



# Improving Emotional Wellbeing for Young People in 2016

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# Introduction

Young people's mental health is a topic increasingly in the spotlight and leading mental health organisations highlight it as a growing concern.

Now more than ever, young people's mental health is reported as worsening due to a fast evolving lifestyle including social media and academic pressures.

It is therefore key that local authority, the NHS and non-statutory services provide support which is effectively targeted at addressing young people's mental health. It is also key that the wider community and all stakeholders create an environment which is not only reactively, but proactively preventing poor emotional wellbeing by exploring the risk factors, strengths and opportunities we have across Richmond and Kingston.

This report, produced by Kingston and Richmond Youth Councils and Healthwatch in both boroughs, provides an insight into young people's emotional wellbeing and highlights the challenges young people currently face. It presents their experiences and ideas on how their emotional wellbeing can be improved.

Healthwatch Kingston and Richmond are the local statutory bodies set up to represent public opinion and influence NHS and social care services improvement.

Kingston and Richmond Youth Councils, coordinated by Achieving for Children, consist of elected young people whose role is to solely represent the views of their local young population, across many issues. Mental Health is a top priority for them and they have actively taken part in this project.

# Executive Summary

## What we did

The Youth Councils and local Healthwatch of Richmond and Kingston surveyed young people to get an understanding of their emotional wellbeing and mental health, their experiences of services and their views on how to improve care to meet their needs.

The partners designed and piloted paper and online surveys with young people to ensure that they were worded in ways that were appropriate and understood. Healthwatch Richmond provided expertise in writing and running the online survey, analysing the data and producing the report. All partners promoted the survey. Representatives of the Youth Councils visited schools and youth clubs to collect responses face to face, attended workshops to support data analysis, and produced a film covering the key findings of this work.

## Who responded

We received 1580 unique and usable responses from people at 51 schools across Richmond and Kingston. The people responding to this survey closely resembled the wider community in terms of age, gender, sexuality, disability, and ethnicity. One in 3 respondents (571, or 36.2%) had needed to access support for their emotional wellbeing.

The things people described about their experiences were consistent across the types of care that they had accessed meaning that the findings are equally important for schools and Child and Adolescent Mental Health Services and should be given consideration in wider service design for young people.

## What people told us about their emotional wellbeing

### Access to care that helps is linked to higher emotional wellbeing

The emotional wellbeing of young people who had accessed helpful support, was as good as those people who had never needed to access care. Those who did not access care when they needed it, or did not feel that care had helped them, reported much lower emotional wellbeing.

### Changes with Age

As young people age, they report lower levels of emotional wellbeing and are more likely to say that they need to access services. They are also less likely to rate positively the support provided by their schools. People aged 16 rate their school's support most negatively.

### Gender and sexuality

Significantly higher numbers of people describing their gender as "females, transgender and other" accessed support for mental health. They reported poorer experiences of the care that they receive than males.

Almost 11% (10.98%) of respondents, described themselves as something *other* than straight. People in this group rated their emotional wellbeing lower overall and reported higher levels of needing support (64.5% than those describing themselves as straight (32.5%). People in this group were three times more likely to report not being helped by accessing support than people identifying as straight (25.6% vs 8.4%) and twice as likely not to access support (22.7% vs 11.5%).

### Factors impacting young people's emotional wellbeing

We asked young people to identify the most significant challenges for the wellbeing of young people:

- 2 in 3 young people reported stress, exam pressure and pressure to succeed
- 1 in 2 people reported self-confidence, relationships, pressure to look good, family problems
- 1 in 3 reported online bullying or bullying in person
- 1 in 4 people said that LGBT issues were important factors in young people's emotional wellbeing
- 1 in 5 reported prejudice or ethnicity issues as issues that impact young people's emotional wellbeing
- 1 in 7 said that violence was a significant factor for young people

## What people told us about accessing support

### People who accessed support but it didn't help

Wellbeing for people in this group was significantly lower than for those who had accessed helpful support: Twice as many rated their emotional wellbeing negatively compared to those who felt support had helped them (50% vs 26.9%). People in this group were also more likely to report:

- Not knowing where to go for help (25% vs 13%),
- Feeling that they couldn't ask for help (37% vs 12%)
- Feeling there was nothing that could help them (27% vs 6%)
- Less likely to speak to family members (36% vs 66%)

### Why people don't think the support they accessed helps

#### Relationships with professionals

Young people in this group reported that they were not able to connect with their professional. They did not feel that they had been listened to, taken seriously or understood. In some cases, the poor relationship with therapists resulted in young people dropping out of sessions.

*"I did not really progress into anything, just mulled over the same situation and one solution that wasn't really going to work out"*

#### CAMHS threshold, waiting times and crisis care

Young people in this group who had sought support through CAMHS experienced either a long wait or they did not meet the threshold. Some told us that they had not received the care needed in a crisis situation. Often, young people needed more help than they had received and were still experiencing problems after being discharged from care.

*"CAHMS said I was not depressed enough to meet their threshold."; "I was referred to CAMHS by my GP on three separate occasions but all my referrals were denied"; "There was a long time delay between my initial assessment and being given regular therapy"; "They have NO crisis service and no duty worker. Their only advice if there is a crisis (day or night) is to go to A and E"*

### People who needed support for wellbeing but didn't access it

Nearly half (49.25%) of people who needed support but didn't access it, rated their wellbeing negatively, around twice as many people as those who accessed support and found it helped (26.96%).

People in this group, compared to those who had accessed support that helped, were more likely to feel that:

- They could not ask for help (44%vs 12%)
- Did not know where to go for support (30% vs 13%)
- Nothing could help them (19% vs 6%).

### Why people who needed support didn't access it

#### Stigma attached to mental health

People reported feeling embarrassed or scared of being judged negatively, or even criticised, if their classmates, friends or parents knew that they wanted to look for help. They were afraid of the consequences and clearly concerned about confidentiality.

*"I felt that people would judge me if I told them and my mum would make a massive deal out of it"; "Once you seek help people start making assumptions about you so therefore I chose to stay to myself and suffer in silence"*

## Feeling their issue was not serious enough or not being taken seriously

Some young people felt that they didn't want to seek help because their problem was not very severe and would either be a *"burden"* or would *"waste people's time"*. Others feared not to be believed or taken seriously.

*"I didn't feel like my problem was important enough", "I did not feel that I would be taken seriously if were to seek help", "People would just say... get over it"*

## Accessed support and it was helpful

People from this group reported positive wellbeing overall and are comparable to those who never had to access support.

## Why people who accessed support felt that it worked

### Informal support

Sixty-six percent of young people spoke to a friend and/or a family member. Talking to someone they trusted was key to help them feel better.

*"I asked a family member to help me and it really worked"*

### Counselling

Thirty percent of young people who accessed support said they would try counselling. Those who found that it helped, said it was a very effective way of dealing with their problems by talking in a safe environment and anonymously. It enabled them to discuss their fears and depression, manage their anger and increase their self-confidence.

*"It is different to talking to family and friends as they are impartial but still caring"; "Counselling (from 'Off The Record' in Richmond), helped me to work through my problems and worries in a safe environment"*

### Online support

Online support was popular with 34% of young people. Online videos and websites helped in looking for ideas that could help improve their emotional wellbeing.

*"Online forum [helped] because a lot of people of my age were on it and other people went through it and wanted to help others"*

## What people told us about support through schools

Overall, 51 schools are represented in this report across Richmond, Kingston and from outside of the area. but we didn't have a consistent high of responses per school

People rated the support provided by their schools on a scale of 1-5 and told the reasons behind the rating. They were also asked how their schools could improve the support needed. People told us that:

### School Staff

Positive, understanding and supportive school staff had a positive impact on people's ability to cope with emotional problems. Teachers in particular were commonly stated as providing the most vital support, and crucially someone easily on hand to talk to. The qualities of supportive staff most commonly stated were:

*"Always have time to talk", "Welcoming", "Helpful", "Caring", "Understanding", "Really open", "Relatable", "Trustworthy", "Make you feel comfortable", "Provide great advice".*

Young people who rated their schools poorly, frequently commented on the varying attitudes of teachers and staff, and how this could either negatively or positively impact their emotional wellbeing. Many young people said that school staff could be unapproachable, or not understanding and sympathetic of mental health issues that students experienced. People highlighted that they want to be listened to properly and feel this is not currently the case.

*"I do feel that it is hard to confide in teachers because they are seen as distant and unapproachable. It's hard to talk to some about feelings when they often hurt your feelings by telling you off"*

### **Academic pressures**

Schools which openly acknowledge the effects of academic pressures on mental wellbeing and support young people with these challenges were praised.

*"My school gives us positive messages. There are posters everywhere in school informing about exam stress"*

Young people rating their school negatively, frequently said that exams and academic pressure have a detrimental effect on people's mental health. Where young people talked negatively about their school it was about the contradiction between their school's pressure for academic achievement and their own wellbeing messages.

*"They talk a lot about how important it is not to get stressed and worry about exams, as we are a very academic school. However, they do nothing else about explaining and helping people"*

*"How are we supposed to be mentally and emotionally well when we have this much stress and pressure put on us?"*

### **Mental health awareness and promotion**

Young people frequently praised the schools that take mental health seriously and treat it as an important issue. Positively rated schools promoted and raised awareness of the importance of mental wellbeing. Young people also praised schools which openly encourage students to express themselves and speak out about their issues.

*"Every staff member who I've told about this issue, has tried to help as much as they possibly could. I am surrounded by positive people I believe that all the staff working at my school will not allow poor emotional wellbeing in a pupil to go unnoticed. Once an issue has been flagged up, there is a very good body of counsellors and teachers both on and off site that are happy to aid those in need of help and assistance and do so extremely effectively"*

Young people who rated their schools poorly, frequently stated there is a lack of awareness in their school around mental health. Many said they want mental health to be promoted, and talked about much more. Young people said that teachers should have an awareness of people's mental health, this should not just be a role left to pastoral workers.

*"Teachers and adults (who are often the people meant to deal with these issues in schools etc.) are often not educated about mental health, or their knowledge is limited. Many people are only taught the cliché, generalised main points about certain mental illnesses e.g. people with anxiety have panic attacks, when actually this is not always the case and it is much, much more of a complicated issue"*

### **Environment**

Young people who positively rated their school, frequently commented on the environment being supportive, friendly and helpful.

*"Welcoming and helpful adults around the school"; "It's quite a nice environment to be a part of", "Kind", "Not too much pressure"*



## Bullying

Schools which are proactive at eradicating bullying were praised highly by young people, as bullying was cited as being very detrimental to young people's mental health within School:

*"My school is very strict about bullying, so it just doesn't happen, this is vital to emotional wellbeing. Also, there are many people that are willing to help those in need of support."*

## Support available in school

From people's comments, it is clear that there is too much variation in the levels of support provided amongst different schools.

Young people are often unaware of the support available at their school. Others said they are aware of the support available but did not want to access it or that it didn't meet their needs or that the support that was advertised was not actually available.

## Stigma

Many participants said that it is hard for many young people to talk about their mental health, which is a barrier to accessing the support. Stigma, embarrassment and concerns for confidentiality were also frequently raised. Many people said they feel better talking to their friends and family about their wellbeing and that this helped to reduce stigma.

## How young people think that services can be improved

Young people told us that accessibility, anonymity and confidentiality are key factors in improving mental health services.

*"Make it more accessible to many people but also anonymous because there are often lots of people who have these issues but would not want to confront them"*

They provided a range of suggestions about services location, time, staffing and way of delivering the support needed to tackle mental health issues.

## Support services out of school

The concern about stigma may explain why the majority of young people told us that services should be located out of schools or near school, in a safe and discreet environment in order to protect confidentiality and anonymity.

*"[Services] shouldn't be part of the college, perhaps an adjacent building? So that students being counselled feel that they have some distance from the college and all the people there, particularly if their problems are to do with college life and so they would be able to open up more"*

## Opening times

Most young people told us that support should be available "all the time" or at least before and after school times and at weekends

*"Open pretty much every day of the week and never cancel appointments. Have a website to make appointments as anxiety during phone calls isn't rare when having poor mental health"*

## Staffing

Young people told us that support services should be staffed by friendly, supportive and compassionate "teenage mental health specialists" such as counsellors and therapists but also young people "who have struggled in the past and got through it" and youth workers.

## Friendly, informal atmosphere

Most respondents emphasised the importance of a friendly, supporting and informal way of delivering support, avoiding any approach that "makes you feel nervous". Instead, make available food and lots of activities and games so that "it doesn't look like something to help mentally ill people".

## Online support

Given the great emphasis on anonymity and confidentiality, young people also suggested having an online counselling service or chat room and websites where users can feel safe and comfortable in discussing and learning about their problem. Some people described in positive terms projects using older mentors.

## More publicity and information

All the above services should be well publicised, to raise *“more awareness inside and outside school”*. Posters and social media (Facebook and Instagram) would be good, with a clear message that *“any problem is worth talking about”*. Young people would also like more information on depression, self-harm and how to minimise stress.

## Recommendations

1. Address stigma - ensure that people know that they will be treated confidentially and that they can ask for help
2. Promote services currently available so that people know who to ask for help and how to get help
3. Make future services young person centred. Locate services in the community, accessible outside of school hours with a non-threatening, non-medical environment
4. Change the mode of delivery to be more young person centred
5. Review CAMHS thresholds and waiting lists
6. Focus care and promotion on people whose sexuality, gender or ethnicity make them least likely to access care
7. Create a positive school environment in relation to emotional wellbeing by raising awareness and opening discussion around mental health within schools
8. Acknowledge academic pressures and limit mental distress caused by it

## Further information

Healthwatch Richmond, 020 8099 5335

Healthwatch Kingston, 020 8974 6629

Achieving for Children: Kingston 020 8547 5008  
Richmond 020 8891 7969

## Methodology

This project has been a collaboration between Healthwatch and young people via the Youth Councils in Richmond and Kingston. From initial discussions and brainstorming, through to survey design, data capturing and recommendations, the contributions of young people have been of great importance.

In late January 2016 Healthwatch Richmond and Kingston met with the Youth Councils to discuss the current views of local young people and brainstorm ideas for undertaking the project.

From January to March 2016, Healthwatch and the Youth Councils worked together to understand the key factors around emotional wellbeing, decide on research objectives, plan the project and design a survey. Youth Councils participated in research and training to develop these skills for the project.

In April 2016 the survey was finalised and distributed via paper and online using Google forms. It was sent to all schools in Richmond and Kingston and was also sent to all statutory and voluntary organisations that provide support to young people and families. The survey was also distributed via social media and displayed on the websites of both Healthwatch and the Youth Councils.

Following the closure of the survey, all responses were anonymised. A workshop was held involving young people and professionals in long-table analysis of the qualitative data. Quantitative data was analysed by volunteers and staff using a systematic approach to produce pivot table. This report presents the key findings of this work.

We hope that the report will feed into the Richmond and Kingston CAMHS Transformation Plan, and assist services provided by all stakeholders including statutory providers, voluntary sector, schools, colleges and Public Health in delivering support that better meets the needs of young people.

## Key findings

### A broad and representative sample

We received 1580 unique and usable responses. Approximately 90% of respondents provided usable demographic data. Of the 10% who did not provide demographic data, some described a desire for anonymity. Of those who responded, 1 in 3 (571, or 36.2%) reported having needed to access support for their emotional wellbeing.

The demographic data shows that the age, gender, sexuality, disability, and ethnicity of the respondents in our sample, closely resembles the community covered by this report.

Responses were received from students of 51 schools but around 25% of respondents did not provide their school name. For most schools there were low numbers of responses with the exception of Christs School, Orleans School and Lady Eleanor Hollis. It was not possible to distinguish between Hampton Academy and Hampton School for Boys during the data cleaning and so these results cannot be reported reliably.

### Generalisability

The structure of the survey allows distinctions to be made between respondents who have and have not needed to access support for their mental health or emotional wellbeing as well as whether or not support was effective. In combination with the large sample size this allows us to be confident about our understanding of young people's experiences of mental health and emotional wellbeing services, including tiers 2 and 3 of CAMHS.

Despite the granularity of the data, the findings - what people tell us about their experiences - are consistent across demographic and geographic groups and reported experience of accessing services. The findings are

therefore generalizable across young people’s services in Richmond and Kingston and can be used to inform a range of emotional wellbeing and mental health services.

**Access to care that helps is linked to higher emotional wellbeing**

Young people who access support that they felt helps them, report positive emotional wellbeing that is as good as those who had never needed support for their emotional wellbeing. Those people who needed care but found it did not help them, or who chose not to access care, report emotional wellbeing that is significantly more negative.

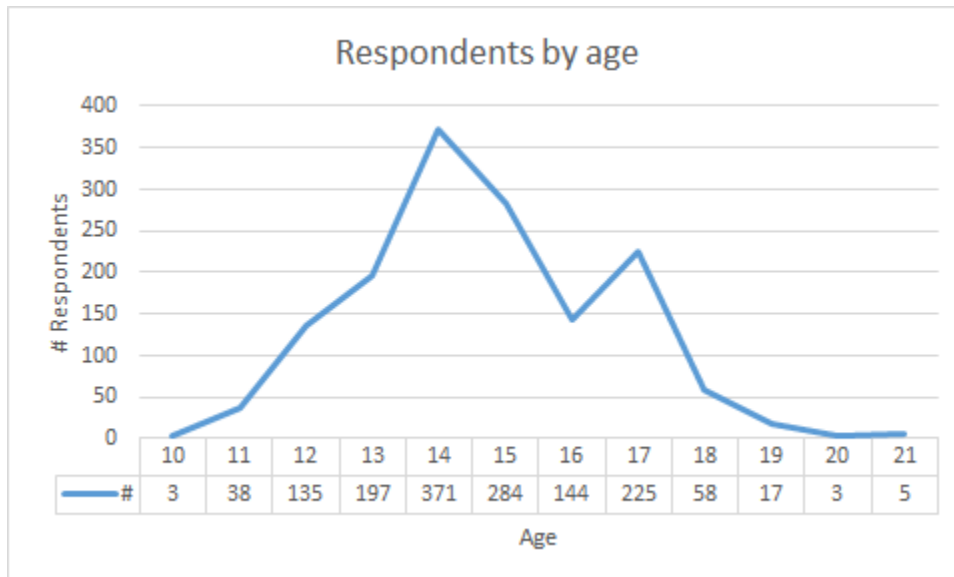
Have you needed to access mental health care and if so did it help?	Rating of wellbeing		Number of respondents
	Negative	Positive	
I accessed support for my mental wellbeing and it helped me	26.96%	43.63%	204
I have not needed support for my mental wellbeing	25.30%	42.56%	1008
I accessed support for my mental wellbeing and it did not help me	50.00%	19.65%	168
I needed support for my mental wellbeing but did not access it	49.25%	18.60%	199

**Demography and emotional wellbeing**

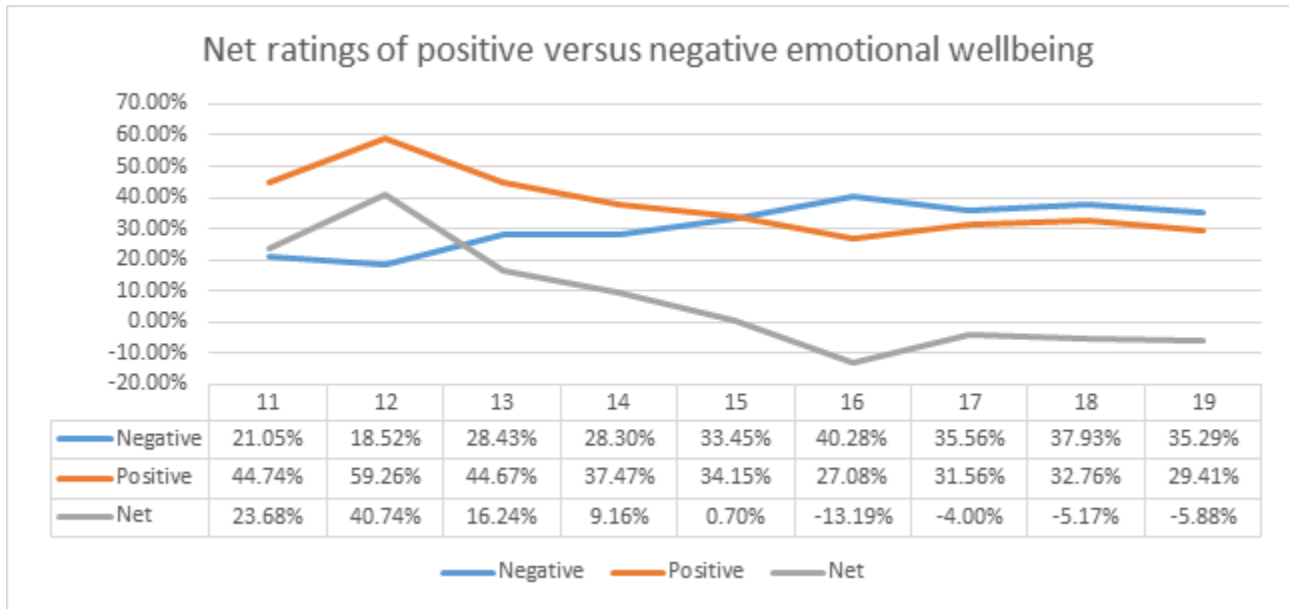
This section describes the demography of the sample in terms of age, gender, sexuality, ethnicity and disability.

**Age**

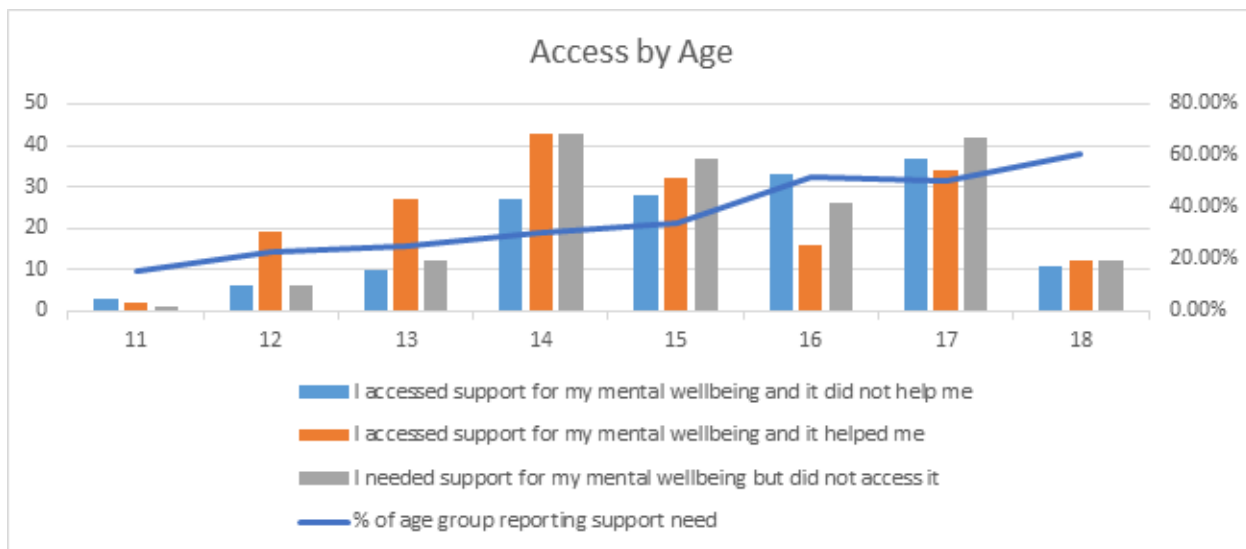
The sample includes good representation across all ages 12 to 17 but low levels of response from under 11 and over 18.



As young people age, they report lower levels of emotional wellbeing with lowest levels of wellbeing reported at age 16.

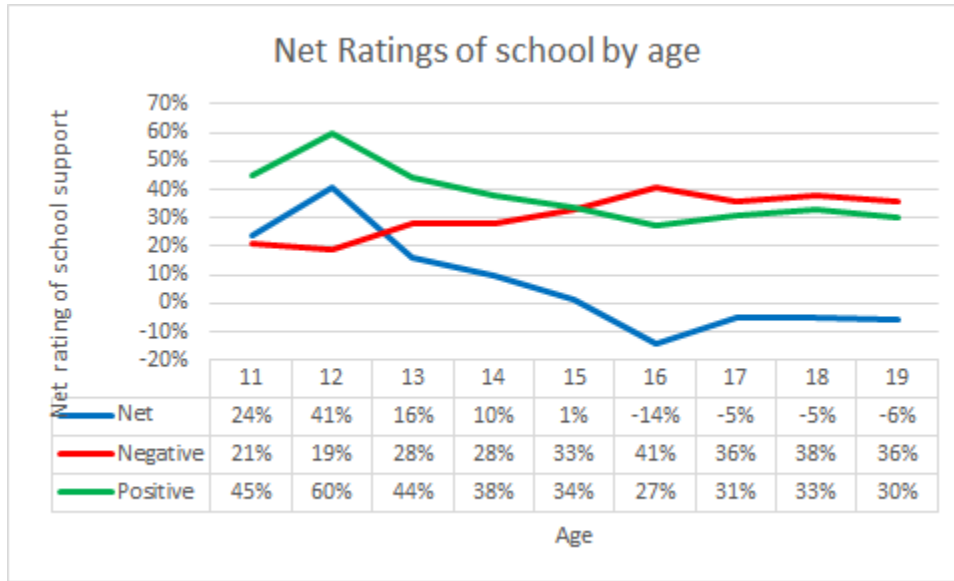


The reported level of need to access services increases with age.



As young people get older, their ratings of the support provided by their school decreases. People aged 16 rate their school’s support most negatively overall.

Net ratings are calculated by comparing the number of positive ratings with the number of negative ratings.



### Gender

The sample of respondents closely related to the demographics of the boroughs” young people.

Of those who provided their gender, a lower percentage of males reported needing mental health care. Significantly higher numbers of females, transgender and people describing their gender as “Other”, accessed support for mental health and reported poorer experiences of care.

Have you needed to access mental health care and if so did it help?	Male	Female	I don't want to say	Transgender	Other
I accessed support for my mental wellbeing and it helped me	11.30%	15.16%	9.72%	14.29%	9.09%
I have not needed support for my mental wellbeing	73.51%	52.69%	69.44%	61.90%	63.64%
I accessed support for my mental wellbeing and it did not help me	6.75%	14.87%	5.56%	23.81%	18.18%
I needed support for my mental wellbeing but did not access it	8.44%	17.28%	15.28%	0.00%	9.09%
% of the sample	48.73%	44.68%	4.56%	1.33%	0.7%
Total respondents	770	706	71	21	11

### Sexuality

Of all respondents, 10.98% of them described themselves as something *other* than straight. These were combined into a Lesbian, Gay, Bisexual and Other (LGB&O) category to allow for meaningful analysis. Other included Pansexual, Undecided, Asexual and Other. Diversity in this group and low numbers of respondents led to combining this into a single Lesbian (1.96%), Gay (1.20%), Bisexual (6.33%) and other (1.96%).

A high percentage of LGB&O young people reported that support did not help them or needing support but not accessing it. However, LGB&O young people who accessed support, reported a higher levels of help, compared to straight people. This is against a backdrop of a much higher proportion of people from this group reporting needing support overall.

	Have you needed to access mental health care and if so did it help?			
Sexuality	I accessed support for my mental wellbeing and it did not help me	I accessed support for my mental wellbeing and it helped me	I have not needed support for my mental wellbeing	I needed support for my mental wellbeing but did not access it
Straight	8.37%	12.60%	67.54%	11.48%
LGB&O	25.58%	16.28%	35.47%	22.67%

LGB&O people reported a lower level of emotional wellbeing compared to the average for the overall sample.

	Rating of emotional wellbeing (1 Awful, 5 Perfect)					
Sexuality	1	2	3	4	5	#
Straight	12.44%	17.70%	31.50%	25.20%	13.16%	1254
I don't want to say	15.03%	16.34%	32.03%	24.84%	11.76%	153
LGB&O	16.28%	22.09%	31.98%	22.67%	6.98%	172
Overall	13.11%	18.05%	31.60%	24.89%	12.35%	1579

## Disability

Approximately 7% of respondents reported having disabilities. Net reporting of emotional wellbeing for people with disabilities is positive. However, people with disabilities are more likely to report their emotional wellbeing as “Awful”. As it is a small group, it is difficult to say whether this is a trend or a bias in the survey or sample.

	Rating of emotional wellbeing (1 Awful, 5 Perfect)					Number of respondents
Do you have a disability?	1	2	3	4	5	#
I don't want to say	24.50%	22.52%	25.83%	19.87%	7.28%	151
No	10.99%	18.35%	32.60%	25.02%	13.04%	1319
Yes	22.94%	8.26%	27.52%	30.28%	11.01%	109
Overall	13.11%	18.05%	31.60%	24.89%	12.35%	1579

## Ethnicity

Responses were too diverse, providing bases too small for meaningful analysis of individual ethnicities. As a result, they were combined to create 3 categories. Of all respondents, 66.7% were White British, 20.6% Black or Minority Ethnic (BME), 6.0% White Other.

People of White Other origin reported lower levels of accessing support when they need it and relatively fewer found doing so useful.

		Of those who reported needing to access support:		
Ethnicity	#	I accessed support for my mental wellbeing and it did not help me	I accessed support for my mental wellbeing and it helped me	I needed support for my mental wellbeing but did not access it
BME	326	27.03%	37.84%	35.14%
White British	1054	31.69%	35.58%	32.73%
White Other	95	23.81%	23.81%	52.38%

### Recommendation: target support to those who need care most

Young women and transgender people report higher levels of need as do people reporting lesbian, gay, bisexual and other sexualities. They are proportionately more likely to need to access services but less likely to get care that they say helps.

## Factors affecting emotional wellbeing

Two out of three young people reported stress, exam pressure and pressure to succeed as factors affecting their emotional wellbeing. These were followed by self-confidence, relationships, pressure to look good, family problems and bullying which were reported by between half and a third of young people.

One in four young people said that LGBT issues were important factors in their emotional wellbeing and around one in five reported prejudice or ethnicity as issues of concern. Only one in seven respondents said that violence was a concerning factor, making it the least commonly reported one.

Whilst the survey took place around exam time, which may have increased the significance of these factors, responses were remarkably consistent across demographic and geographic groupings. Findings were also consistent across experience of accessing services and self-reporting of emotional wellbeing which provides confidence in the strength of these findings.

Thirty-nine respondents provided narrative responses which covered school, peer pressure, sex, drugs, discrimination and disability. A small number of people also referenced topical issues such as the Brexit vote which took place at the time of the survey.



## Accessing support

### Accessed support but it didn't help

Almost twice as many people in this group rated their emotional wellbeing negatively (50.00%), compared to those who had accessed support and found it helped, or those who had never needed to access support. Similarly, only 5.36% of people in this group reported their emotional wellbeing as “perfect”, compared to other groups.

Have you needed to access mental health care and if so did it help?	1	2	3	4	5	Net	#
I accessed support for my mental wellbeing and it helped me	8.82%	18.14%	29.41%	29.41%	14.22%	16.67%	204
I have not needed support for my mental wellbeing	11.01%	14.29%	32.14%	27.68%	14.88%	17.26%	1008
I accessed support for my mental wellbeing and it did not help me	20.24%	29.76%	30.36%	14.29%	5.36%	-30.35%	168
I needed support for my mental wellbeing but did not access it	22.11%	27.14%	32.16%	15.08%	3.52%	-30.65%	199

Compared to young people who had accessed helpful support, those who felt that support didn't help were more likely to be from the LGB&O group (30% vs 15%), transgender or other (24% vs 14%) or aged 16-17 (see Access by Age). Female were also considerably approximately twice as likely as males to be in this group (15% vs 7%).

People who reported needing support but not accessing it were more likely to say that they did not know where to go for help (25% vs 13%), feeling that they couldn't ask for help (37% vs 12%) or that there was nothing that could help them (27% vs 6%). They were also less likely to speak to family members (36% vs 66%), than those who had accessed helpful support.

### Recommendation: promote services currently available

A promotional campaign should be mounted to highlight the benefits of counselling and other services currently available. Young people suggested using Facebook, Instagram and other online tools. Leaflets should also be available in schools and meeting points for young people.

## Why support did not help

When the support did not help, young people gave specific reasons such as receiving general advice instead of targeting their specific problems and therapies that were not as effective as expected. They also mentioned the following reasons:

### Poor relationships with professionals

Young people reported that they were not able to connect with their professional and did not feel listened to or taken seriously. Counsellors “*did not understand issues or feelings*” and would repeat the same “*situation again and again*”. In some cases, the poor relationship with therapists resulted in young people dropping out of sessions. Often, young people needed more help and are still experiencing problems.

*“I did not really progress into anything, just mulled over the same situation and one solution that wasn’t really going to work out”*

*“They [counsellors] did not know what they were talking about as they generalised my problem. They were not able to relate, despite the fact they claimed they were a professional there to help people. The system failed”*

*“I didn’t respond to the treatment because they repeated the same things which I knew. This bored and irritated me so I did not want to respond”*

*“I have been through many different therapists/psychiatrists with many different types of therapy that I have not found helpful despite my trying hard to access the support. I have felt I have not been listened to or taken seriously until I was in crisis and needed tier 4 intervention which I believe would never had happened had I had sufficient help in Tier 3”*

*“I didn’t get on well with my psychologist and it made me reluctant to attend sessions”*

*“Nothing changed about my mental situation and it doesn’t seem like it will”*

### **Recommendation: encourage young people’s feedback on their counselling experience**

Some young people *“did not get on”* or could not *“connect”* with counsellors who provided generalised advice, rather than focusing on their specific problems. This should be addressed in order to avoid young people dropping out of therapy. Their expectations of the counselling session, what outcomes to look for, and what input is required should be discussed in advance. There should also be an easy mechanism for young people to feedback their experience anonymously and monitoring of any necessary improvements.

### **CAMHS threshold and long waiting times**

When young people had sought support from CAMHS, they frequently reported a long waiting time or that they did not meet the threshold. Some told us that they had not received the care needed in a crisis situation.

*“Huge waiting list, so many introductory sessions where I just told my problems over and over again”*

*“There was a long time delay between my initial assessments and being given regular therapy which I found quite a difficult period of time as it is hard to be diagnosed with anorexia then be given no support for a month to recover”. The time delay was really difficult and no one in CAMHS service saw to my physical health or gave me any suggestions for re-introduction of foods”*

*“Slow waiting times, poorly organised and poor communication between doctors and therapists, led to a counteractive experience. CBT was successful but I got it after a very long time of struggling with useless services”*

*“CAHMS said I was not depressed enough to meet their threshold. My parents complained. They assessed me and offered just three sessions of education. My parents complained. I am being seen monthly for 20 minutes by a psychiatrist as they have a five months waiting list for therapy, and this is meant to be a crisis acute service”*

*“I’ve applied for an appointment with the college counsellor and still haven’t heard a reply back. I just feel like a burden. No one’s helping and I did try. What’s the point now? Either you’re put on a waiting list or passed onto someone else. You only get real immediate help once you start attempting suicide”*

*“I was referred to CAMHS by my GP, GOSH and school on three separate occasions but all my referrals were denied by CAMHS”*

*“CAHMS act like what they do is good. They have NO crisis service and no duty worker. Their only advice if there is a crisis (day or night) is to go to A and E. They don’t even help with crises during the day when they are open!”*

**Recommendation: address CAMHS threshold and long waiting list**

The long-time delay between initial assessment and treatment received as well as the long waiting list need to be addressed. They both resulted in a negative experience of the support currently available. A solution could be found by either reviewing the criteria for CAMHS or providing support for those in need but who do not meet the criteria.

**Needing support for wellbeing but didn’t access it**

This group accounts for 12.6% of all respondents (199 individuals) and is very similar in terms of negative reporting of emotional wellbeing to the group who sought support but felt it did not help (168 individuals, 10.6% of sample).

Nearly half (49.25%) of respondents in this group rated their wellbeing negatively, around twice as many compared to people in the groups who had accessed support that helped (26.96%) or had never needed to access support (25.30%). Only 3.52% of people who needed support but did not access it reported their emotional wellbeing as “perfect”.

Have you needed to access mental health care and if so did it help?	1	2	3	4	5	Net	#
I accessed support for my mental wellbeing and it helped me	8.82%	18.14%	29.41%	29.41%	14.22%	16.67%	204
I have not needed support for my mental wellbeing	11.01%	14.29%	32.14%	27.68%	14.88%	17.26%	1008
I accessed support for my mental wellbeing and it did not help me	20.24%	29.76%	30.36%	14.29%	5.36%	-30.35%	168
I needed support for my mental wellbeing but did not access it	22.11%	27.14%	32.16%	15.08%	3.52%	-30.65%	199

People defining their sexuality as LGB&O were twice as likely as straight people to have needed support and not accessed it.

	I accessed support for my mental wellbeing and it did not help me	I accessed support for my mental wellbeing and it helped me	I have not needed support for my mental wellbeing	I needed support for my mental wellbeing but did not access it
Straight	8.37%	12.60%	67.54%	11.48%
LGB&O	25.58%	16.28%	35.47%	22.67%

52.38% of people from White other backgrounds who needed support did not access is compared with 32.73% White British and 35.14 BME.

	I accessed support for my mental wellbeing and it did not help me	I accessed support for my mental wellbeing and it helped me	I needed support for my mental wellbeing but did not access it
BME	27.03%	37.84%	35.14%
White British	31.69%	35.58%	32.73%
White Other	23.81%	23.81%	52.38%

## Why young people did not access support

Of all respondents, 44% reported that they didn't feel they could ask for help and 19% felt there was nothing that could help them. Another 30% were "not sure what to do" or "where to turn to". Other reasons often mentioned were:

### 1. Stigma attached to mental health

Young people felt embarrassed or scared of being judged negatively (or even criticised) if their classmates, friends or parents knew that they sought help. They were afraid of the consequences and clearly concerned about the lack of confidentiality.

*"I was afraid it would appear on my records"*

*"I was too scared and worried about what people would think"*

*"I felt that people would judge me if I told them. My mum would make a massive deal out of it and make me feel worse"*

*"Once you seek help, people start making assumptions about you. Therefore, I chose to keep to myself and suffer in silence"*

*"I felt I would be judged, criticised if my other classmates heard it"*

*"I couldn't tell anyone about my problems. Even if I did, my friends would ignore them and not help me solve [them]"*

*"When seeking help, professionals say that everything is confidential. However that is a lie. Everything gets told to our parents/teachers, even the things we do not wish them to know"*

*"I've had friends that have asked for help from school and the teachers ended up breaching their confidentiality and telling their parents things that they weren't comfortable with them knowing. It's made me feel as though adults don't understand and aren't willing to take mental health seriously in the fact that they don't respect us and our preferences towards how we want to ask for help"*

### 2. Feeling that problems were not serious enough or not being taken seriously

Data shows that 19-27% of young people who did not get the support they needed, reported that they did not feel that there was anything that could help them. Some young people felt that they didn't want to seek help because their problem was not very severe and would either be a "burden" or would "waste people's time". Others, feared not to be believed or taken seriously.

*"I didn't feel like my problem was important enough"*

*“I was worried that the situation wasn’t that important and that there were more important things for people to be dealing with”*

*“I didn’t think the problem I have is worth someone’s time. I can cope with it”*

*I haven’t been diagnosed with anything, so I don’t want to seem like I’m faking. I don’t think the problem I have is worth someone’s time. I can cope with it. I don’t want to seem like I’m being selfish by talking”*

*“I did not feel that I would be taken seriously if were to seek help” “The people I talked to did not believe my situation”*

*“People would just stay get over it”*

### Recommendation: address stigma

Set up a campaign to combat the stigma attached to mental health problems, with a clear message that it is perfectly acceptable to talk about a mental health issue as it is with a physical problem and that no issue is too small to talk about. This would help overcome young people’s fear about being judged negatively if friends, families or school mates and teachers found out that they looked for help about mental health problems.

### Accessed support and it was helpful

Almost 13% (12.92%) of respondents (204 individuals), reported that accessing support was helpful. People in this group reported positive wellbeing overall that was comparable to those who had never needed to access support.

Row Labels	1	2	3	4	5	Net	#
I accessed support for my mental wellbeing and it helped me	8.82%	18.14%	29.41%	29.41%	14.22%	16.67%	204
I have not needed support for my mental wellbeing	11.01%	14.29%	32.14%	27.68%	14.88%	17.26%	1008
I accessed support for my mental wellbeing and it did not help me	20.24%	29.76%	30.36%	14.29%	5.36%	-30.35%	168
I needed support for my mental wellbeing but did not access it	22.11%	27.14%	32.16%	15.08%	3.52%	-30.65%	199

BME and White British young people are more likely than White Other to report accessing support that helped them. Reporting of accessing support that helped across other demographic groups was relatively consistent.

### Informal support

Talking to someone they trusted was key to help young people feel better and 66% of respondents spoke to a friend and/or a family member - a clear demonstration of the value of informal support:

*“I have spoken to my parents and close friends to ask for help and support. It was helpful because I wasn’t alone and I had a chance to tell them about the difficulties and worries in my life”*

*“I asked a family member to help me and it really worked”*

*[Talking to] friends and family was a safe space to get advice from people who knew me and were not judgemental in any capacity"*

*"Family therapy helped us to be closer"*

*"I spoke to friends who were also stressed and chilled out to calm ourselves down"*

## **Counselling**

Of all young people who sought help, 30% reported that they would access counselling. Those who found that counselling worked, told us that it was a very effective way of talking about their problems anonymously and in a safe environment. This enabled them to discuss their fears and depression, manage their anger, and increase their self-confidence. Respondents spoke positively about support from Off the Record (in Richmond), ChildLine, Mind and the Samaritans. Feedback included:

*"Psychotherapy and counselling [were good]. It is different to talking to family and friends as they are impartial but still caring"*

*"Counselling helped me find the root of the problems and tackle them"*

*"Anonymous speaking to ChildLine helped me cope with family issues and express myself in a safe environment"*

*"Counselling (Off the Record), helped me to work through my problems and worries in a safe environment"*

## **Professional support**

Some people who had positive experiences of receiving help talked about professional support:

*"A psychiatrist has helped me better understand why I feel the way I do, and use techniques from the CBT to help combat certain feelings"*

*"I had been on [anti-depressants] for around 14 months... and now I don't take them any more due to my support worker who works for AFC"*

*"I had therapy/anger management and it helped me realise many things and also it was nice to express my feeling to somebody who I felt like I could trust and who was very sensitive with me. For example, some days if I didn't feel like talking, if I wanted, [I could] paint something or play a game. I found that sometimes by putting your emotions into something creative is really helpful and I have used this technique ever since"*

## **Online support**

Online support was popular with 34% of young people. Young people reported that online videos and websites helped them looking for ideas on how to improve their emotional wellbeing

*"Online forum [helped] because a lot of people of my age were on it and other people went through it and wanted to help others"*

## **Recommendation: provide an online interactive counselling service**

Young people reported that support should be available through online counselling, websites and chat rooms, all regarded as a safe and confidential environment where they can discuss their issues anonymously.

## **Schools**

We asked respondents to indicate their school. Overall, 51 schools are represented in this report across Richmond, Kingston and from outside of these areas.

Analysis of data by school or borough in which the school is based is not within the scope of this project and would not have been meaningful as the number of responses per school was low.

Responses	Out of area	Kingston	(blank)	Richmond	Grand Total
Individual Responses	47	110	382	1041	1580
Number of Schools	15	21	N/A	15	51

### Mental health awareness and support in schools

We asked people to tell us what support was available in their schools.

What support is available at your school?	#	%
Mental Health / wellbeing PHSE lesson	839	53%
Counsellor	828	52%
Support from a teacher or another member of staff	768	49%
Mental health support from School nurse	598	38%
Peer support	590	37%
School assembly about mental health/ wellbeing	560	35%
Pastoral support	433	27%
Online support	269	17%
Mental health support from health link workers	156	10%

Young people also described the kinds of mental health promotion and services available to them amongst positively, averagely and negatively rated schools. These included:

- *PHSE lessons*
- *Mindfulness lessons,*
- *Wellbeing courses,*
- *Talks in assemblies*
- *Support staff including student support service, safeguarding teachers, counsellors and nurses*
- *Activities that promote wellbeing such as sport*
- *“Pupil Support Zone (in school)”*

## School environment and staff

### Supportive environment

Many young people reported the importance of effective mental health promotion in schools. Data analysis shows that 48% of respondents identified the importance of greater information in school about ways to maintain and/or improve emotional wellbeing.

Young people who rated their school positively, frequently commented on the friendly and supportive environment and praised them for taking mental health seriously.

Helpful and understanding school staff were also cited as having a positive impact on young people's ability to cope with emotional problems.

*"It is a friendly environment and gives us positive messages"*

*"Really good network between parents, tutors and teachers, just generally an understanding environment"*

*"I believe that all of the staff working at my school will not allow poor emotional wellbeing in a pupil to go unnoticed and once an issue has been flagged up, there is a very good body of counsellors and teachers both on and off site that are happy to aid those in need of help and assistance and do so extremely effectively"*

*"It is a caring community and it's quite a nice environment to be a part of"*

*"Welcoming and helpful adults around the school"*

### **Need for increased focus on mental health**

Where people rated their schools poorly they spoke about their school's relative indifference to mental health. They spoke about the need for more to be done to promote awareness of mental health and to offer support.

*"I cannot think of almost any examples of how the school has supported me to have a good emotional wellbeing"*

*"They pretend they have all of the above when in reality they do not"*

*"School doesn't do much, they don't even cover the subject. They just don't promote this issue enough"*

*"Mental health is hardly talked about in school which leaves lots of students feeling unsure, isolated and confused about who to talk to."*

*"Many teachers and adults simply do not understand these mental issues, and can therefore be very dismissive or unhelpful, or simply view you as "weak" rather than having a certain difficulty"*

### **Recommendation: raise awareness and open discussion around mental health**

All members of school staff and students should receive awareness training in mental health. Schools could facilitate this by organising mental health workshops where teachers and students attend. These could be interactive and involve discussions and participation to encourage open and frank discussions about school life, challenges and ideas of how to support better mental health.

Students and staff should be asked for their ideas on how they feel they can support a positive, understanding environment. Students should play an active part in designing the school support services to ensure it is effective and meets their needs.

### **Supportive staff**

Young people who rated their schools positively talked about speaking to a trusted teacher or professional and found the support they received very useful. The qualities of supportive staff most commonly mentioned were:

*"Always have time to talk", "Welcoming", "Helpful", "Caring", "Understanding", "Really open", "Relatable", "Trustworthy", "Make you feel comfortable", "Provide great advice".*



Teachers in particular, were commonly cited as providing the vital support and, crucially, someone easily on hand to talk to:

*"I have the best teacher, very kind and possibly they have overcome what we have been through"*

*"Staff members are extremely supportive, but some others are terrible at supporting young people"*

*"They watch over their pupils carefully and make it clear that they will always be open to help you"*

*"School staff are helpful, didn't judge and listened"*

*"Speaking to a teacher I trusted definitely helped me start getting help"*

*"I spoke to a teacher at school which really helped me and eventually went to see a GP, who referred me to a psychiatrist"*

Some respondents mentioned external professionals situated within the schools including school nurses and counsellors.

*"The counsellors have a lot of experience and have dealt with a variety of issues. Their responses always help me see things logically and realistically. In general, my tutors were also very easy to talk to and the college has quite a friendly, non-judgemental environment. These all contribute to a good emotional wellbeing"*

*"The school gives us a general overview of how to handle emotional wellbeing and, generally, how to prevent such things as depression. They also have the "zone" where people can be dealt with personally but sometimes people can be too scared to go there."*

*"I have attended school counselling which was partially successful in giving me mindful calming techniques and getting my problems off my chest"*

*"My school nurse helped me when I was going through depression and it was helpful because I had someone to talk to and go to, whenever I needed"*

### **Poor experiences of staff**

Conversely young people who rated their schools poorly frequently commented on the varying attitudes of teachers and staff, and how this could negatively impact their emotional wellbeing.

Many young people said that school staff could be unapproachable, or not understanding nor sympathetic of mental health issues that students experienced. They said that teachers should have an awareness of people's mental health as this should not be a role left to pastoral workers. People commonly highlighted that they want to be listened to properly, they feel this is not currently the case.

*"A particular teacher makes my anxiety worse and she often shouts at me in class and makes me feel much dumber within lessons. This makes me feel worse about myself and makes me more paranoid. Have more anxiety and panic attacks when I'm at home"*

*"A school counsellor is available but, other than this, the school is not good at dealing with emotional issues, for example people who self-harm or with eating disorders"*

*"I got kicked out the Zone (a place used for Mental Wellbeing) because I was wallowing. My school told me it was all in my head"*

*"I do feel that it is hard to confide in teachers because they are seen as distant and unapproachable. It's hard to talk to some about feelings when they often hurt your feelings by telling you off"*

Some young people felt that professionals in their schools did not have enough knowledge about mental health:

*“Teachers and adults (who are often the people meant to deal with these issues in schools etc.) are often not educated about mental health, or their knowledge is limited. Many people are only taught the cliché, generalised main points about certain mental illnesses e.g. people with anxiety have panic attacks, when actually this is not always the case and it is much, much more of a complicated issue”*

*“It is a difficult issue to deal with, as it is very complicated and many simply do not understand it”*

## **Bullying**

Of all respondents, 29% reported that online bullying was a key concern. Another 24% said bullying in person was detrimental to young people’s mental health. Schools which are proactive at eradicating bullying were praised highly by young people:

*“My school is very strict about bullying, so it just doesn’t happen. This is vital to emotional wellbeing. Also, there are many people that are willing to help those in need of support”*

*“When I was being bullied, the school sorted it out straight away”*

*“We have anti bullying policies”*

Several respondents described peer mentoring being available

*“Cyber sixth form mentors which are really useful because they are children so can understand mental health problems due to cyber issues, and will not judge you for speaking about them”.*

## **Recommendation: create a positive school environment and culture**

Schools should ensure they create an environment and culture which is open, supportive and encourages positive mental wellbeing amongst staff and students. Staff should be well informed of the support that is available to their students and able and empowered to actively engage with them, identify poor emotional wellbeing and ensure that students in need get support. Schools should ensure they have a robust anti-bullying policy in place which is reviewed regularly by staff and students.

## **Other key issues in school**

### **Academic pressure**

The most significant issues for young people’s wellbeing were stress (cited by 77%), and exam pressure (cited by 71%). There was significant variation in the ways schools support students through exam stress as well as in relation to the pressure that schools place on students.

Some schools were praised for acknowledging the effects of academic pressures on mental wellbeing, and for supporting young people’s challenges

*“When going through exams, I was provided with mental tutoring to help me keep calm, and diagnosed me with my problems. It helped me to reassure my confidence and ability to cope through stressful times”*

*“My school gives us positive messages. There are posters everywhere in school informing about exam stress”*

*"I find the teachers at my college really helpful, I feel like they truly want to help students find ways to cope well with their studies"*

*"Students and teachers at my college are very nice to me so my wellbeing is good, but if I get stressed before the exam I could go and talk to my tutor or the school council, therefore I have no worries"*

*"In PSHE we do a lot of things on exams and how to cope"*

*"We get PSHE lessons on stress, especially during exam week"*

Young people rating their school negatively did not feel supported and frequently said that exams and academic pressure has a detrimental effect on their mental health

*"They have student support officers but they pile on the stress with things like...if you don't get at least a B in this test, you're off the course"*

*"There is a huge pressure to succeed which has negatively affected some people quite seriously"*

*"How are we supposed to be mentally and emotionally well when we have this much stress and pressure put on us?"*

*"School is very stressful and it makes a lot of people very anxious"*

*"Some teachers don't really care about excuses and make you do it no matter how much other work you have to do"*

Often young people reported that schools are aware of the academic challenges. However, they are still putting pressure on students to succeed, whilst telling them to not get stressed. Schools varied in how they deal with student's stress

*"They talk a lot about how important it is not to get stressed and worried about exams, as we are a very academic school. However, they do nothing else about explaining and helping people"*

*"They try with PSHE lessons and posters but there is so much stress and pressure to do well in such a high achieving school that it sometimes contradicts itself."*

*"They have made us aware of mindfulness etc., and have started to change mind-set over how much pressure to put on us. However, this only started in the last 2 years so, those who have been at the school longest, still have the old mind-set and anything less than an A is a failure"*

### **Recommendation: acknowledge academic pressures and limit mental distress**

Schools should openly acknowledge and raise awareness of the challenges of exam and academic pressures. They could provide lessons and workshops on coping mechanisms, and design a support service which students can visit if they feel they need further support. Students could create a peer led network so that they are able to support each other and talk to others who have been through the same and can give advice/ talk about their worries. Members of school staff should be diligent to spot students who show signs of stress and encourage students to talk about how they feel.

### **Stigma and confidentiality concerns**

For many young people it is hard to talk about their issues as school because *"the topic [of mental health] has a stigma to it and lots of people our age struggle to tell people about their state of mind."* Even if there is support at school, young people have reported a great concern about confidentiality

*“I doubt people would reach out for support because of a lack of confidentiality amongst teachers. They gossip so much about students, confidential news spreads like wildfire”*  
*“There are lots of available resources, but they are often hard to anonymously reach for pupils who are shy and introverted”*

*“I don’t feel comfortable talking to staff about it as I do not trust the confidentiality”*

*“I feel that they will support you but I am not able to trust that they will keep my feelings and emotions confidential”*

*“They have the staff to deal with it but nobody uses them because if they went to speak to them about things they could get in trouble for doing drugs and stuff”*

### **Address stigma and confidentiality issues in school**

Young people should be enabled to talk about their mental health issues without fear of being judged negatively or feeling that confidentiality and anonymity could be compromised.

### **How young people think that services can be improved**

We asked young people how they thought services could be improved. Young people told us that accessibility, anonymity and confidentiality are key factors in improving mental health services. *“Make it more accessible to many people but also anonymous because there are often lots of people who have these issues but would not want to confront them”*

They provided a range of suggestions about services, location, time, staffing and way of delivering the support needed to tackle mental health issues.

### **Support services out of school**

The concern about stigma may explain why the majority of young people told us that services should be located out of schools or near school in a safe and discreet environment in order to protect confidentiality and anonymity.

*“[Services] shouldn’t be part of the college, perhaps an adjacent building? So that students being counselled feel that they have some distance from the college and all the people there, particularly if their problems are to do with college life and so they would be able to open up more”*

*“Somewhere where teenagers feel safe to go, somewhere local maybe, where they can go with a friend and have patient confidentiality”*

*Some suggested locations included libraries, community centres or youth clubs, “a place to be with other people of our age in a safe environment and with youth workers”*

*“The actual building should have a light-hearted and casual atmosphere, so students don’t feel pressurised to admit their problems and are relaxed”*

In general, they preferred a well-known area, somewhere *“easy to get to without having to go to the doctor”* and *“without the fear of teachers and peers getting involved”*. Doctors’ surgeries should be avoided because they are *“intimidating”*.

## Opening times

Most young people told us that support should be available “all the time” or at least before and after school times and at weekends.

*“Open pretty much every day of the week and never cancel appointments. Have a website to make appointments as anxiety during phone calls isn’t rare when having poor mental health”*

## Staffing

Young people told us that support services should be staffed by friendly, supportive and compassionate “teenage mental health specialists” such as counsellors and therapists but also young people “who have struggled in the past and got through it” and youth workers.

*“Sort of AA where a group of young people can talk about their problems together, with a counsellor and offer advice for everyone’s issues. That way it can help to put your problems into perspective and is a way to make friends with people going through the same problems”*

*“Staffed by a range of ages, genders, sexualities, and race. A counsellor could embody the person the subject trusts in their life e.g. their grandmother - a slightly older woman, who has experienced life and its challenges”*

*“Staffed with people who may have gone through similar issues to what you have gone through and know things that helped them overcome the issues that they faced”*

*“Staffed by people of similar age group”*

## Friendly, informal atmosphere

Most respondents emphasised the importance of a friendly, supporting and informal way of delivering support, avoiding any approach that “makes you feel nervous”. Instead, make available food and lots of activities and games so that “it doesn’t look like something to help mentally ill people”.

*“A big bright soft play area with a huge bouncy castle and lots of ball pits, foam pits and trampolines. It could also have lots of water fountains. There can be computers around the side with websites about mental disorders and how you can cope. Exercise is very good for mental disorders and I think this would help enormously”*

*“With a variety of activities one-to-one and in groups e.g. trips, games, giving advice and just being able to talk about anything without being judged”*

## Online support

Given the great emphasis on anonymity and confidentiality, young people also suggested having an online counselling service or chat room and websites where users can feel safe and comfortable in discussing and learning about their problem anonymously.

*“Something online for teenagers that is accessible 24 hours. People won’t venture out of their house if they think they have an issue. They will look to the Internet to see what the problem is/how they can stop it/ if anyone else has that problem. Without a service like that, their problems will go unnoticed until it becomes so bad. If the school try to instate something to help, it might be too late”*

*“An online and interactive counselling service could be good as people use the internet a lot and are used to it. There could be videos and games and advice. Individuals could make their own anonymous account and track their progress”*

*“I think online counselling is a good idea because the idea of face to face contact in real life can be scary for a person with low self-esteem. However, it is important to have speech and dialogue, online words are not as effective. I think the importance of speaking to someone should be reiterated much more”*

*“On phone, like a Teenage Help Line, open all the time so people could call when they need help”*

### **More publicity and information**

All the above services should be well publicised, to raise *“more awareness inside and outside school”*. Posters and social media (Facebook and Instagram) would be good, with a clear message that *“any problem is worth talking about”*. Young people would also like more information on depression, self-harm and how to minimise stress

*“You could do a roadshow located on any town centre. Advertise it where and when it is happening and who is running it”*

*“Get leaflets passed around so that people in other boroughs can also access it”*

*“Very few people know about “Off the Record” [Richmond] perhaps hold workshops at school to tell people about them”*

*“School could possibly recommend the service to pupils”*

## Conclusion

The findings indicate that young people who access helpful support, report emotional wellbeing that is as good as those who have never needed to seek help. For those people who needed care but found it did not help them, or chose not to access care, their emotional wellbeing ratings are significantly lower.

Young people have told us that much work still needs to be done in addressing the stigma around mental health and providing the kind of support that helps them open up about their fears, anxiety or other issues affecting their emotional wellbeing.

The responses to our survey have clearly indicated how young people want to be supported in school, out of school to tackle their emotional problems. The recommendations that follow, summarise the key actions that commissioners, mental health service providers and educational institutions should take to address those issues highlighted in this report. This is the best way of demonstrating that we have truly listened to young people's views.

## Summary of recommendations

### Address stigma

Set up a campaign to combat the stigma attached to mental health problems, with a clear message that it is perfectly acceptable to talk about a mental health issue as it is with a physical problem and that no issue is too small to talk about. This would help overcome young people's fear about being judged negatively if friends, families or school mates and teachers found out that they looked for help about mental health problems.

### Make support accessible in the community

The majority of young people told us that services should be located out of school in an easily accessible area, a safe environment and delivered in total confidentiality. Libraries, community centres or youth clubs and certainly not in a medical environment or anywhere looks *"like something to help mentally ill people"*. Support should be available all the time or at least before and after school hours and staffed not only by supportive therapists but also by young people who have overcome emotional issues. A range of ages, genders, sexualities, and race would be good

### Change the way mental health support is delivered

Services should be delivered in a more informal way, avoiding any approach that "makes you feel nervous". Include lots of fun activities in groups and one-to-one and enable young people to talk without being judged

### Encourage young people's feedback on their counselling experience

Some young people "did not get on" or could not "connect" with counsellors who provided generalised advice, rather than focusing on their specific problems. This should be addressed in order to avoid young people dropping out of therapy. Their expectations of the counselling session, what outcomes to look for, and what input is required should be discussed in advance. There should also be an easy mechanism for young people to feedback their experience anonymously and monitoring of any necessary improvements.

### Provide an online interactive counselling service

Young people reported that support should be available through online counselling, websites and chat rooms, all regarded as a safe and confidential environment where they can discuss their issues anonymously

### Recommendation: promote services currently available

A promotional campaign should be mounted to highlight the benefits of counselling and other services currently available. Young people suggested using Facebook, Instagram and other online tools. Leaflets should also be available in schools and meeting points for young people.

### **Address CAMHS threshold and long waiting list**

The issues of long time delay between the initial assessment and the treatment received and the waiting list should be addressed as they resulted in a negative experience and judgement of the support currently available. It is important to review the criteria for CAMHS services and/or provide support for those in need of care but who do not meet the criteria

### **Target support to those who need care most**

Women, transgender people, people identifying as LGBO and people from White Other backgrounds report higher levels of need than other groups but are less likely to get care that helps. People from these groups should be prioritised in terms of service development and in terms of promoting existing services.

## **Summary of recommendations for schools**

### **Create a positive school environment and culture**

Schools should ensure they create an environment and culture which is open, supportive and encourages positive mental wellbeing amongst staff and students. Staff should be well informed of the support that is available to their students and able and empowered to actively engage with them, identify poor emotional wellbeing and ensure that students in need get support. Schools should ensure they have a robust anti-bullying policy in place which is reviewed regularly by staff and students.

### **Raise awareness and open discussion around mental health**

All members of school staff and students should receive awareness training in mental health. Schools could facilitate this by organising mental health workshops where teachers and students attend. These could be interactive and involve discussions and participation to encourage open and frank discussions about school life, challenges and ideas of how to support better mental health. Students and staff should be asked for their ideas on how they feel they can support a positive, understanding environment. Students should play an active part in designing the school support services to ensure it is effective and meets their needs.

### **Acknowledge academic pressures and limit mental distress**

Schools should openly acknowledge and raise awareness of the challenges of exam and academic pressures. They could provide lessons and workshops on coping mechanisms, and design a support service which students can visit if they feel they need further support. Students could create a peer led network so that they are able to support each other and talk to others who have been through the same and can give advice/ talk about their worries. Members of school staff should be diligent to spot students who show signs of stress and encourage students to talk about how they feel.