk will contribute to the Joint Strategic Needs Assessment (JSNA), which is an assessment of the current and future health and wellbeing needs of people in Suffolk.

Unity in diversity

Unity and Diversity

Unity and Diversity's organisation has evolved through the education, knowledge and experiences of youth guidance, community and race equality work. Unity and Diversity believe that by creating opportunities to remove the barriers that exist through lack of understanding and replacing them with a more positive attitude to inclusion, inherent racism, traditional rivalries, even vendettas may be forgotten.

Unity and Diversity's aim is to broaden understanding of diversity, race, culture and ethnicity, by reaching and reconnecting communities. By creating opportunities to break down barriers, educate and celebrate differences, it will foster tolerance, acceptance and sustain healthy interpersonal relations.

Unity and Diversity design and deliver intercultural programmes to enable schools, communities and businesses to become culturally competent. Unity and Diversity empower people to have a voice by reaching marginalised communities and work in partnership with other voluntary

and community groups to support and sustain the changes we have created.



The Thomas Gainsborough School

Thomas Gainsborough School, formerly Great Cornard Upper School, is a secondary school and sixth form in the village of Great Cornard, located near the town of Sudbury, Suffolk that educates approximately 1,250 pupils.

It was granted the status of Specialist School in 1998, and was re-designated a Technology College in 2001. The school converted to academy status in January 2015, when it became a member of the Samuel Ward Academy Trust.

The Thomas Gainsborough School's motto is 'Excellence: for each, for all' and this encapsulates their values and ethos. It is a school where every single individual matters. The Thomas Gainsborough School strives to personalise a young person's education, putting them at the centre of their own learning, to ensure that each student achieves his or her full potential enjoying an education that focuses on their own individual skills, strengths and

aptitudes. Each student has a voice - it is their school and their education. Yet each student is also part of a community, locally, nationally and globally. The Thomas Gainsborough School wants students to become outstanding citizens and contribute greatly to the society in which they live.

The focus at Thomas Gainsborough School is on educating the whole person and providing young people with the experiences and opportunities that will help them to achieve success wherever their talents and interests might lead.

The curriculum at Thomas Gainsborough School is designed to meet the needs of all learners. It is a broad curriculum, characterised by stretch, challenge, specialisms and the development of the spiritual, moral, social, cultural, mental and physical development of students within both formal time tabled lessons as well as the wealth of extra-curricular activities and experiences promoted through the year.

The curriculum provides a set of pathways for students all the way from Year 7 to Year 13 and beyond. The aim is to ensure that a students' learning journey is smooth and seamless from the day they join the school through to sitting their final exams in our Sixth Form before they leave at 18 to go on to University or the world of work.



Background

In November 2015, Healthwatch Suffolk embarked on a collaboration with Unity in Diversity and the Thomas Gainsborough School with the aim of understanding young people's experiences of mental health and wellbeing in Suffolk. Specifically, the collaboration sought to feed into the ongoing work of Public Health and Suffolk County Council's Children and Adolescent Mental Health Services Transformation Plan (which will be referred to as EWB2020 in this document).

After initial consultations between Healthwatch Suffolk, the Thomas Gainsborough School and Unity in Diversity, it was agreed that there would be an ongoing engagement with students from December 2015 to March 2016. This involved two days of data collection, three days of drama workshops and a community event to showcase the project.

The engagement was divided into three stages;

Stage One:

Healthwatch Suffolk delivered an interactive survey with pupils on December 1st 2015. The interactive survey was aimed at understanding pupils' perceptions of mental health and wellbeing, the pupils' satisfaction with Personal, Social, Health and Economic (PSHE) lessons, which are entitled "enrichment days" at the Thomas Gainsborough School, and what improvements could be made to the curriculum.

Healthwatch Suffolk surveyed groups of 100 students every thirty minutes. In total, Healthwatch Suffolk collected responses from over 400 students. The students were aged thirteen to eighteen.



Stage Two:

Stage Two was completed on 19th January 2016. The engagement consisted of debates with 100 Health and Social Care students aged fourteen to sixteen. The second stage of engagement sought to bring a qualitative understanding to the quantitative data gathered at Stage One. Additional questions were asked relating to the “Five Big Ideas” and “Ten Priorities” within EWB2020 Plan.



Stage Three:

Stage Three was led by Unity and Diversity and comprised of three drama workshops with pupils during March 2016. The dramas highlighted the discourses that pupils mentioned at Stage One and Stage Two, and concentrated on two topics, which were sexual health and self-harming.

The dramas were performed on the evening of 22nd March 2016 at a community event to showcase the project.



Stage One: Quantitative Insights

The pupils were surveyed on, what the Thomas Gainsborough School calls, an "Enrichment Day". The Enrichment Days - often referred to as "Collapsed Timetable Days", or "Deep Learning Days" - happen three days per year and are created to suspend the ordinary timetable for a whole day, and hand entire year groups to a department or external organisation to carry out some meaningful, whole day, learning.

The Thomas Gainsborough School invited Healthwatch Suffolk to attend an Enrichment Day on 1st December 2015. This was Stage One of Healthwatch Suffolk's engagement. The engagement consisted of groups of up to 100 students attending a short presentation on Healthwatch Suffolk, mental health and wellbeing, and a short introduction to EWB2020. Thereafter, pupils were asked to complete a short survey. This was repeated with five groups throughout the day.

As each group of pupils was restricted to a 30-minute window for engagement due to their ongoing activities during the Enrichment Day, a short, five question survey was deemed the most appropriate form of data collection due to the limited timeframe.

Please see engagement agenda below:

0 - 5 minutes - Pupils enter auditorium

5 - 10 minutes - Introduction to Healthwatch Suffolk

10 - 15 minutes - Introduction to EWB2020 and overview of mental health and wellbeing in Suffolk

15 - 25 minutes - Survey with live feedback of results

25 - 30 minutes - Question and answers

Survey Rationale

Healthwatch Suffolk used a live Audience Response System to gather feedback from the pupils at the Thomas Gainsborough School. The voting devices are used in audience participation as an effective polling system, enabling participants to cast a vote based on a series of questions listed on a slide presentation, with each audience member pressing the button corresponding to their response. These responses are then collated immediately by a receiver device, and are instantly presented in a graph or chart integrated into the slideshow.

This means that live voting/surveying becomes more efficient and easier to conduct, with no long waiting times for the votes to be counted manually. The option of anonymous voting also means that there are more honest responses, which is better for sensitive or controversial issues. This is why the Audience Response System was seen as a necessity; questions on mental health and wellbeing are often contentious issues among children and young people. The Audience Response System provided Healthwatch Suffolk the ability to acquire the opinions of those who prefer to stay quiet in a group, meaning that Healthwatch Suffolk did not have to confine the engagement to the opinions of those brave enough to speak up.

Healthwatch Suffolk created a short questionnaire relating to issues around the following:

- Pupils' current knowledge of Healthwatch Suffolk;
- Pupil's satisfaction with Personal, Social, Health and Economic lessons;
- Gauging the students' perceived need to have mental health and wellbeing workshops;
- Pupil's prioritisation of mental health related topics; and
- If the pupils would like to be part of Healthwatch Suffolk and Unity in Diversity's ongoing engagement with the Thomas Gainsborough School.

Additionally, each student was asked to complete a Healthwatch Suffolk feedback postcard. The postcards relate to previous health and social care experiences of an individual and feed into Healthwatch Suffolk's Feedback Centre on its website.

Stage One: Quantitative Findings

Question One: Had you heard of Healthwatch Suffolk before today?

The pupils at the Thomas Gainsborough School were asked if they had previously heard of Healthwatch Suffolk. This question was asked to measure Healthwatch Suffolk's brand penetration among children and young people. Although this was not a representative measure of all children and young people in Suffolk, the question gave Healthwatch Suffolk an avenue to discuss how organisations (i.e., health and care services) can better publicise themselves to children and young people. Additionally, it is important for Healthwatch Suffolk to continue spreading its knowledge-base to the communities it serves. An increased knowledge of Healthwatch Suffolk's role will enable children and young people to provide feedback on the services they use.

HEALTHWATCH SUFFOLK

80% of pupils at the Thomas Gainsborough School had not heard of Healthwatch Suffolk before the first stage of engagement

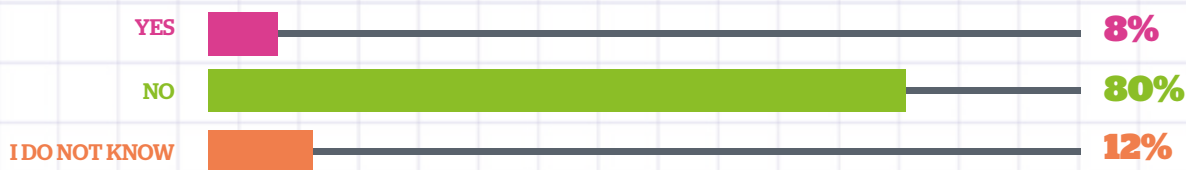


Figure 1 - Had you heard of Healthwatch Suffolk before today? n = 416

The responses indicate that few pupils at the Thomas Gainsborough School had heard of Healthwatch Suffolk before the first stage of engagement, with 8% of pupils answering 'yes' (n=33). The majority of pupils - 80% (n = 333) - had not heard of Healthwatch Suffolk. 12% of pupils (n=50) answered 'I do not know'.

Question Two: How satisfied are you with the content of your PSHE/ Enrichment Days?

As part of Personal, Social, Health and Economic education, which the Thomas Gainsborough School delivers during Enrichment Days, pupils learn about issues relating to mental health, emotional wellbeing and resilience. The PSHE Association (2015: 11-12) state that schools can 'support pupils in developing their resilience and emotional wellbeing from an early age by incorporating key skills across the curriculum. There are a series of protective factors which can reduce the risk of pupils turning to unhealthy coping mechanisms such as self-harm, eating disorders or substance misuse, which can be developed through our PSHE education curriculum'. The full requirements for pupils in Key Stage 3 and Key Stage 4 can be seen in the appendix.

The protective factors include:

- good communication skills;
- good problem-solving skills;
- healthy coping skills, including healthy responses to moments of crisis;

- the knowledge, skills and confidence to seek help;
- the ability to recognise, name, describe and understand a range of emotions;
- the ability to manage difficult emotions in a healthy way;
- friends and social engagement and interaction;
- positive self-esteem and appreciation of difference and uniqueness; and
- experience of, and ability to manage, failure.

Healthwatch Suffolk asked how satisfied pupils were with their PSHE lessons / Enrichment Days. It must be noted that Healthwatch Suffolk explicitly asked for pupils to answer in relation to the mental health and wellbeing aspects of their Enrichment Days.

12% (AGGREGATED) of pupils at the Thomas Gainsborough School were **satisfied or extremely satisfied** with PHSE



82% (AGGREGATED) of pupils at the Thomas Gainsborough School were **dissatisfied or extremely dissatisfied** with PHSE

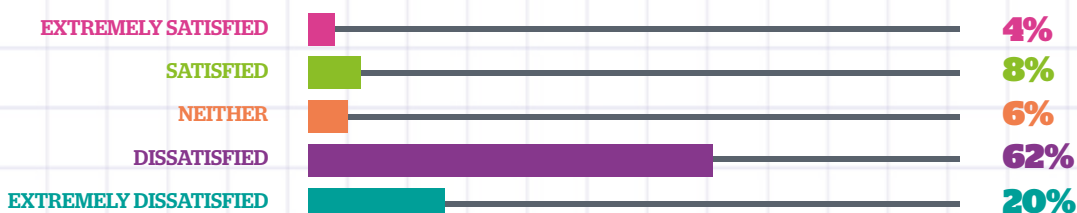


Figure 2 - How satisfied are you with the content of your PSHE/Enrichment Days? n=396

Almost two in every three students were dissatisfied with the mental health and wellbeing aspects of their PSHE education (62%; n=245), while one in five students were extremely dissatisfied (21%; n=84). When aggregated, those pupils who were dissatisfied or extremely dissatisfied accounted for eight out of ten pupils that were surveyed (83% aggregated; n=329). Those who were satisfied or extremely satisfied accounted for 8% (n=31) and 4% (n=14),

respectively. Twenty-two students were neither satisfied or dissatisfied (6%).

Question Three: Would you find it useful if your schools ran workshops on mental health?

Question three specifically relates to the EWB2020 Plan. Focusing on the 'Big Ideas' three and four (see below), Healthwatch Suffolk sought to find out if the students at the Thomas Gainsborough School required workshops on mental health. This question was presented in the terms of learning about common mental health conditions for the purpose of increased early intervention and greater understanding (ultimately reducing stigma), understanding the key drivers or declining mental health and wellbeing, and making sure emotional wellbeing is everyone's business.

Big Idea 1:

Simple referrals and pathways - through a single point of access and assessment for support, focusing on the whole family

Big Idea 2:

Right support, right time, evidenced - Children and young people are able to access the services they need at the right time, designed to fit them individually. We will use clinical evidence to design services and measure the impact on outcomes.

Big Idea 3

Big increase in early help - by focusing on the whole population of children and young people, using schools, Primary Mental Health Workers, council staff, parents, carers and peers to significantly increase the volume and speed of support.

Big Idea 4:

Emotional wellbeing is your business - Everyone has responsibility for the emotional wellbeing of young people they engage with. The workforce will be broader and more confident at supporting children. Parents, carers and friends will know better how to help.

Big Idea 5:

Help when you need it - using 24/7 chat with professionals at the moment of crisis to reduce waiting times; apps and forums for peer support, and digital help on **www.theSource.me.uk**.



73% of pupils at the Thomas Gainsborough School **said a workshop on mental health would be useful**

Figure 3 - Would you find it useful if your schools ran workshops on mental health? n=400

The responses from question three indicate that the majority of pupils would find it helpful to have mental health workshops in school (73%; n = 293). One in ten students (9%; n = 36), however, did not think that mental health workshops in school would be useful. 18% of students did not know (n = 72).

Question four: Please rate the mental health topics that matter to you.

After reviewing notable literature sources, Healthwatch Suffolk decided to ask the pupils at the Thomas Gainsborough School to rank and prioritise seven topics. Healthwatch Suffolk made it explicit that the topics presented should be prioritised in relation to mental health and wellbeing, and the current access to information provided by the curriculum. The rationale for each topic can be seen below. It must be noted that this is not an exhaustive list, rather it represents the key themes in the literature and areas seen within the EWB2020 Plan.

1. Mental Health.

Green et al (2005) suggest that one in ten children and young people aged 5 - 16 suffer from a diagnosable mental health disorder (around three children in every class). Furthermore, The Royal College of General Practitioners (2011) state that by the time an average class of 30 young people reach their 16th birthdays:

- 10 of them will have witnessed their parents separate
- 3 will have suffered from mental health problems
- 8 will have experienced severe physical violence, sexual abuse or neglect
- 3 will be living in a step-family
- 1 will have experienced the death of a parent
- 7 will report having been bullied.

It is for this reason - along with the recommendations from teachers at the Thomas Gainsborough School, pupils and wider literature - that “mental health” was presented as an overarching option in the list. It was suggested that although children and young people may have concerns around specific mental health conditions, there was also a need to address mental health in its entirety.

2. Sexual Health.

In 2013, Ofsted released a paper entitled ‘Not yet good enough: personal, social, health and economic education in schools’, which stated that sex and relationships education required improvement in almost half of the secondary schools studied. Students sometimes felt that there was too little teaching about relationships and too much emphasis on ‘the mechanics’ of reproduction. In all of the secondary schools visited, students had learnt about human reproduction in National Curriculum science. However, some voiced the opinion that PSHE education lessons had avoided discussion of sexual and emotional feelings and controversial issues such as sexual abuse, homosexuality and pornography (Ofsted, 2013). Healthwatch Suffolk added the option of ‘sexual health’ to gauge whether students felt that sexual health in relation to mental health and wellbeing was a priority.

3. Gender and Identity.

Evidence from the Stonewall School Report (2012) highlighted the intricate connections between adolescence, gender, identity and mental health. The Report found that more than half (53 per cent) of gay young people are never taught anything about lesbian, gay and bisexual issues at school, while more than half (55 per cent) of lesbian, gay and bisexual young people experience homophobic bullying in Britain’s schools. One in three (32 per cent) gay pupils who experience homophobic bullying change their plans for future education because of it (Stonewall, 2012).

In 2013 the Metro surveyed over 7,000 LGBTQ 16-25 year olds to ask about their experiences of education, employment, health services, their community and relationships.

The findings showed:

- over half report mental health issues;
 - 42% have sought medical help for anxiety or depression;
 - 52% report self-harm either now or in the past; and
 - 44% have considered suicide.
- Healthwatch Suffolk therefore thought that gender and identity - in relation to mental health and wellbeing - should be an option for pupils.

4. **Stress in Schools**

There is a lot of pressure on children and young people to do their best and get good results, and the stresses and strains of school life can sometimes get on top of them, and they can find it hard to get on with their school work and homework. The staff at the Thomas Gainsborough School noted that students in Year 10 and Year 11 do not receive Personal, Social, Health and Economic education via Enrichment Days due to their time-consuming focus on GCSEs. It could be argued that this approach is counterintuitive

as students need education on stress management and mental health and wellbeing when their workloads are greatest.

A survey by the Scout Association revealed that 90% of teenagers in the UK (aged between 13-18-years-old) felt under pressure to achieve high grades at school and in exams (Scout Association, 2007).

In 2013-14 Child Line said it received more than 34,000 approaches from young people over school worries such as revision, workloads, problems with teachers and other issues, putting education into the top 10 of most frequent concerns among users for the first time (there were also more than 87,500 visits to Child Line's website over the same issue) (Adams, 2015). Child Line noted that 92% of young people feel anxious about revision and exams. Some vulnerable young people are turning to alcohol (14%) and self-harm (8%) to cope (Adams, 2015).

However, it is not only the pressures of exams and school work that can cause stress. Students also worry about social issues like fitting in, having friends, being judged, or being teased.

5. **Self-harm**

Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm (Mental Health

Foundation, 2012). Research has shown that young women are the group who are most likely to self-harm although the percentage of young men who self-harm is on the increase. Young Minds found that 10 per cent of 15-16 year olds have self-harmed and 25,000 children and young people are admitted to hospital each year due to the severity of their injuries (Young Minds, 2016). Over the last ten years this figure has increased by 68% (Young Minds, 2011).

6. Substance Misuse

The Office for National Statistics acknowledge that there has been a long-term decline in substance misuse among children and young people in England since the mid-1990s. However, there is still a proportion of students that take part in illegal substance misuse, whether for recreational purposes or as a coping mechanism for declining mental health (HSCIC, 2013).

The Office for National Statistics highlight several key trends; In 2012, less than a quarter (23 per cent) of pupils had tried smoking at least once. In 1996, nearly half (49 per cent) of 11 to 15 year olds had done so;

- Less than half of pupils (43 per cent) have ever drunk alcohol. Boys and girls were equally likely to have done so. The proportion of pupils who have had an alcoholic drink increased from 12 per cent of 11 year olds to 74 per cent of 15 year olds;
- In 2012, the prevalence of illegal drug use was at its lowest since 2001, when the current method of measurement was first used. 17 per cent of pupils had ever taken drugs, 12 per cent had taken them in the last year and 6 per cent in the last month; and
- Around half (52 per cent) of pupils aged between 11 and 15 said that they had tried smoking, drunk alcohol or taken drugs at least once in their lives. 17 per cent had done one or more of these recently.

Healthwatch Suffolk added substance misuse as an option to gauge whether the pupils at the Thomas Gainsborough School were representative of the Office for National Statistic's data.

7. Eating Disorders

PwC UK estimates that more than 725,000 people in the UK are affected by an eating disorder (PricewaterhouseCoopers, 2015). When looking at the demographics of those living with an eating disorder, the National Institute of

Health and Clinical Excellence estimates around 11% of those affected by an eating disorder are male. The Health and Care Information Centre published figures in February 2014 showing an 8% rise in the number of inpatient hospital admissions in the 12 months previous to October 2013. The Costs of Eating Disorders report found that this is indicative of the trend in increasing prevalence over time: a 34% increase in admissions since 2005-06 - approximately 7% each year (Beat, 2014). The largest rise in prevalence can be seen among those aged 10 to 19. The Royal College of Psychiatrists suggest that this is due to eating disorders commonly starting during teenage years.

The EWB2020 Plan highlights 10 priorities that identify key gaps in Suffolk's current services. These have been identified through needs assessments and conversations with young people and families, and are also in line with the key themes from the national Future in Mind report (see Department of Health, 2015). The second priority is eating disorders. Specifically, increasing support for young people with eating disorders across East and West Suffolk with a new commissioned service.

Figure 4 - Please rate the mental health topics that matter to you...(1st priority)
n=300

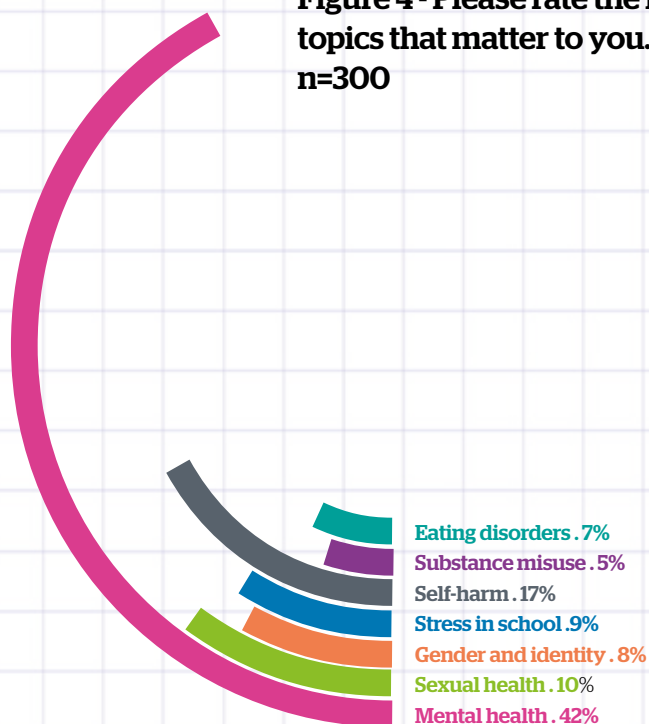


Figure 4 represents the seven topics in relation to the students' highest priority. The overarching topic of mental health was prioritised as the highest topic for over 2 out of 5 students (42%; n=126). Self-harm was the highest priority for almost one in five students (17%; n=51). Sexual health, stress in school, gender and identity, and eating disorders all received a similar level of prioritisation (10%; n=30, 9%; n=27, 8%; n=24, and 7%; n=21, respectively).

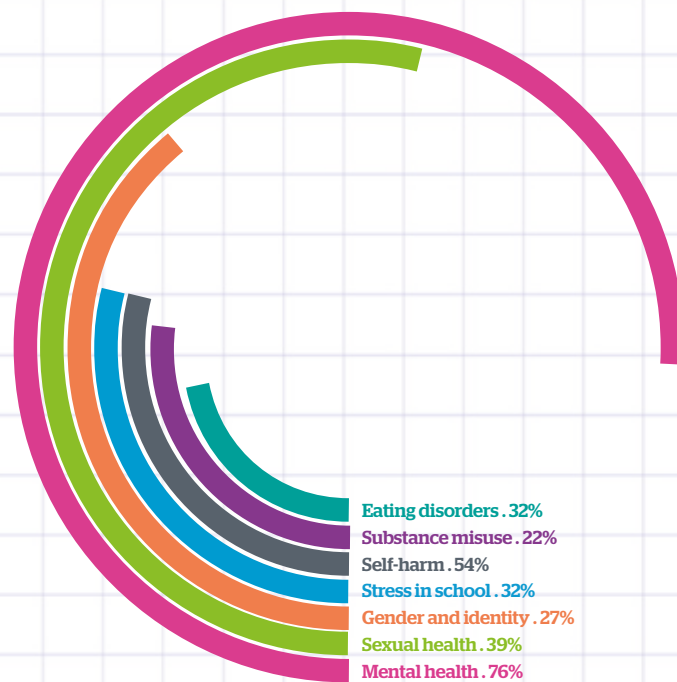


Figure 5 - Please rate the mental health topics that matter to you...(top three priorities aggregated) n=300

Figure 5 represents the seven topics in relation to the students' top three priorities. The overarching topic of mental health was prioritised in the top three for over 3 out of 4 students (76%; n=228). Self-harm was a top three priority for over half of the students (54%; n=162). Sexual health was in the top three priorities for 2 out of 5 students (39%; n=117). Eating disorders and self-harm were in the top three priorities for almost 1 in 3 students (32%; n=96). Just over one out of four students put gender and identity in their top three priorities (27%; n=81). Just over one out of five students placed substance misuse in their top three priorities (22%; n=66).

Stage Two: Qualitative Insights

The second stage of engagement sought to give meaning to the data gathered from the surveys at Stage One. Healthwatch Suffolk and Unity in Diversity held workshops with four groups of 20-25 students. Each group of students was split into 5 sub-groups (4-5 students in each sub-group; 20 sub-groups in total). Over the period of 100 minutes, each sub-group gave their views on mental health, self-harm, sexual health, eating disorders and stress in schools. The five topics were chosen as they represent the highest prioritised topics chosen by students at Stage One. Students were given 20 minutes on each topic.

Each of the five topics had five questions accompanying it:

1. What does this topic mean to you?
2. If your friend had an issue with the topic mentioned above, where in Suffolk would you tell them to go for help?
3. Thinking about the topic above, what would stop you from accessing services?
4. If services were to develop online forums or apps, would you use them? Please explain your answer.
5. Imagine your school were planning an enrichment day to improve students' awareness of mental health and wellbeing topics. What would they include? Please relate specifically to the topic mentioned above.

As the workshops were semi-structured, students were given the opportunity to diverge from the questions listed. Healthwatch Suffolk and Unity in Diversity felt that it was important to allow the students to express any opinions that may have been beyond the framework of the workshops.

This chapter focuses on the themes extracted from the responses provided by the students at the Thomas Gainsborough School. As each topic received similar feedback, the chapter will highlight the students' views and attitudes towards mental health and wellbeing, explore barriers to accessing services, present suggested improvements for services and highlight what students want from Enrichment Days, mental health workshops and the wider curriculum. Lastly, Healthwatch Suffolk present the recommendations from the students at the Thomas Gainsborough School.

Attitudes towards mental health and wellbeing

Mental health is associated to deviant behaviour: students reflected on mental health, mental illness and mental health services. A common response was that association to mental health - whether directly suffering from declining mental health or being a next of kin to someone that is suffering from declining mental health - would be stigmatising and associated with unpredictability, violence and 'deviation from normal behaviour'.

Mental health has wider impacts than just the individual suffering: students noted that mental health does not just affect the individual, it can have wider consequences on family and friends. One group explained that if a parent were to be suffering from declining mental health and wellbeing, it would negatively impact on their academic achievement.

The students were aware of stigma and would not want anyone to know if they or a family member had a mental illness, but also felt compassion, believing it was not 'their fault' if people had a mental illness.

There is a lack of knowledge around mental health: the groups were explicit in stating that they would not be confident in expressing any concerns they had regarding their own mental health. This was due to a lack of education around mental health and wellbeing - many students did not know how to recognise signs of poor mental health.

Students expressed their inability to recognise declining mental health as a by-product of mainstream media. Most students' information on mental health and wellbeing was cited from tabloid media (e.g. soaps, celebrities, newspapers) and not from personal experience or people they knew. The students acknowledged that this form of media representation engrained 'black or white' thinking towards mental health. Due to this, the groups' views were that declining mental health made people behave differently (usually being angry, dangerous or violent) and unpredictably.

They confused learning difficulties with mental illness (e.g. citing Down's syndrome as mental illness). Traumatic life events were also seen as potential causes of mental illness, as well as inheritance and brain injury.

When students knew someone with mental health problems, they tended to view mental illness as less serious, or an 'emotional problem'. This was seen with cases such as eating disorders and self-harming.

Students' attitude to mental illness was predominantly fear (e.g. believing mentally ill people are unpredictable and dangerous). However, it must be noted that the students only viewed severe mental health conditions as warranting a 'mental health' status. Other forms of declining mental health, such as stress or anxiety, were seen as part of life and 'growing up'. This, again, was informed by media portals of mental health.

Barriers to accessing mental health services

Relationships with practitioners are key to successful services: the students highlighted the importance of the relationships with practitioners. The word 'trust' was repeated throughout the day; the need to trust the practitioner before young people can talk openly about their problems is critical. However, students acknowledged that trust takes time to build and that there may not be sufficient time when someone enters services at a point of crisis.

Children and young people are not taken seriously: there was a consensus that children and young people are not taken seriously and their problems are often ignored. Students explained that they feared a practitioner and/or clinician would view their mental health as childish fantasies or attention seeking. Therefore, they would be reluctant to engage with services. Students thought that many children and young people reached a point of crisis due to a reluctance to engage with services.

Children and young people do not know what services are available: the overwhelming majority of students at the Thomas Gainsborough School did not know what services were available in Suffolk. Several students joked, saying they would have to know that services exist before they could think of the barriers to accessing them.

Students noted that the lack of knowledge around services was the most significant and fundamental barrier to accessing mental health services. It was mentioned that mental health problems could also escalate because young people did not know how to access services or because services were not available.

The most common retort to the lack of knowledge around mental health services in Suffolk was that students could easily access the information on the internet.

Health professionals are seen as intimidating: Some students felt they were not treated appropriately by health professionals and felt intimidated by health practitioners. They explained that due to the stigma attached to mental health they would be more intimidated to seek help for a mental health condition than seeking help for physical condition.

Although the majority of students said that they would reach out to their GP if they were facing issues around mental health, many thought that GPs lacked in understanding, awareness, empathy and interest, and were reluctant to provide certain types of support.

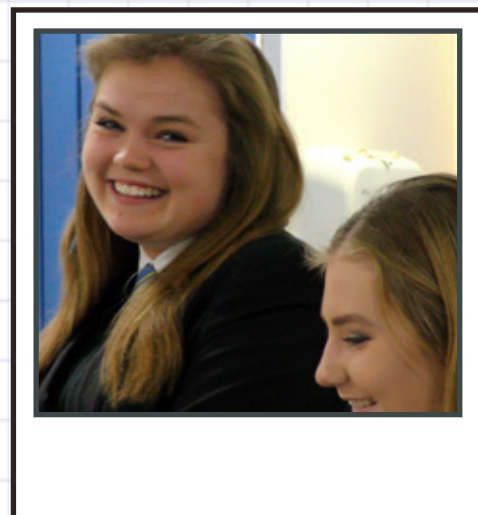
Some students explained that mental health conditions that were visible, such as anorexia and self-harm, were more likely to be treated due to the physical nature of the condition.

Whereas students thought that children and young people seeking help for depression and anxiety would be viewed as timewasters.

Students expressed concern

that they may have to tell many different practitioners about their problems. They wanted local services to work together, improve communication and ensure young people were not passed around the system or discharged without support.

Many children and young people would not access services due to the fear of their parents finding out: the majority of students at the Thomas Gainsborough School would not access mental health services as they were fearful that their parents would find out. This, some explained, would cause their family undue distress. Others suggested that if parents were to find out that their child had a mental health condition, they would be overprotective until the child reached adulthood.



Rural isolation is a barrier to accessing services: students thought that they would have to travel to Ipswich or Bury St Edmunds if they needed to access mental health services. This was not an option for the majority of students Healthwatch Suffolk engaged with as there is limited transport links, with round-trips taking more than five hours in some cases. The other option, which was asking their parents to take them, was not a viable option for most of the students as they would not want their parents to know that they were suffering from a mental health condition.

While discussing barriers to services, several groups diverged and suggested possible improvements to Mental Health Services and education for Children and Young People:

- Professionals working with children and young people (e.g. teachers, youth workers, school nurses, GPs) must be trained on child and adolescent psychological development, mental health and the negative role that stigma plays in children's developing self-esteem and in their ability to access support services;
- Suffolk County Council should launch a 'mental health and well-being' promotion campaign aimed at children and young people to increase their understanding of mental health and how 'it is good to talk about how we feel';
- Teaching about good mental health and developing emotional resilience should be a central part of the Personal, Social, Health and Economic (PSHE) agenda in schools;
- Successful programmes that increase access to mental health support and services should be rolled out in schools. These included staggered workshops that continually increase/build on a knowledge base;
- Mental health and wellbeing should no longer be an add-on but a central part of all mainstream services for children and young people;
- Staff in all agencies should be as confident in talking about mental health as they are about physical well-being; and
- There should be low key support for mental health, which students described as an equivalent to physical health checks.

Personal, Social, Health and Economic Education and the Curriculum

Mental health should be a prominent part of PSHE: students were aware that they knew relatively little about mental health and wellbeing. Many stated that they would not know how to distinguish life's stresses from declining mental



health and/or wellbeing. For this reason, the majority of students wanted to see more explicit engagement on the topic of mental health.

The students that Healthwatch Suffolk engaged with believe that an important part of breaking down the stigma that surrounds mental health issues is to encourage an ethos of openness. Mental health should not be a taboo subject and should be given the respect it deserves. Open and honest discussion where students can ask questions and voice their concerns were welcomed by the groups at the Thomas Gainsborough School. However, it was mentioned that discussing personal matters should be prohibited as it could lead to bullying and isolation. Healthwatch Suffolk understand that a framework of “openness” would have to be fostered in accordance with the Thomas Gainsborough School’s safeguarding policy.

PSHE should teach students how to access confidential advice and provide them with real-life examples of mental health: the students told Healthwatch Suffolk that they want to preserve their privacy.

For example, by being able to access online advice anonymously and talk to people who come to school to discuss health issues without their teacher in the room. However, they were aware that many websites were blocked on the school’s intranet.

The students highly valued hearing from people, including young people, that have had experienced similar mental health challenges. This was suggested as being in person, via reviews of services or through social media. One group recommended that different mental health professionals should lead PSHE engagements and take them on a ‘journey of mental health and wellbeing’.

Children and young people want to be made aware of what services are available to them. But they do not want to be confused by complicated terms and language:

students told Healthwatch Suffolk that the national curriculum should provide students with an overview of mental health and wellbeing, common mental health conditions and the services that provide help in Suffolk. For those that needed help within the school, teachers should have the knowledge to signpost children and young people to detailed, trustworthy advice. The students had views about ways of finding information online, for example Google’s website was referred as the optimum search tool. However, some students noted that the search function did not always return relevant results.

The students made it clear that jargon should not be used as it often leads to young people disengaging. Some of the students told



Healthwatch Suffolk that it would be useful to be signposted to a definition or webpage explaining complicated conditions or term, in a similar way to how articles on Wikipedia are linked.

Sexual health is not just a topic within sexual reproduction in biology lessons:

students at the Thomas Gainsborough School explained that their primary knowledge of sexual health was taught in biology. This was seen to be a clinical education of sexual reproduction and the discussion of sexual emotions and the exploration of sexuality was omitted from the curriculum.

Adolescence is the time when young people are beginning to explore their own physical and emotional development and sexuality. Its importance to young people is demonstrated by the number of times they mention their anxieties about sex education, sexual behaviour and sexual health issues when discussing wider public health concerns. It is a mix of wanting more widely available, better quality and accessible local sexual health services, and worrying about being labelled if they use them. Healthwatch Suffolk found that students wanted to be better informed about contraception, but felt judged when using some services, which put them off using them. Students suggested embedding emotional aspects of sexual health into PSHE would reduce children and young people's trepidation.

Additional insights from Healthwatch Suffolk's engagement

Parents are often the most important educators: parents are especially important for younger children as 'information providers', both in relation to accessing mental health support, but also 'translating' information from health professionals and making it accessible for them. However, children and young people also want to be able to receive information directly from health staff. Many students at the Thomas Gainsborough School said that health professionals would direct their conversations towards parents and guardians rather than the young person who was seeking help.

Communication is synonymous with coproduction: communication from health staff and should be underpinned by respect and recognition of children and young people's right to be involved in decisions about their health and care. As well as learning to communicate with children and young people in general, health staff need learn how to communicate with children and young people with specific communication needs.

Responsibility for mental health and wellbeing goes beyond healthcare:

Healthwatch Suffolk found that students placed a responsibility for informing and supporting children and young people with mental health issues on many professionals outside of healthcare. Other professionals, such as teachers, must be able to advise these children and young people about addressing their health needs and accessing health services. Some students at the Thomas Gainsborough School were more willing to talk to a trusted teacher than their parents. For this reason, it is essential that teachers have a basic mental health awareness.

Recommendations

Healthwatch Suffolk believe that children and young peoples' voices matter. In the spirit of coproduction, it was decided that the students at the Thomas Gainsborough School would choose the recommendations in this report. The students from the Thomas Gainsborough School have made the following recommendations:

The Students from the Thomas Gainsborough School have the following recommendations:

Children and young people should have the right to a choice: this involves supporting students to understand the choices available and to make their own decisions; this would require appropriate advocacy. It would also encompass services ensuring children and young people know what their rights are and the full range of choices available to them. Schools should play a role in facilitating this by enabling children and young people to express their views without labelling them as awkward or troublesome.

Mental Health should be considered a public health issue: the NHS should raise awareness about mental health in the same way that it promotes anti-smoking and 'five a day'. Health promotion in every school should include a major focus on mental health.

Children and young people should get support to make informed decisions: students at the Thomas Gainsborough School believe that this could be achieved through a high quality, accurate child friendly source of information, the use of language appropriate for the individual child, help and support from family or friends in making a decision, if the child wants these, and taking into consideration what matters most to the child and not just a focus on symptom reduction.

Children and young people need an accessible, multiplatform service: students recommended an accessible service which is available when and where it is needed. This included 24-hour availability via online forums, mobile texting services and email, and included an in-school outreach programme that could be delivered by an external organisation. The students noted that multiplatform services would allow children and

young people to use a service that suits them, rather than being fearful of the unknown.

Children and young people want improved Personal, Social, Health and Economic education: students recommended that the Thomas Gainsborough School should review areas of PSHE that relate to mental health and wellbeing. Students told Healthwatch Suffolk that they would like to see more emphasis on dealing with exam stress and an introduction to common mental health issues that are prominent among children and young people.

Children and young people want to have a say in how services are delivered and developed: the students at the Thomas Gainsborough School recommended that children and young people should be involved in service design and feedback on service delivery. The students wanted to see true coproduction and not tokenistic gestures of involvement. Some groups recommended that an evaluation framework should be implemented to monitor the mental health and wellbeing aspects of the curriculum and wider mental health service; this included children and young people's voices at the centre of the evaluation.

What next?

Healthwatch Suffolk will continue to work with the Thomas Gainsborough School in accessing their mental health and wellbeing policies, offering them assistance in developing on the recommendations noted above.

The Thomas Gainsborough School have already begun to take progressive steps to address their pupils need for more education around mental health and wellbeing. With the help of Healthwatch Suffolk, the Thomas Gainsborough School accessed Suffolk Mind's Emotional Wellbeing Training, which was delivered to staff and students during May 2016.

The next steps will be to build on the feedback gathered from the students at the Thomas Gainsborough School, using the growing body of intelligence to inform further engagements on topics relating to mental health and wellbeing in Suffolk.

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Appendix

Key Stage 3		
Health and Wellbeing	Relationship	Living in the Wider World
<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> to recognise their personal strengths and how this affects their self-confidence and self-esteem to recognise that the way in which personal qualities, attitudes, skills and achievements are evaluated by others, affects confidence and self-esteem to be able to accept helpful feedback or reject unhelpful criticism to understand that self-esteem can change with personal circumstances, such as those associated with family and friendships, achievements and employment the characteristics of mental and emotional health and strategies for managing it; to manage growth and change as normal parts of growing up (including consolidation and reinforcement of key stage 2 learning on puberty, human reproduction, pregnancy and the physical and emotional changes of adolescence) the importance of balance between work, leisure and exercise 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> to further develop the communication skills of active listening, negotiation, offering and receiving constructive feedback and assertiveness that relationships can cause strong feelings and emotions (including sexual attraction) the features of positive and stable relationships (including trust, mutual respect, honesty) and those of unhealthy relationships that the media portrayal of relationships may not reflect real life how to deal with a breakdown in a relationship and the effects of change, including loss, separation, divorce and bereavement about the unacceptability of sexist, homophobic, transphobic and disablist language and behaviour, the need to challenge it and how to do so to recognise bullying and abuse in all its forms (including prejudice-based bullying both in person and online/via text, 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> to recognise, clarify and if necessary challenge their own core values and how their values influence their choices the knowledge and skills needed for setting realistic and challenging personal targets and goals (including the transition to key stage 3) the similarities, differences and diversity among people of different ethnicity, culture, ability, disability, sex, gender identity, age and sexual orientation and the impact of stereotyping, prejudice, bullying, discrimination on individuals and communities about the primacy of human rights; and how to safely access sources of support for themselves or their peers if they have concerns or fears about those rights being undermined or ignored abused and how to access them to recognise peer pressure and have strategies to manage it to understand the feelings and pressure that the need for peer approval, including in relation to the purchase

<ul style="list-style-type: none"> • what constitutes a balanced diet and its benefits (including the risks associated with both obesity and dieting) • what might influence their decisions about eating a balanced diet • how the media portrays young people, body image and health issues and that identity is affected by a range of factors, including the media and a positive sense of self about eating disorders, including recognising when they or others need help, sources of help and strategies for accessing it • ways of recognising and reducing risk, minimising harm and getting help in emergency and risky situations • about how to access local health services 	<p>exploitation and trafficking) and to have the skills and strategies to manage being targeted or witnessing others being targeted</p> <ul style="list-style-type: none"> • about the support services available should they feel or believe others feel they are being abused and how to access them • to recognise peer pressure and have strategies to manage it • to understand the feelings and pressure that the need for peer approval, including in relation to the purchase and use of tobacco and alcohol (including cheap/illicit alcohol and cigarettes), drugs and other risky behaviours, can generate 	<p>and use of tobacco and alcohol (including cheap/illicit alcohol and cigarettes), drugs and other risky behaviours, can generate</p>
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Key Stage 4

Health and Wellbeing	Relationship	Living in the Wider World
<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • to evaluate the extent to which their self-confidence and self-esteem are affected by the judgements of others • to make effective use of constructive feedback and differentiating between helpful feedback and unhelpful criticism • the characteristics of emotional and mental health and the causes, symptoms and treatments of some mental and emotional health disorders (including stress, anxiety and depression) • strategies for managing mental health including stress, anxiety, depression, self-harm and suicide, and sources of help and support • where and how to obtain health information, advice and support (including sexual health services) • to recognize and manage feelings about, and influences on, their body image including the media's portrayal of idealised and artificial body shapes • about health risks and issues related to this, including cosmetic procedures • how the media portrays young people, body image 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • strategies to manage strong emotions and feelings • the characteristics and benefits of positive, strong, supportive, equal relationships • to recognise when a relationship is unhealthy or abusive (including the unacceptability of both emotional and physical abuse or violence including honour-based violence, forced marriage and rape) and strategies to manage this or access support for self or others at risk • about managing changes in personal relationships including the ending of relationships • to develop an awareness of exploitation, bullying and harassment in relationships (including the unique challenges posed by online bullying and the unacceptability of physical, emotional, sexual abuse in all types of teenage relationships, including in group settings such as gangs) and how to respond about the impact of domestic abuse 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • to evaluate their own personal strengths and areas for development and to use this to inform goal setting about the information, advice and guidance available to them and how to access it • and use of tobacco and alcohol (including cheap/illicit alcohol and cigarettes), drugs and other risky behaviours, can generate

<p>including the media's portrayal of idealised and artificial body shapes • about health risks and issues related to this, including cosmetic procedures</p> <ul style="list-style-type: none"> • about checking yourself for cancer and other illnesses, including knowing what to do if you are feeling unwell and checking for signs of illness; and how to overcome worries about seeking help and being an assertive user of the NHS 	<p>(including sources of help and support)</p> <ul style="list-style-type: none"> • about the impact of separation, divorce and bereavement on families and the need to adapt to changing circumstances • about statutory and voluntary organisations that support relationships experiencing difficulties or in crisis, such as relationship breakdown, separation, divorce, or bereavement • how to access such organisations and other sources of information, advice and support • about diversity in sexual attraction and developing sexual orientation, including sources of support and reassurance and how to access them • the pathways available in the event of unintended pregnancy, the possible physical and emotional reactions and responses people may have to each option and who to talk to for accurate, impartial advice and support • the role peers can play in supporting one another (including helping vulnerable friends to access reliable, accurate and appropriate support) 	
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If you have a query about this report or would like to know more about Healthwatch Suffolk please contact us as below. We will be happy to help.

You can watch a short video about us via the following link:

www.healthwatchsuffolk.co.uk/about-us/

For information about how we made a difference in the year 2014/15, please download our annual report from:

<http://www.healthwatchsuffolk.co.uk/about-us/annual-reports-and-agm-resources/>

You can also contact us for a hard copy (limited availability) or watch our supporting video. Simply search for "Healthwatch Suffolk" on YouTube.

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