

# My Health, Our Future

## Understanding Children and Young People's Mental Health in Suffolk

Year two (Published February 2019)



**Research has shown that protective factors developed in school can help all students, and can offset risk factors from elsewhere in a student's life.**

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# Acknowledgements

Healthwatch Suffolk would like to thank the teachers, pastoral staff and senior management who made 'My Health, Our Future' possible.

Above all, we thank the students at the following schools and colleges:

- Bungay High School
- Churchill Special Free School
- East Bergholt High School
- Kesgrave High School
- King Edward VI School
- Northgate High School
- Stoke High School - Ormiston Academy
- Suffolk ONE
- Thomas Gainsborough School
- Thomas Mills High School
- Thurston Community College
- Westbourne Academy

## Student engagement

We would also like to thank the students at Thomas Gainsborough School that took part in a workshop to shape new content for the 2018 survey.

## Artwork

Thank you to the students who submitted artwork on what mental health and wellbeing means to them. Some of this artwork features throughout the report.

Thank you



# Foreword



## Andy Yacoub

Healthwatch Suffolk Chief  
Executive Officer

## Welcome

'My Health, Our Future 2018' is one of a number of influential and sought after reports by Healthwatch Suffolk, many of which have been designed, researched and completed with the help of partner agencies.

It follows the inaugural 'My Health, Our Future 2017', building on what we learnt and influencing a further cohort of Suffolk schools. A total of 20 educational establishments (18 secondary schools, one FE college and one special school) have now received confidential bespoke reports over the past 2 years, and we know that they are putting the information within them to very good use.

In my opinion, 'My Health, Our Future' is impactful, significant, coproduced and visually powerful. Let me explain why. The report is impactful because it is distinct, challenging and offers achievable

recommendations that will positively influence strategy and implementation, both at a county level and within individual schools. This report is supported by 12 individual reports, shared directly with the participating schools and college.

The report is significant because it is once again based on a large sample size, with over 7,000 respondents having taken part; nearly 14,000 11 to 19-year-olds have taken part since February 2017.

The study, PHSE learning activity and our sign-posting posters/cards, have once again also already created opportunities for passing on critically important information to the pupils and their teachers/staff. The report is wide reaching because the core essentials of the project were added to by the schools involved, allowing them to add factors that were relevant to them. The report has been coproduced, with pupils, teachers and other school staff. Coproduction is a priority for Healthwatch Suffolk. The value and strength of coproduction cannot be underestimated when considering how much of an impact a researcher and commissioner, as in this case, aims to achieve.

The basis upon which the data and intelligence has been gathered and analysed also lends this study to be compared nationally, because of the adoption of the Short Warwick Edinburgh Emotional Wellbeing Scale (SWEMWBS). The report is visually powerful because of the stunning pupil artwork. A selection of the artwork has been appropriately interspersed throughout the text of the report. The art accentuates what pupils tell us.

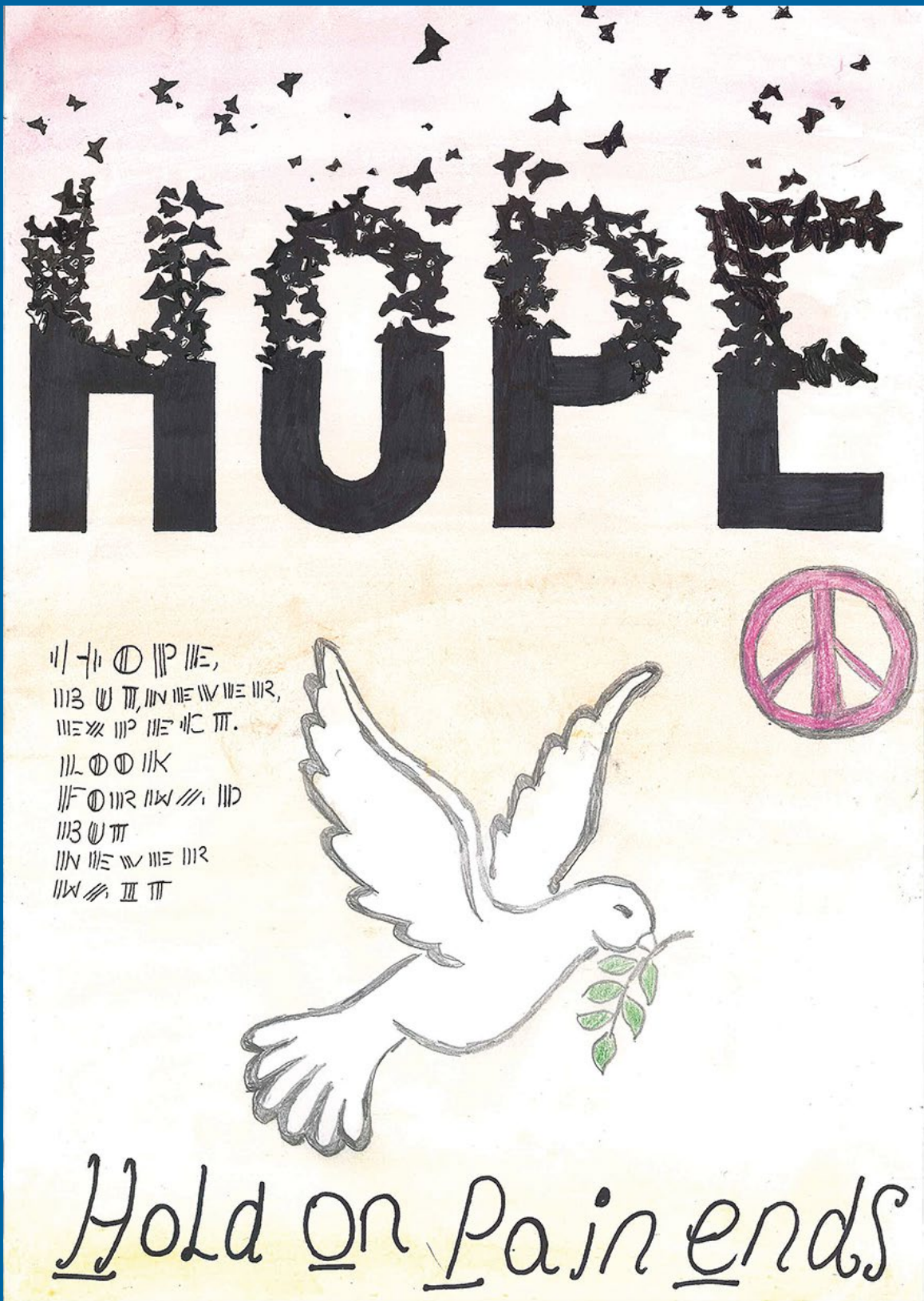
We all have school in common from an early age. Actions taken in school can have a big impact on a student's wellbeing, not just in the short term but also throughout their lives. Secondary school spans a crucial juncture and often challenging transition into physical and social maturity. Our report therefore sets out why recognising the emotional health needs of young people and taking steps to meet those needs at this stage is of the utmost importance.

We were delighted that a special school and FE college also asked to be involve in 2018. The feedback from these establishments has been very positive and we have plans to involve more colleges in our 2019 programme. Special schools, pupil referral units, primary schools and home tutored children and young people, alongside secondary schools, are being considered for an ambitious potential five year study, should funding be secured.

I sincerely hope you find the report interesting and helpful. You will, I believe, be surprised at some facts, shocked and saddened by others, and left feeling positive by some aspects, such as the recommendations. The fact they have been agreed with the commissioners involved leaves us to believe that they will once again be acted on, and that change of a positive nature will come about.

My thanks to everyone involved, particularly our researcher Rosie Stamp, other team members at Healthwatch Suffolk, the pupils, teachers and other school staff, our commissioners and partners, and those who supported the project through other means.





hope is being  
able to see that  
there is light  
despite all of  
the darkness







**Sara Blake**

In October 2015 CCG areas were required to develop a Local Transformation Plan (LTP) in response to the recommendations set out in the Future In Mind Report - promoting, protecting and improving our children and young people's mental health and wellbeing, the report of the Government's Children and Young People's Mental Health Taskforce.

Suffolk's plan sets out how over the next five years, it will improve children and young people's emotional wellbeing and mental health by transforming services.

The work is overseen by the Children's Emotional Wellbeing Group with representation from across our Health and Care system - NHS Ipswich & East Suffolk Clinical Commissioning Group, West Suffolk Clinical Commissioning Group, Suffolk County Council, health and care organisations, young people, Suffolk Parent Carer Network, charities and schools.

In our annual review of our Transformation Plan, we celebrate progress made and consider areas for further focus over the next 12 months which include:

- **Self harm** - Develop an understanding with young people and their families of the factors which are resulting in an increase in self harm and what as a system can be done to reduce and respond effectively.
- **Vulnerable children and young people** - ensure those Children and Young people who are vulnerable or at higher risk of mental ill health due to abuse or neglect or other forms of trauma are able to access timely and appropriate mental health support.
- **Access and Outcomes** - children, young people and families are able to access services which meet their mental health needs within a reasonable time frame
- **Education** - Pilot a range of 'whole schools approach' which meet the expectations set out in the Green Paper and evaluate their impact
- **Neurodevelopment and Behaviour** - Develop an integrated approach to responding to Children and Young people which recognises the neurodevelopment needs of children and young people and the wider behaviour that challenges.
- **Transition** - ensuring that the mental health and emotional wellbeing needs are met at all points of transition for children and young people.
- **Working with families** - taking a family based approach to delivering services that helps families to build resilience in themselves and their child

We commissioned Healthwatch Suffolk to produce this report to support us in better understanding the specific needs of our young people in schools. We are both encouraged and challenged by the comprehensive findings of the 'My Health, Our Future' report.

In working together on the recommendations, we have been able to reflect on how these are woven into the Transformation Plan and can see where there is significant progress, and where we will continue to work in coproduction to deliver health and care, system-wide improvements that will benefit the children, young people and families of Suffolk.

# Introduction

Rates of emotional disorders in children and young people, such as anxiety and depression, have increased from 3.9% to 5.8% between 2004 and 2017

*Mental Health of Children and Young People in England - NHS Digital (2017)*

## Transforming mental health provision for children and young people in Suffolk

Clinical Commissioning Groups (CCGs) in Suffolk are working to transform mental health services for children and young people with the goal of improving the emotional wellbeing and mental health of children and young people in the county. Mental health illness in children and young people not only causes distress for the individual and those around them, but can also have wide-ranging, long-term effects, such as impacts on educational attainment, social relationships, as well as affecting life chances and physical health (Goodman, 2011).

In 2017, the CCGs asked Healthwatch Suffolk to produce a report which would help them to better understand the specific needs of young people in Suffolk. The success of this report led to the work being recommissioned in 2018.

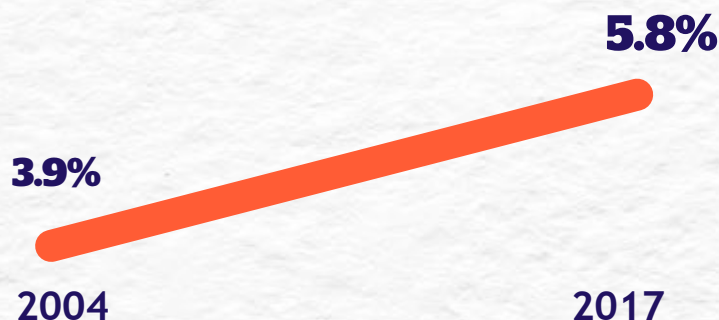
## The National Picture of Young People's Emotional Wellbeing

There is widespread consensus that the wellbeing of children and young people is getting worse (Murphy & Fonagy, 2013). Since 2004, there has been an absence of official data on this topic, however NHS research published in late 2018 provides evidence which confirms **levels of mental illness in young people have increased.**

The findings reveal an increase in the overall rates of mental disorder in 5 to 15-year-olds. **Rates of emotional disorders such as anxiety and depression have increased,** whereas other disorder types such as hyperactivity or behavioural disorders have remained stable. **One in seven young people aged 11 to 16 now have a diagnosable mental health illness.**

However, it is difficult to determine how much of the increase in mental illness is a result of more young people developing mental health problems, and how much is a consequence of increased reporting and awareness.

**Graph: Increase in rates of emotional disorders - Mental Health of Children and Young People in England - NHS Digital (2017)**

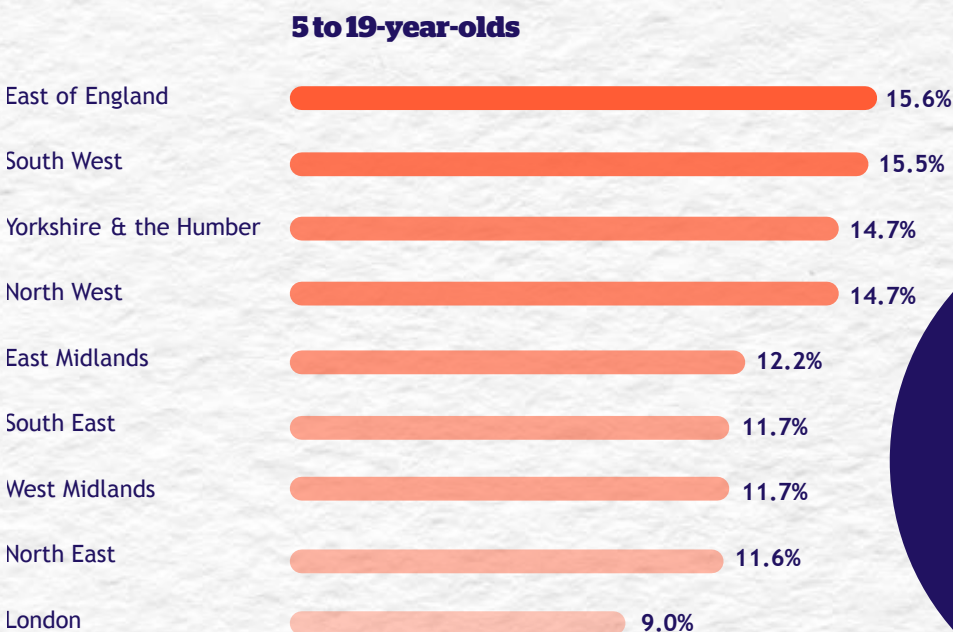


## Local context

The NHS research also found that the East of England has the highest rates of mental illness amongst 5 to 19-year-olds in England (15.6%) (Mental Health of Children and Young People in England - NHS Digital 2017)

In their Mental Health Needs Assessment, Public Health Suffolk identified that young people in Suffolk have increasing levels of self-harm, and emergency admissions for self-harm are significantly higher in Suffolk than England as a whole (Public Health Suffolk, 2018). These local findings, along with national research, highlight a significant and urgent need to continue to tackle the growing mental health and wellbeing crisis seen among children and young people.

**Mental Health of Children and Young People in England - NHS Digital (2017)**



Almost **1 in 4** females aged 17-19 have a mental disorder

*Mental Health of Children and Young People in England - NHS Digital (2017)*

# Introduction

## Schools and Mental Health

School forms a key part of a young person's support system and can be their first line of support when it comes to mental health. Since 2014, English schools have made over 120,000 referrals to specialist help (NSPCC, 2018<sup>2</sup>) and 98% of teachers say they have contact with pupils who they believe are experiencing mental health issues (NASUWT, 2017).

A recent Government Paper 'Transforming Children and Young People's Mental Health Provision' (DoH & DfE, 2017) puts schools and colleges at the heart of prevention and early intervention of mental health difficulties in young people. The Government wants children and young people to be able to access high quality mental health and wellbeing support linked to their school or college.

When parents and carers in Suffolk were asked **'Do you feel your child/young person has the opportunity to achieve their best possible outcomes?'**

**56% said 'No'.**

*Suffolk Parent Carer Network (SPCN) Annual Survey 2018*

Half of individuals who have a lifetime mental health illness, experience symptoms by the age of 14 however only a **quarter of young people who need treatment actually receive it.**

*NHS England and Department of Health (2015)*

When Suffolk parents were asked how well their child's needs were identified by educational settings and other services, they rated educational settings more highly than services. 61% of parents said that schools and colleges identify their child's needs 'well' or 'very well'. However, when asked how well services and professionals work together to support their child, 66% said 'not very well' or 'poorly' (SPCN, 2018). A national survey of teachers also found that less than a quarter of teachers feel confident that they could get timely support for their pupils from expert services (NASUWT, 2017).



The findings from this work have directly shaped the areas of work and priorities relating to CYP. This includes the work to focus on the high prevalence of self-harm in Suffolk and developing the work with education settings in line with the Green Paper proposals.

*East & West Suffolk Children & Young People's Local Transformation Plan (October 2018)*



## 'My Health, Our Future' programme

'My Health, Our Future' is designed to understand the current level of wellbeing amongst children and young people in Suffolk and to determine how schools and local services can more effectively support them. Another goal of the project is to not simply survey young people about their wellbeing, but to do so in a way that educates them about mental health and promotes discussion about the topics raised.

During the 2017 and 2018 'My Health, Our Future' programmes, Healthwatch Suffolk has worked with 18 different schools and one college and has heard from 13,896 children and young people.

The impact and reach of the research is ongoing. Some of the key outcomes so far include:

**Children and Young People's Emotional Wellbeing** - The findings from this year's programme have directly shaped the areas of work and priorities relating to the CCGs' October 2018 refresh of the Children & Young People's Emotional Wellbeing Transformation Plan.

**Suffolk Mental Health Transformation** - Key themes from 'My Health, Our Future 2018' have been presented in the Mental Health Transformation report, which is informing the CCGs' strategy for transforming Mental Health Support in Suffolk.

**School provision** - In October 2018, each school and college that took part in the 2018 programme received a bespoke, confidential report which presented a detailed analysis of the specific needs of their students.



We will be modifying the Health Education Scheme of Work content as a result



This is such a useful document for us which I am going to be able to use to identify gaps in our PSHE curriculum



**Government inquiries** - Findings from this year's research have been submitted to, and published by two Government inquiries:

- Women and Equalities Committee - Inquiry into Health and social care and LGBTQ+
- Health and Social Care Committee - Sexual Health inquiry

We asked students whether taking part in the survey had improved their knowledge of mental health.



**80%**  
**of students**  
who responded to this question, said it had.

# Methodology

## What were the aims of 'My Health, Our Future 2018'?

'My Health, Our Future 2018' was designed to answer the following questions:

- What is the current level of wellbeing amongst children and young people in Suffolk?
- How can schools and local services more effectively support children and young people in Suffolk?

## How was the data collected?

### The 2018 survey

Data was collected between May 2018 and July 2018 using an online survey which students completed at school or on their smartphones. The online survey formed part of an interactive lesson plan, which included informative text and educational videos about each topic.

The survey asked about a range of different topics, including wellbeing, sleep, self-harm and self-esteem. The survey included both quantitative and qualitative questions. Schools were also offered the opportunity to include additional questions relating to school mental health policies and school-specific concerns.

Teaching staff at each school were tasked with rolling out the survey to their students. Some schools completed it during form tutor times whereas others completed the survey within lesson time and dedicated additional time to discussing mental health after the survey was complete. A total of 11 schools and one college took part in the survey.

The online survey was hosted by Survey Monkey. Additional information and an opt-out form was given to schools to send to parents and guardians before the survey was launched. Responses to the survey were anonymous, however before students started the survey we explained that if Healthwatch Suffolk were concerned that they or someone else was not safe, we would raise a safeguarding concern and their school might seek to identify them.

### Coproducing the survey

The content of the survey was coproduced with local students in 2017 over a period of three months. This year Healthwatch Suffolk also worked with a group of local students aged 11 to 19 to enhance the survey. This group of young people helped to shape new questions and videos about Drugs & Alcohol and Sexual Health.

## Measuring wellbeing

To measure Wellbeing, Healthwatch Suffolk used a questionnaire called the ‘Short Warwick Edinburgh Emotional Wellbeing Scale’ (SWEMWBS)

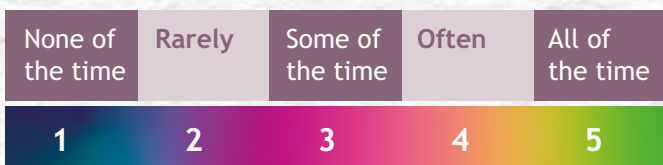
### What is the Short Warwick Edinburgh Emotional Wellbeing Scale?

‘SWEMWBS’ is a scale which is used to measure mental & emotional wellbeing (how “good” somebody feels) and psychological functioning (how well somebody thinks they are functioning). It’s a standardised scale which is used nationally as a measure of wellbeing.

The Wellbeing Scale contains seven statements which describe thoughts and feelings.

Students were asked how often they have experienced each statement over the last 2 weeks on a scale of 5, ranging from ‘None of the time’ to ‘All of the time’. The scores range from 7 to 35 - the higher the score, the better the wellbeing.

How SWEMWBS is scored



### SWEMWBS

Throughout the rest of the report, the SWEMWBS is referred to as the ‘Wellbeing Scale’

#### Wellbeing Scale Statements

1. I’ve been feeling optimistic about the future
2. I’ve been feeling useful
3. I’ve been feeling relaxed
4. I’ve been dealing with problems
5. I’ve been thinking clearly
6. I’ve been able to make up my own mind about things
7. I’ve been feeling close to others



# Methodology

## Safeguarding

Safeguarding was an important aspect of the project. New survey responses were assessed on a weekly basis and safeguarding materials were made available to all students who took part. This included a card which provided details of local and national mental health and wellbeing services.

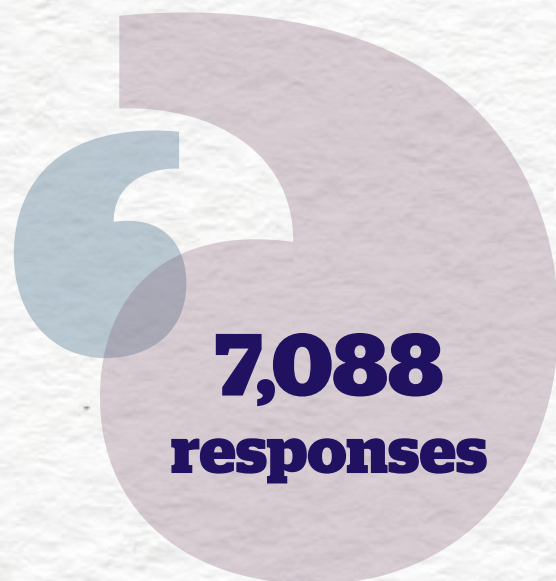
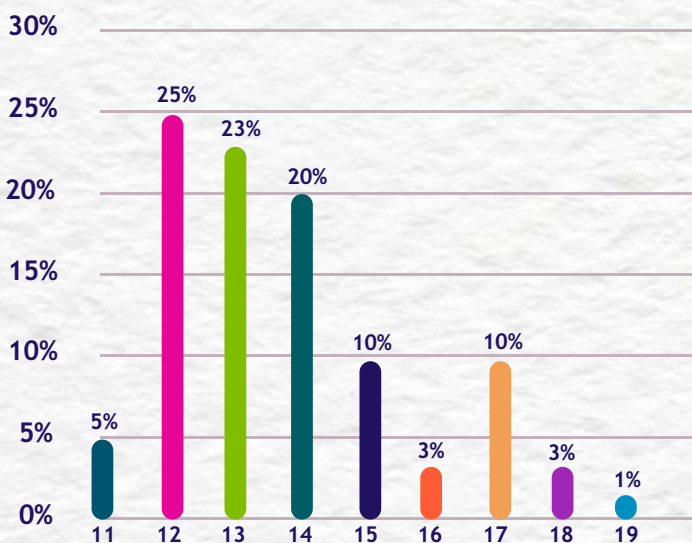
In total, Healthwatch Suffolk raised over 20 different safeguarding concerns during the survey. Responses identified as a safeguarding concern were passed onto the school to investigate. Healthwatch gave the school the respondent's class, age, gender and ethnicity.

## Who took part?

The survey ran from May 2018 to July 2018 in 11 secondary schools and one college. In total, responses were received from **7,088 children and young people**.

## Age

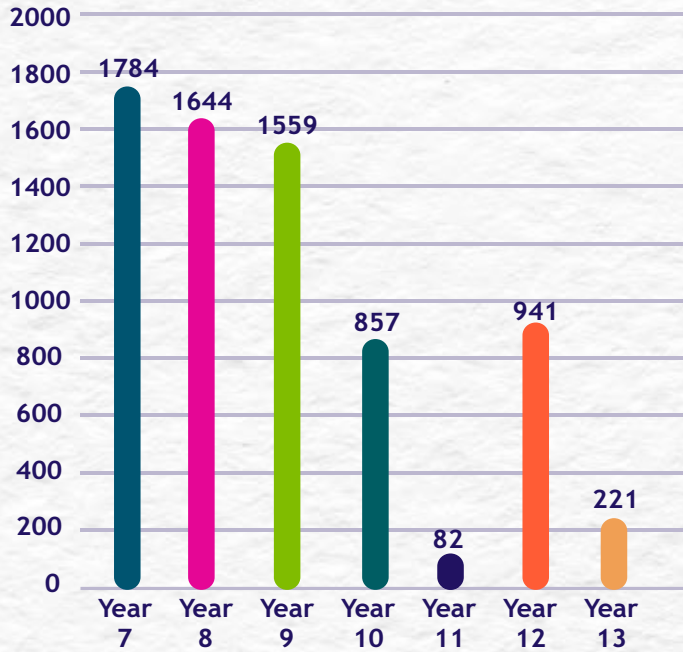
Graph: Percentage of responses by age.





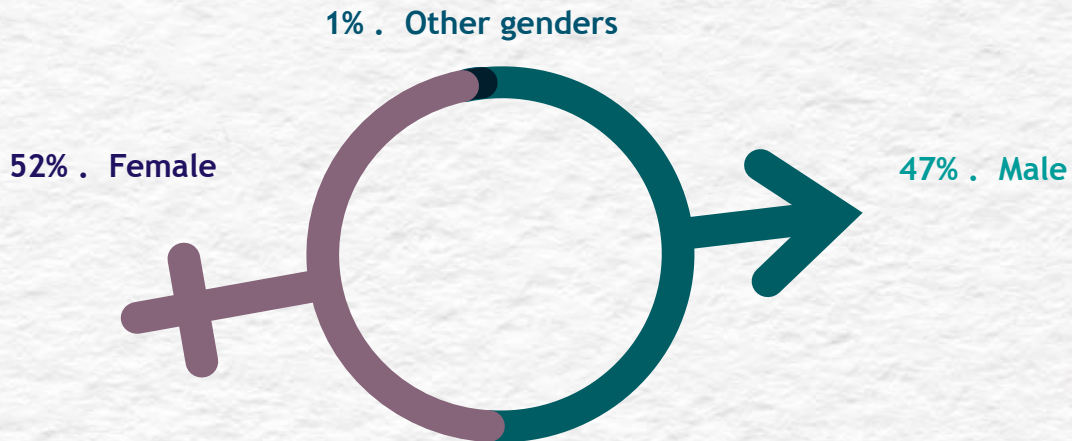
## Year Group

Graph: Number of responses by year group.



## Gender

Graph: Gender split percentages.



## Sexuality

Table: Percentage of responses by sexuality.

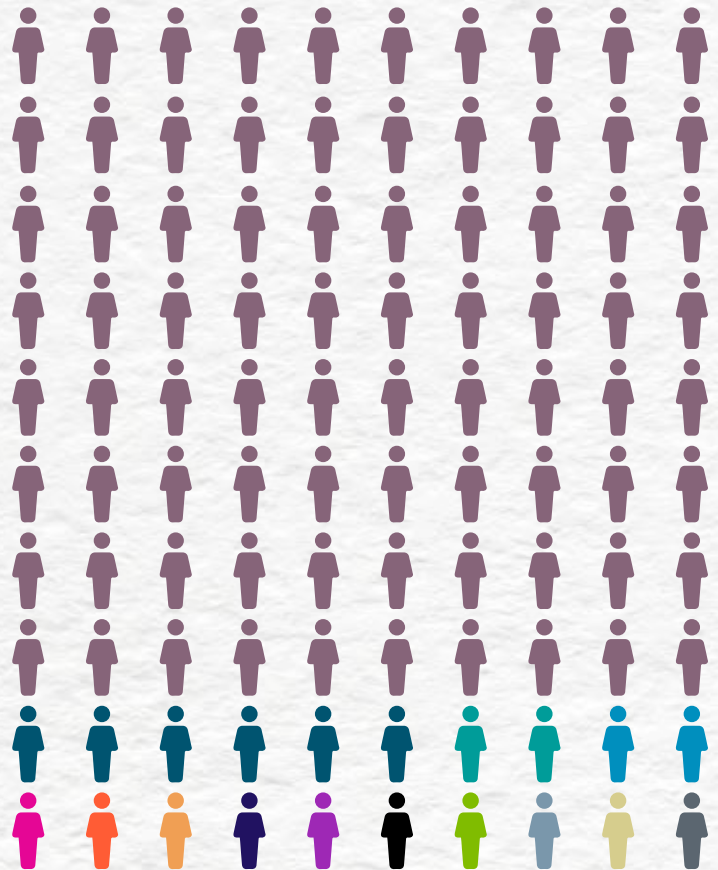
Sexuality	%
Not disclosed	12%
Not straight	8%
Straight	80%

**LGBTQ+**

# Methodology

## Ethnicity

Ethnicity	%	No.	
White - English/ Welsh/ Scottish/ Northern Irish/ British	80.05%	5674	●
White - Any other White background	5.74%	407	●
Other ethnic group - Any other ethnic group	1.72%	122	●
Mixed/ Multiple ethnic groups - White and Black Caribbean	1.62%	115	●
Mixed/ Multiple ethnic groups - Any other Mixed/ Multiple ethnic background	1.48%	105	●
White - Gypsy, Traveller or Irish Traveller	1.16%	82	●
White - Irish	1.16%	82	●
Asian/ Asian British - Bangladeshi	1.00%	71	●
Mixed/ Multiple ethnic groups - White and Black African	0.99%	70	●
Black/ African/ Caribbean/ Black British - African	0.87%	62	●
Asian/ Asian British - Indian	0.85%	60	●
Mixed/ Multiple ethnic groups - White and Asian	0.63%	45	●
Asian/ Asian British - Any other Asian background	0.63%	45	●
Black/ African/ Caribbean/ Black British - Any other Black/ African/ Caribbean background	0.62%	44	●
Black/ African/ Caribbean/ Black British - Caribbean	0.47%	33	
Asian/ Asian British - Chinese	0.45%	32	
Other ethnic group - Arab	0.31%	22	
Asian/ Asian British - Pakistani	0.24%	17	





# Results

## Interpreting the results

### Sub-sets of data

Please note that some of the questions in the survey were optional, so not all students answered all the questions in the survey. Also, the survey included several conditional questions, which means they were only asked in certain scenarios, (depending on answers to earlier questions).

### Results with small response numbers

Results where respondent numbers are lower than 25 are highlighted with an asterisk (\*). Please take care when interpreting these results. High percentages can potentially be misleading when only a small number of students answered the question.

### Rounding

Percentages are rounded to the nearest whole number. This means that some percentages won't necessarily total exactly 100%.



## Box plots

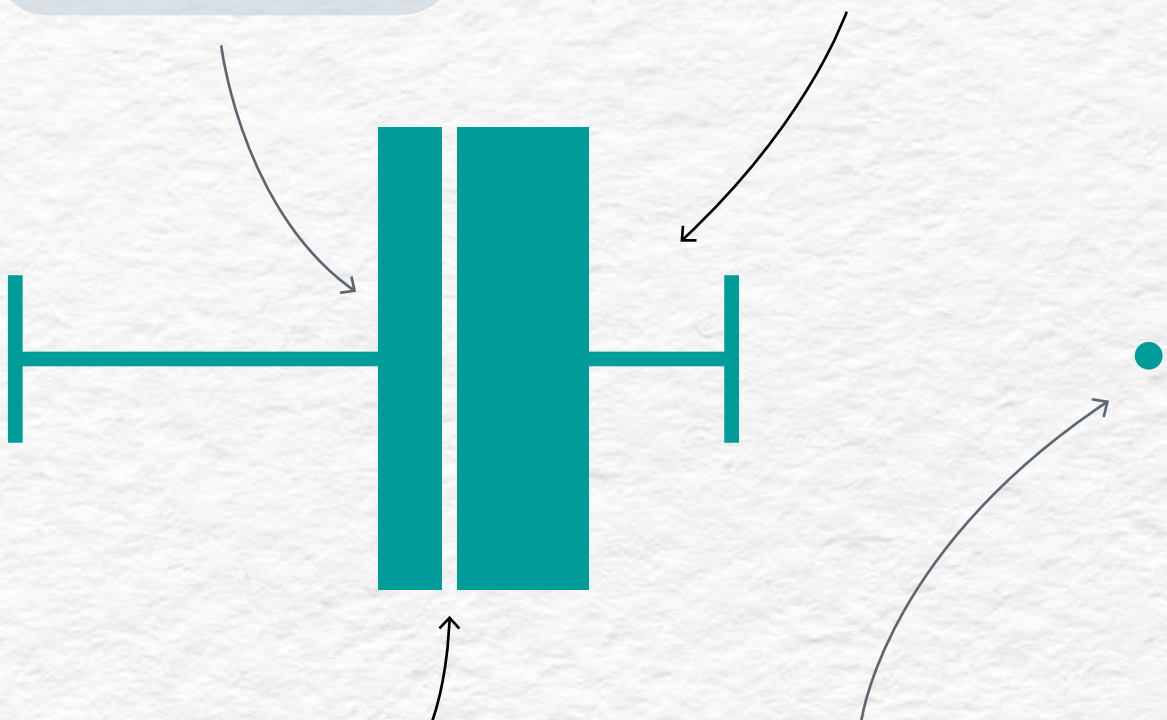
Box plots are sometimes used within the report to illustrate the spread of data. They are visual representations of the median and quartiles of a set of data.

### Lower quartile

The lower quartile is one quarter of the way through the data, after the data has been arranged in order of size.

### Upper quartile

The upper quartile is three quarters of the way through the data, after the data has been arranged in order of size.



### Median

When the data is sorted into order, the middle value is the median.

### Outliers

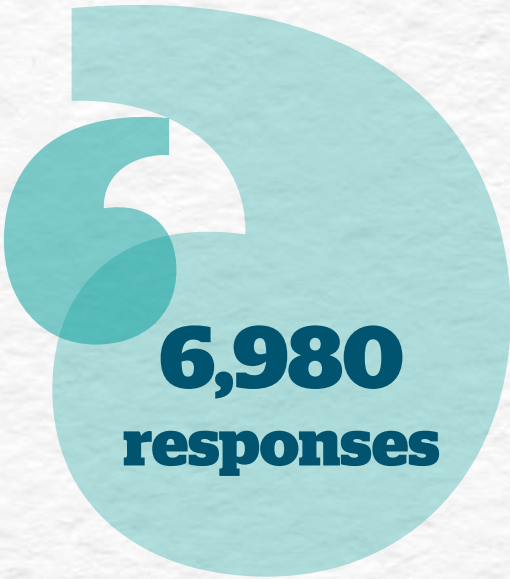
An outlier is a value that is much higher or much lower than all of the other values. Outliers are identified as values which lie more than one and a half times the length of the box from either end of the box.

# Wellbeing

The overall wellbeing score across **Suffolk** schools is **21**

**This is lower** than the England adult population average of **23.6**

(Health Survey for England, 2011).



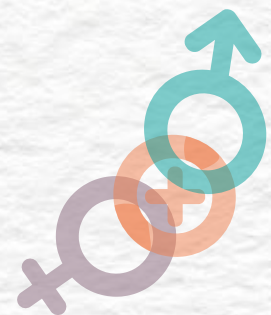
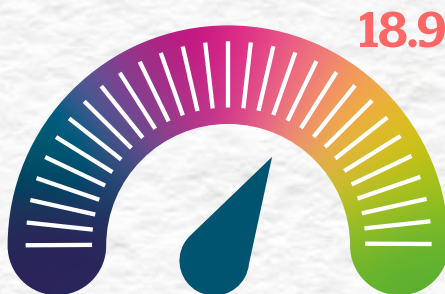
**Male** participants score **21.9**



**Female** participants score lower in wellbeing **20.3**



Wellbeing is lowest for those **who don't identify as Male or Female**



### National data

A recent NHS survey of over 9,000 young people in England measured wellbeing using the longer, 14-item Warwick Edinburgh Emotional Wellbeing Scale. They found that males had a higher average wellbeing score than females, reflecting the gender differences shown in our results.

*Mental Health of Children and Young People in England, NHS Digital (2017)*

Students are less likely to have been *‘feeling useful’* or *‘feeling optimistic about the future’*. They are more likely to say they have been *‘feeling able to make their own mind up about things’*. Females are *less likely* to say they have been feeling relaxed, and those who don’t identify as male or female score lowest on all statements.

Statement	Male	Female	Other	Overall
1. Optimistic about the future	3.1	3	2.7	3
2. Feeling useful	3.1	2.9	2.6	3
3. Feeling relaxed	3.4	2.9	2.8	3.1
4. Dealing with problems	3.3	3	2.7	3.2
5. Thinking clearly	3.5	3.1	2.8	3.3
6. Make up my own mind	3.9	3.6	3.1	3.7
7. Feeling close to others	3.5	3.4	3	3.4

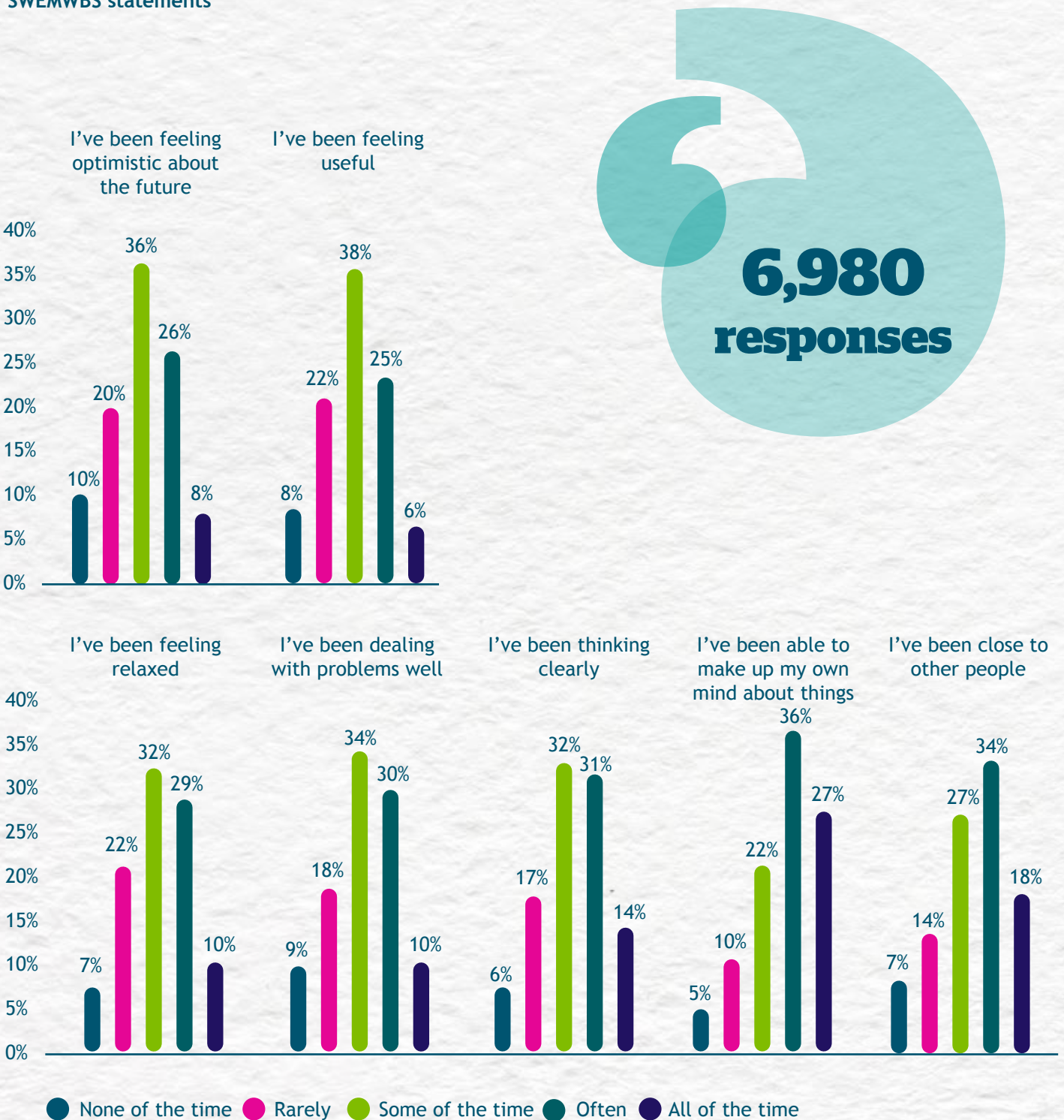
### Colour scale

The colour scale shows the variation of results. The colours range from **red**, to **green**. Lower wellbeing scores are shaded **red**, and higher wellbeing scores are shaded **green**.

# Wellbeing

A full breakdown of students' responses to each statement is shown on the following graphs.

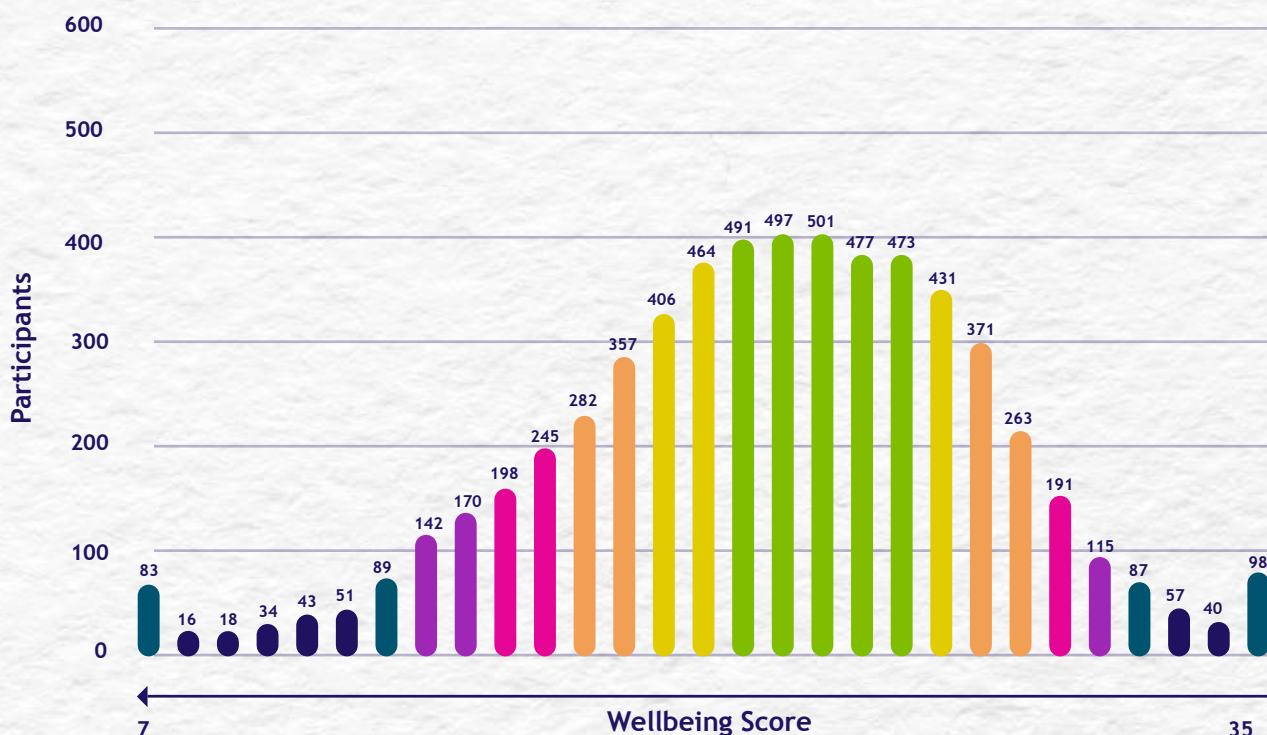
Graph: Percentage of responses to each of the seven SWEMWBS statements





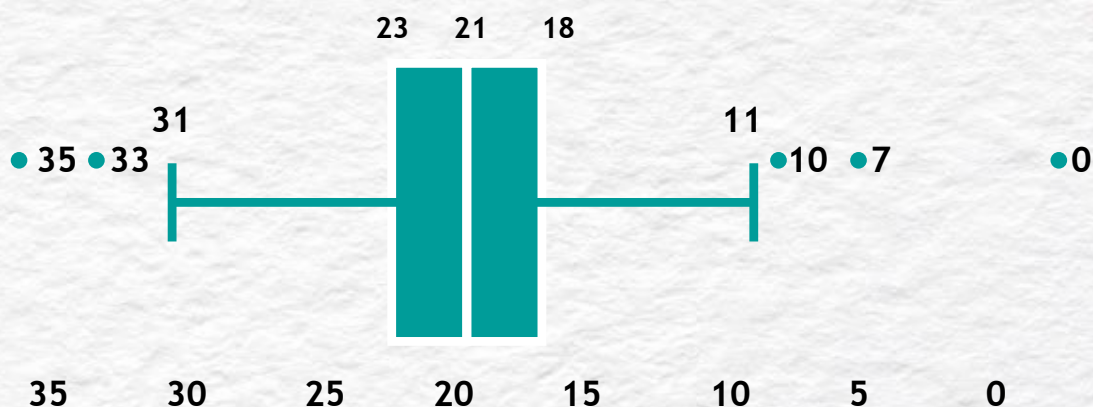
## Distribution of wellbeing scores

Wellbeing Scale scores can range from 7 to 35, with 7 indicating poor wellbeing. The distribution of students’ wellbeing scores produces a bell curve. The two anomalies at either end of the curve are students who answered ‘None of the time’ or ‘All of the time’ to all seven questions. This trend is also seen within the Health Survey for England (2011) distribution curve, which uses the same wellbeing scale.



## Box plot

The distribution of wellbeing scores.



# Wellbeing

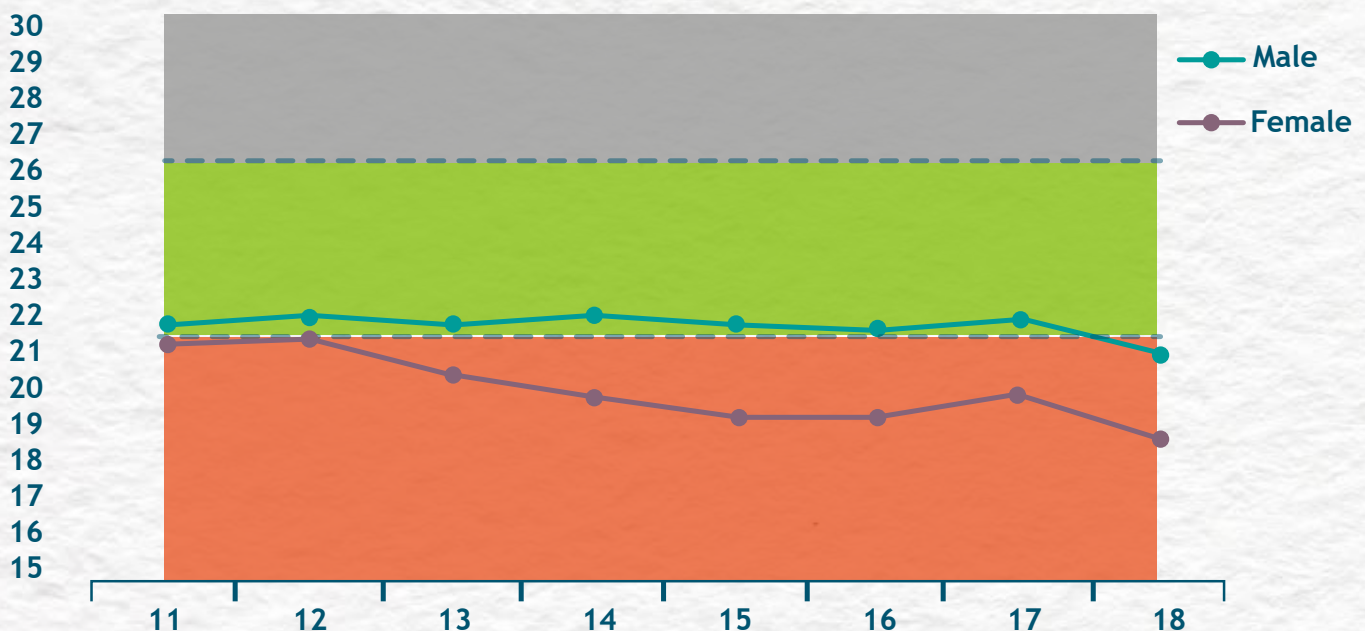
## Wellbeing differences by age

When considering the average wellbeing scores by age and gender, male wellbeing scores are relatively stable, whereas **female wellbeing scores decrease with age**. The lowest wellbeing for both genders occurs at ages 16 and 18. This may coincide with exams and transition from education settings. Until age 18, male wellbeing scores sit within the wellbeing scores of 50% of the England population. Female wellbeing scores consistently sit in the lowest 25% of the population throughout. These results reflect findings from The Children's Society's 'Good Childhood Report' (2018) which found that when compared to boys, girls had lower life satisfaction and showed more symptoms of depression.

**Female wellbeing scores decrease with age.**

**16 & 18-year-olds have the lowest wellbeing**

Graph: Average Wellbeing Score split by age and gender, plotted against England Population Averages



### Colour scale

- above normal distribution
- normal distribution
- below normal distribution

## Wellbeing and ethnicity

On average, young people in the ‘Pakistani’ and ‘White & Black Caribbean’ ethnic groups have the lowest wellbeing scores. For most ethnic groups, females have lower average wellbeing scores than males. The exception to this is the ‘Arab’, ‘Pakistani’ and ‘Other’ ethnic groups, where males have a lower average wellbeing score.

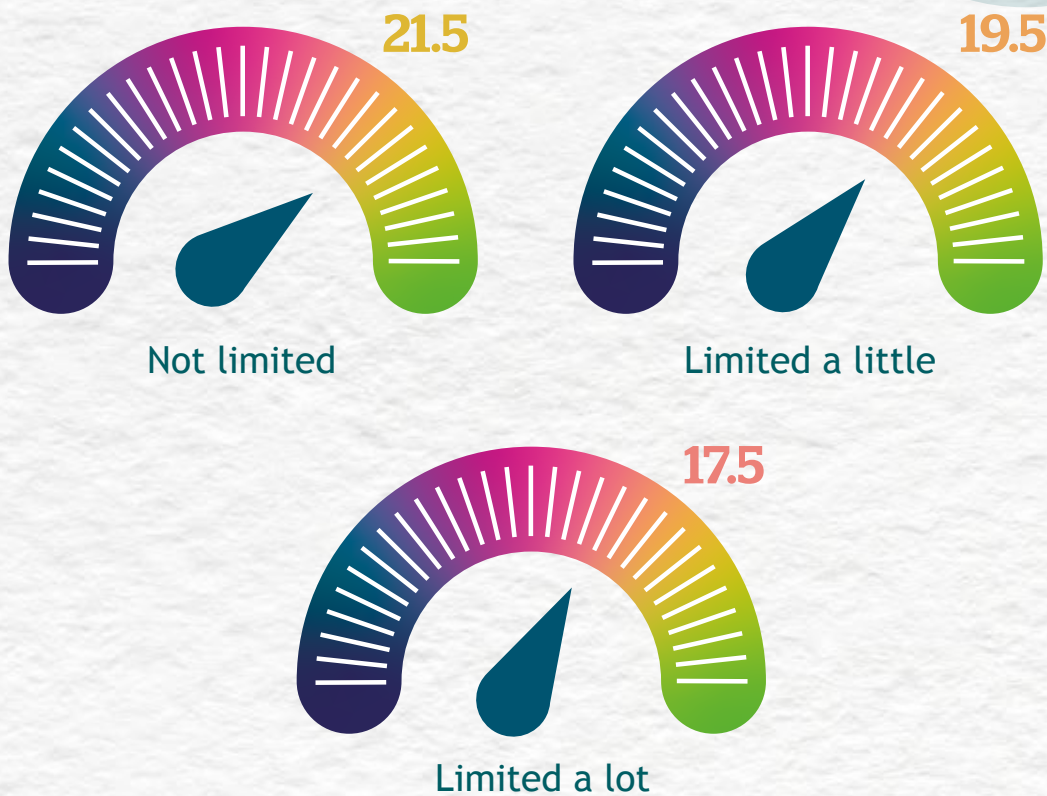
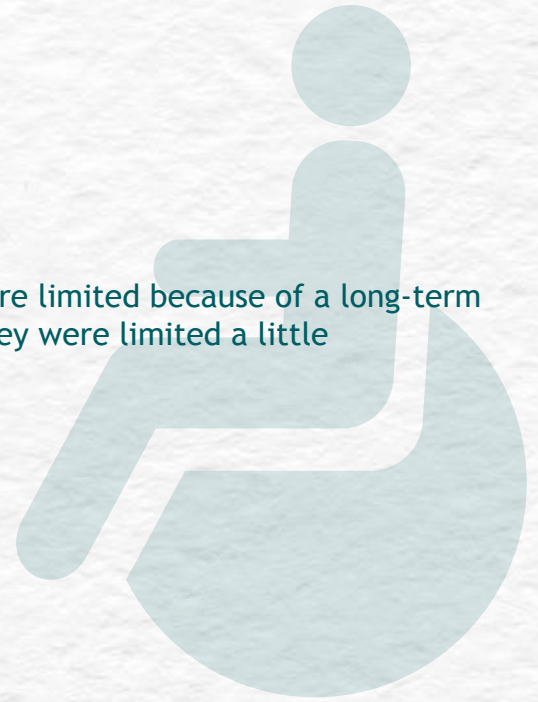
Ethnicity	Overall	Male	Female	No.
Asian/ Asian British - Any other Asian background	22.6	24.0	21.3	45
Asian/ Asian British - Indian	22.4	24.0	20.6	60
Mixed/ Multiple ethnic groups - White and Asian	22.4	23.2	21.2	45
Black/ African/ Caribbean/ Black British - African	21.9	22.8	21.0	62
Black/ African/ Caribbean/ Black British - Caribbean	21.6	22.0	21.1	33
Asian/ Asian British - Chinese	21.5	22.1	20.7	32
Black/ African/ Caribbean/ Black British - Other	21.3	21.6	21.1	44
White - English/ Welsh/ Scottish/ Northern Irish/ British	21.1	22.0	20.4	5,674
Asian/ Asian British - Bangladeshi	21.1	22.4	20.1	71
Other ethnic group	20.9	20.1	21.3	122
Arab	20.8	19.6	22.2	22
Mixed/ Multiple ethnic groups - White and Black African	20.8	21.3	20.2	70
White - Any other White background	20.6	20.9	20.3	407
White - Irish	20.4	20.9	19.5	82
White - Gypsy, Traveller or Irish Traveller	20.0	20.2	19.9	82
Mixed/ Multiple ethnic groups - Other	19.8	20.5	19.1	105
Mixed/ Multiple ethnic groups - White and Black Caribbean	19.8	21.0	19.0	115
Asian/ Asian British - Pakistani	19.2	18.5	20.2	17*



# Wellbeing

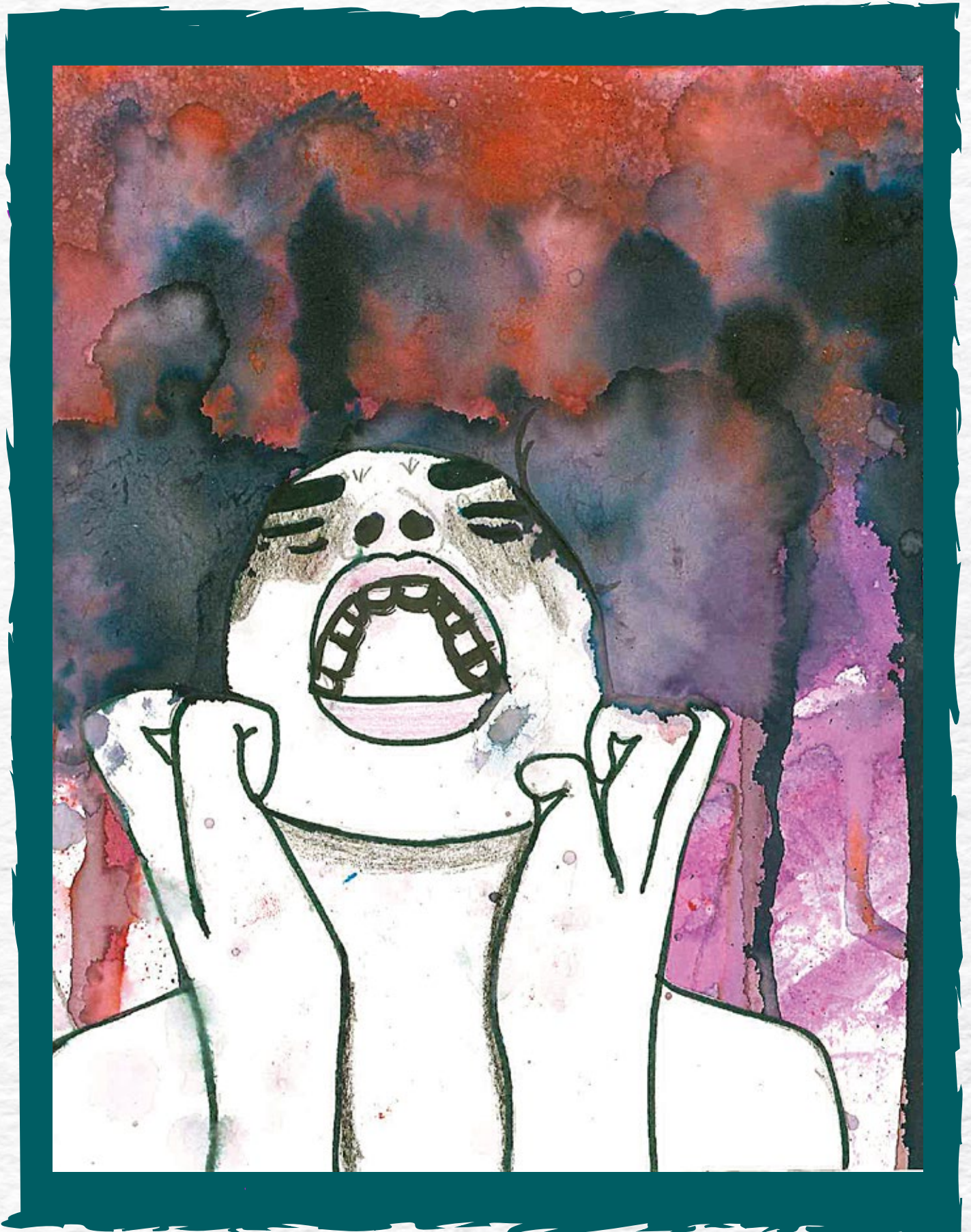
## Wellbeing and disability

Students were asked whether their day to day activities were limited because of a long-term health problem or disability. On average, those who said they were limited a little or a lot, had lower wellbeing scores.



## Wellbeing and other variables

The variation in wellbeing between age and genders is complex and is affected by many different factors. Each young person's experience of emotional wellbeing and mental health is unique, and the extent to which each factor impacts on their wellbeing will vary. The rest of this report explores topics that are known to affect wellbeing. We'll discuss the interaction between students' wellbeing and their responses to these topics.

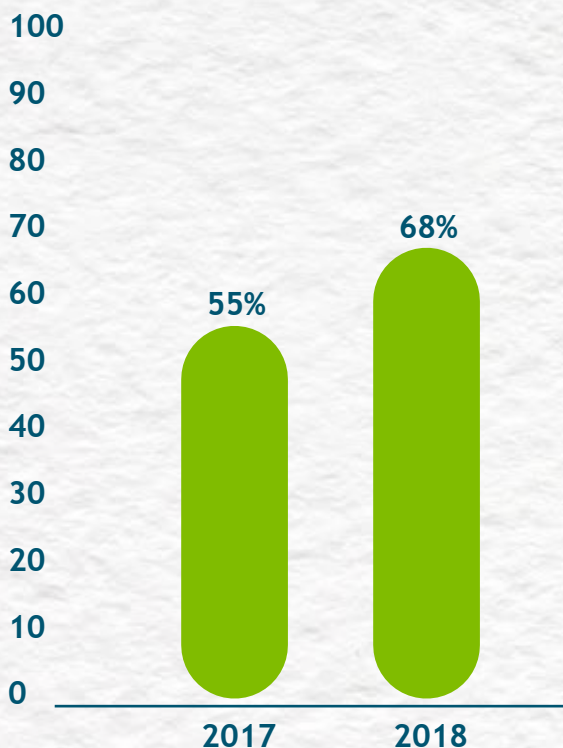
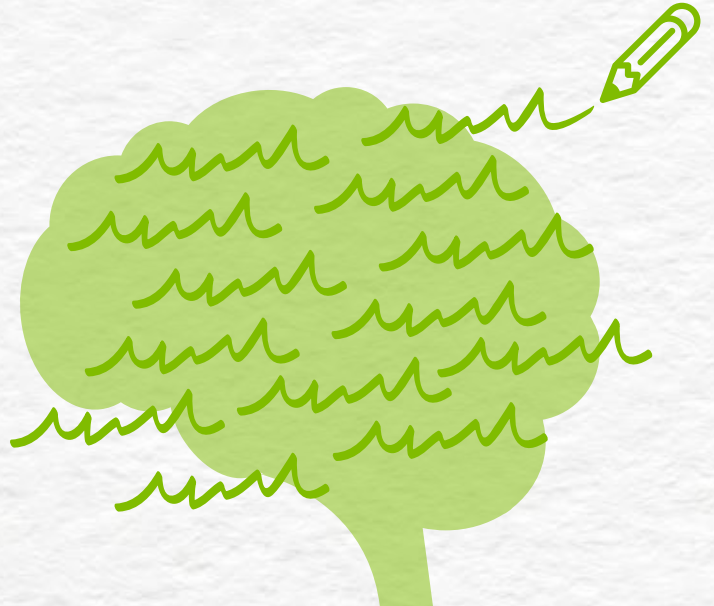


# Mental Health Education

## Does your school teach you about mental health?

**Over two-thirds** of students indicated they are taught about mental health and wellbeing at school (68%).

In comparison to the results of last years' 'My Health, Our Future', the percentage of students who say they are taught about mental health is higher.



Graph: Percentage of students who said their school *does* teach them about mental health and wellbeing - 2017 and 2018.

*With the exception of one secondary school, the schools and colleges that took part in 2018 are different to those that took part in 2017.*



The percentage of students who said their school does teach them about mental health & wellbeing varies between schools and

ranges between **51% and 98%**.

This could indicate either an inconsistent approach to teaching young people about mental health, or a difference in pupil's perceptions about what 'being taught about mental health' means.

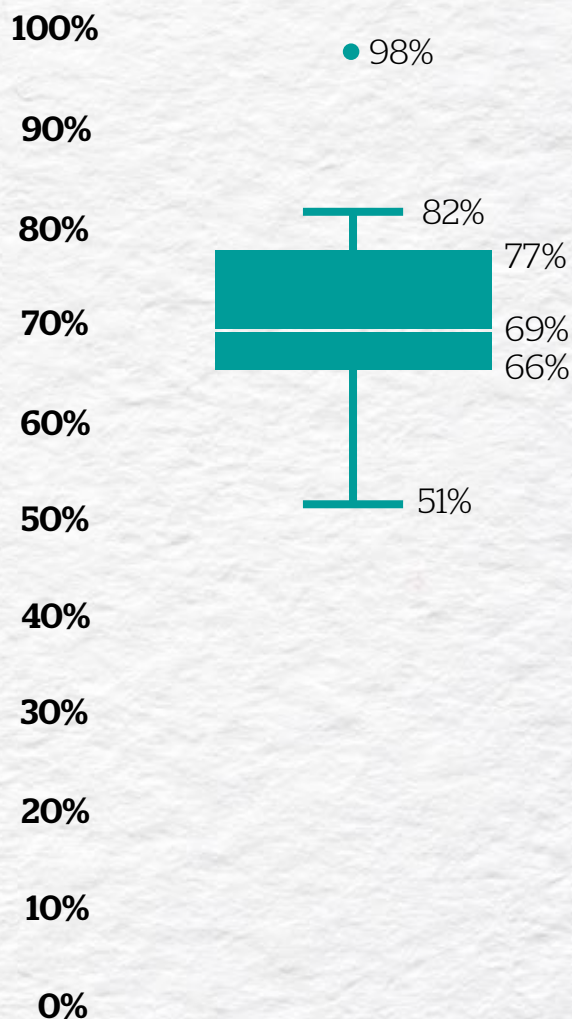
It is positive that most students indicated that they had been taught about mental health.

However, **almost a third** said they had not. In real terms, this is over 2,100 of the children and young people who responded to the survey.

Graph: Percentage of students who said their school does teach them about mental health and wellbeing. Range of results per school.



**32%** say they are not taught about mental health and wellbeing at school



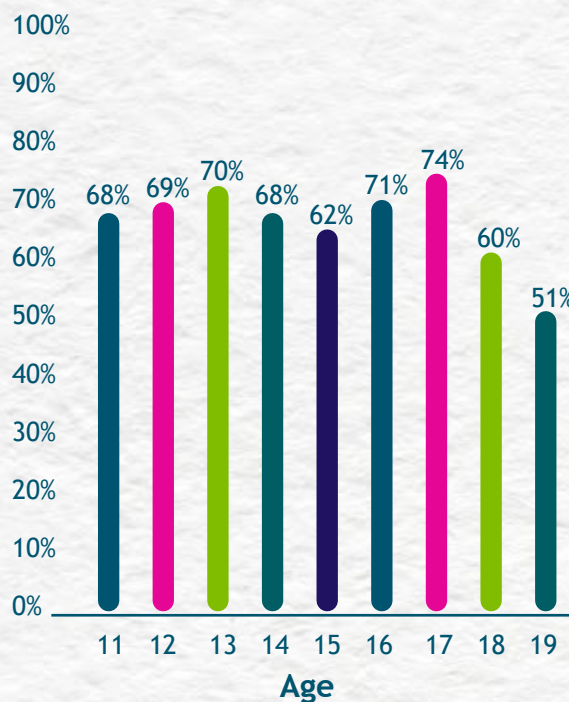
# Mental Health Education

## Differences in age

Teaching about mental health and emotional wellbeing within school **varies with age.**

68% of 11-year-olds indicated they were taught about it, compared to 51% of 19-year-olds. The percentage of those who were taught about it is highest at age 17 (74%).

Graph: Percentage of students who said their school **does** teach them about mental health and emotional wellbeing (2018), split by age



## Wellbeing

On average, those who said their school **does** teach them about Mental Health & Wellbeing have a higher wellbeing score.



Are not taught about mental health

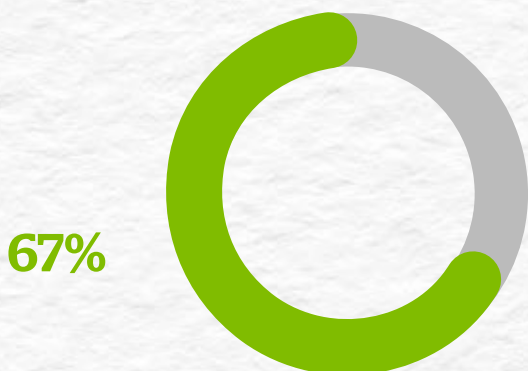


Are taught about mental health



## Would you like to learn about mental health?

**67%** of students who indicated that they had *not* been taught about mental health and wellbeing, told us that they *would* like to be taught about it.

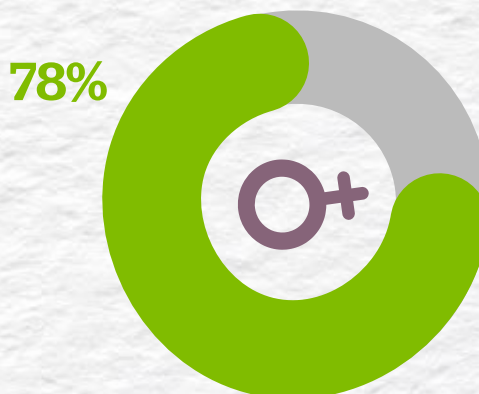
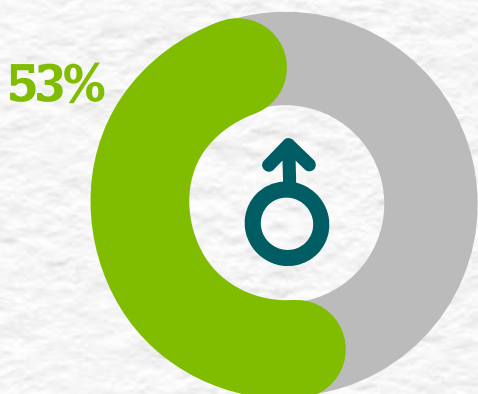


“I don’t like talking about my problems with people”  
Male 15

“I would be embarrassed”  
Male 13

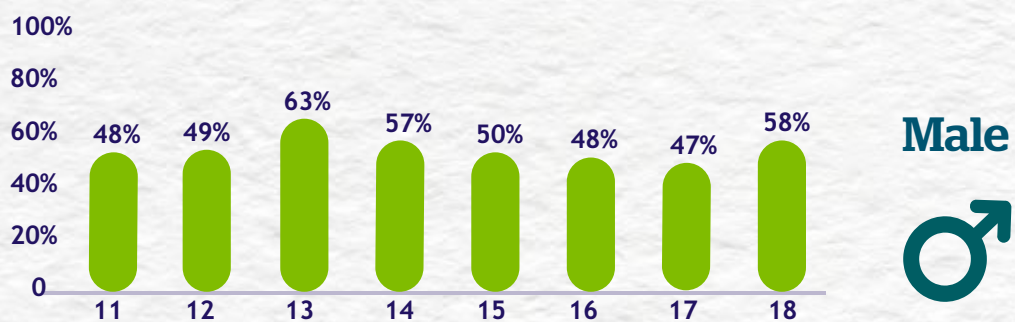
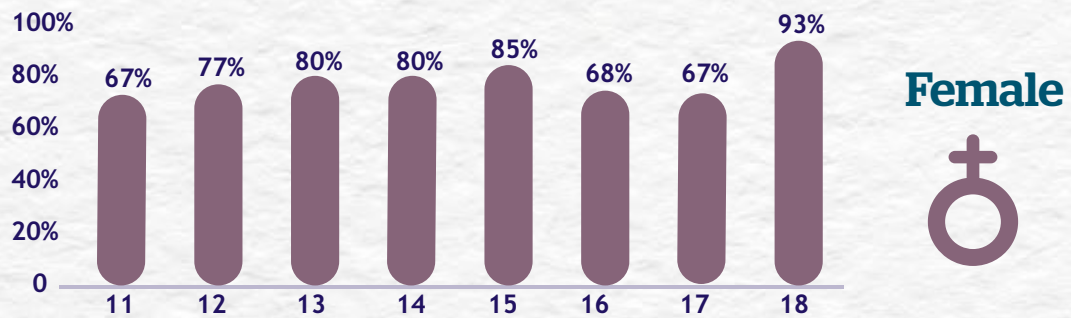
Females are almost 50% more likely to want to be taught about it than males are. This difference is seen across all ages. The reason *why* females want to learn more about mental health than males could be linked to females overall lower average wellbeing, or the reluctance of some males to talk about mental health. Comments from males suggest they may feel embarrassed or unable to speak about how they feel.

Graph: Percentage of participants who aren’t taught about mental health & wellbeing, but would like to be taught about it - split by male and female



# Mental Health Education

Graph: Percentage of participants who *aren't* taught about mental health & wellbeing, but would like to be taught about it - split by male and female, and age



Across age groups, the percentage of students who would like to learn about mental health follows a similar trend for both genders. Interest is lowest for males and females at age 11, 16 and 17. In their comments, some of the younger students suggested that they aren't interested in learning about it because they 'don't have' mental health, suggesting it simply isn't something they're aware of or concerned about.

“  
**I don't have  
mental health**  
”  
Male 13

“  
**I don't want to learn  
or talk about it**  
”  
Male 14

## Are you taught what you would like to know about?

Of those students who were taught about mental health and wellbeing, the majority report a favourable view.

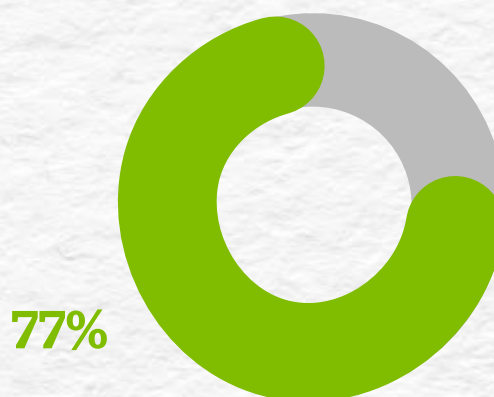
77% indicated they were taught what they would like to learn about.

The percentage of students who were taught what they would like to learn decreases between age 11 and 15 (from 85% to 70%), suggesting that the topics covered are not adapting to the changing needs of young people within this age range.

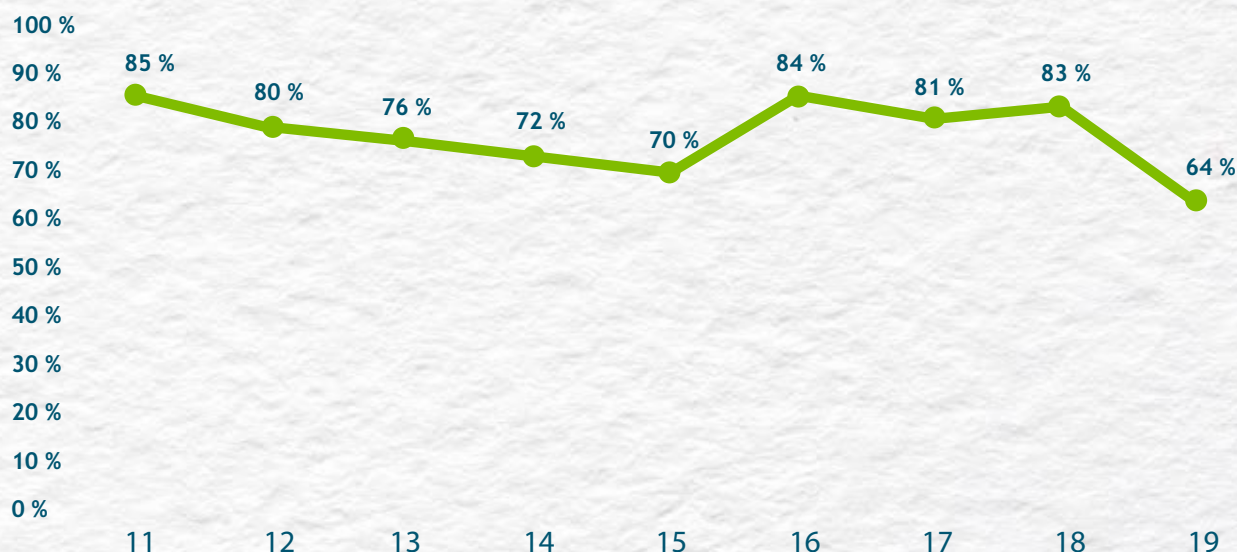
Students between ages 16 and 18 report a more favourable view, suggesting the curriculum becomes better focused on, or relevant to, their needs.



Graph: Percentage of participants who are taught about mental health & wellbeing, who indicated they were taught what they would like to know about



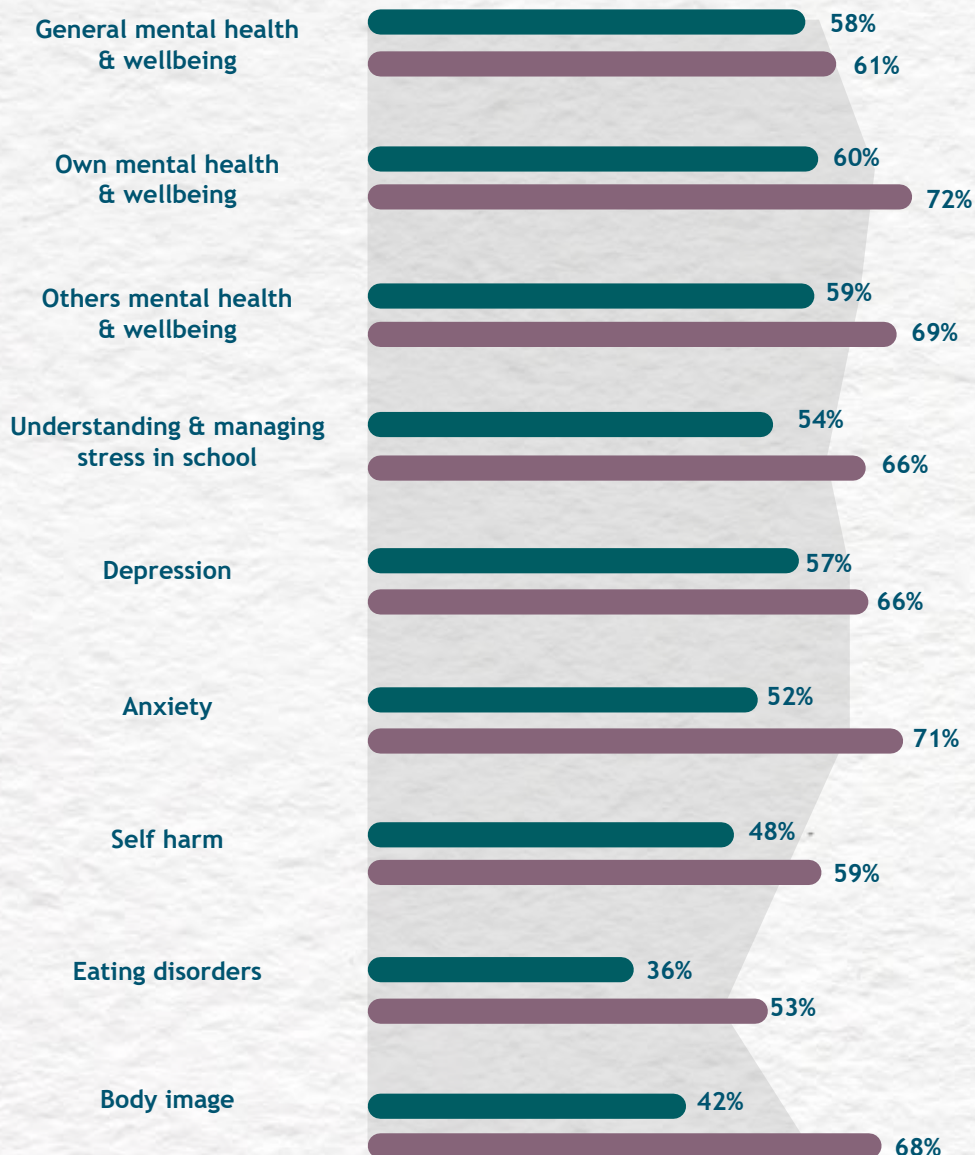
Graph: Percentage of participants who are taught about mental health & wellbeing, who said they are taught what they would like to know about, split by age



# Mental Health Education

## What would you like to learn about?

Students were shown nine topics, and asked to select the ones they would like to learn about. When looking at the difference in responses by gender, females place more significance on each of the topics presented. This is particularly true of anxiety, eating disorders and body image.



Graph: The percentage of participants who would like to be taught at school about each topic, split by gender.

Mauve = Female



Green = Male



Grey = Overall

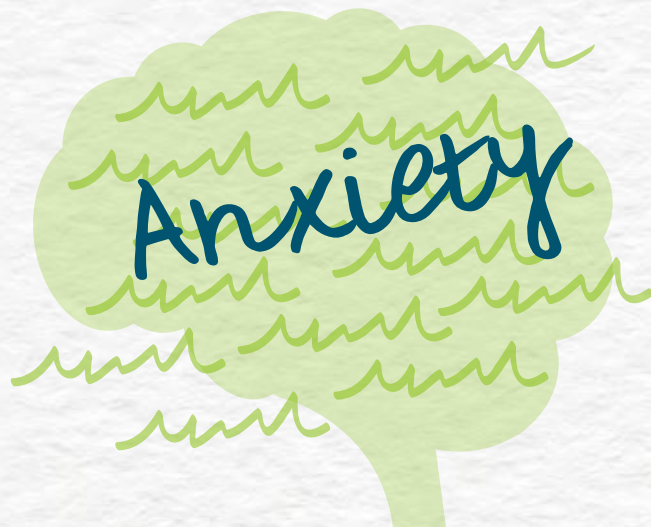
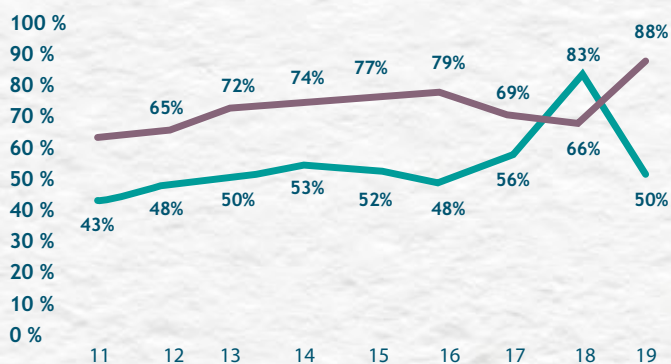
	11	12	13	14	15	16	17	18	19
General mental health and wellbeing	62%	56%	62%	60%	66%	60%	55%	74%	71%
Own mental health and wellbeing	57%	59%	66%	71%	72%	7%	73%	79%	71%
Others mental health and wellbeing	64%	63%	67%	66%	66%	68%	59%	82%	64%
School stress	57%	58%	62%	60%	69%	74%	61%	68%	79%
Depression	62%	59%	62%	66%	69%	67%	63%	63%	79%
Anxiety	56%	59%	65%	67%	68%	68%	65%	71%	79%
Self-harm	56%	56%	59%	56%	56%	44%	44%	56%	57%
Eating disorders	40%	42%	51%	49%	52%	44%	43%	51%	64%
Body image	46%	52%	59%	64%	61%	60%	58%	62%	71%

Table: Participants responses to the question “When it comes to mental health and wellbeing, what would you like to learn about?”, split by age.

# Mental Health Education

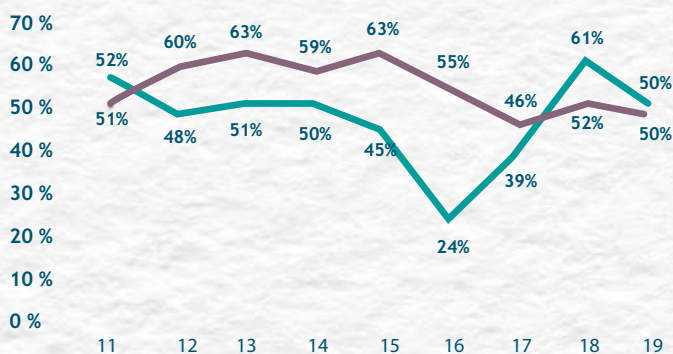
## Anxiety

At age 16, 79% of females want to be taught about anxiety, compared to only 48% of males. Male interest peaks at age 18.



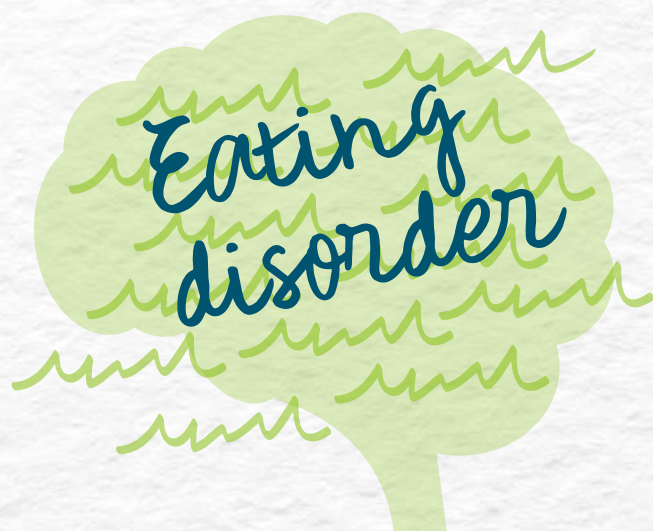
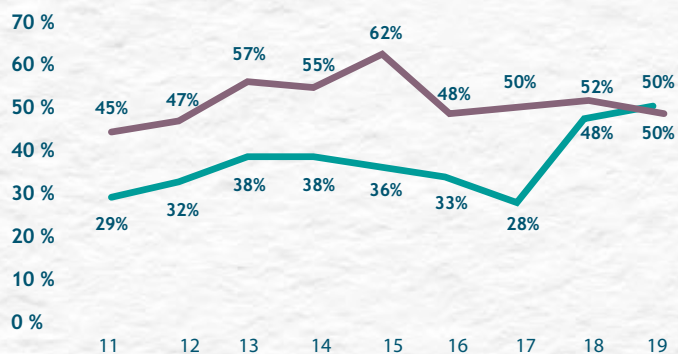
## Self-harm

At age 16, 24% of males are interested in learning about self-harm, in comparison to 55% of females. Similar to anxiety, male interest peaks at age 18.



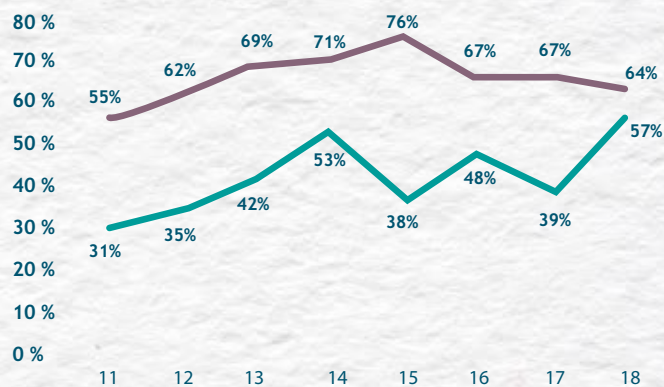
## Eating disorders

62% of females at age 15 want to learn about eating disorders, compared to 36% of males.



## Body image

At age 15, 76% of females want to learn about body image, compared to 38% of males.



### National Data

Childline have reported a 22% rise in Childline counselling sessions about eating disorders since 2016/17.

In 2017/18, they carried out over 5,900 counselling sessions with young people about eating disorders. 9 in 10 counselling sessions were with females. A third of young people also said they experienced a negative or distorted body image.

NSPCC (2018)

# Mental Health Education

## Is there anything else you would like to learn about?

Students were also given the opportunity to say if there was anything else they would like to be taught. Analysis of the comments found a number of topics. The top five topics are listed in the graphic below.



### Top five topics

1. How to cope with poor mental health
2. Information about less common disorders
3. Advice on how to help friends
4. Dealing with suicidal thoughts
5. Issues relating to LGBTQ+



“  
Help for **LGBTQ+** people on coming out & better education  
for stable and **healthy relationships**  
”

Male 18

“  
How to **help your friend**  
even when you're struggling  
**yourself**  
”  
Female 19

“  
How to tell my parents  
I'm **struggling** with my  
mental health  
”  
Female 13

“  
I just want to know I'm  
**going to be OK**  
”  
Female 12

“  
**Coping with stress**  
in exams & how the school can help  
because I feel that they just tell us to  
**cope with it** and not how  
”  
Female 13

“  
How to deal with **suicidal thoughts**  
and keep from **crying**  
”  
Male 18

# Mental Health Education

## Where would you like to learn about mental health and wellbeing?

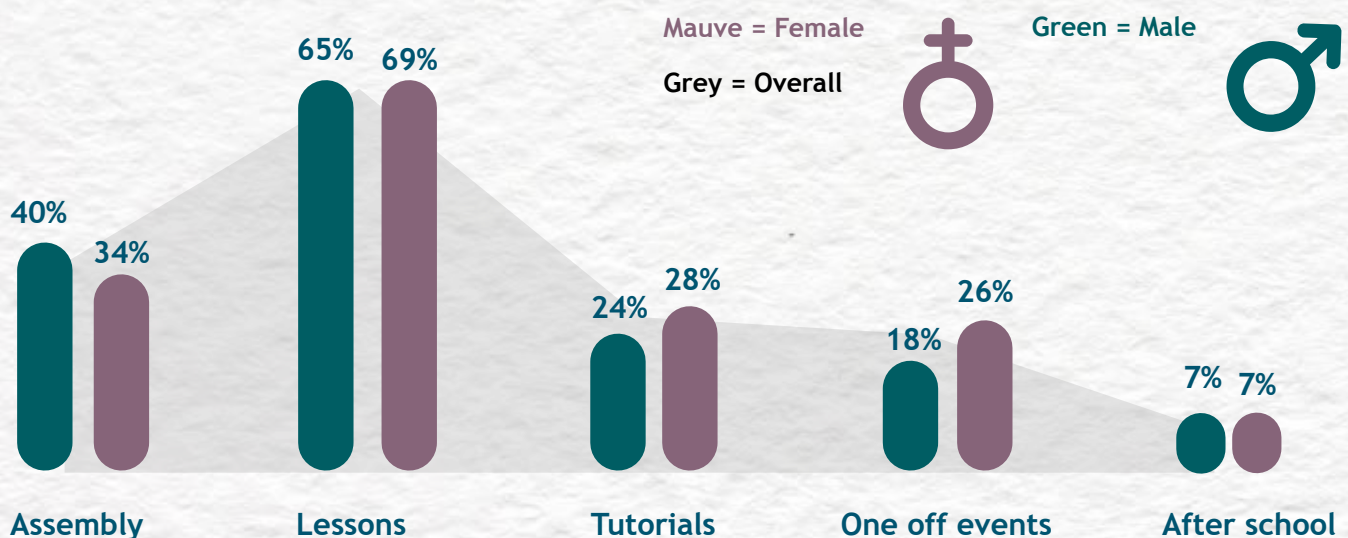
Students were given five options to choose from. The majority of both males and females indicated they would like to learn about mental health and wellbeing in lesson time. This highlights the need to include mental health content within the curriculum.

Students were also asked if there was anywhere else they would like to learn about mental health and wellbeing. Some expressed the desire to be taught one-on-one, or with a group of like-minded peers in a voluntary session. This was due to a reluctance to speak about mental health in their usual classes, where they are sat with peers who may be disinterested in the topic, or who may bully them. This supports what young people said was the most important criteria when getting mental health support - 'feeling safe and comfortable'.



Some students also felt that teachers may not be best placed to teach about mental health, as they are not mental health professionals. Alternative ideas put forward included arranging visits from counsellors, and guest speakers who have experienced mental health difficulties.

Graph: Percentage of respondents who would like to be taught about mental health & wellbeing, and where they would like to be taught - split by gender.



“  
Would like to be taught it **privately** so in a room  
with a teacher but without any classmates  
”

Male 12

“  
On my own because I hate being  
**judged** by people its **stressful**  
that they may not accept me  
”

Male 13

“  
**One to one** time with a  
selected councillor who has picked up  
on specific mood changes in a student  
”

Male 18

“  
Alone with just the people  
who **need** to be in the room  
”

Female 12

“  
**Guest speakers** who have  
actually suffered from a mental illness should come in because a lot of the teachers that  
try to teach us about it don't actually have **personal experiences** and don't  
help as much as they think they do  
”

Female 15



## NHS Services

### When visiting an NHS support service, what’s the most important thing?

Students were asked to rate the importance of eight different criteria. These criteria were created in a focus group with children and young people during the pilot stage of ‘My Health, Our Future’.

Males and females had the same top three criteria. Both felt that ‘feeling safe and comfortable’ was the most important thing, closely followed by ‘knowing my information won’t be shared without my permission’. On all criteria, the percentage of females who felt they were important, was higher than the percentage of males who felt they were important. This suggests that females have higher requirements when accessing services.

“ I’m too scared to ask to see a therapist and worried that I will **feel uncomfortable** around a professional ”

“ I would probably tell someone but only if I feel **comfortable** and **safe** near them ”

“ I have a fear of my **parents finding out** information I don’t want them to ”

Table: Top three issues rated as important by young people when visiting mental health services

	78% Male 92% Female	78% Male 90% Female	73% Male 82% Female
<b>1</b> Safe & comfortable			
<b>2</b> Confidentiality			
<b>3</b> Choices & decisions			

Graph: Gender comparison of issues rated as very important or absolutely essential by respondents when accessing services.

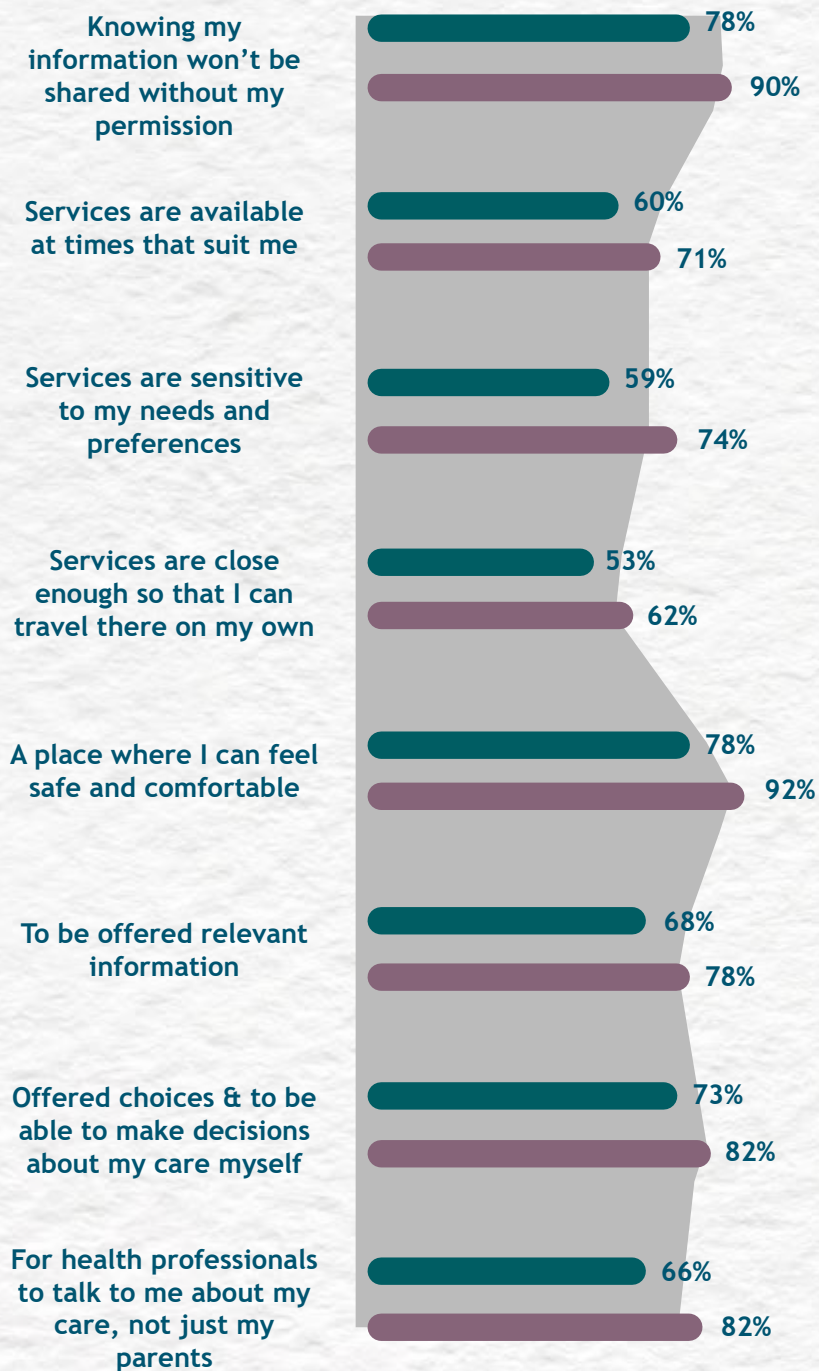
Mauve = Female



Green = Male



Grey = Overall



## What would stop you from accessing mental health services?

Young people offered explanations of what would prevent them from accessing mental health support. Their responses were analysed and grouped into themes. The largest ten themes are show below.



1	Opening up	Young people struggle to reveal their feelings and emotions. They may not know how to talk about it, or they may not feel comfortable doing so. They wish they could talk about their concerns more openly, but don’t feel like they can.
2	Embarrassment and being judged	The embarrassment of needing mental health support prevents many young people from seeking help. Accessing support is seen as not worth doing, due to their concern about being judged by others and the shame they would feel.
3	Anxiety and fear	Anxiety and fear prevents some young people from accessing support. Their anticipation of the anxiety it would cause them and their family, means they would rather do nothing. The fear of the unknown and not knowing what will happen is also a barrier.
4	Nothing	Some young people said there was nothing that would prevent them from accessing mental health services. Some currently receive support or have done so in the past.
5	Parents and confidentiality	Not wanting parents to know what they are going through prevents young people from accessing support. The inability to get to services without parents knowing, or providing transport to access these services, means that they would rather not seek support. Concern that professionals would share their information with parents is a barrier. Some young people also said that when raising mental health concerns with parents, they aren’t taken seriously.
6	Other people	General concern about other people finding out that they need support and the stigma of being perceived as someone who needs help with their mental health.
7	Travel	The ability to physically get to services is a barrier. Being able to reach services independently, without having to rely on parents is important as they don’t want to tell their parents they’re accessing support. The cost of travelling and the amount of time it takes is also a concern.
8	Myself	Many commented ‘Myself’. Others explained that they may be in denial and would find it difficult to accept they were struggling with their mental health.
9	Bullying	There is an expectation that if peers discover that you are getting mental health support, you will be bullied. The fear of this prevents young people from accessing support.
10	Not knowing how	Some young people said they simply don’t know how to access support. They don’t know who to speak to, where to go, or how to start the process. Some also think that they will have to pay for support.

Table: Top 10 responses when asked ‘What would stop you from accessing mental health services?’

## What would stop you from accessing mental health services?

Of these ten categories, six are associated with the stigma of mental health. The inability to talk about mental health, the embarrassment of doing so, and the fear of what other people might think or do, means many young people may not seek support. This suggests that, irrespective of the quality and availability of support services, stigma alone may still prevent young people from getting help.

Examples of comments attributed to each theme are:

### 1. Opening up

- I don't like asking for help and its awkward
- I want to keep everything to myself
- I don't like to speak my thoughts

### 2. Embarrassment & being judged

- I would feel embarrassed and ashamed and I don't like talking to others about it
- The embarrassment of someone else finding out
- I don't want people to judge or not like me for who I am

### 3. Anxiety & fear

- Being able to speak out about a problem in the first place due to fears
- Feeling anxious about what might happen
- Getting even more anxious

### 4. Nothing

- Nothing, I already go to therapy
- Nothing because I would be quite open about it to be honest also my mum's a mental health nurse
- Nothing I'm getting support for my depression and anxiety

### 5. Parents & confidentiality

- I don't want to tell that I'm going to a mental health specialist
- Thinking that what I say will be shared with my parents and other people
- Knowing that information gets passed on to my dad, he is stressed enough, he doesn't need it





## 6. Other people

- It might make people think of me differently
- I wouldn't want other people to know
- I would be worried about people and my friends and how they feel around me

## 7. Travel

- I live in Aldeburgh and it's full of old people who haven't considered these types of services
- The doctors/professionals aren't close enough to get to
- We don't have a car, so we couldn't get there

## 8. Myself

- Me - not wanting to go. Feeling like I need to sort things out by myself and deal with it
- My own judgement on how well I am
- Myself, most of the time I am my own worst enemy

## 9. Bullying

- Feeling that you can't go because people will make fun of you
- Getting teased and being bullied, making me feel worse than before
- If any classmate finds out, I might be made fun of for being weak and asking for help

## 10. Not knowing how

- Because I don't know what to say
- I don't know what is happening so I feel trapped
- Because I don't know who to ask
- I don't know where to go for the support and who will be there



**E**ducation breeds confidence  
**C**onfidence breeds hope  
**H**ope breeds persistence

PE

rain ends

Hope is being able to see  
that there is light despite  
all of the darkness.

*Desmond Tutu*

confidence  
leads hope  
peace.



# Stress

**Exams** are the biggest cause of



## What makes you feel stressed?

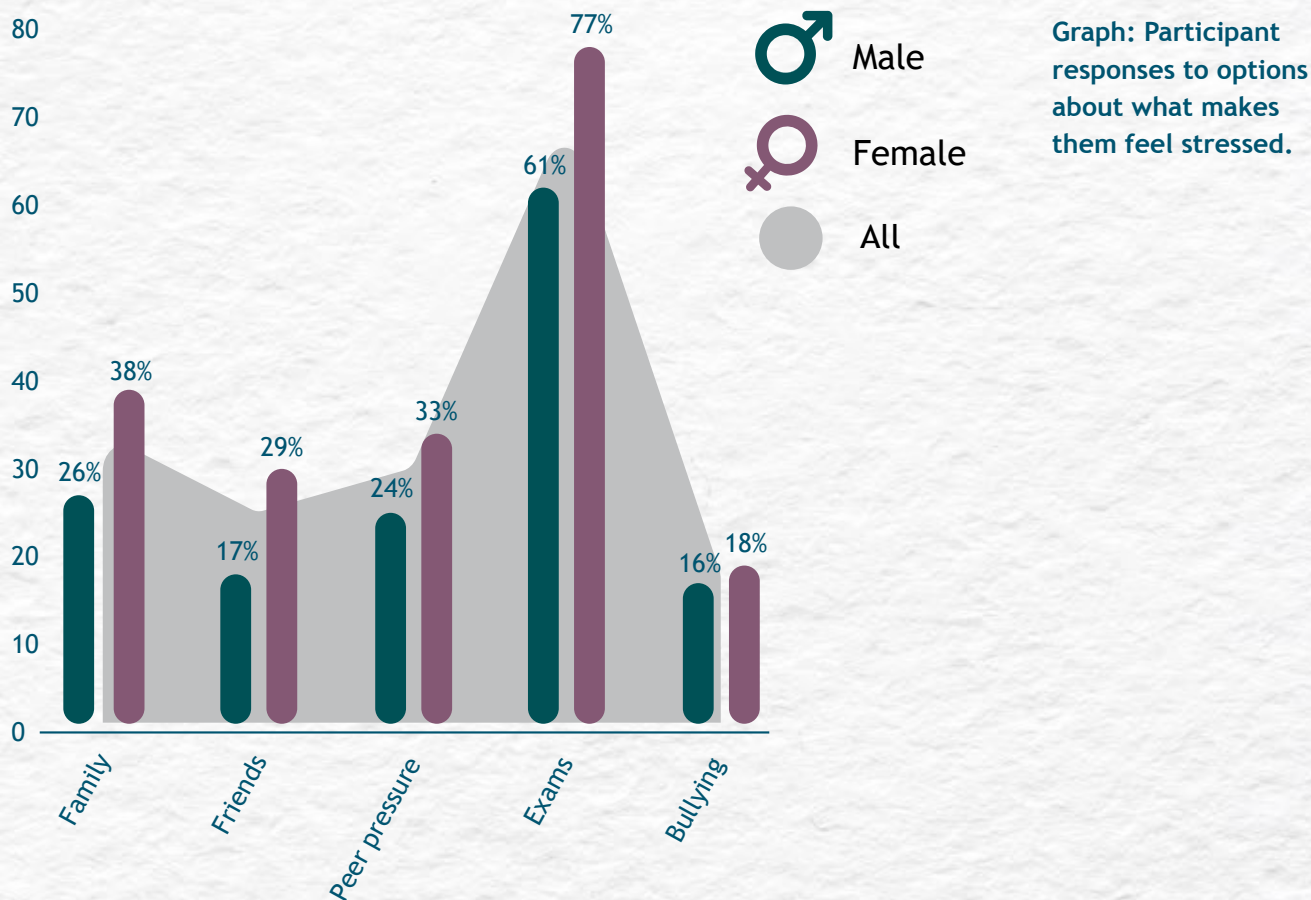
Students were given five options and asked to tick the ones that make them feel stressed. Exams were the biggest cause of stress for males and females.

Overall, 69% of students said exams caused them stress. On all options, the percentage of females who indicated it made them feel stressed, was higher than the percentage of males who said it made them feel stressed.



**58%**  
of 11-year-olds  
say **exams**  
make them feel  
stressed

By age 16,  
**86%** of young  
people say **exams**  
make them feel  
stressed



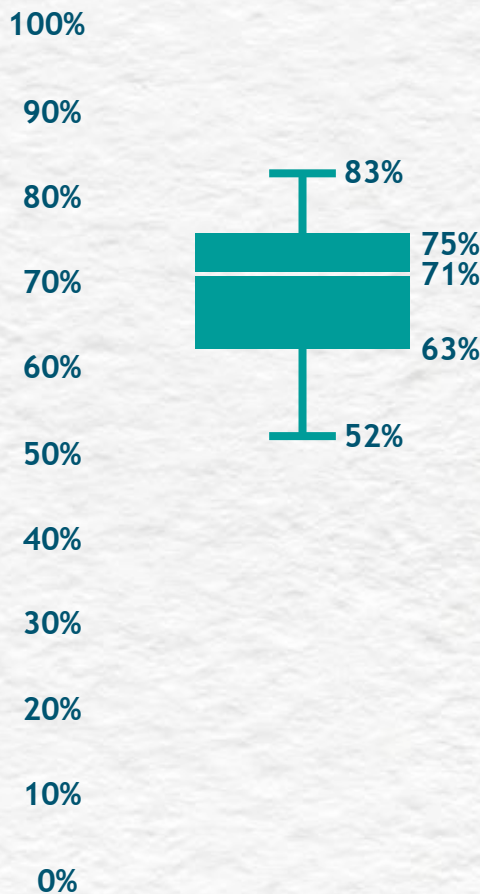
The percentage of students that said exams and family made them feel stressed increased with age. In contrast, the percentage of students who said bullying and peer pressure made them feel stressed, declined with age. The rise in stress caused by family, could be a result of young people’s growing independence, which may conflict with family and parental expectations.

Table: Responses to the question, ‘What makes you feel stressed?’, split by age

	11	12	13	14	15	16	17	18
Family	24%	23%	29%	37%	38%	44%	45%	50%
Friends	18%	18%	22%	29%	25%	27%	26%	25%
Peer pressure	31%	31%	33%	27%	25%	24%	23%	21%
Exams	58%	57%	66%	71%	78%	86%	85%	85%
Bullying	24%	21%	21%	16%	12%	13%	11%	10%

# Stress

The percentage of students who said exams made them feel stressed varied between schools. However it isn't clear whether this variation is due to actual differences between schools, age differences, or other variables.



Graph: The percentage of students who said exams make them feel stressed. Distribution showing the average percentage for each school.



## GCSE exam changes

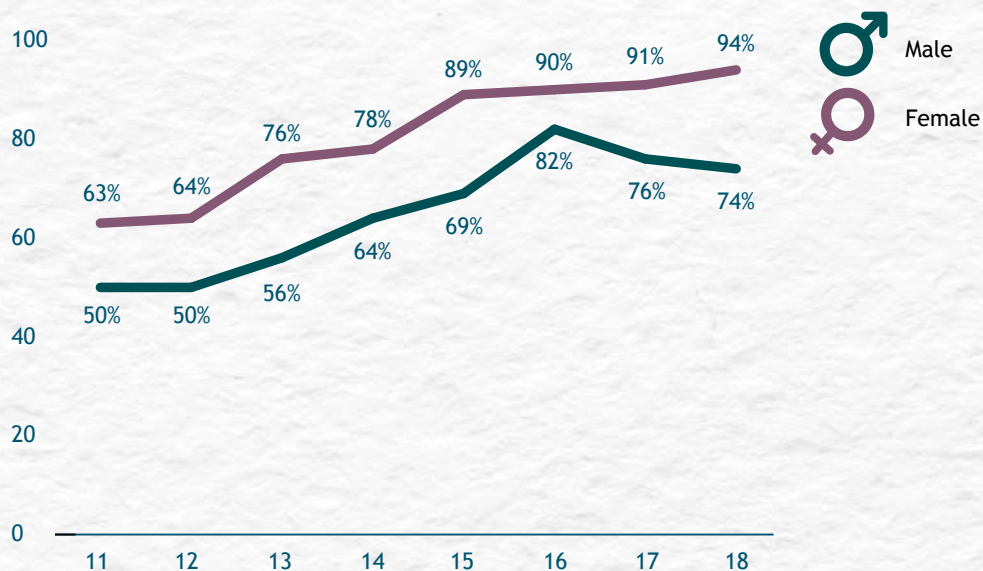
The survey took place during the first GCSE exam period to use the new grading scheme and curriculum. Our previous report, conducted in 2017, found that 68% of respondents said exams made them feel stressed. This year, the percentage has slightly increased to 69%.

Exam stress consistently increases for females as they get older and peaks at age 18. By this age, 94% of females say exams make them feel stressed. This trend mirrors the examination timetable for GCSEs and further qualifications, demonstrating an increasingly stressed female cohort as they progress through their exams.

For males, exam stress peaks at age 16 (82%), and then declines. This suggests that males find GCSEs more stressful than higher education exams such as A-Levels and other qualifications.

The high percentage of the younger children who say they also experience exam stress is also concerning. More than half of 11 and 12-year-olds say they feel stressed by exams.

Graph: The percentage of participants who said exams makes them feel stressed, split by age and gender



“ We’re put through **too much** at such a young age especially with this new GCSE making it **extremely hard** to even pass

“ **School exams get me stressed** ”

“ I don’t really get stressed but when I do it is about exams and getting **worried** that I’m going to **fail** ”

Exam stress also varied between students from different ethnicities:

**Table: The percentage of participants who said exams makes them feel stressed, split by ethnicity**

Ethnicity	%	Total responses
Asian/ Asian British - Bangladeshi	79%	62
Mixed/ Multiple ethnic groups - Other	76%	76
Other ethnic group - Arab	73%	15*
White - English/ Welsh/ Scottish/ Northern Irish/ British	70%	4,478
Mixed/ Multiple ethnic groups - White and Black African	66%	59
White - Gypsy, Traveller or Irish Traveller	66%	53
Asian/ Asian British - Any other Asian background	66%	29
Asian/ Asian British - Indian	65%	51
White - Any other White background	65%	327
Mixed/ Multiple ethnic groups - White and Black Caribbean	64%	92
Asian/ Asian British - Chinese	64%	25
White - Irish	63%	59
Mixed/ Multiple ethnic groups - White and Asian	63%	32
Asian/ Asian British - Pakistani	62%	13*
Other ethnic group - Any other ethnic group	60%	91
Black/ African/ Caribbean/ Black British - Caribbean	58%	24*
Black/ African/ Caribbean/ Black British - African	57%	47
Black/ African/ Caribbean/ Black British - Other	57%	30



## National data

Childline reported delivering over 3,000 counselling sessions on exam stress in 2016/17, which is an 11% increase over the last two years. 20% of these took place in May, which is when pupils were facing their upcoming exams. Many told counsellors they were struggling with their subjects, excessive workloads and feeling unprepared.

*NSPCC (2017)*



On average, students who said exams do make them feel stressed, had an overall lower average wellbeing score than those who said exams do not make them feel stressed. This suggests that the relationship between exam stress and wellbeing warrants further investigation.

Graph: Average wellbeing scores for participants who said exams *do*, or *do not* make them stressed



### What else makes you feel stressed?

Students were also asked if there is anything else that make them feel stressed. The top five categories for male and females were:

#### Female

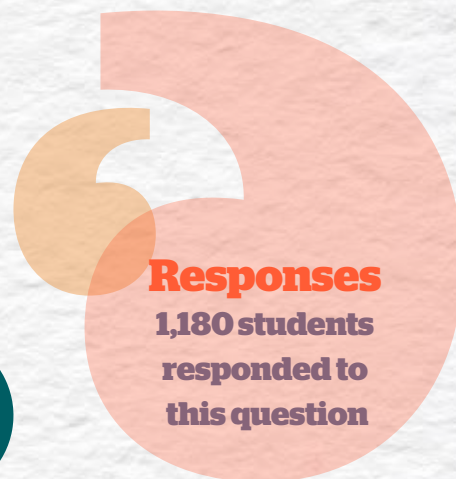


1. School
2. People
3. Homework
4. The future
5. Everything

#### Male



1. School
2. Homework
3. People
4. Gaming
5. The future



# Stress

The responses reflect a huge array of stresses affecting young people in Suffolk.

In total **86 themes were identified** ranging from worries about going to school to being anxious about their future, their family, or the way they look.

## School was the biggest cause of stress

for both males and females. For males, gaming was a large cause of stress. Many reflected on the frustration they feel when losing online games. Both males and females are concerned about their futures, saying they worry about their future education choices, career, finding a partner and having adult responsibilities.

“ We’re put through **too much** at such a young age especially with this new GCSE making it **extremely hard** to even pass

Female 16

”

“ The way the world is and where is it going ”

Male 14

“ **Overwhelmed with everything** ”

Female 12

“ I am deaf and at dinner time, my dad and my brother always use speech while my mum was signing to me. I always nag my whole family to sign but it won't work

Male 12

”

“ **Everybody talking behind my back** ”

Male 13

“ My dad because **he has cancer** and he's gonna die really soon. I get stressed about that and also because I can't **concentrate** in school

Female 12

”

“**The future** of this planet.  
Animal experimentation, the meat  
industry overload, global warming etc

Male 12

”

“**Stressing about big pieces  
of homework**, and getting  
them in on time

Female 12

”

“**Homework** because  
sometimes you get a lot and you  
don't have much time to do your own  
things on the weekend and in your  
**free time**

Male 13

”

“**Everything  
and everyone**

Female 15

”

“**Taking on too many hours** at work,  
meaning I fall behind in education but I have to  
work full time hours as I have the financial  
**responsibilities** of an adult

Female 17

”

“**An overload** of stuff I  
need to do (upcoming events,  
revision, chores, my personal  
stuff such as scriptwork etc)

Male 13

”

“**I normally** cause myself a lot of  
stress by **overthinking** things.  
I get stress from the thought of going  
to school everyday

Female 15

”

“**My future** and how I'm wasting  
my only opportunity to be alive and  
that one day I will die and there is  
**nothing I can do about it**

Female 12

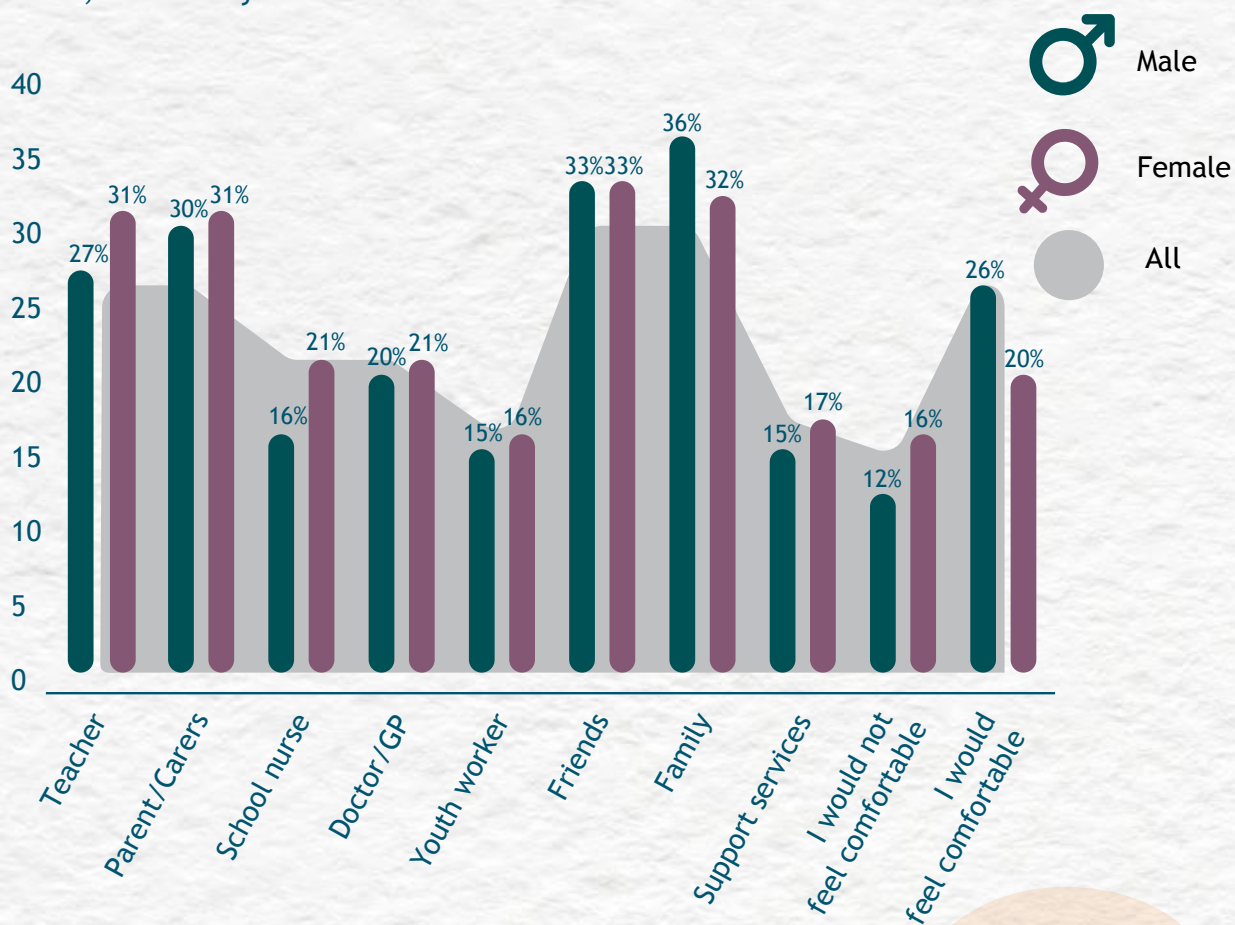
”

# Stress

## When you feel like you can't cope with stress, how important are the following people or services?

Students were asked how important eight different people or services were to them when seeking support. The top three most important people were parents/carers, friends, and family.

**Responses**  
5,569 students responded to this question



Just under one-third of respondents said they would approach support services (Eg. NHS, charity, telephone helpline, website, social Media, apps).

Only 12% of respondents said they would go to their school nurse; however it is not clear whether this is due to a reluctance to approach their school nurse, or not having access to a school nurse.

“The school nurse isn't here very often, and I also don't know them so I wouldn't feel comfortable talking about my issues”

## For some categories, the importance varies with age

**The importance of teachers** is highest at the start and end of secondary education. Fewer students between the ages of 13 and 16 say that teachers are important.



**Friends are important** across all ages, becoming more important than parents from age 15 onwards.



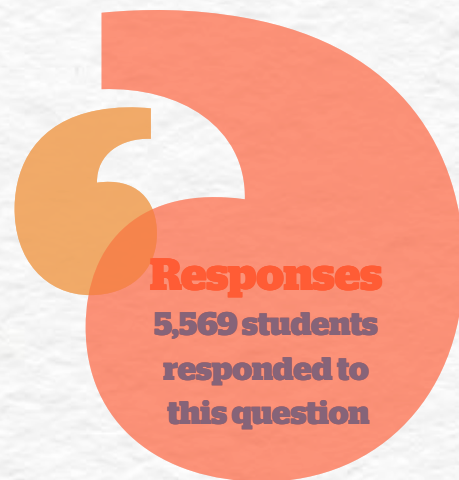
**Support from family** is most important overall, however its importance decreases with age.



# Stress

## Who do you wish you could go to, but don't feel like you can?

Young people told us who they wish they could approach for help, but don't feel like they could.



The top four answers are:

1. **Family**
2. **Friends**

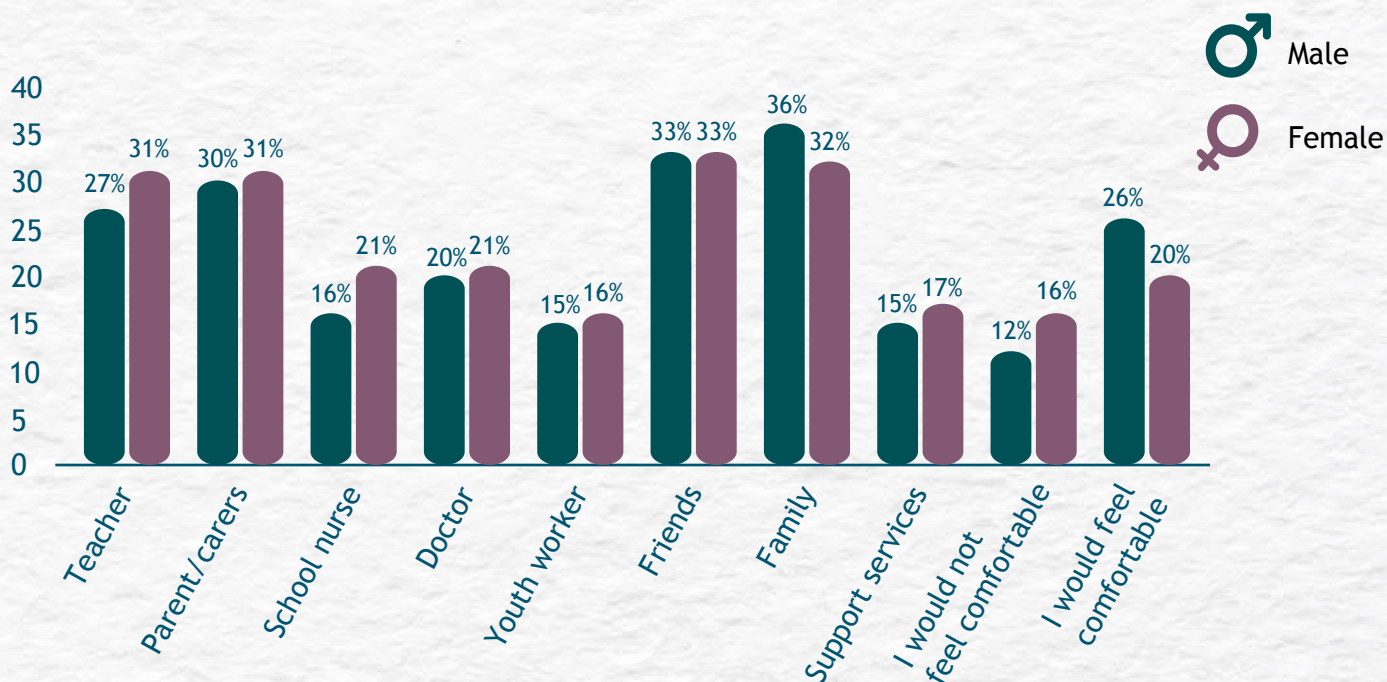


3. **Parent/Carer**
4. **Teachers**



Younger students were most likely to say they wish they could go to friends or family. 18-year-olds were most likely to say they wish they could go to their doctor or a teacher.

Males most wish they could approach their family, whereas females most wish they could approach their friends. Females were more likely than males to indicate they would not feel comfortable asking any of these people for help.



“ My **parents** wouldn’t understand, I’d just disappoint them ”

“ I would feel too shy and anxious to talk to **national services** ”

“ I feel like **teachers** look like they have more important things to do ”

“ I feel I cannot approach **friends** for help because I feel that they might not take it seriously ”

# Body image

## How often do you worry about your body image?

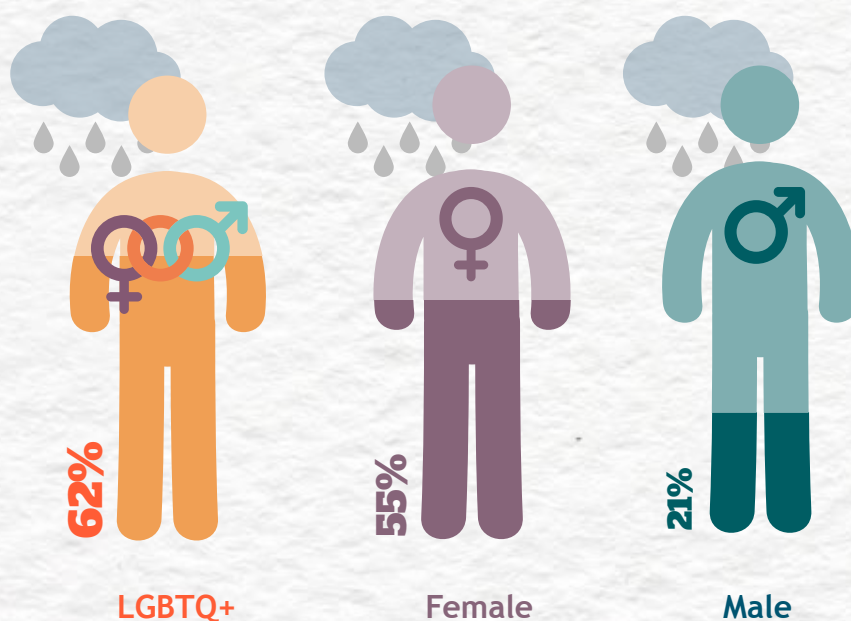
Students were asked how often they worried about their body image on a scale of 1-5, ranging from 'None of the time' to 'All of the time'.



More than **1 in 3** said they worry about it 'most' or 'all' of the time.



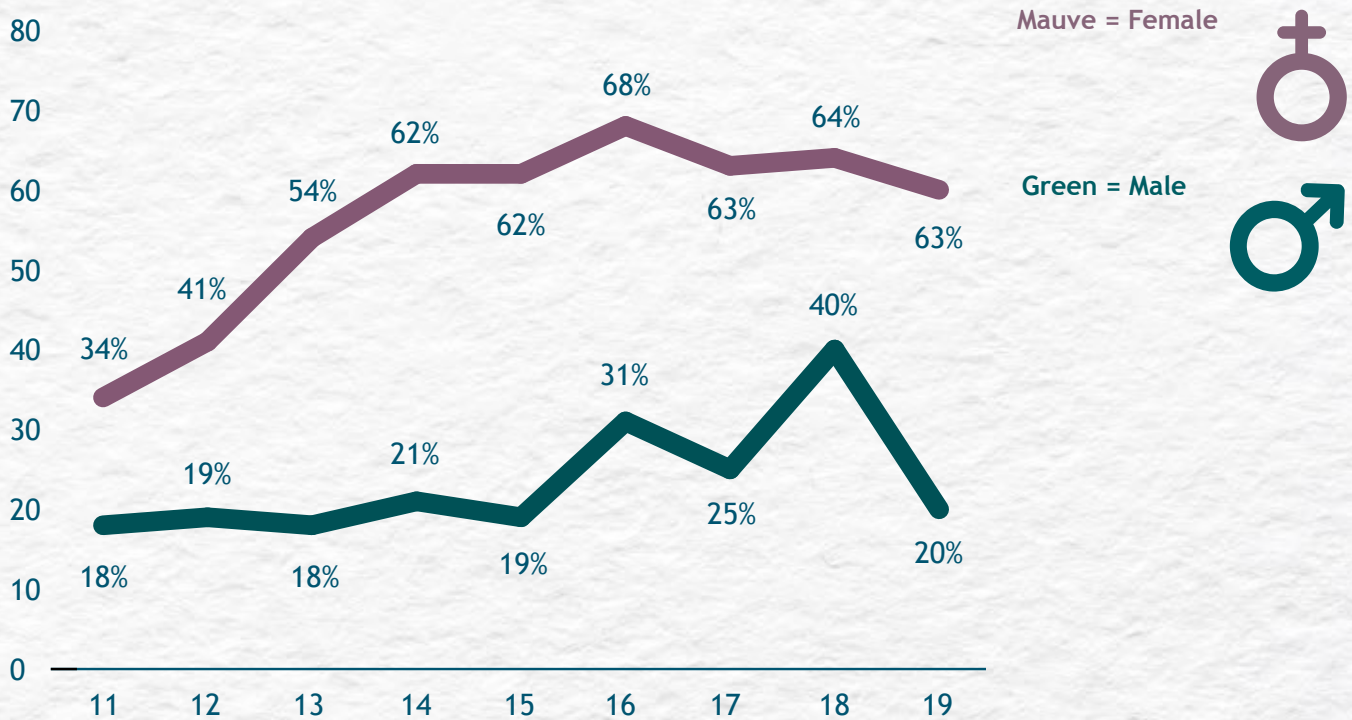
Females worry about their image far more than males, with more than half indicating they worry about it 'most' or 'all' of the time. Those who do not identify as male or female worry about their body image the most, with 61% indicating they worry about it 'most' or 'all' of the time.





## Body image worries - by age

The percentage of females who worry about their body image doubles from age 11 to age 16. Male concern about body image peaks later - at age 18. Across all age groups, females worry more about their body image than males.

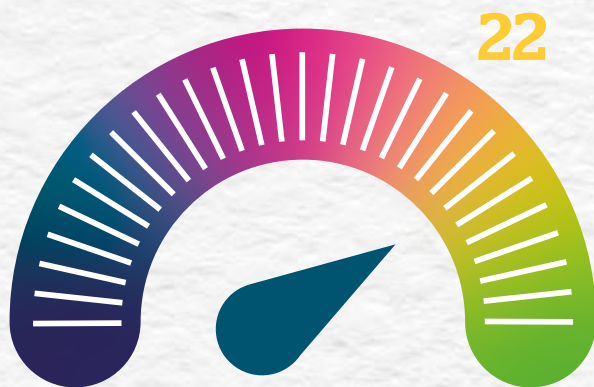


Graph: The percentage of males and females who worry about their body image “most or all of the time” split by age.

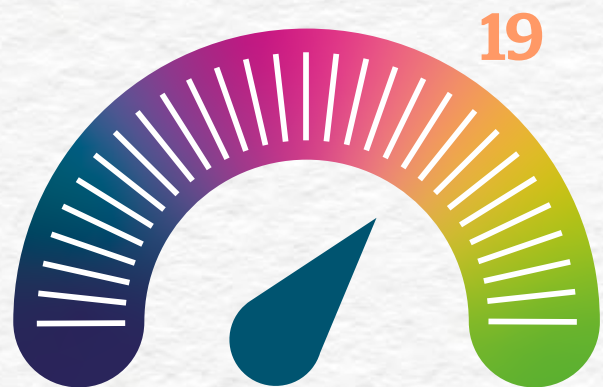
# Body image

## Body image and wellbeing

On average, those who worry about their body image had a wellbeing score three points lower than those who do not worry about their body image.



I do not worry most or all of the time



I worry most or all of the time

## Body image and online bullying

Those who said they had been bullied online within the last two months, were 24% more likely to worry about their body image. The effect was greatest for those who do not identify as male or female, who were 34% more likely to worry about their body image if they had been bullied online.

Those who do not identify as male or female, were **34% more likely** to worry about their body image if they had been **bullied online**.

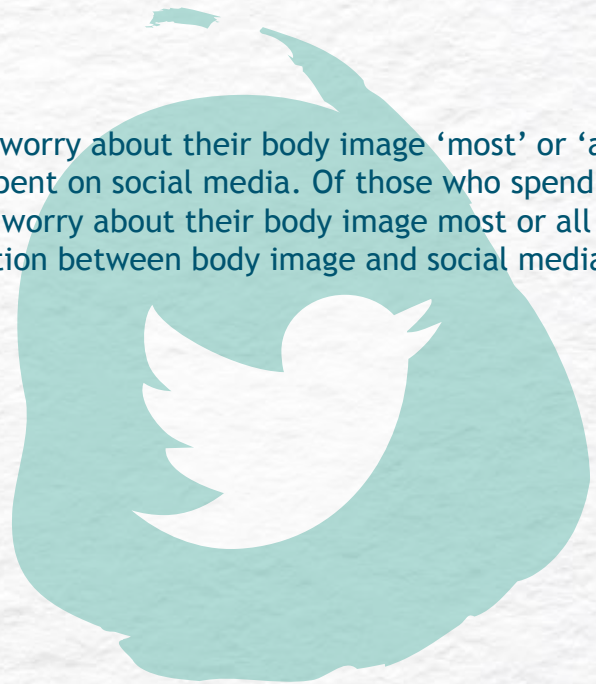


The Good Childhood Report (2018) examined the state of children's wellbeing in the UK and found that nearly a quarter (24%) of children said they heard jokes or comments about other people's bodies or looks all of the time. Girls said this made them feel much worse about their appearance and less happy with their life as a whole.

*Good Childhood Report 2018*

## Body image and social media

The percentage of students who indicated that they worry about their body image 'most' or 'all' of the time increased with each increment of time spent on social media. Of those who spend over six hours a day on social media, more than half worry about their body image most or all of the time. For more information about the association between body image and social media, please see the Social Media section.



**When I was younger I had secret accounts which 'taught' me how to worsen my eating disorder and showed images of self-harm that motivated me to increase my own self-harm. Social media is full of diet culture and tends to provide one standard of so called beauty. It is unrealistic and only shows certain aspects of peoples lives which can lead to comparison and self-loathing.**

A recent Suffolk survey found that 29% of respondents had seen pro-anorexia content online at least once or twice.

*Suffolk Cyber Survey (2017)*

# Body image

## Why do you worry about your body image?

Those who said they worry about their body image 'most' or 'all' of the time were asked why. Comments were analysed and assigned themes. The most commonly occurring reason was 'Judgement'.



## Judgement

One in three females, and one in four males said that they worry about their body image because of the fear of being judged by others.



## Body shape

One in five dislike their body shape. Males were 6% more likely to say this than females. Both males and females talked about feeling too fat or being overweight. However, the remaining comments from males were more likely to refer to feeling too skinny or not being muscular enough, whereas females talked more about wanting to be skinnier and more attractive.



## Social media

In comparison to males, females were more likely to say social media was the cause of their body image worries. Many said they make comparisons between themselves and images they see on social media. Only 0.4% of males referred to social media, compared to 3.4% of females.



**Many compare themselves to images they see on social media**

## LGBTQ+

35% of students who don’t identify as male or female referred to concerns about their gender identity. Many are fearful of their appearance not matching the gender they identify as. More information about this can be found in the LGBTQ+ section of the report.



**35% of LGBTQ+ have concerns about their gender identity**

	Female	Male	Other	Overall	Description
Judgement	34%	25%	4%	31%	Fear that other people either are judging you, or will judge you because of the way you look
Body shape	19%	25%	31%	21%	Disliking your body shape. Feeling too fat, thin, tall, short, shapeless, or curvy. There may be a specific aspect of your body you feel uncomfortable about.
Appearance	16%	22%	12%	17%	Disliking your facial appearance, feeling ugly, or feeling pressure to look attractive by using make up.
Bullied	11%	14%	4%	12%	Fear that other people will bully you about the way you look. (Being called names, being made fun of, people mocking you)
Comparison	15%	5%	4%	12%	Making comparisons between yourself and others (such as friends and peers), and feeling less attractive, different or inadequate.
Self-esteem/ confidence	6%	3%	12%	5%	General lack of confidence and self-doubt. Low self-esteem which leads to worrying about body image.
Expectations	6%	1%	12%	5%	Feeling pressured to look a certain way to ‘fit in’ with society and other people’s expectations
Social media	3%	0%	0%	2%	Feeling unable to attain the ideals portrayed on social media.

Table: The reasons young people worry about their body image split by gender.

## Body image

“ Most of the girls on **Instagram** looks so perfect, with perfect hair, legs, etc. then I look at myself and I'm just 'ew' ”

“ People on **social media** usually look a lot better than me and I constantly compare myself to them... I get told that I am unattractive/fat by others in my life ”

“ I'm really **ugly** & others have said this as well ”

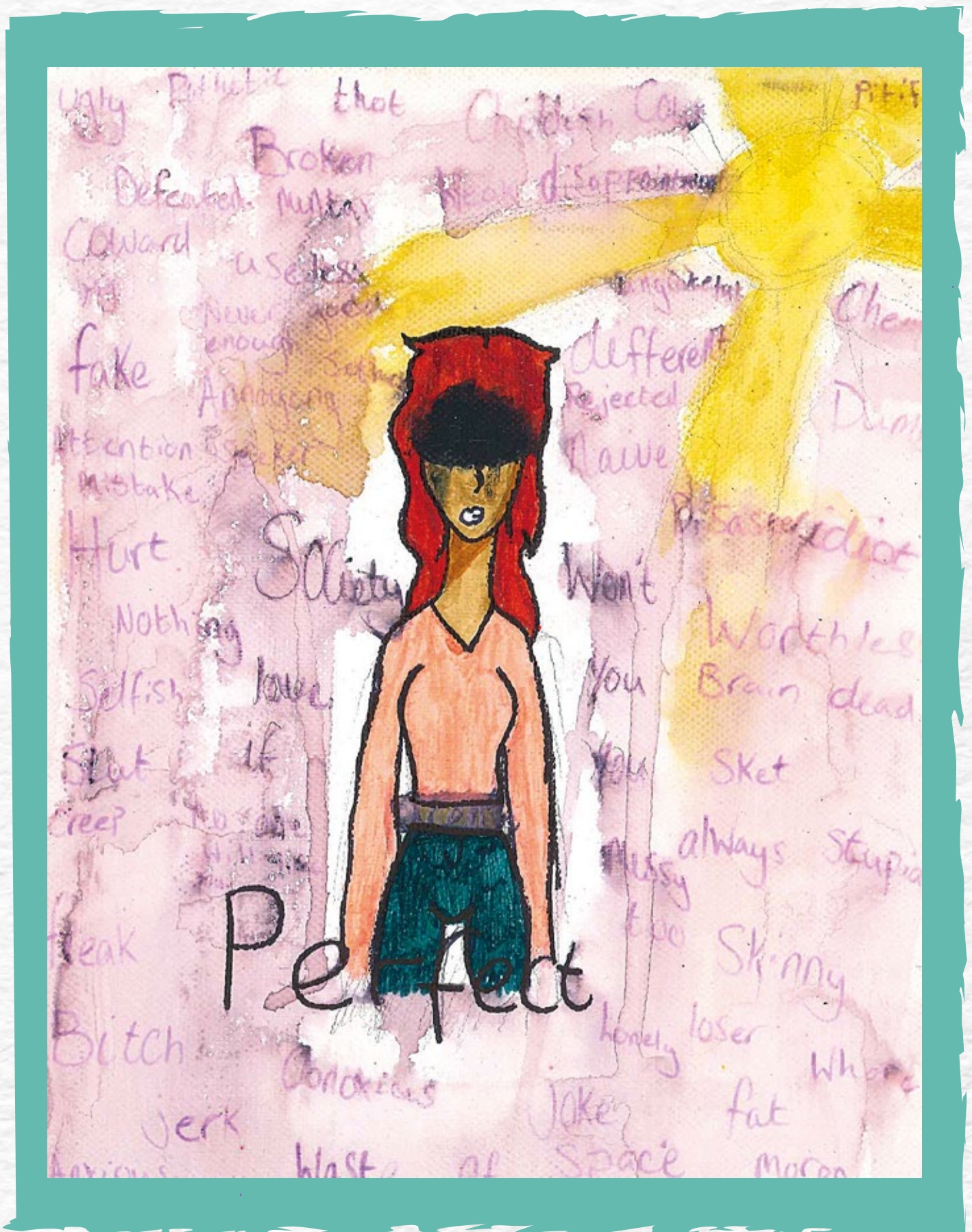
“ I've previously been **bullied** for being overweight and it has taken a toll on me. I've also received comments about my weight from teaching staff which to me is worse than receiving it from fellow pupils ”

“ You always see boys/men on the tv with rock hard bodies and abs...it makes me think I'm **not as attractive** ”

“ Sometimes I feel like I'll be replaced by the people I love because I'm **not beautiful** enough, especially my boyfriend ”

“ I might get **punched & laughed at** & I hate that ”

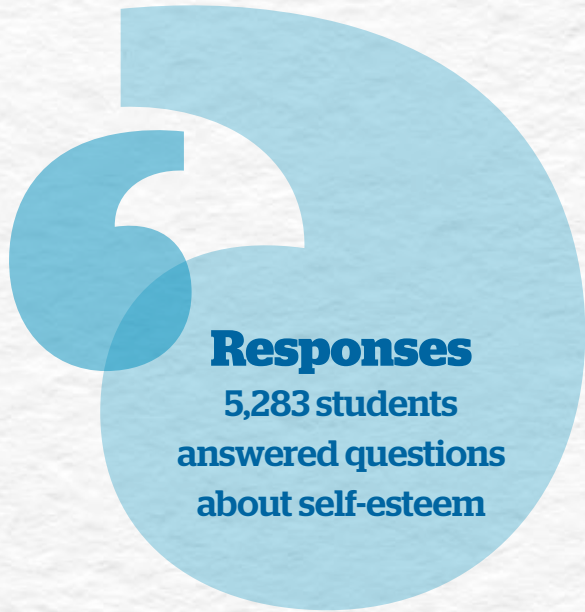
“ I am skinny and I look in the mirror & think **I need to be skinnier** but part of me knows I don't need to but the thought takes over and I won't then eat breakfast or I'll skip a meal in the day and only have water and then I feel better for that day ”



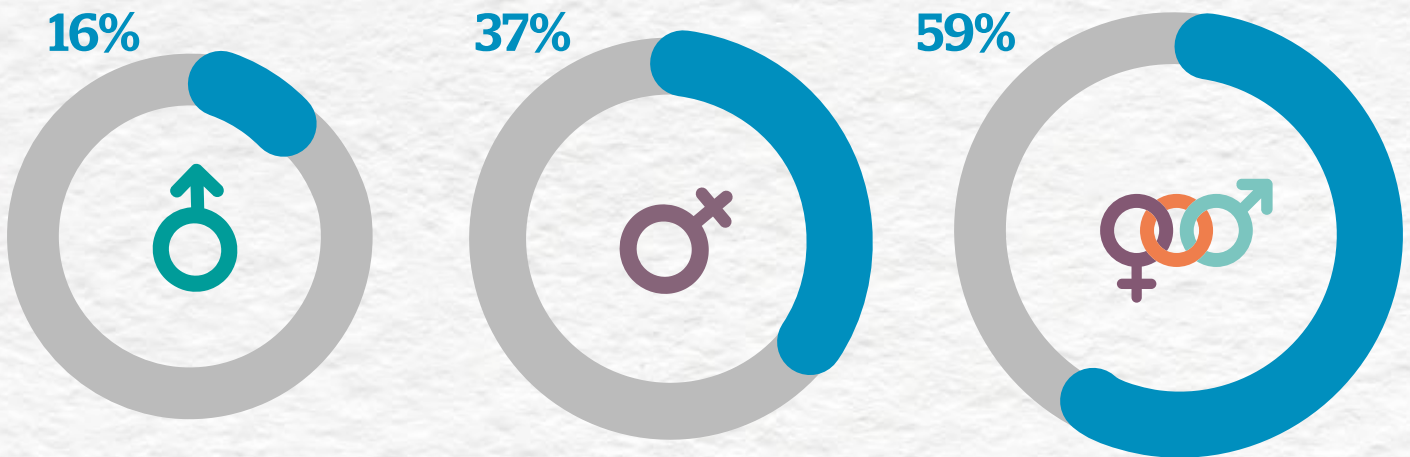
# Self-esteem

## How would you rate your self-esteem?

Overall, 28% rate their self-esteem as low or very low. Females are twice as likely to report poorer self-esteem than males, with 16% of males and 37% of females saying their self-esteem is low or very low. Those who don't identify as male or female have the highest rates of poor self-esteem (59%).



**Responses**  
5,283 students answered questions about self-esteem

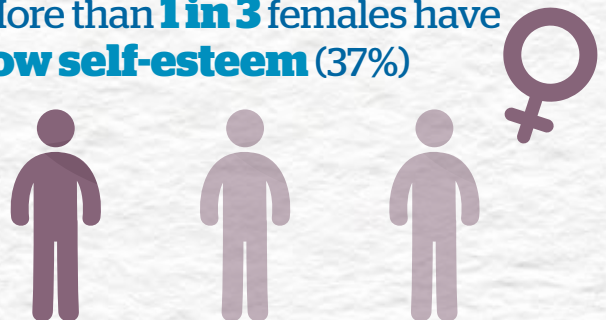


Graphs: The percentage of respondents who have poor self-esteem, split by gender.

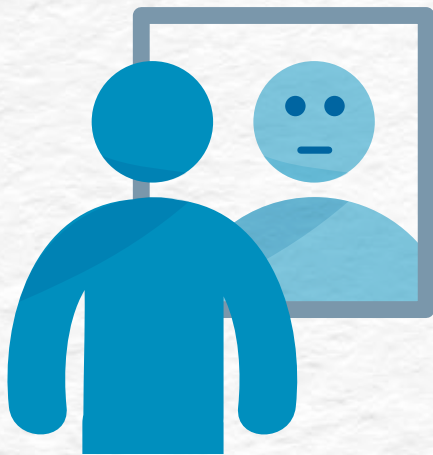
### What is self-esteem?

The NHS defines self-esteem as the opinion we have of ourselves. When we have healthy self-esteem, we tend to feel positive about ourselves and about life in general. When our self-esteem is low, we tend to see ourselves and our life in a more negative and critical light.

More than **1 in 3** females have **low self-esteem** (37%)







**28%** have low self-esteem.  
The main reason for low self-esteem is  
**not liking the way they look.**

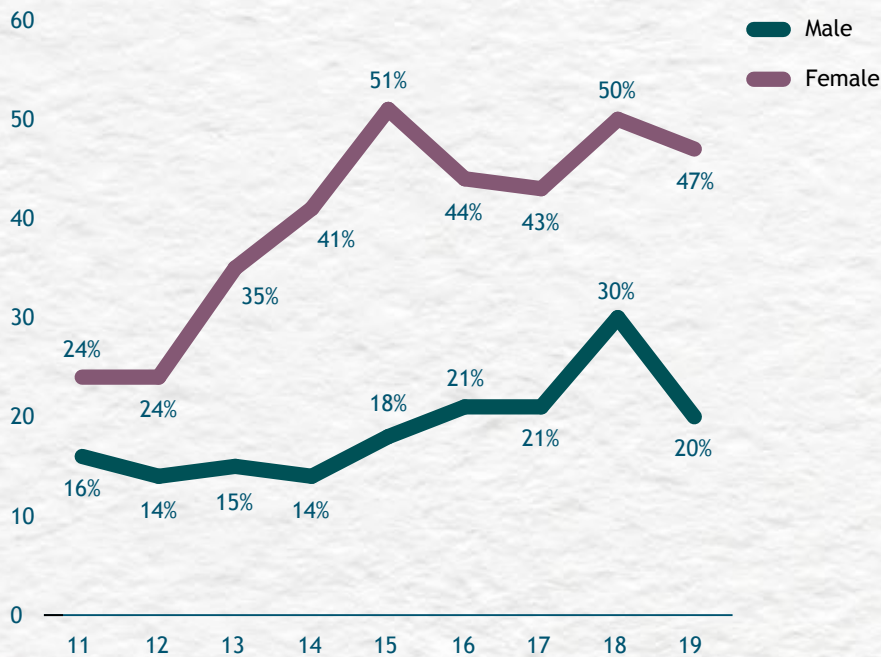
## Ethnicity

- Both males and females who belong to the 'Pakistani' ethnic group have the **highest rates of poor self-esteem.**
- There is a large gender difference between males and females belonging to the 'Gypsy, Traveller or Irish Traveller' group. Males belonging to this group all reported moderate to high self-esteem, whereas 40% of females reported low self-esteem.
- Reflecting the Suffolk-wide trend, Females across most ethnic groups have lower self-esteem than males. The exception to this are the 'Pakistani', 'Arab', 'Black African', and 'Other Black/African/Caribbean background' ethnic groups, where males have lower self-esteem than females.

# Self-esteem

## How would you rate your self-esteem?

Across all ages, a higher percentage of females have low self-esteem than males. For females, rates of low self-esteem peak at age 15, whereas for males, it peaks later at age 18.



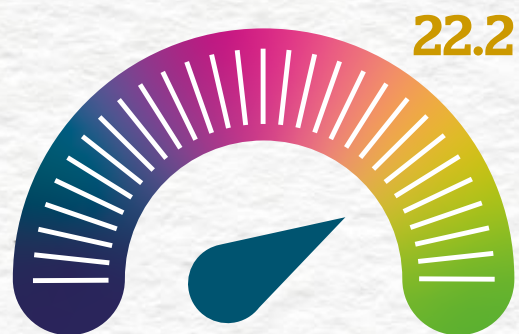
**1 in 3**  
young people  
aged 15 & 16  
have low  
self-esteem

## Self-esteem and wellbeing

On average, students that have low self-esteem have a Wellbeing score over four points lower than those who do not have low self-esteem. When compared other topics in the report, with the exception of self-harm, this difference in Wellbeing scores is the largest.



I have low self-esteem



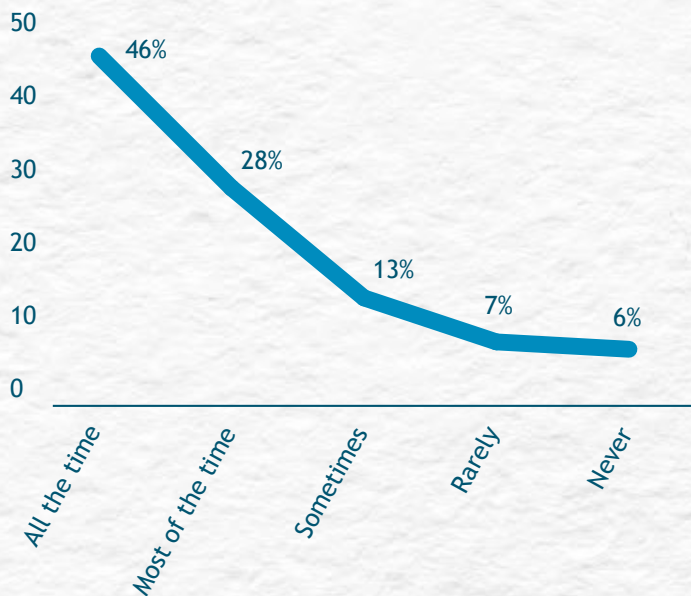
I don't have low self-esteem

National research has found that children with a mental disorder were more likely to have low self-esteem than children without a mental disorder (43.0% and 6.3% respectively).

*Mental Health of Children and Young People in England - NHS Digital (2017)*

## Self-esteem and body image worries

Students who worry about their body image, are more likely to have low self-esteem. 46% of students who said they worry about their body image all of the time, also have low self-esteem. Of those who never worry about their body image, only 6% have low self-esteem.



Graph: The percentage of respondents with low self-esteem, split by how often they worry about their body image.

## Self-esteem and self-harm

Students that have low self-esteem are 25% more likely to self-harm than those who do not have low self-esteem. Almost one third of students with low self-esteem have self-harmed.

Almost one third of students **with low self-esteem** have self-harmed

7% who **do not have low self esteem** have self harmed



**32 %**  
reported

SELF HARM



**7 %**  
reported

SELF HARM

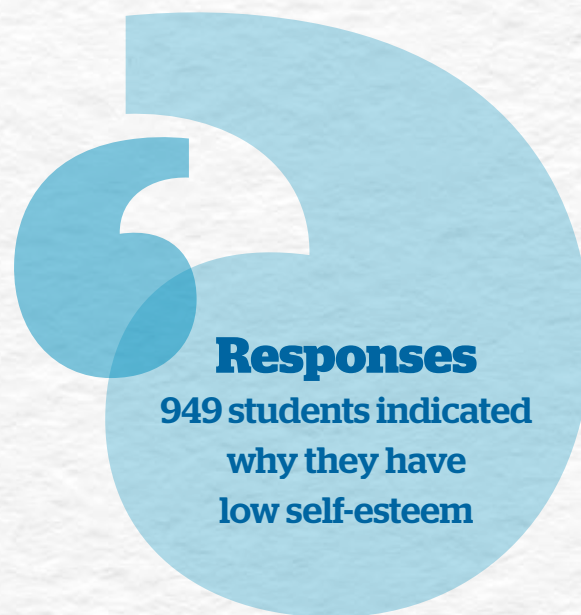
# Self-esteem

## Why is your self-esteem low?

Males were most likely to say that they do not know why they have low self-esteem, with comments such as ‘I do not know how to explain’ and ‘I don’t know I just have got low self-esteem’. Females were most likely to suggest that their self-esteem was low because of the way they look.

A common theme for both males and females was a lack of confidence, with 15% citing this as the cause of their low self-esteem. The percentage of students who mentioned a lack of confidence increased with age. 9% of 11-year-olds cited this as a reason, compared to 22% of 19-year-olds.

12% said they just dislike themselves in general, including 29% of 16-year-old females.

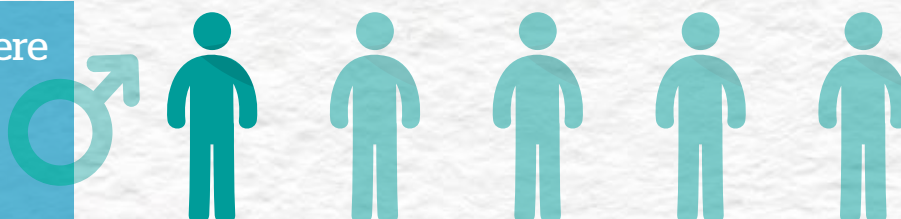


These results are calculated as a percentage of these 949 responses.

Male	
I don't know	20%
Lack of confidence	16%
Looks	13%
Self-belief	12%
Bullying	10%
I dislike myself	9%
Mental health	4%

Female	
Looks	21%
I don't know	15%
Lack of confidence	15%
I dislike myself	12%
Self-belief	17%
Bullying	7%
Comparisons	7%

**1 in 5** males said they were unable to say why their self-esteem is low, but they just know that it is



“**What is there to be confident about?**”

“**Sometimes feel worthless** due to mental health issues that already exist in my life”

“**Because the voices in my head** tell me this and I tend to interpret the world in a self-deprecating way”

“**I hate myself** all the time and can't stop it”

“**My parents hate who I am & how I look 'why can't you be normal'** or they refuse to accept my sexuality”

“**I have done bad things and made mistakes and I've always been told it's my fault and I'm dirty and worthless**”

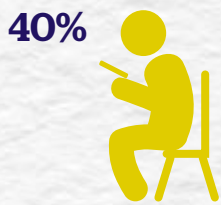
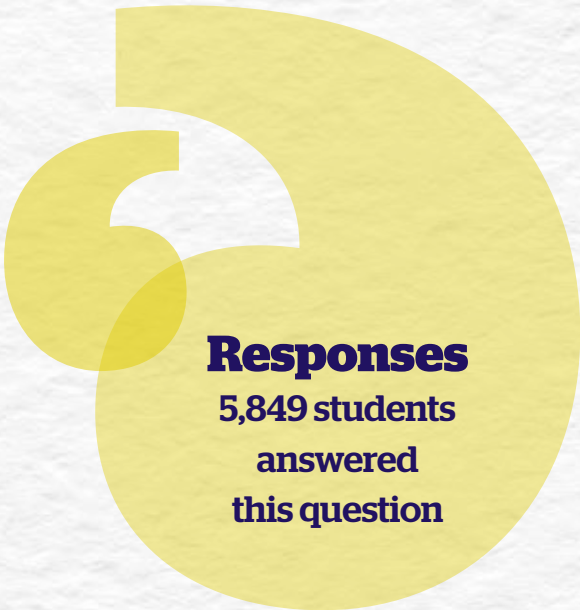
“**The amount of times I've been bullied for my nationality** and the amount my brother calls me **fat & ugly**”

“**I can't really see anything good about me sometimes**”

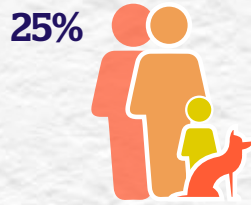
# Free time

## What do you usually do in the evenings after school?

When asked what they usually do in evenings after school, 40% said they spend it alone in their room. 25% said they spend it with their family, and 11% spend it with friends. Young people who say they are spending their evenings with friends may be doing this either face-to-face or online.



Alone in my room



With family



Other

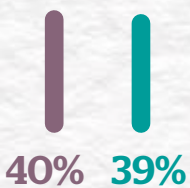


With friends

Both males and females were most likely to say they spend their evening alone in their room. Females were more likely than males to spend their evening with family, whereas males were more likely than females to spend it with friends.



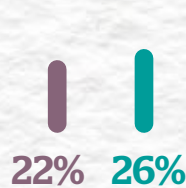
Alone in my room



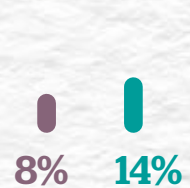
With family



Other



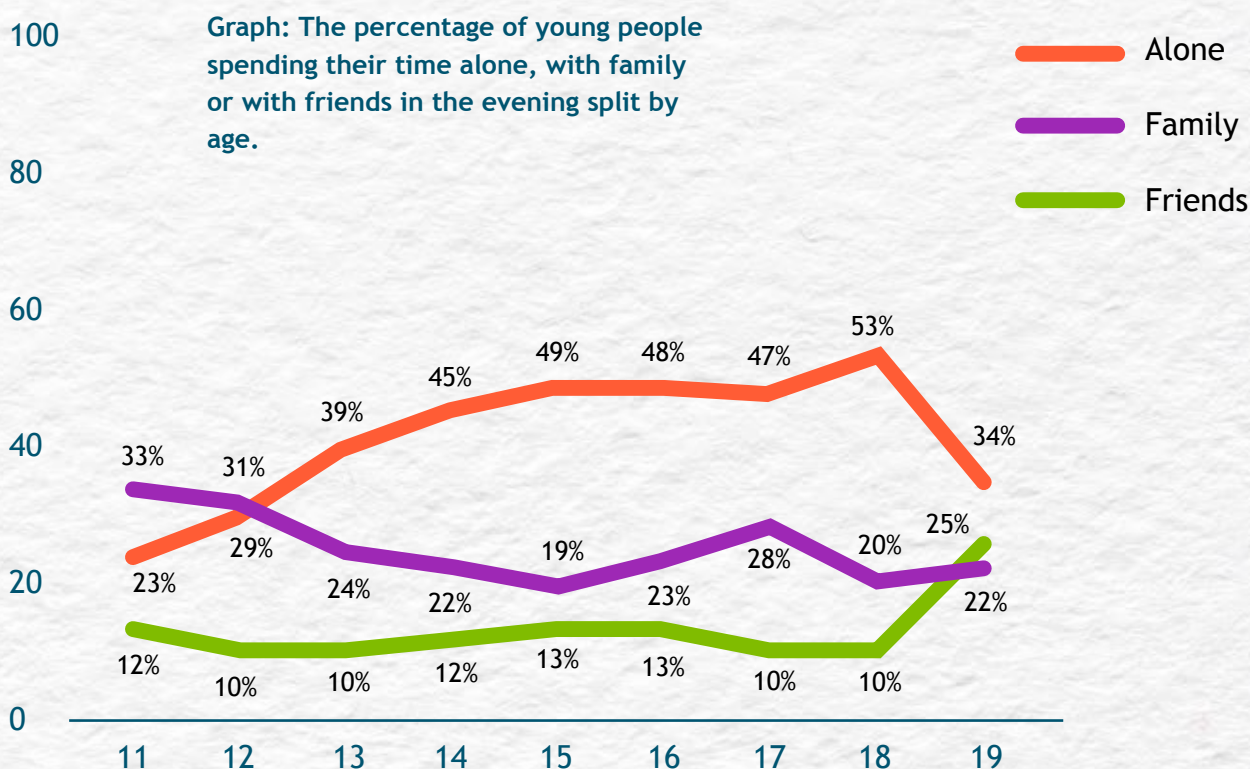
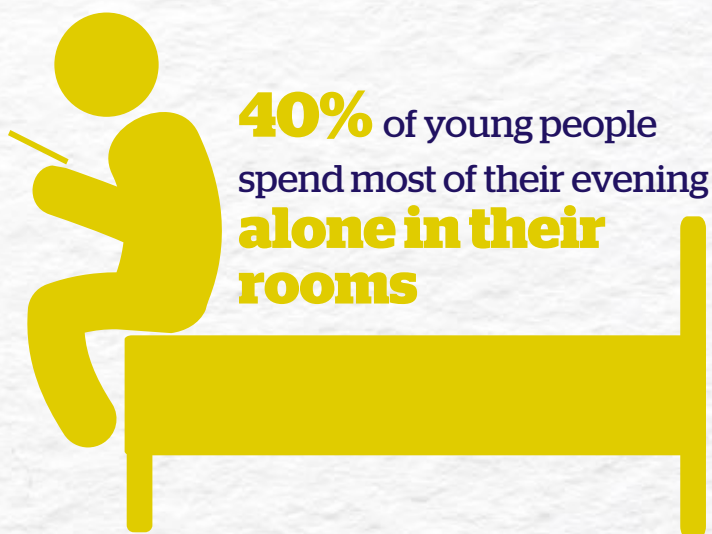
With friends



## Age differences

The percentage of young people who indicated that they spend their evening alone increases between the ages of 11 and 18, before declining at age 19. Over half of 18-year-olds (53%) said they spend their evening by themselves in their rooms.

The percentage of young people who spend time in the evening with their family decreases between the ages of 11 and 15.



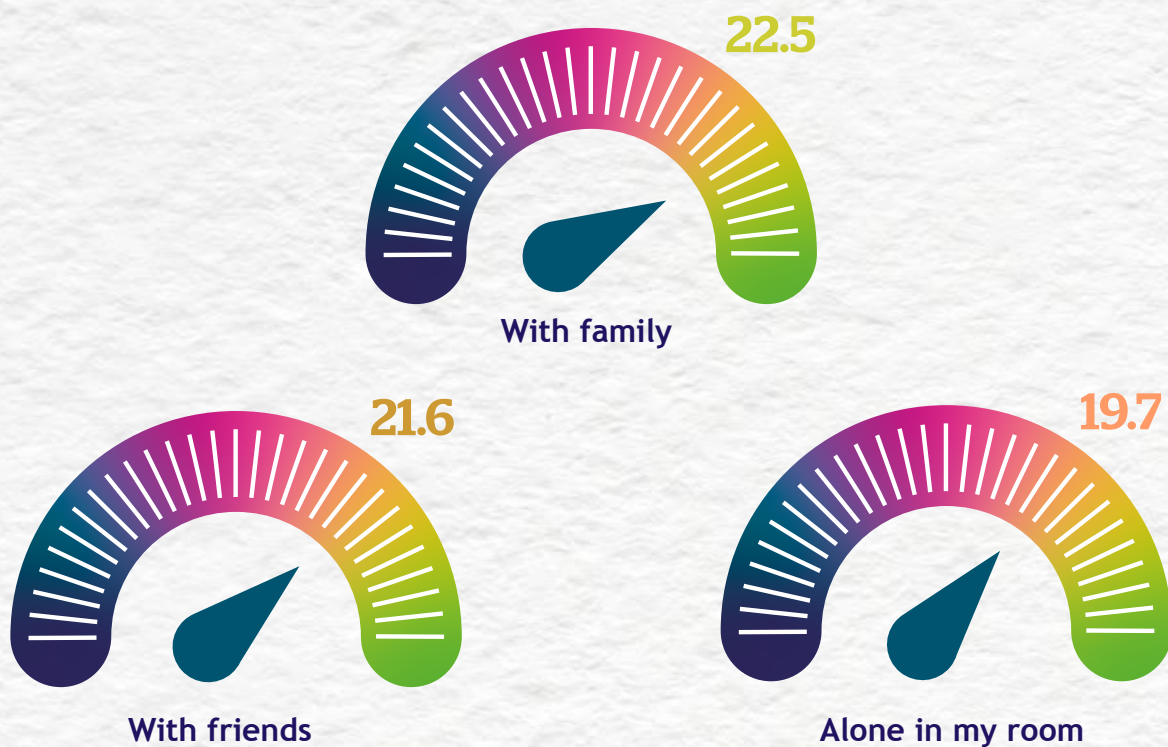
**24% of young people** who responded to the question chose to explain how they spent their evenings in a free text box instead of selecting one of the three options. Most described spending their time doing a mixture of **all three activities** - spending time with their family, meeting up with friends or speaking to them online, and having time to themselves. Revision, homework, playing sports, and playing video games were also frequently mentioned.

# Free time

## Wellbeing

The average wellbeing score for young people who spend their evening with family, was higher than the average wellbeing score for those who spend their evening alone. It may be that young people with poor wellbeing are more likely to choose to spend time in their room alone. Alternatively, those who spend their evenings alone in their room may see their wellbeing decline as a result of this.

The comments provided indicate that spending time alone involves a range of activities. These include playing games with online friends, doing homework, practicing instruments, drawing, video calling friends and family, going on social media or spending time with pets. The thought of a young person alone in their room can give connotations of loneliness and withdrawal, however the comments suggest that for many this space allows them to pursue interests which actually support their wellbeing.



### National data

The Good Childhood Report 2018, found that happiness with family relationships has the strongest influence (out of five aspects of life) on children's wellbeing. They found that children who felt less close to their parents and argued more often with them had lower than average happiness with family and with life as a whole.

*Good Childhood Report 2018*



“ I spend most my time in my room on social media ”

“ Physically, I am alone in my room, but I am **playing computer games** with my friends so I am not lonely and I am enjoying myself and having fun ”

“ I spend most of the evening **alone in my room** but almost always talking to a group of friends through either my phone or my computer ”

“ Sometimes I'll get home and then go out again to a after school club. Other times I'll do homework. sometimes I'll go out with my family and others we'll snuggle down on the sofa and watch TV ”

“ I spend my time alone as my family are busy the majority of the time & I keep myself occupied as it is a **lonely village** & I can't hang out with anyone ”

“ Every single day is different, especially due to my mental health, as I will have different needs everyday. Sometimes this will mean I need to be alone to rest, I need to be distracted, I need to spend time with people I'm comfortable with, I need to use my excess energy, I need to maintain my level of focus to continue working, I need to build up a level of focus to work, I need someone else to help me decide what the healthiest thing to do is ”

“ I look after and ride my horse and chat to my friends on **Instagram** ”

# Screen time

## How long do you spend using a screen?

Most young people (32%) said they spend three to four hours each day using a screen. One in four (25%) spend seven or more.

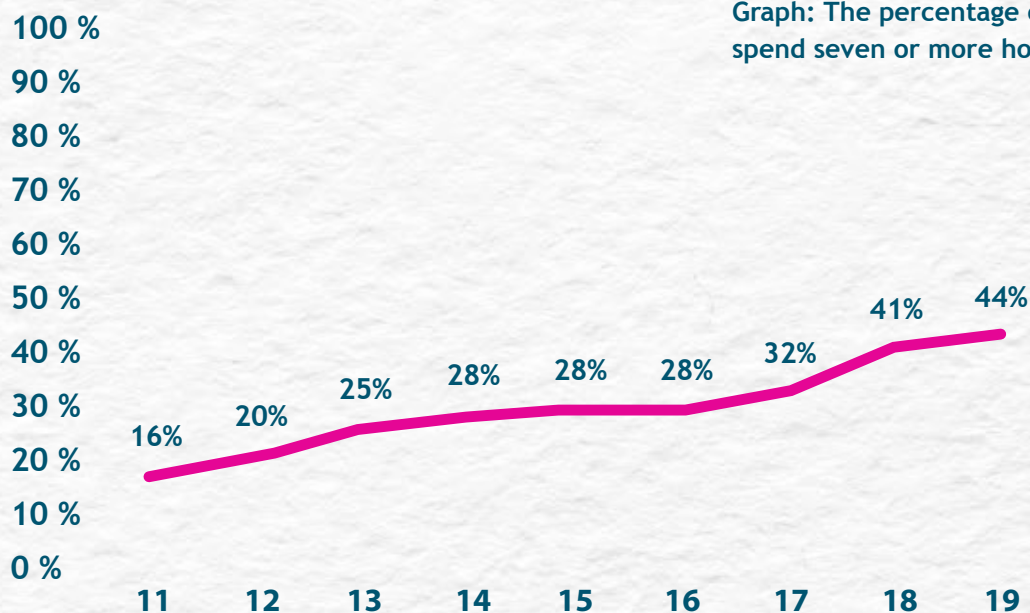
**Responses**  
5,815 students answered this question



**1 in 4** spend **seven or more hours** a day using an electronic screen



The percentage of young people who spend seven or more hours a day using a screen increases with age, from 16% at age 11, to 44% by age 19.



Graph: The percentage of young people who spend seven or more hours a day using a screen.

### Local data

The 2017 Suffolk Cyber Survey found that 20% of 15-year-olds say agreed with the statement: 'Without my phone I often feel irritable and anxious'

*Suffolk Cyber Survey (2017)*

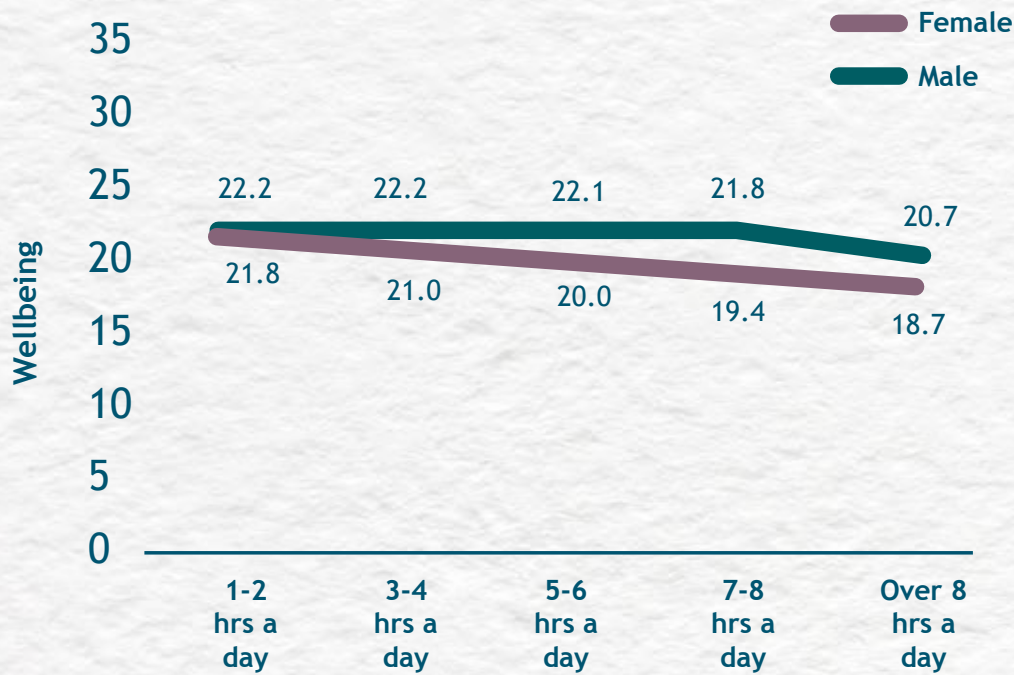
“ I spend most of the evening alone in my room but almost always talking to a group of friends through either my phone or my computer ”

“ I normally play Xbox all night ”

# Screen time

## Wellbeing

Female average wellbeing scores consistently decrease with each increment of time spent using an electronic screen.



Graph: Average wellbeing score plotted against time spent using a screen.

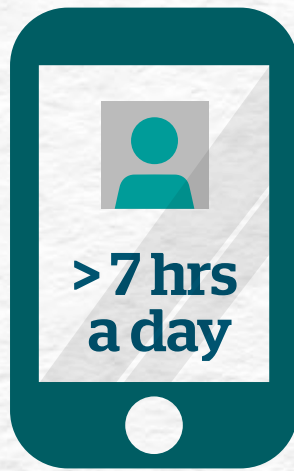
### National Data

Recent research found that high levels of screen use, particularly on weekdays was linked to lower levels of wellbeing in young people. Optimum wellbeing is associated with just under one hour's use per day.

*Przybylski, A.K. and Weinstein, N. (2017).*

## Self-harm

Students that spend seven or more hours a day using a screen were almost twice as likely to self-harm than those who spend less than seven hours a day using a screen.



Of those who spend seven or more hours a day using a screen, 21% report self-harming

**21 %**  
reported

SELF HARM



Of those who spend under seven hours a day using a screen, 12% report self-harming

**12 %**  
reported

SELF HARM









# Sleep

**18%** go to bed after **midnight** on a school night

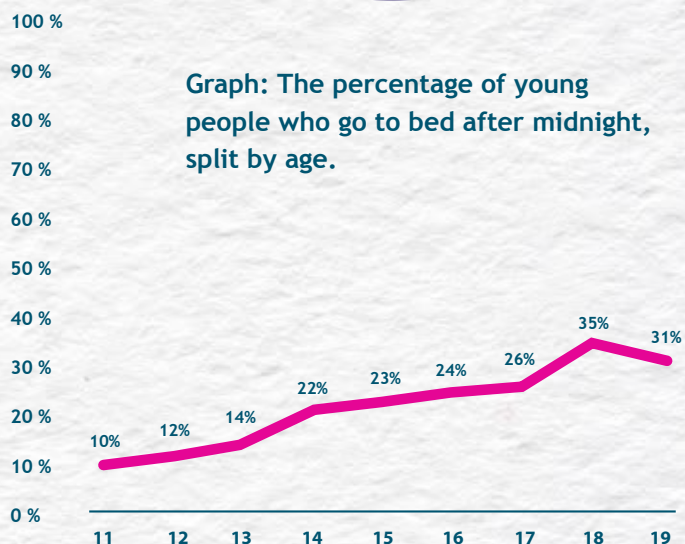


**Do you usually go to bed before or after midnight on a school night?**

18% of respondents indicated that they go to bed after midnight. This is higher than the result for those students who completed the 'My Health, Our Future' survey in 2017 (13%).

The increase may be because this year's survey includes responses from a larger proportion of older students (aged 17 to 19). The percentage of young people going to bed after midnight rises between the ages of 11 and 18, from 10% to 35%.

**Responses**  
5,815 students answered this question



Graph: The percentage of young people who go to bed after midnight, split by age.



**1 in 10** 11-year-olds



**23%** of 15-year-olds

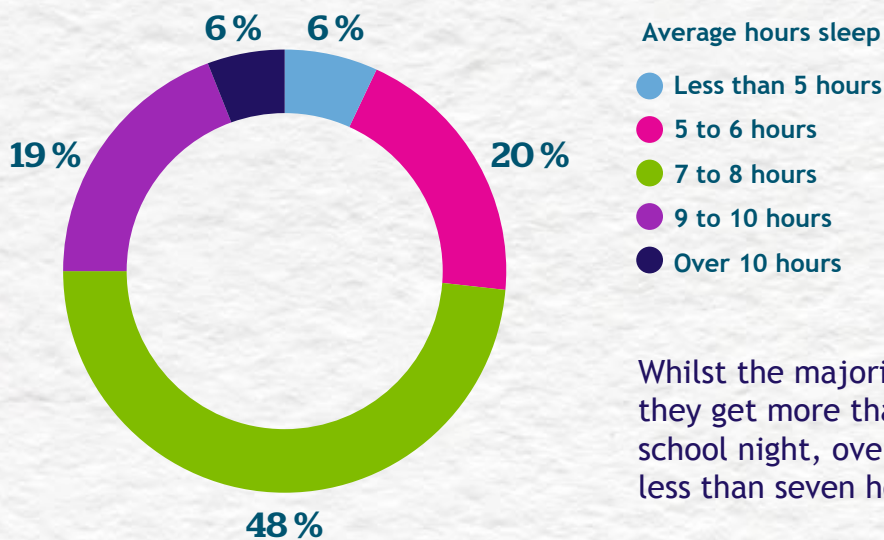
# Sleep

## In the last two weeks, how many hours of sleep have you typically had on a school night?

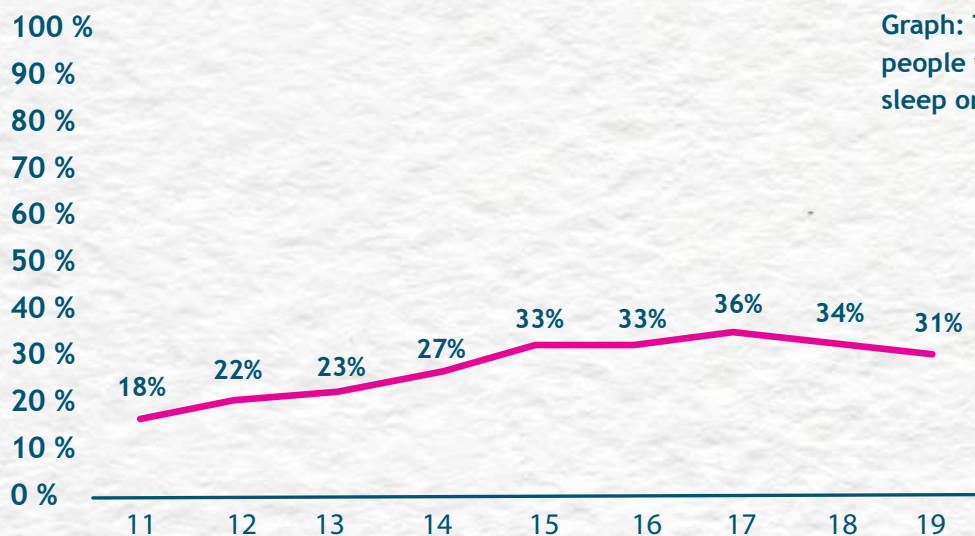
Whilst the majority of young people (74%) said they get more than seven hours sleep on a school night, over a quarter (26%) say they get less than seven hours.

The percentage of young people who get less than seven hours sleep increases between the ages of 11 and 17, with a third of young people aged 15 to 16 saying they get less than seven hours sleep on a school night.

**Responses**  
5,815 students answered this question

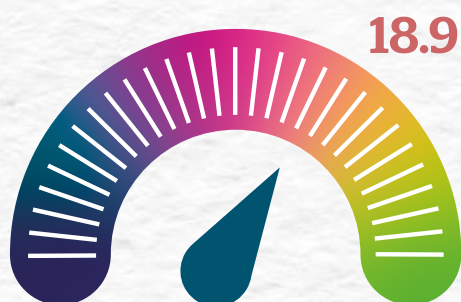


Whilst the majority of young people (74%) said they get more than seven hours sleep on a school night, over a quarter (26%) say they get less than seven hours.



## Wellbeing

The average wellbeing score for young people who get seven or more hours sleep on a school night, was higher than the average wellbeing score for those who get less than this.



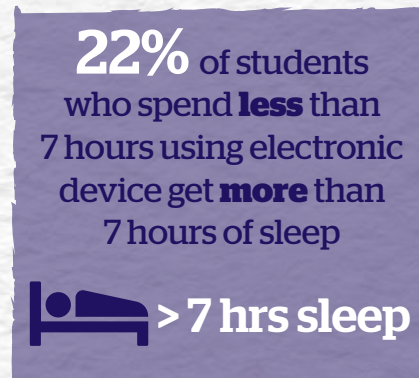
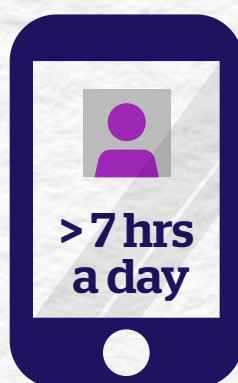
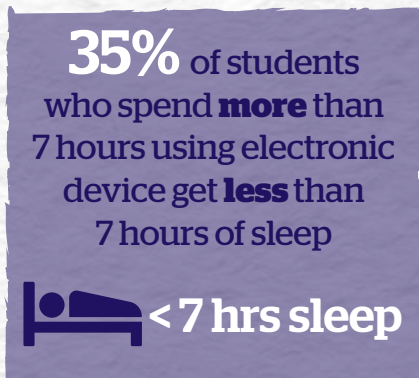
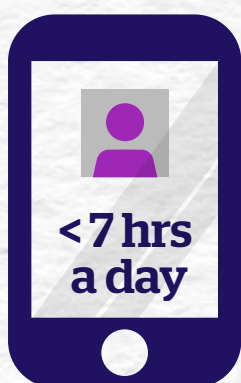
6 hours of sleep or less



7 hours of sleep or more

## Screen time

The percentage of students who spend over seven hours a day using a screen is highest amongst those who get less than seven hours sleep each night. 35% of these students spend over seven hours a day using an electronic screen, compared to 22% who get seven or more hours sleep.



### National Data

The NHS suggest that chronic lack of sleep may lead to long-term mood disorders like depression and anxiety.

# Online bullying

## Have you been bullied online within the last two months?

12% of young people had been bullied online in the last two months (12% of females and 11% of males). The highest incidence of bullying was in those who don't identify as male or female, with almost a third (31%) saying they had been bullied online within the last two months.

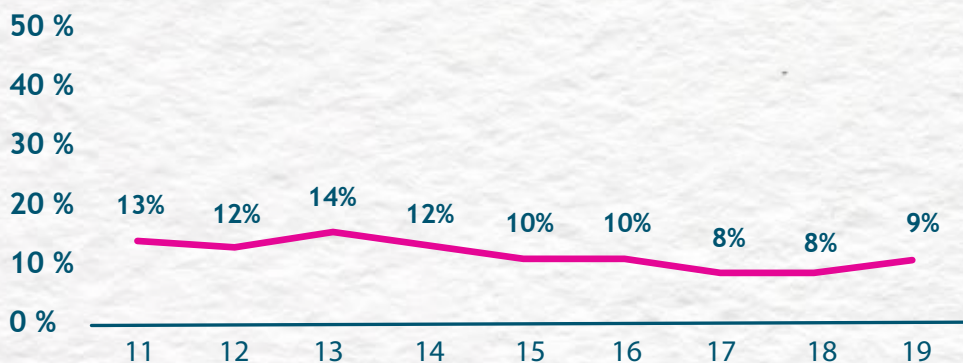
**Responses**  
5,789 students  
answered  
this question



### Age

Rates of online bullying peak at age 13, with 14% saying they have been bullied online. This reduces to 8% by age 17.

Graph: The percentage of young people who have been bullied online within the last two months, split by age.



### Local data

22% of young people said they had been bullied online.

Suffolk Cyber Survey 2017

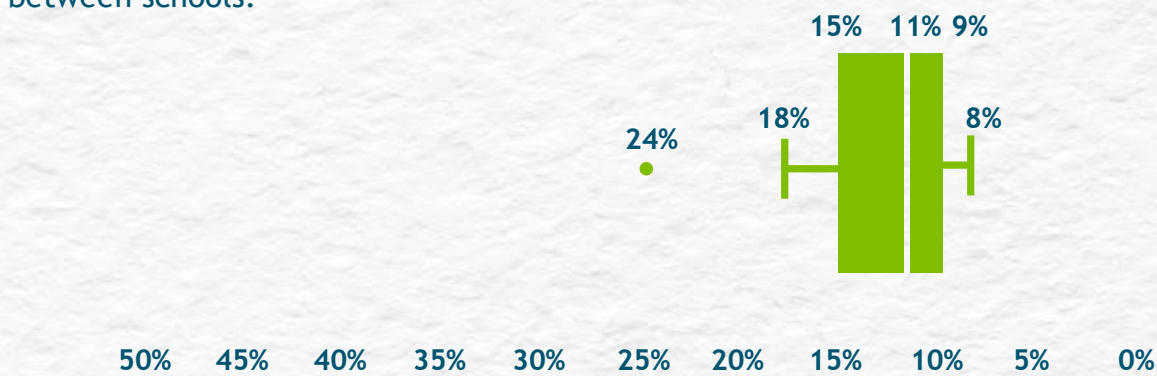
# 2 in 10



**More than 2 in 10** young people have been bullied online

## Differences between schools

Whilst 12% overall say they have been bullied online within the last two months, rates vary between schools.



Graph: The percentage of young people who have been bullied online in the last two months. Graph to show the variation between schools.

Ethnicity	%	Total responses
White - Gypsy, Traveller or Irish Traveller	20%	55
Other ethnic group - Any other ethnic group	19%	94
Mixed/ Multiple ethnic groups - White and Asian	16%	32
Black/ African/ Caribbean/ Black British - Other	16%	32
White - Irish	16%	61
White - Any other White background	15%	337
Mixed/ Multiple ethnic groups - White and Black Caribbean	14%	95
Asian/ Asian British - Pakistani	13%	15*
Asian/ Asian British - Indian	13%	55
Mixed/ Multiple ethnic groups - White and Black African	13%	63
White - British	12%	4,656
Mixed/ Multiple ethnic groups - Other	10%	80
Asian/ Asian British - Chinese	7%	27
Other ethnic group - Arab	6%	16*
Asian/ Asian British - Any other Asian background	6%	31
Asian/ Asian British - Bangladeshi	6%	63
Black/ African/ Caribbean/ Black British - African	4%	51
Black/ African/ Caribbean/ Black British - Caribbean	0%	26

Rates also varied between ethnic groups.

**1 in 5** young people who identify as Gypsy, Traveller or Irish Traveller have been bullied online within the last two months.

# Online bullying

## Sexuality

1 in 5 young people (20%) who do not identify as straight have been bullied online within the last two months, compared to 11% of young people who do identify as straight.



**20%** of young people who do not identify as straight have been bullied online

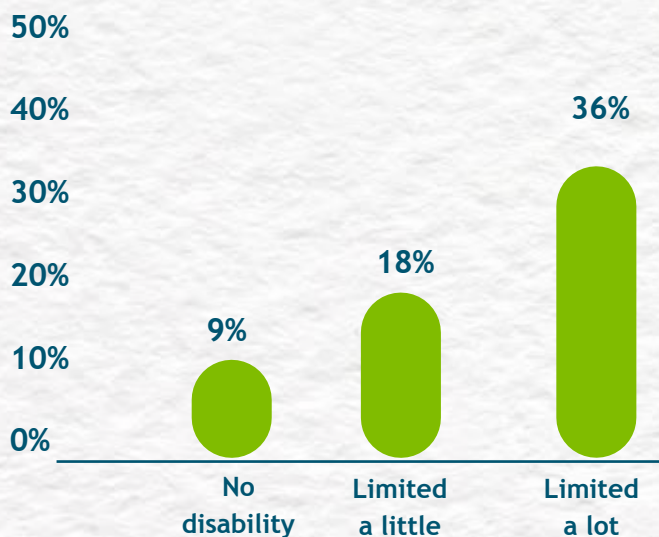


**11%** of young people who identify as straight have been bullied online



## Disability

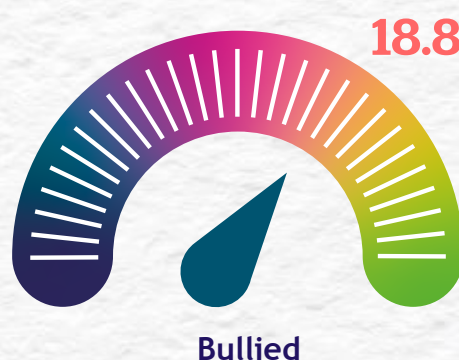
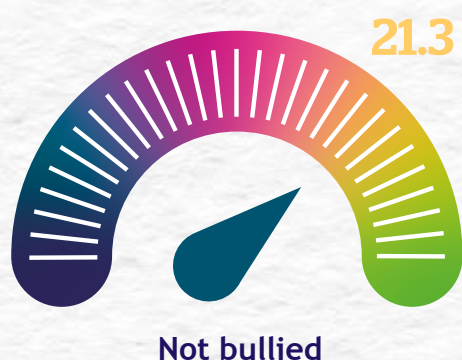
Over a third of young people who are limited a lot by a disability, have been bullied online within the last two months. This rate is four times higher than those who do not have a disability.



Graph: The percentage of young people who had been bullied online within the last two months split by level of disability.

## Wellbeing

On average, those who said they had been bullied, had a lower wellbeing score than those who had not been bullied.



**“ I used to be bullied & I feel like I’m worthless ”**

**“ I have been bullied many times because of the way I look, the way I speak ”**

**“ I have no self-esteem, because I have been knocked down all my life with bullies ”**

**“ Being bullied has knocked my self-esteem and self-image and I have to tell myself I’m okay ”**

# Online bullying

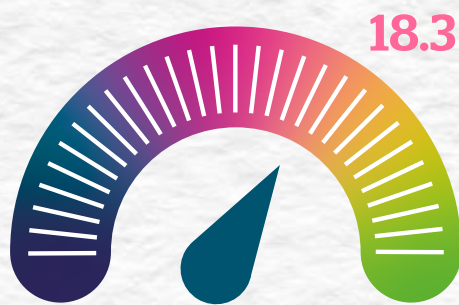
## Did you tell anyone you had been bullied?

Students who said they had been bullied online were asked if they had told anyone. The majority (54%) said they had not told anyone. Females were more likely to have told someone than males were.



**54%** did not tell anyone they had been bullied online.

The majority of 11- and 12-year-olds told someone that they had been bullied. However, from age 13 onwards, the majority did not - with almost eight in ten 16-year-olds saying they did not tell anyone. On average, those who had not told anyone about being bullied, had lower wellbeing scores than those who had told someone.



Did not tell someone



Told someone

“ I told them, but they deleted their messages leaving no proof and they didn't even get told off ”

“ Well my sister found out because I was having panic attacks and like scratching my head. But it's sorted now ”



## Who did you tell?

Students who told someone were asked who they told.

The majority said they told their parents (64%), or friends (62%). One in five told a teacher. Females were most likely to tell a parent (70%), whereas males were most likely to tell a friend (60%).

## Why didn't you tell anyone?

Of those who said why they didn't tell anyone, 22% said it was because they dealt with it alone. 16% said they felt that telling someone wouldn't help, and 15% were too embarrassed to tell anyone.

**Responses**  
328 students  
answered  
this question

**“ I would consider myself quite an emotionally strong individual. Therefore I feel like I can easily disregard any online harassment or bullying & that I don't need any emotional support ”**

**“ I like to keep it to myself because I feel that telling someone could make it much worse. I'm always feeling stressed about what has happened that's why I keep it to myself ”**

**“ I can deal with it and sort things out. I do not need others help ”**

**“ I feel like people will make fun of me if I told them that I have been bullied ”**



# Social Media

**38%** of young people spend over **4 hours** a day on social media



On a typical school day, how long do you spend using social media?

70% of young people say they spend more than two hours a day on social media, and 38% spend more than four hours on it.



**30%**



**33%**



**19%**



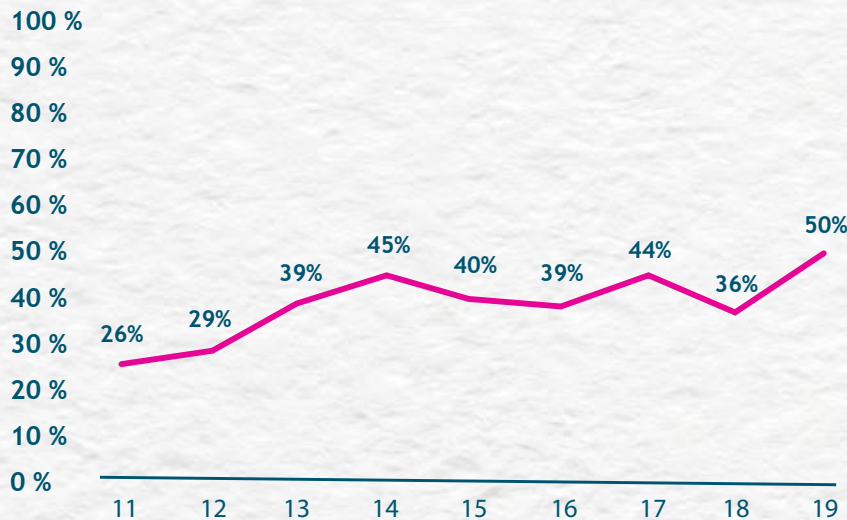
**9%**



**10%**

# Social media

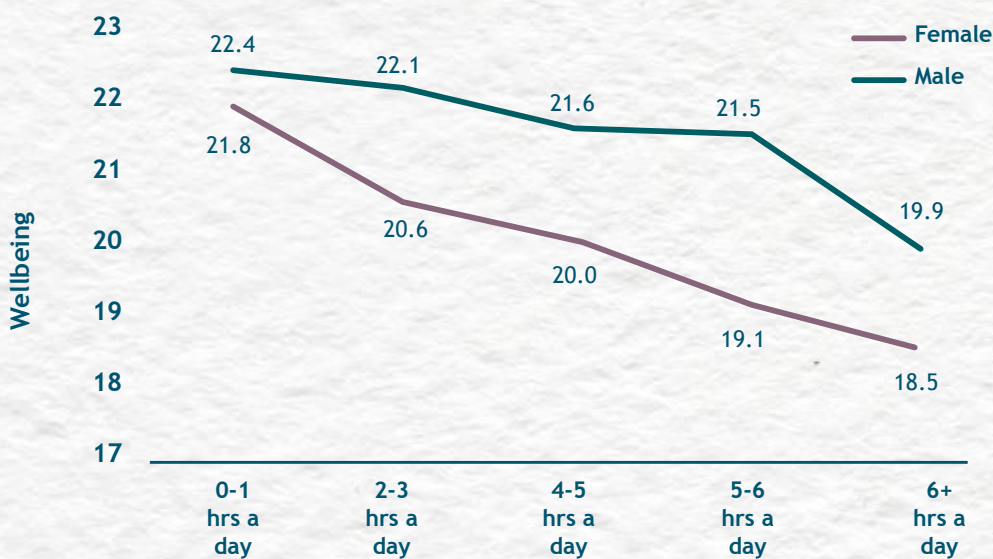
The percentage of young people who spend more than four hours a day on social media almost doubles between the ages of 11 and 19.



Graph: The percentage of respondents who spend over four hours a day using social media, split by age.

## Average wellbeing score

Reflecting national findings, average wellbeing scores decreased with each increment of time spent on social media. The decline is particularly noticeable in females.



### National data

Research by the University of Essex of over 9,000 young people found that increasing time online is strongly associated with a decline in wellbeing, especially for girls.

*Booker, CL and Kelly, YJ and Sacker, A (2018)*

Graph: Average wellbeing score plotted against time spent on social media.

## Social media and body image

The percentage of students who said they worry about their body image 'most' or 'all' of the time increased with each increment of time spent on social media. Of those who spend over six hours a day on social media, more than half worry about their body image most or all of the time.

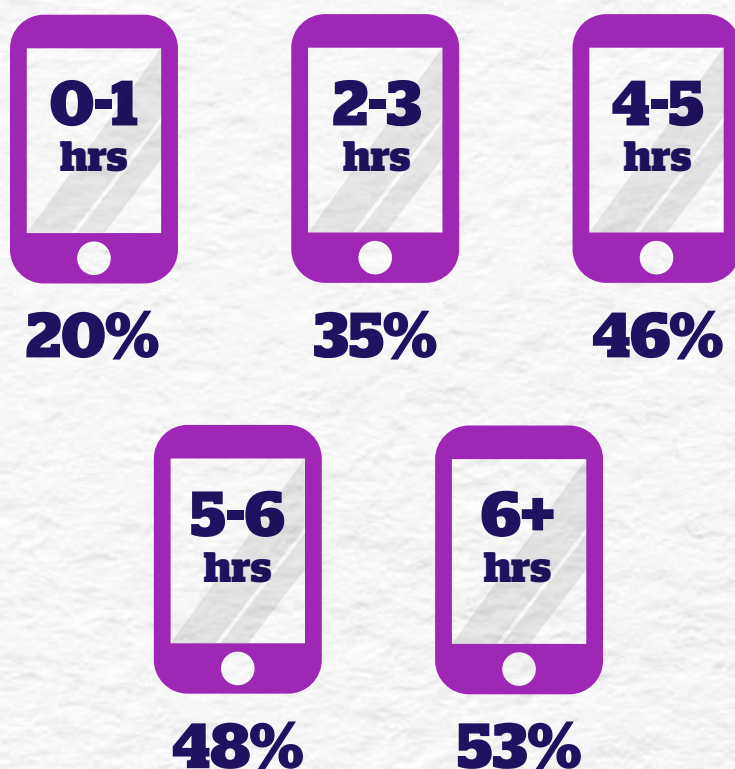


Figure: The percentage of young people who worry about their body image split by time spent on social media.

### National data

A recent NHS survey found that those who have a mental health disorder were much more likely to compare themselves with others on social media.

*Mental Health of Children and Young People in England - NHS Digital (2017)*

Many students said they compare their looks to those of their peers and celebrities, and feel pressure to look a certain way.

Despite many young people demonstrating a strong awareness that the images they see online are often artificial and curated, they still feel a need to achieve these unrealistic standards in real life.

# Social media

**“ The portrayal of perfect skin & curves for women or six packs & chiselled jaw lines for men. When realistically it's most likely Photoshop ”**

*Female 17*

**“ I see people with an amazing body image I get depressed because I want to be like that ”**

*Male 14*

**“ You are influenced by a fake reality and compare yourself to other people ”**

*Female 14*

**“ You feel like you have to have a 'perfect' profile... taking loads of pictures to get one that's 'Instagram worthy' ”**

*Female 18*

**“ It can give you a flawed view on how you should look which can be detrimental to mental health ”**

*Female 17*

**“ Photoshopped images can lead to comparing yourself - leads to lack of body positivity ”**

*Female 16*

**“ Body image has a big impact on me as I look on social media a lot ”**

*Female 15*

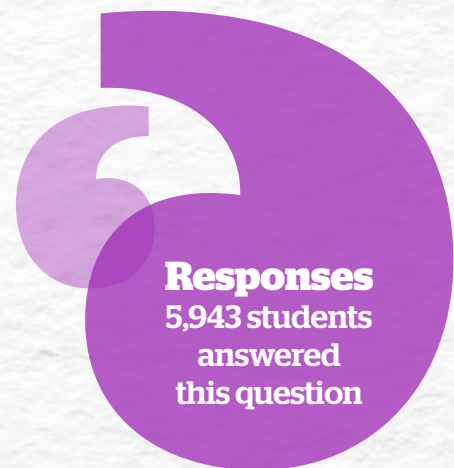
**“ There is a certain 'image' presented by the media and society as a whole, on how to look worthy ”**

*Male 17*

## The effects of using social media

Students were asked to tick which of the following nine negatively worded statements about social media they had experienced. Four in ten students agreed with at least two statements.

Over one third of young people said they had tried to spend less time on social media but failed, and almost four in ten said they had used social media to escape from negative feelings.



Found that I can't think of anything else but the moment that I will be able to use social media again	10%
Felt dissatisfied because I wanted to spend more time on social media	10%
Had serious conflict with my parents, brother(s) or sister(s) because of my social media use	11%
Lied to my parents or friends about the amount of time I spend on social media	13%
Neglected other activities (e.g. hobbies, sport) because I wanted to use social media	14%
Felt bad when I could not use social media	17%
Had arguments with others because of my social media use	24%
Tried to spend less time on social media, but failed	33%
Used social media to escape from negative feelings	38%

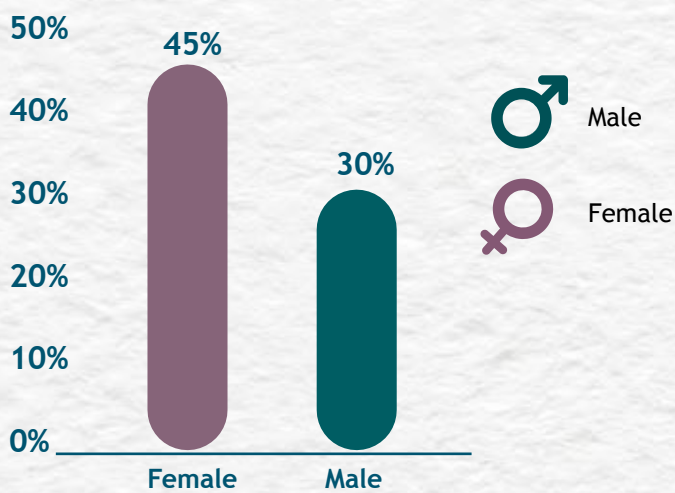
These statements are from the Social Media Disorder Scale.  
The statements are designed to distinguish healthy and unhealthy social media use.

*Van den Eijnden, R.J.J.M., Lemmens, J.S., & Valkenburg P.M. (2016). The Social Media Disorder Scale*

# Social media

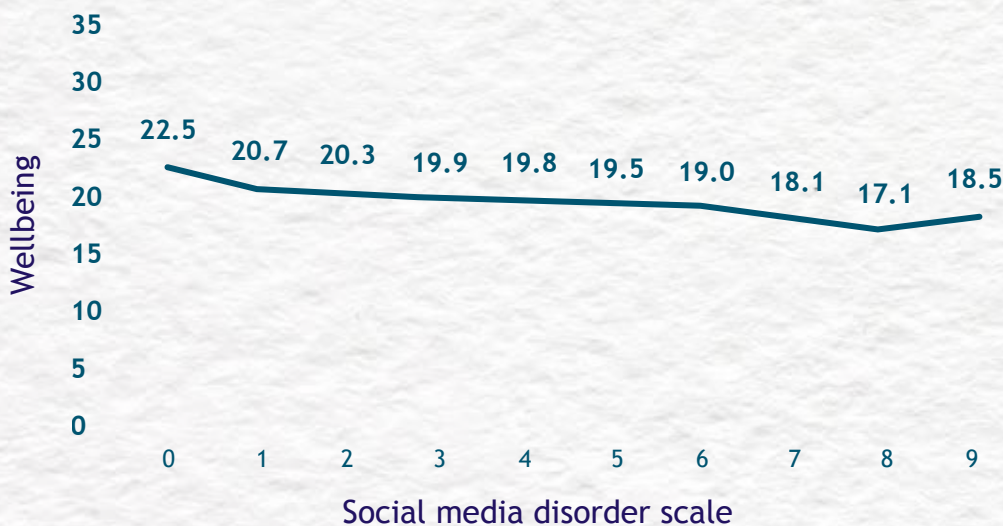
Females were more likely to say they had used social media to escape from negative feelings, with 45% of females saying they had done so, compared to 30% of males.

Graph: The percentage of young people who had used social media to escape from negative feelings.



**of female participants** told us they had used social media as a way of escaping negative feelings

With the exception of students who agreed with all nine statements, as the number of statements respondents agreed with increased, the average wellbeing score decreased. Those who did not agree with any statement had an average wellbeing score of 22.5. Those who agreed with eight out of the nine statements had an average wellbeing score of 17.1.



Graph: Average wellbeing score split by the number of statements they agreed with.



## How would you like your school to help you to use social media in a healthy way?

When asked how they would like their school to help them to use social media in a healthy way, the most popular topic was 'How to reduce the time I spend on social media', with 46% of females and 28% of males saying they would like to be taught about this at school.

One in four students said they would like to learn how to recognise online images that have been enhanced on a computer, and three in ten want to better understand how social media influences what they see online (e.g. targeted content).

These findings reveal the desire amongst young people to spend less time on social media, and the need for guidance and support on how to do so.



“  
**How to stop you from  
wasting time and use it more  
productively**  
”

Male 16

“  
**I want to be taught how to  
spend a healthy amount of time  
on social media per day**  
”

Female 12

“  
**How people hide their  
lives behind a screen  
making it look better than  
it actually is**  
”

Female 14

“  
**The benefits of not making  
social media a part of your day  
to day/ sharing your day to day  
on social media**  
”

Female 18

# Social media

## Negative effects of social media

Thousands of comments were recorded about why social media makes young people unhappy. Many said that it makes them feel isolated, anxious and lowers their self-esteem. Most young people demonstrate awareness of the superficial and curated nature of the content they see on social media, yet they are unable to prevent themselves from drawing comparisons between this and their own lives. As a result, they experience feelings of inadequacy, insecurity and dissatisfaction.

**“ You get ‘glued’ onto your device you don’t want to put it down ”**

*Female 12*

**“ It could make u feel bad if your friends have 500 followers and you have 200 ”**

*Male 12*

**“ People self-harm and post it, it’s what triggers other people ”**

*Female 14*

**“ The bodies of other women I see on social media has exacerbated a potential eating disorder ”**

*Gender fluid 18*

**“ You wish your life was like that person you’re staring at. You suddenly stop living and making the most of being alive ”**

*Female 16*

**“ Boys get in contact with you and send pictures what no one wants to see, making me feel sad ”**

*Female 16*

## Positive effects of social media

However, it is important to note that social media can help to improve emotional wellbeing when used in the right way. Young people provided thousands of examples where they have benefited from the use of social media. We heard how they use it to connect with others experiencing similar mental health difficulties, and to learn more about mental health, coping techniques and resilience.

**“Celebs breaking the stigma around mental health”**

**“You can be creative and show your skills like painting, singing, dancing and find people with the same interests”**

**“Being able to disclose problems and talk about mental health with people, without judgement”**

**“It makes me feel happier and more able to speak about my mental health. Speaking to family online has really helped me”**

**“I follow recovery accounts for Anorexia which boosts my determination to continue therapy”**

**“Encouragement, advice, people who have the same mental disorder and know how you feel”**

These results suggest that when used in the right way, and when not used excessively, social media is an important tool for promoting and maintaining good mental health and emotional wellbeing amongst young people.

# Sexual health

## Who would you prefer to talk to if you were worried about sexual health?

### Percentage of respondents who ticked each option:

32% indicated that this question didn't apply to them. Of those who did feel the question applied to them, the top choices were:

**Responses**  
5,166 students answered this question



**Parents**

**57%**



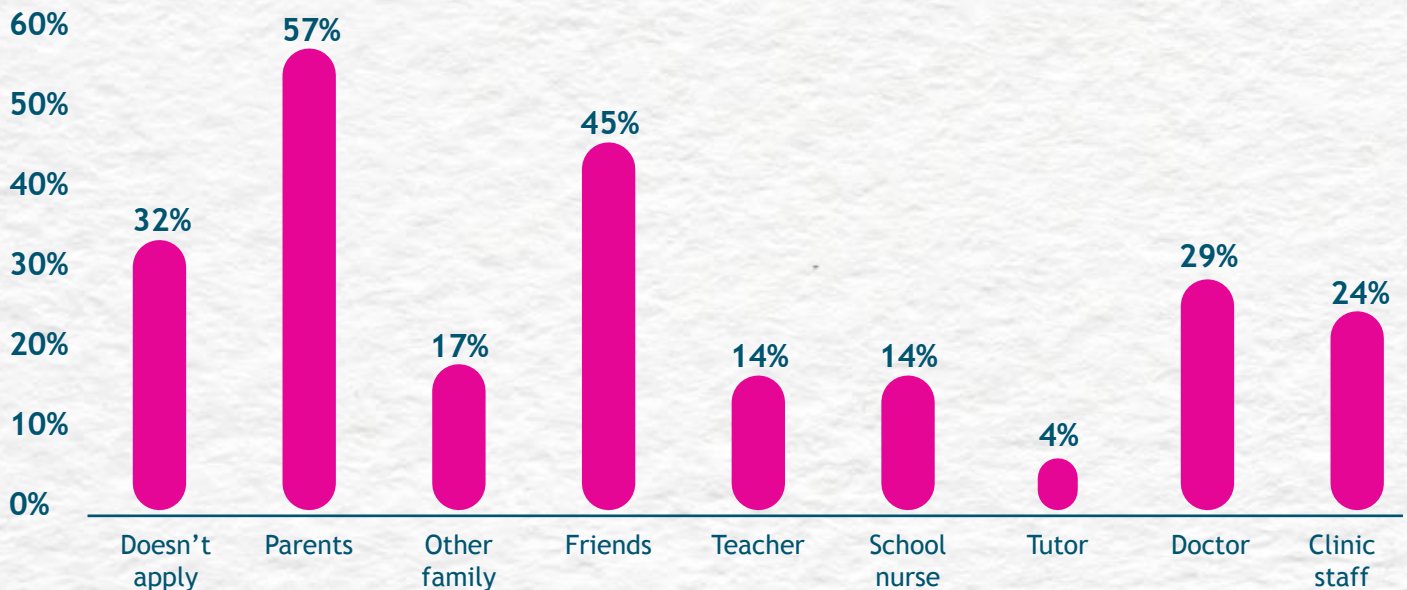
**Friends**

**45%**



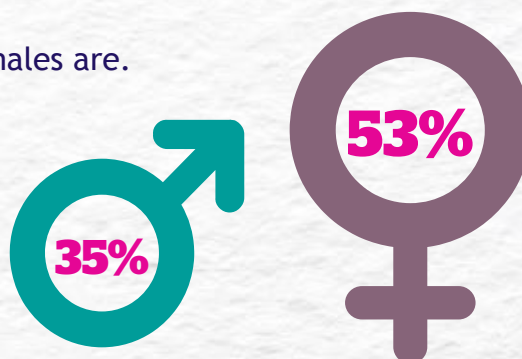
**Doctor**

**29%**



## Gender differences

Females are more likely to talk to their friends than males are. 53% of females would talk to their friends, whereas only 35% of males would.



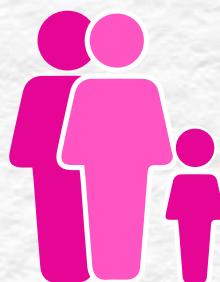
## Percentage of respondents who ticked each option, by age

There is variation between ages in who respondents would talk to about sexual health.

- As they got older, respondents were less likely to talk to their parents  
78% of 11-year-olds would talk to their parents, but only 34% of 16-year-olds would
- Preferences to talk to friends increased with age  
32% of 11-year-olds would talk to their friends, but 52% of 17-year-olds would
- Similarly, respondents were more likely to speak to their doctor as they got older  
17% of 12-year-olds would speak to their doctor, but 61% of 18-year-olds would

Space was provided for respondents to indicate who they would go to. 200 young people responded. 7% said they would talk to people online about it, and 3% said they would speak to their partner.

**Of the 200 responses, the majority (50%) said they wouldn't speak to anyone.**

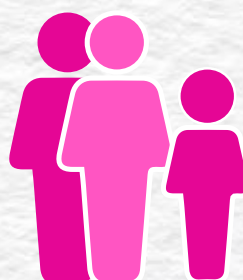


**78% of 11-year-olds would talk to their parents**

whereas only

**“ I don't feel comfortable enough to tell anyone ”**

*Female 13*



**34% of 16-year-olds would talk to their parents**

# Sexual health

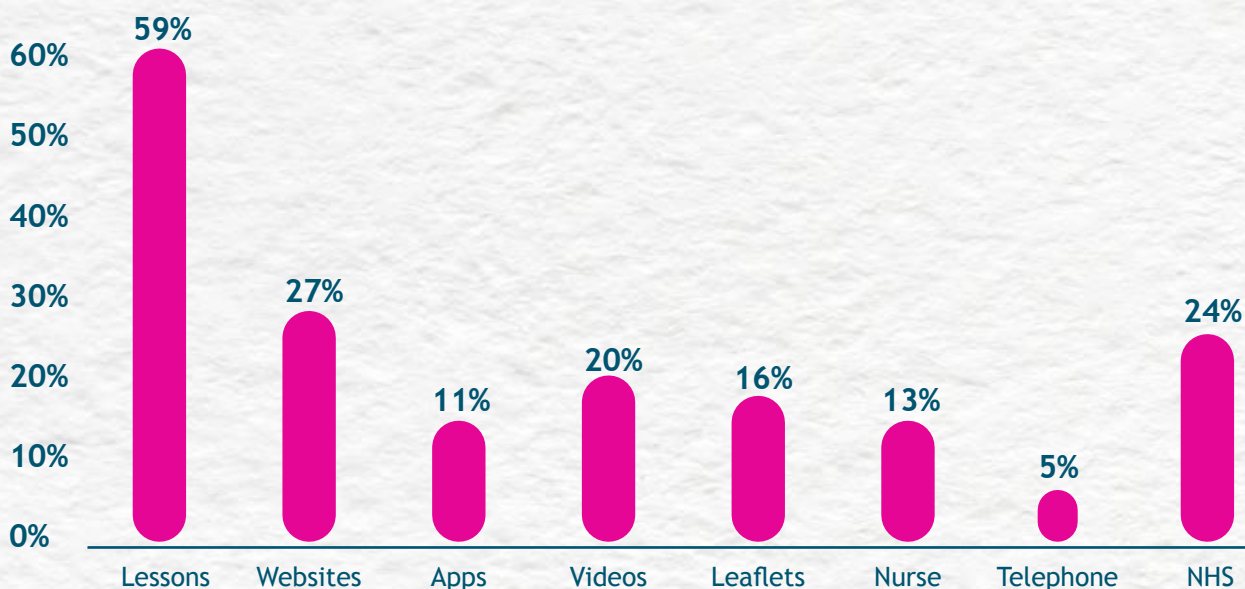
## How would you like to find out information about sexual health?

Most young people would like to find out about sexual health in lessons (59%).

Websites were the second most popular source of information (27%).

24% would like to find out information from NHS Sexual Health Services or their GP.

**Responses**  
5,166 students  
answered  
this question



“ We don’t do enough sex ed in school and many girls are confused about their own body and have to find out online/through others ”

Female 12

“ I’d like lessons where males and females are split into separate classes ”

Male 17

## Percentage of respondents who ticked each option, by age

There is variation between ages when it comes to how young people want to receive information on sexual health.

### Lessons

The preference for receiving information in lessons falls from 62% at age 11, to 37% by age 17.

### Websites

Only 13% of 11-year-olds said they wanted to get information from websites. However, for 19-year-olds, websites were their preferred choice, with 60% indicating they would like to receive information in this way.

Space was also provided for respondents to tell us how they would like to find out information. Their answers were categorised into different topics. 35% of responses suggested they would not like to receive any information. 26% told us they would like to receive information from their parents and family.

**“ I don't want to learn about it ”**

*Male 15*

**“ My parents, as they are the people I can trust the most ”**

*Female 12*

**Responses**  
438 students  
answered  
this question

# Self harm

## What is self-harm?

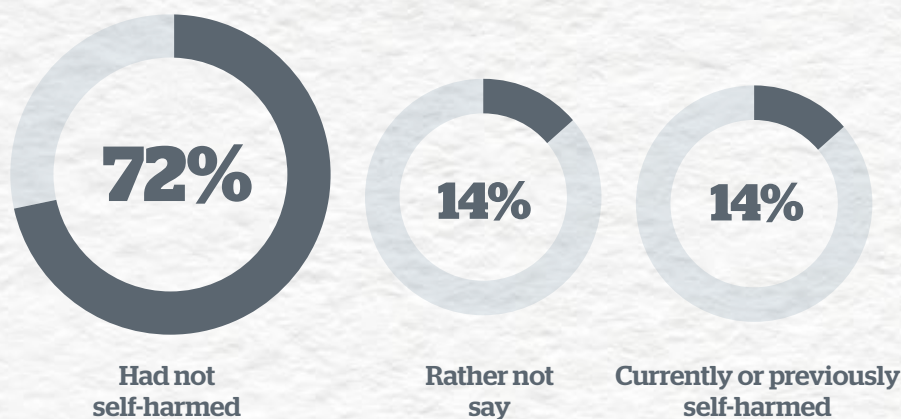
The NHS defines self-harm as when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. Their definition refers to a number of ways people intentionally harm themselves, including:

- cutting or burning their skin
- punching or hitting themselves
- poisoning themselves with tablets or toxic chemicals
- misusing alcohol or drugs
- deliberately starving themselves or binge eating
- excessively exercising

## Have you self-harmed?

14% of young people said they have self-harmed. This means that, of those young people who took the survey, over 700 have self-harmed.

**Responses**  
5,020 students  
answered  
this question



When comparing these findings to the 'My Health, Our Future 2017' survey, the percentage who have not self-harmed is the same.

### National data

Our data reflects findings from the Good Childhood Report 2018, which showed that over 15% of children had self-harmed in the past year.

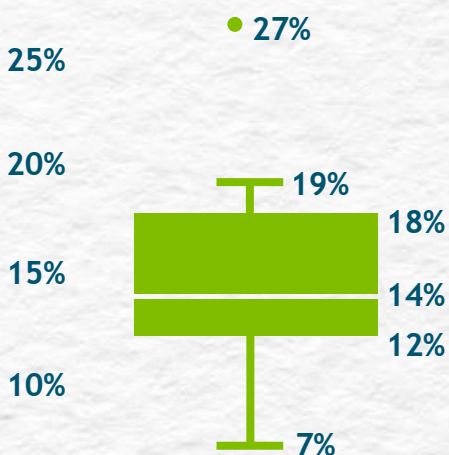
*Good Childhood Report (2018)*



Whilst the overall percentage of students who said they have self-harmed was 14%, the percentage varied between schools. However, these results should not be considered in isolation. The variation between schools could be a result of many different factors, such as geographical areas, levels of deprivation, school provision, or local support. The age of the students who took part in the survey at each school may also influence the result.

**50%** **45%** **40%** **35%** **30%** **25%** **20%** **15%** **10%** **5%** **0%**

**Graph: Percentage of students who have self-harmed. Graph to show the variation between schools.**



“ People look at me in a different way as the girl who self-harms herself ”

“ I want my school to talk more about self-harm and ask students who do it why they do it ”

**National data**

The Good Childhood Report 2018, found that girls were more than twice as likely as boys to self-harm.

*Good Childhood Report (2018)*

**National data**

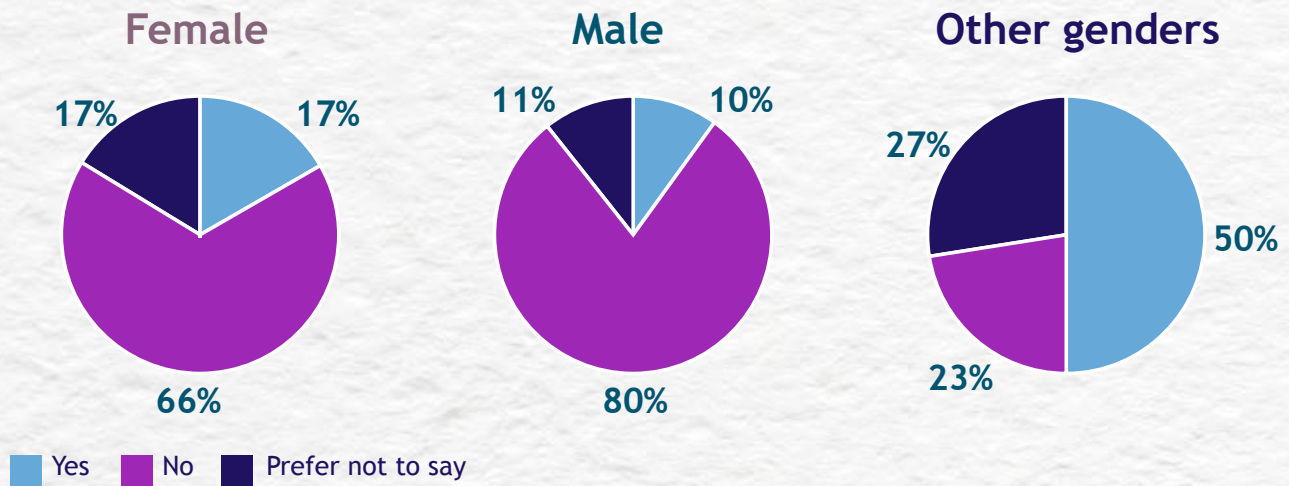
A UK study that looked at self-harm among young people found a social divide - with higher rates of self-harm in more deprived areas.

*C Morgan (2017)*

# Self-harm

## Gender differences

More females than males indicated they had self-harmed. 63% of students who have self-harmed, are female, however self-harm rates were highest in those who do not identify as male or female, with 50% saying they had done so.



### Suffolk Public Health data

Emergency admissions for self-harm are significantly higher in Suffolk than England as a whole. 83% of Suffolk emergency hospital admissions for intentional self-harm in 15-18-year-olds were female.

*(Public Health England -Mental Health and Wellbeing JSNA - 2017)*

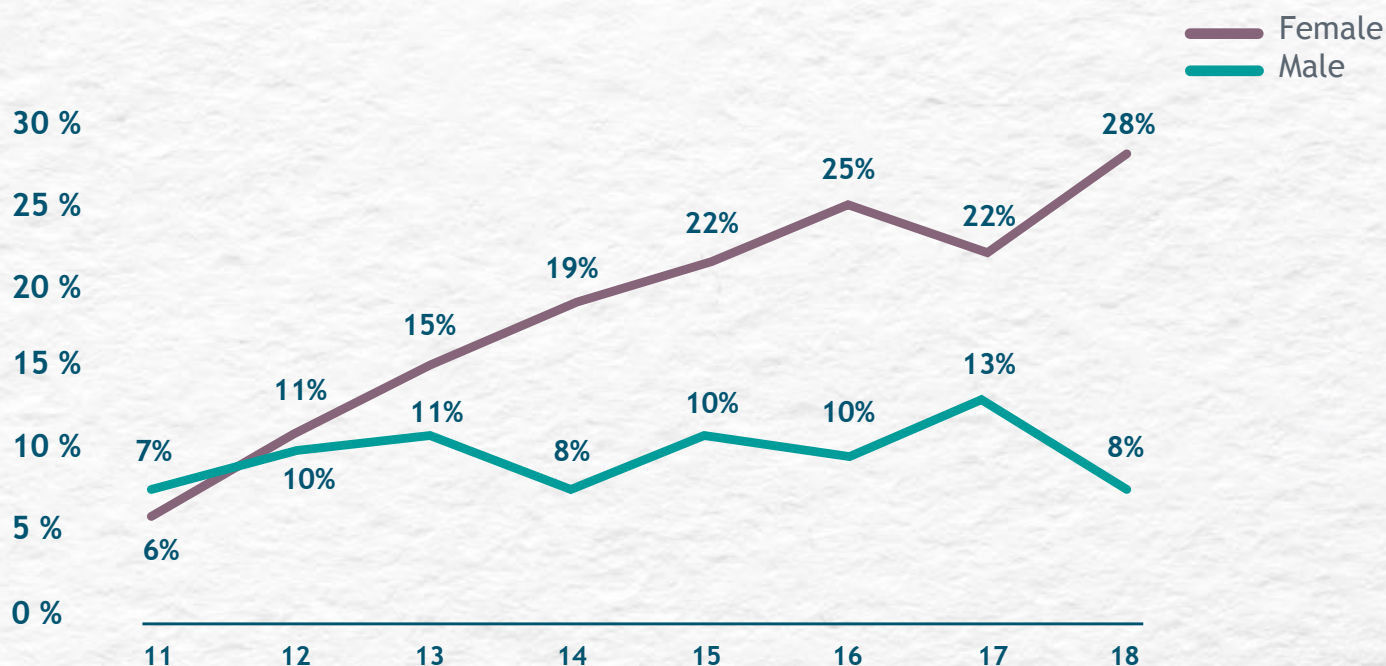
“

Even if you do not actively seek material about self-harm or ‘how to get the perfect body’ it will always pop up somewhere whether that be a celebrity promoting diet pills, advertisements for clothes on impossibly skinny photo-shopped models or someone sharing pictures of their self-harm to be ‘artsy’ or ‘alternative’

”

## Age differences

In females, rates of self-harm increase with age. At age 11, 6% of females have self-harmed. By age 16, this has increased to 25%. There is not a marked increase in self-harm rates amongst males.



### National data

A UK study that looked at trends in reports of self-harm among young people found a 68% rise in rates of self-harm among girls aged 13 to 16 since 2011. This trend wasn't seen in boys or any other age group in girls.

*Catharine Morgan (2017) Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care*

### Suffolk data

The 2017 Suffolk Cyber Survey found that by age 15, 29% of respondents had seen sites encouraging self-harm or suicide.

*Suffolk Cybersurvey (2017)*

# Self-harm

## Split by ethnicity

There are variations in rates of self-harm amongst different ethnicities. Children and young people in the 'Mixed White and Black Caribbean', and 'Gypsy or Traveller' ethnic groups reported the highest rates of self-harm. Mirroring national data, those in 'Pakistani' and 'Bangladeshi' ethnic groups reported the lowest rates of self-harm.

Ethnicity	% who self-harm	No. of responses
Mixed/ Multiple ethnic groups - White and Black Caribbean	25%	84
White - Gypsy, Traveller or Irish Traveller	22%	46
Asian/ Asian British - Chinese	17%	24*
Black/ African/ Caribbean/ Black British - African	17%	41
Other ethnic group - Arab	17%	12*
White - Any other White background	16%	299
White - Irish	15%	52
White - English/ Welsh/ Scottish/ Northern Irish/ British	14%	4168
Black/ African/ Caribbean/ Black British - Caribbean	14%	21*
Mixed/ Multiple ethnic groups - White and Asian	13%	30
Mixed/ Multiple ethnic groups - White and Black African	13%	52
Asian/ Asian British - Any other Asian background	12%	25
Asian/ Asian British - Indian	11%	45
Other ethnic group - Any other ethnic group	10%	81
Mixed/ Multiple ethnic groups - Other	9%	66
Asian/ Asian British - Pakistani	8%	12*
Black/ African/ Caribbean/ Black British - Other	8%	25
Asian/ Asian British - Bangladeshi	2%	57

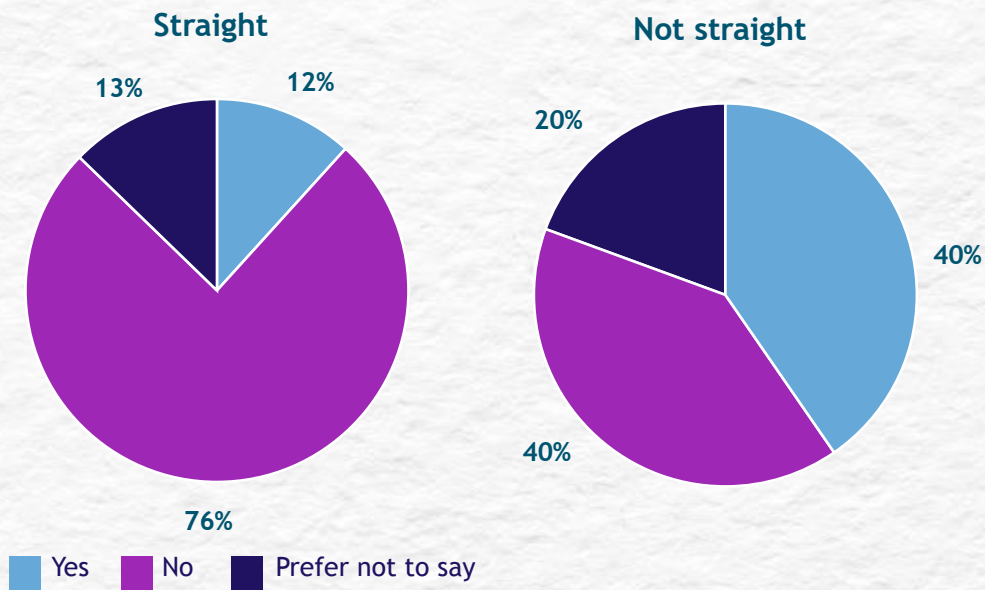
### National data

Across England, Children in the Indian, Pakistani/Bangladeshi and Black/Black British ethnic groups were much less likely to self-harm than children from White, Mixed and Other groups.

*Good Childhood Report 2018*

## Split by sexuality

Young people who don't identify as straight were over three times more likely to say they have self-harmed.



**63%** of students who have self-harmed, are female



**50%** of those who don't identify as male or female have self-harmed



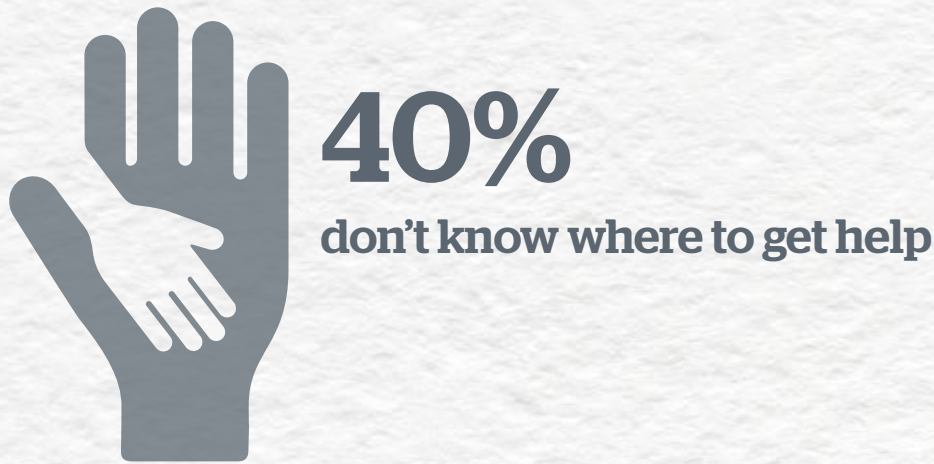
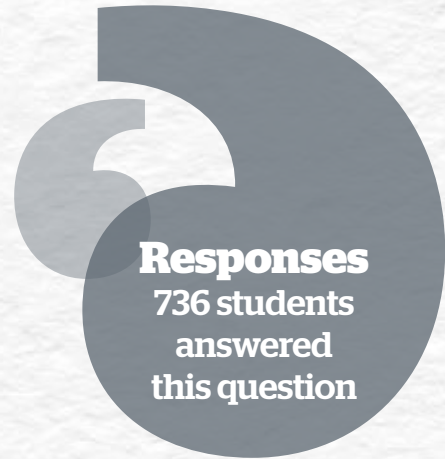
# Self-harm

## Do you know where to go for help to stop self-harming?

Students who said they had self-harmed were asked if they know where to go for help to stop.

**2 in 5 (40%)** said they do not know where to go.

Students who said their school does not teach them about mental health were 17% more likely to say they don't know where to go for help to stop self-harming.



In comparison to females, males were more likely to say they don't know where to get help.

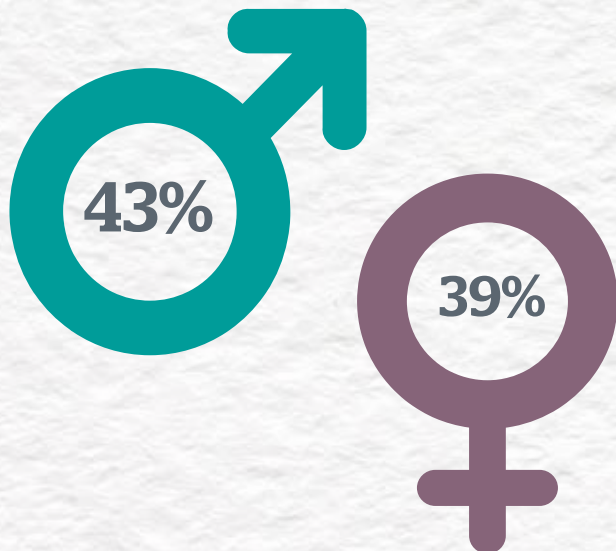


Figure: Percentage of males and females who self-harm but do not know where to find help.

## Do you know someone who self-harms?

Over half of females (51%) and over one third of males (37%) said they know someone who self-harms (45% overall).

Whilst this is a high percentage, it is not a clear measure of the rate of self-harm as respondents could be referring to the same person when answering the question. However, it does indicate a high rate of exposure to, and awareness of people who self-harm.

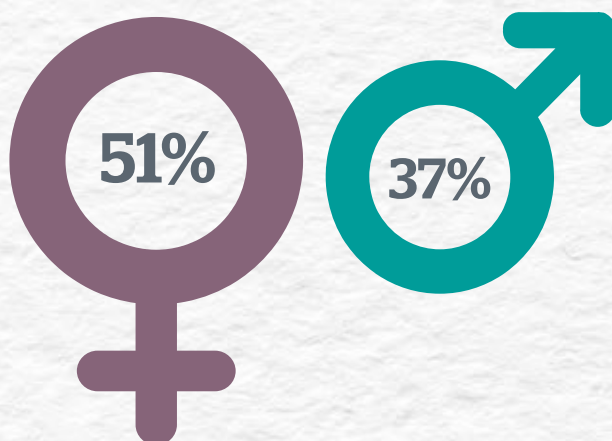
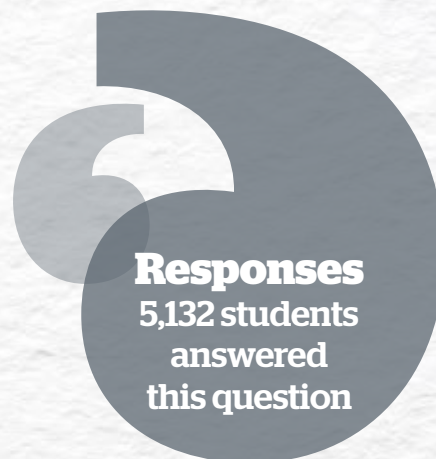
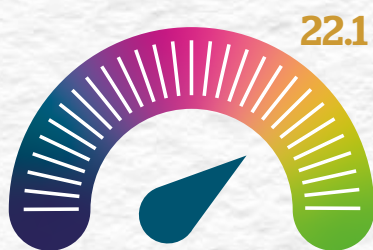


Figure: Percentage of males and females who know someone who self-harms.

## Wellbeing

Those who have self-harmed have a lower average wellbeing score than those who have not self-harmed. Those who would prefer not to say, had a lower average wellbeing score than those who said they do not self-harm.



Has not self-harmed



I would prefer not to say



Has self-harmed

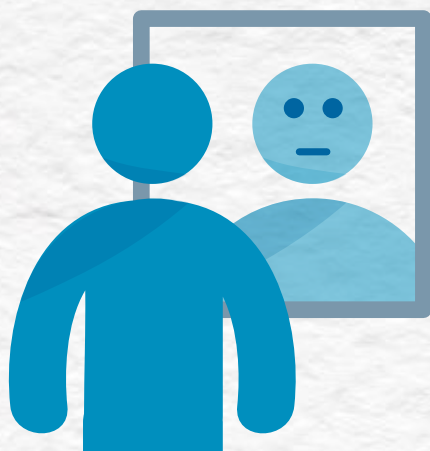
# Self-harm

The reasons why young people self-harm are complex and are different for every individual. There are thought to be links to factors such as being bullied, having low self-esteem, taking drugs and alcohol and being under pressure at school.

Whilst this research can't prove causation, the results may indicate a relationship between a number of factors and self-harm. The analysis below outlines the relationship we found between self-harm, and other topics within the survey:

## Online bullying

Of those who have been bullied online, 37% say they have self-harmed. Of those who haven't been bullied online, 11% say they have self-harmed.

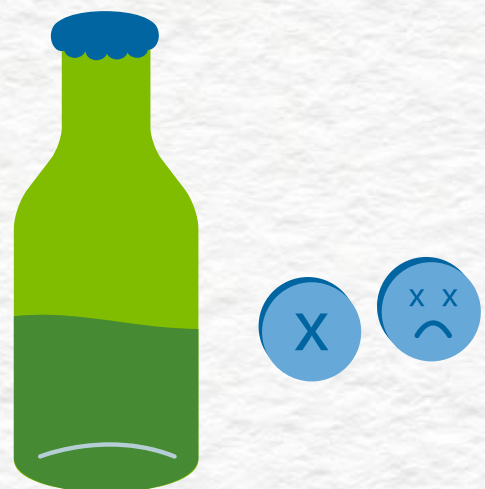


## Self-esteem

Of those who have mid to high self-esteem, only 7% have self-harmed. Of those who have low self-esteem, 32% have self-harmed.

## Drugs & Alcohol

Of the young people who said they have not tried drugs or alcohol, 10% have self-harmed. Of those who say they have tried drugs or alcohol, 27% have self-harmed.





## Exam Stress

Of those who say they have experienced exam stress, 14% say they self-harm. Of those who haven't experienced exam stress, 12% have self-harmed.



## Body image

Of the young people who said they do worry about their body image, 26% have self-harmed. In comparison, of those who say they don't worry about their body image, only 6% have self-harmed.

## Screen time

Of the young people who say they spend 7 or more hours a day using a screen, 21% have self-harmed. Of those who spend less than this, only 12% have self-harmed.



# Drugs & alcohol

## Have you ever taken drugs or drunk alcohol?

39% of students indicated they had taken drugs or tried alcohol.

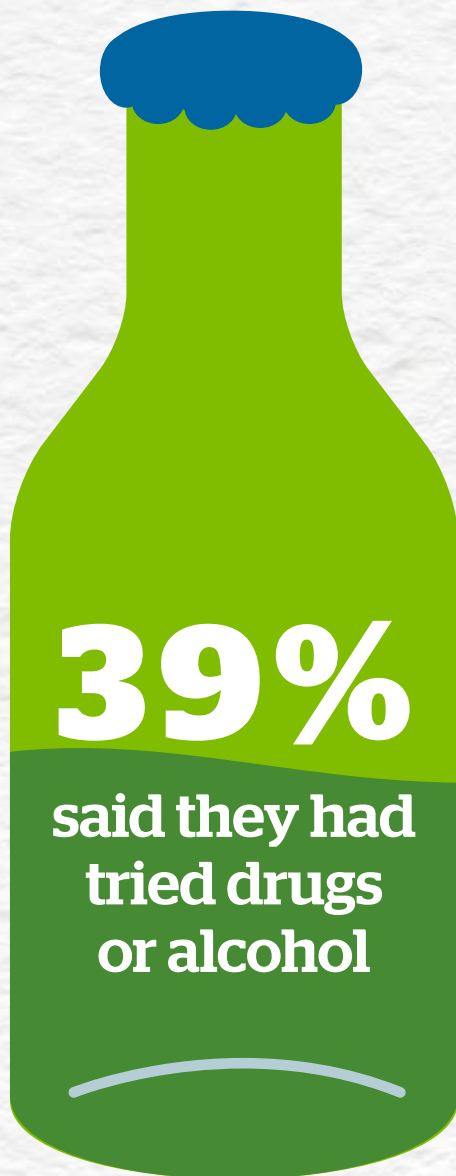


Figure: The percentage of 11 to 19-year-olds who have tried drugs or alcohol.

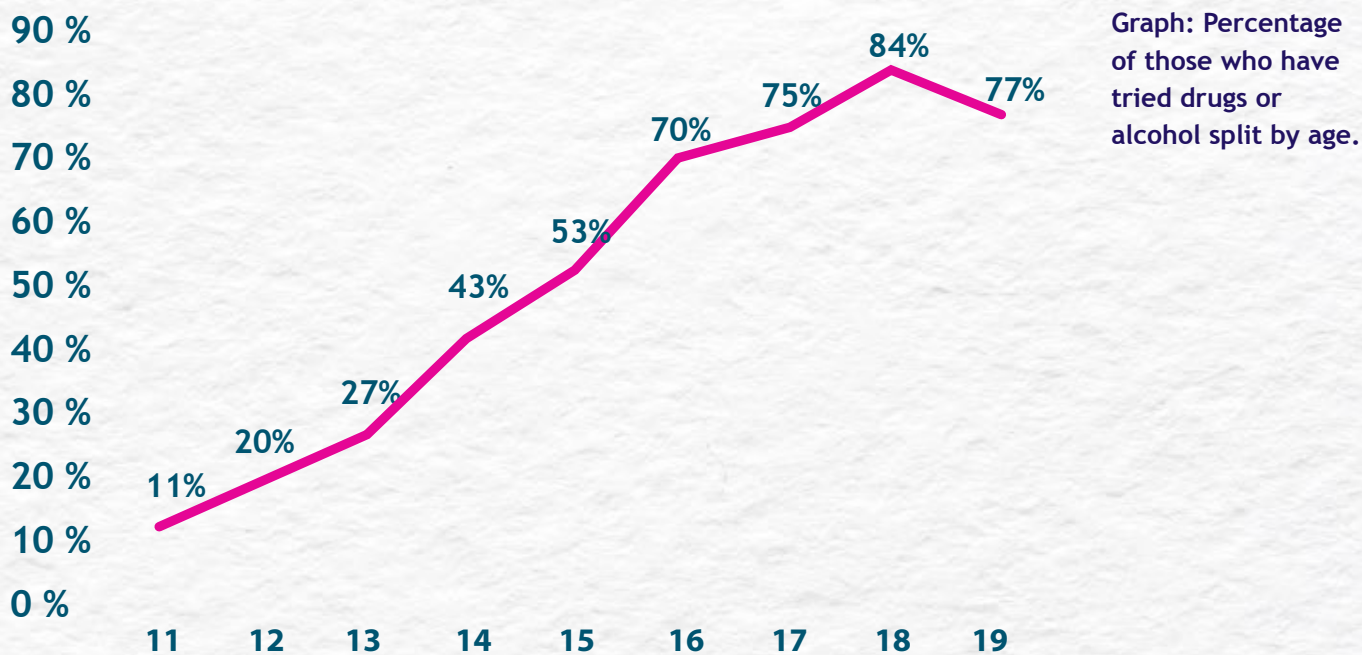
**Responses**  
5,309 students  
answered  
this question

When considering the results for young people under the age of 18, the percentage is marginally lower. 38% of those aged 11 to 17 say they have tried drugs or alcohol.

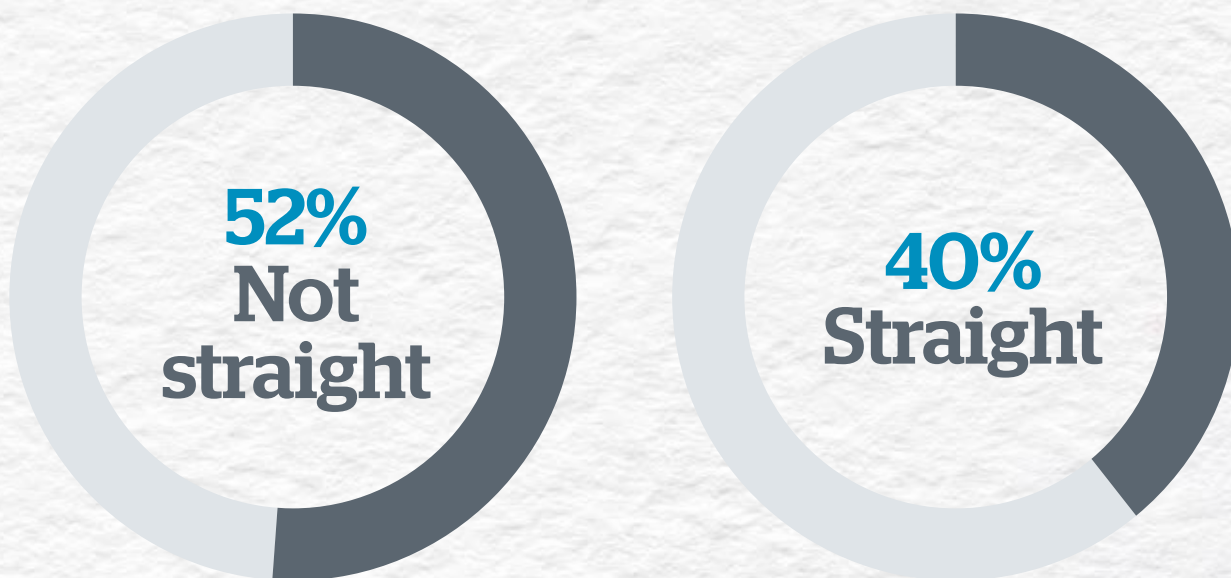
The percentage who said they had tried drugs or alcohol increased with age.

**By age 18, 84% of students said they had tried drugs or alcohol.**

18% of 11 to 12-year-olds indicated that they had tried drugs or alcohol, however this varied between schools, ranging between 5% and 40%.



A higher percentage of young people who do not identify as straight, said they had tried drugs or alcohol.



Graph: Percentage of young people who had tried drugs or alcohol split by sexuality.

# Drugs & alcohol

The percentage of students who have tried drugs or alcohol also varied between ethnicities.

Ethnicity	Percentage	Responses
Asian - Bangladeshi	15%	60
Asian - Indian	25%	48
Asian - Pakistani	25%	12*
Other ethnic group - Any other ethnic group	27%	84
Black / African / Caribbean / Black British - African	30%	44
Asian - Any other Asian background	32%	25
White - Irish	35%	55
Mixed - Any other mixed / multiple ethnic background	36%	69
White - Any other white background	36%	306
White - Gypsy, Traveller or Irish Traveller	37%	49
Black / African / Caribbean / Black British - Caribbean	38%	24*
Asian / Asian British - Chinese	46%	24*
White - British	40%	4293
Mixed - White and Black African	46%	57
Mixed - White and Asian	48%	31
Black / African / Caribbean / Black British - Other Black / African / Caribbean background	50%	28
Other ethnic group - Arab	54%	13*
Mixed - White and Black Caribbean	55%	87

Table: Percentage of students who have tried drugs or alcohol split by ethnicity.

## Have you ever taken drugs or drunk alcohol?

On average, those who told us that they have taken drugs or drunk alcohol, had a lower wellbeing score than those who have not tried drugs or alcohol.

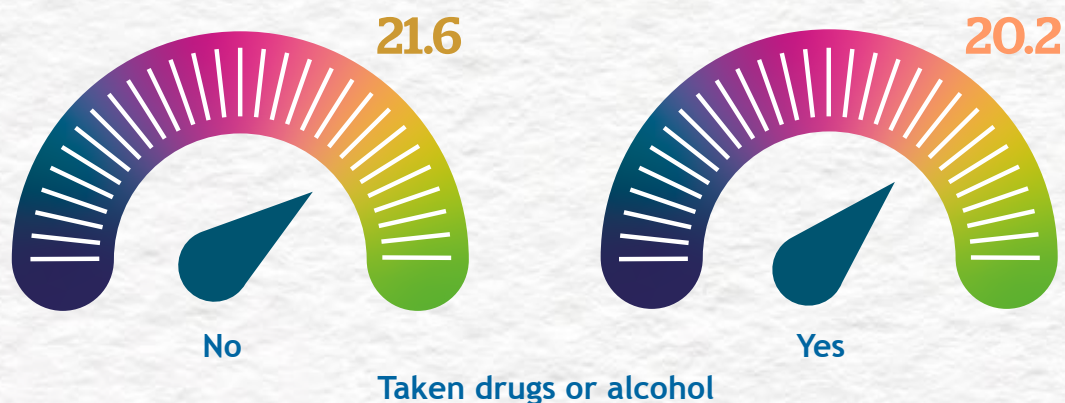


Figure: Comparing the average wellbeing score of those who said they have or have not used drugs or alcohol.

## Self-harm

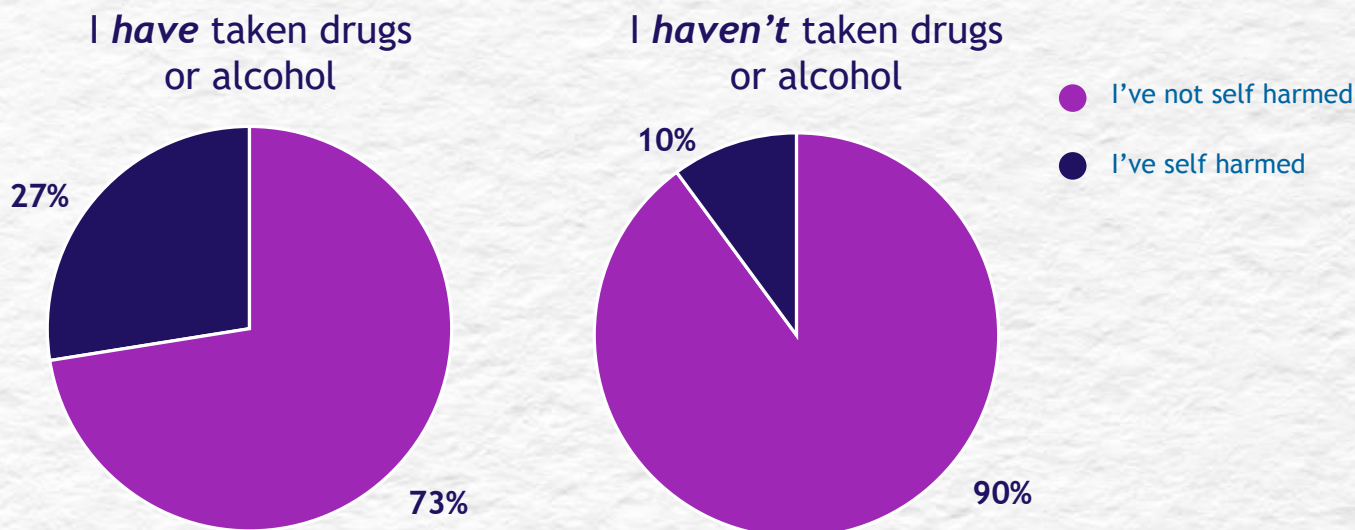
A higher percentage of those who have taken drugs or drunk alcohol, said they have self-harmed, in comparison to the percentage of those who had not tried drugs or alcohol.

14% of young people in the survey indicated that they have self-harmed. Of those who have taken drugs or drunk alcohol 27% have self-harmed. Of those who have not taken drugs or drunk alcohol, 10% have self-harmed.

### National data

A recent NHS survey found that those aged between 11 and 16 with a mental health disorder were much more likely than their mentally untroubled peers to have taken drugs or drunk alcohol.

*Mental Health of Children and Young People in England - NHS Digital (2017)*



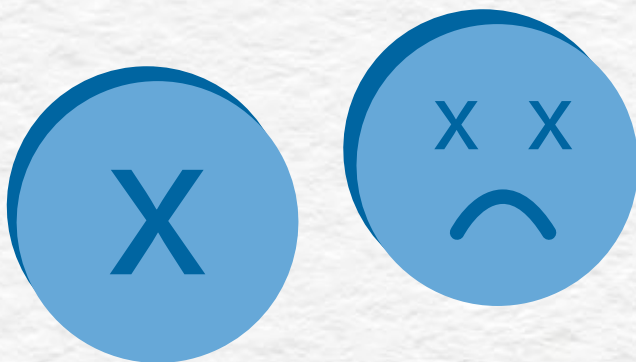
Graph showing students who *have* taken drugs or drunk alcohol, and the percentage who have self-harmed

Graph showing students who *have not* taken drugs or drunk alcohol, and the percentage who have self-harmed

# Drugs & alcohol

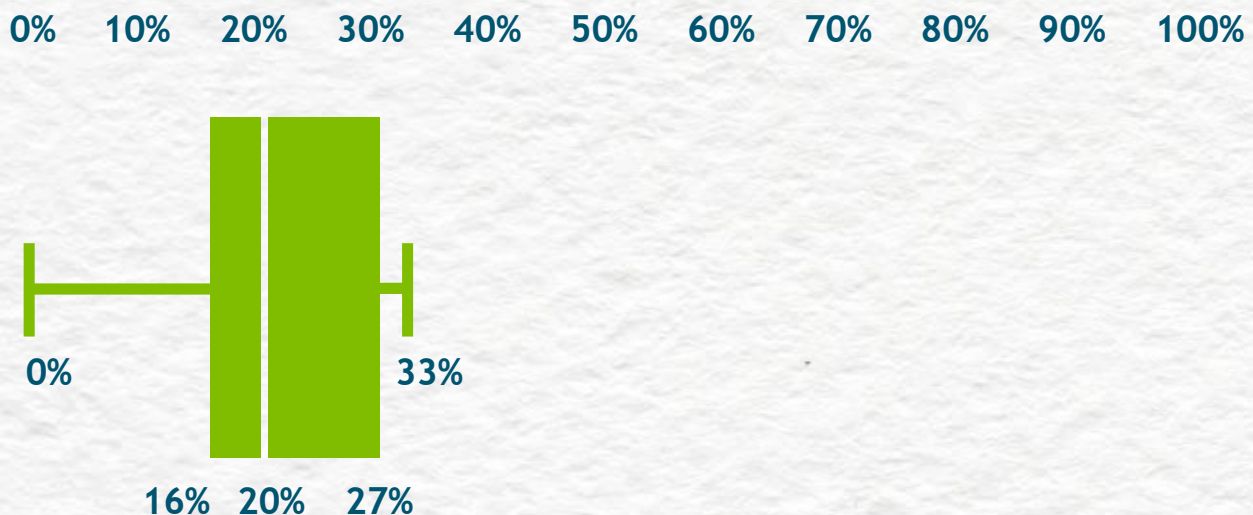
Has there ever been a time when the use of drugs or alcohol led to a situation you regret?

**Responses**  
2,089 students answered this question



Of those who had tried drugs or alcohol, **23%** said it had led to a situation they now regret

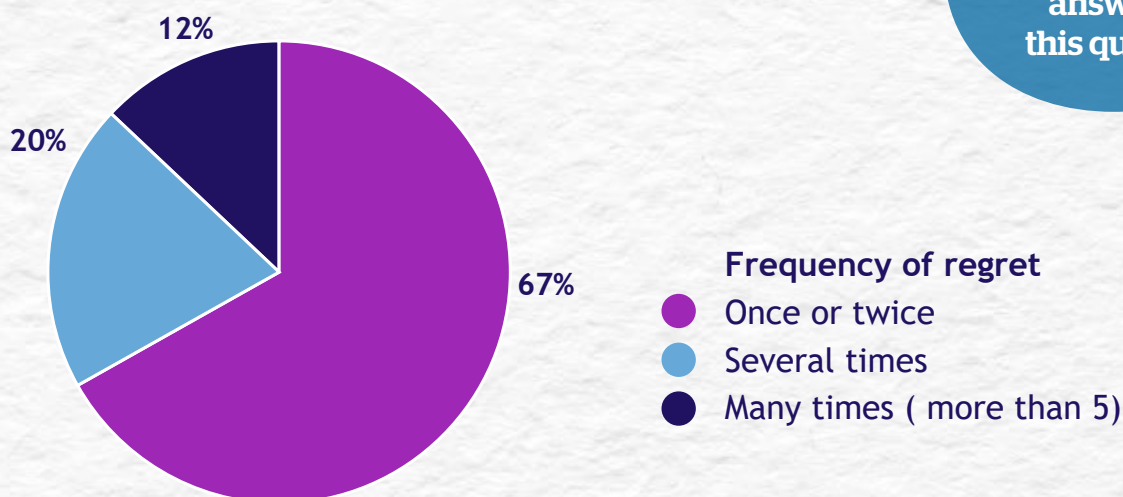
The percentage of students who regret drinking or taking drugs also varies between each school, from 0% to 33%.



Graph: Percentage of students who have tried drugs or alcohol and it led to a situation they now regret.

## How often has it led to regret?

**Responses**  
489 students  
answered  
this question



Graph: Frequency of regret amongst students who had tried drugs or alcohol.

## Wellbeing

On average, those who said they had regretted the use of drugs or alcohol, had lower wellbeing than those who did not have regrets about using drugs/alcohol.



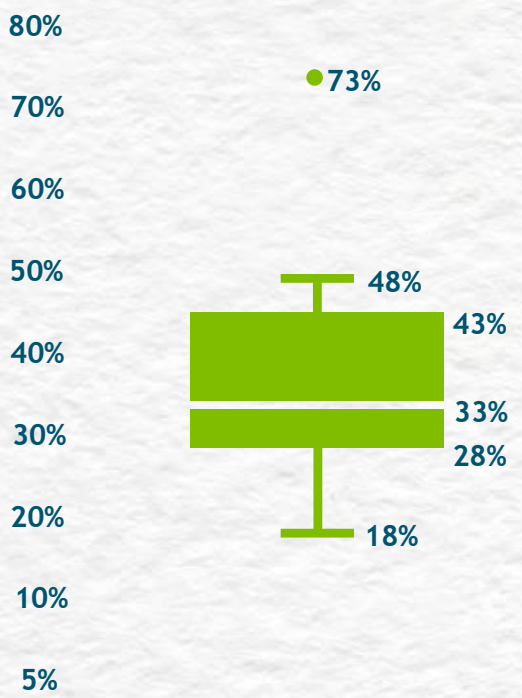
# Drugs & alcohol

## School support

### Does your school offer support to students who take drugs or drink alcohol?

55% of students told us that their school offers support to those struggling with drug and alcohol use. This varied between schools (between 18% to 73%) which may indicate either a lack of support in some areas, or a lack of awareness about available support.

**Responses**  
5,277 students answered this question



Graph: Percentage of students who said their school offers support. The range of results for each school.



## Wellbeing

Students who told us that their school did not offer support, on average had a lower wellbeing score than those who said their school does offer support.

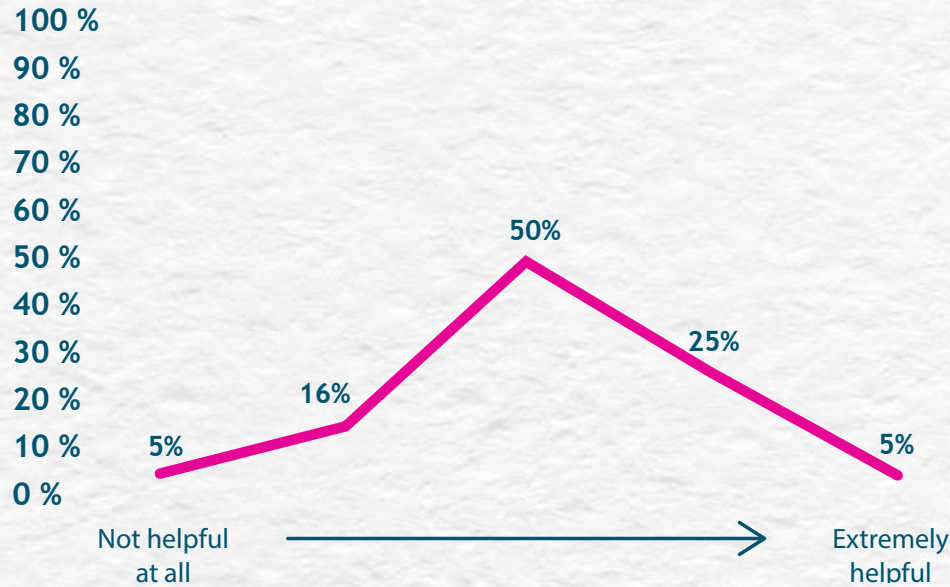
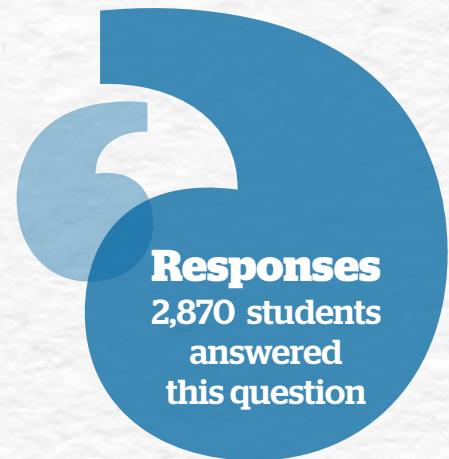


Figure: Comparison of the average wellbeing of those who said their school does or does not offer support.

# Drugs & alcohol

## Helpfulness of support

Students who indicated that their school does offer support for drug and alcohol use, were asked to rate how helpful this support is.



Graph: Percentage of students who selected each rating.

**30%** said the support was 'Very' or 'Extremely' helpful.

As the rating of support improved, the average wellbeing score also improved.



Graph: Students ratings of their schools drug and alcohol support, plotted against the average wellbeing score of students that selected each rating.

## School support rating and regret

Those who told us they had tried drugs or alcohol were asked if they regretted doing so. The percentage of students who regretted this, is plotted against their rating of their school's support. A higher percentage of students who rated their school support as 'Not helpful at all', had regrets about taking drugs or drinking alcohol when compared to those who said it was helpful.



Graph showing the percentage of those who said they regretted using drugs or alcohol, plotted against the perceived helpfulness of the school's drug & alcohol support.

## School support and usage

A lower percentage of those who say their school does offer support for drug and alcohol use, have used drugs and alcohol, when compared to those who say their school does not offer support for drug and alcohol use.

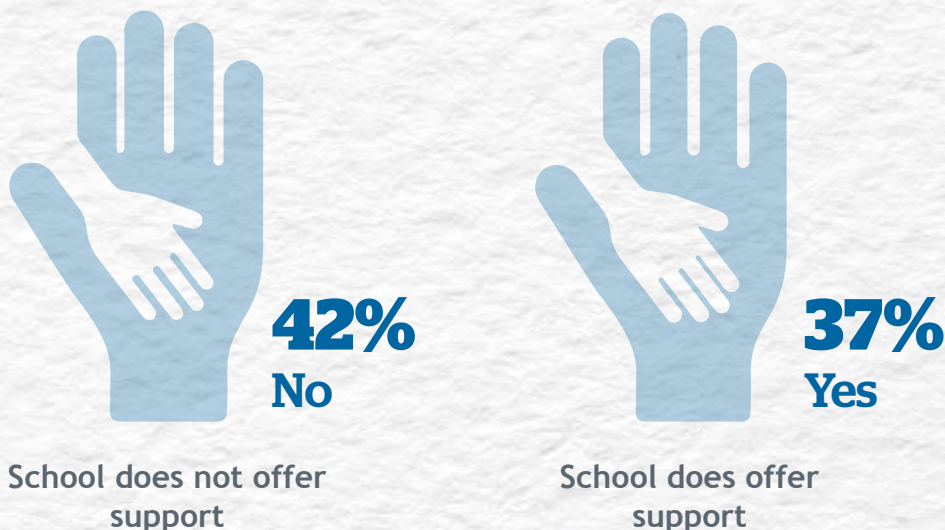


Figure showing the percentage of students who said they had used drugs/alcohol, split by whether their school offers support for drug and alcohol use.

# Drugs & alcohol

**“ It was the only way I could get rid of my mental pain and suicidal thoughts but then I would regret the fact that it was damaging my health ”**

*Male 15*

**“ I smashed my head on the pavement ”**

*Male 16*

**“ I told my friends that I wanted to commit suicide and regretted my confessions after ”**

*Female 18*

**“ I thought I'd get away from my problems but that didn't happen ”**

*Male 12*

**“ I ended up being around the wrong group of people ”**

*Female 13*

**“ I did something stupid that could of gone on my record and stopped me from doing stuff in the future ”**

*Female 13*

**“ Because I locked myself in my friend's bathroom & told them that I wanted to die. I regretted making her upset ”**

*Female 16*

**“ I felt extremely depressed, as if the world was collapsing around me ”**

*Female 15*



# LGBTQ +

Throughout the survey, when compared to their non-LGBTQ+ peers, LGBTQ+ young people:

are more likely to have tried drugs or alcohol



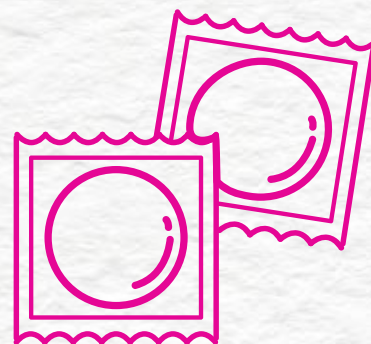
spend more time using electronic screens & social media



are more likely to have self-harmed

SELF HARM

are less likely to talk to their parents about sexual health

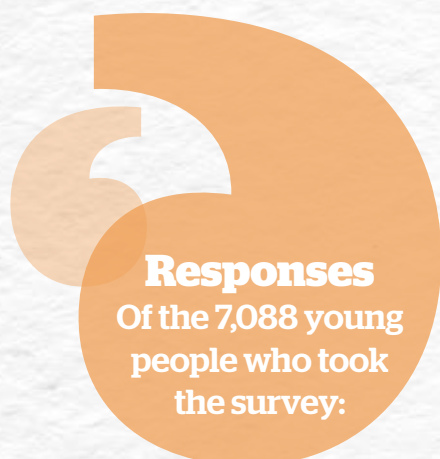


experience more online bullying



Worry more about their body image





**573 (8%)** told us that they didn't identify as straight

**84 (1.2%)** told us that they didn't identify as male or female

When talking about young people who do not identify as male or female, you will see this icon. The icon was created in partnership with young people at Outreach Youth Suffolk.



## LGBTQ+ terms

Within the survey, students used a wide range of terminology to express their gender identity and sexual orientation.

### Sexual orientation

- Bisexual
- Pansexual
- Gay Male
- Gay Female
- Asexual
- Aromantic
- Panromantic
- Confused
- Demisexual
- Furry
- Heteroflexible
- Demihomosexual
- Questioning

### Gender identity

- Trans Male
- Trans Female
- Genderfluid
- Trigender
- Non-binary
- Agender
- No gender
- Questioning
- I don't identify with a label
- Neutral
- Cisgender
- Myself
- Unsure
- She/they
- Bigender
- Gender neutral
- Queer
- I want to be a boy

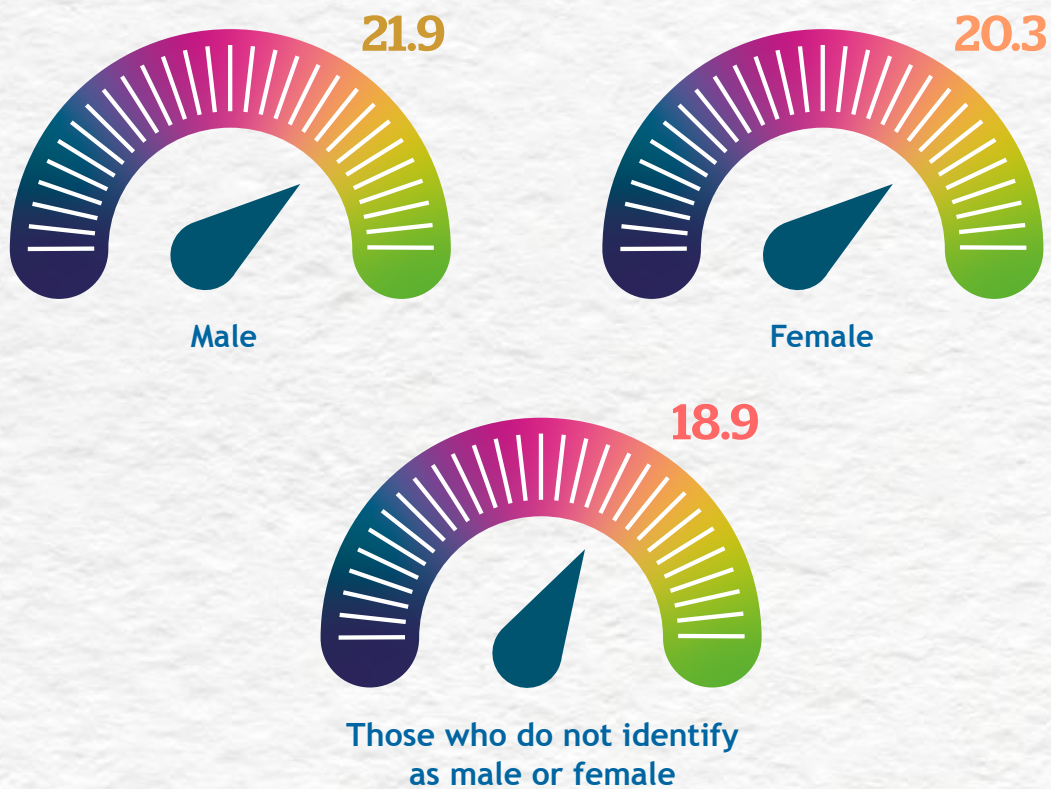
Stonewall have produced a glossary of LGBTQ+ terms to define some of the most common identities and terms used: <https://www.stonewall.org.uk/help-advice/glossary-terms>

# LGBTQ+

## Wellbeing

### Gender

On average, those who do not identify as male or female have lower wellbeing than those who do identify as male or female.



### National data

Half of LGBTQ+ people (52%) and two thirds of trans people (67%) said they've experienced depression in the last year.

*Stonewall LGBT in Britain Health Report (2018)*



## Sexuality

Those who do not identify as straight, have lower wellbeing scores than those who do identify as straight.



### National data

The Good Childhood Report 2018, found that children who were attracted to the same gender or both genders had much more negative scores on measures of wellbeing than other children.

*Good Childhood Report 2018*

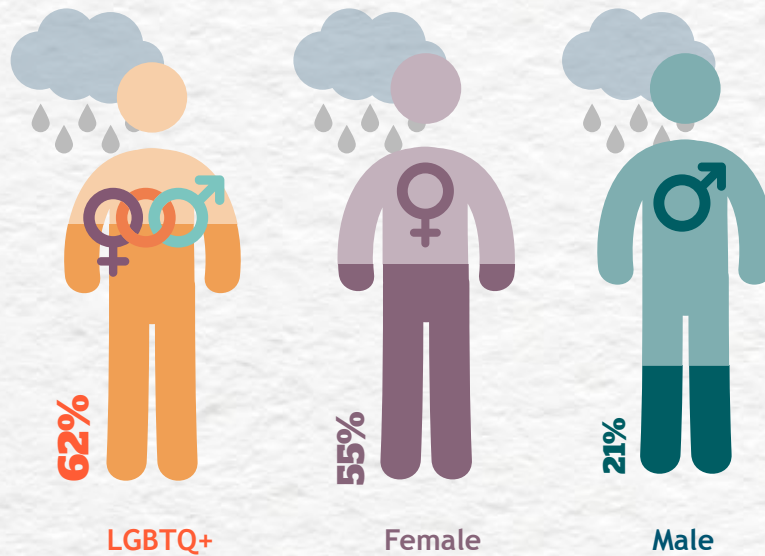
**“ Many young people are learning about LGBT issues through social media, which is an unreliable source or news. Not teaching about LGBT may cause some LGBT students to believe they are mentally unwell, abnormal ”**

# LGBTQ+

## Body Image

### Gender

A higher percentage of those who do not identify as male or female, told us they worry about their body image when compared to those who do identify as male or female.



### Sexuality

A higher percentage of those who do not identify as straight, told us they worry about their body image when compared to those who do identify as straight.

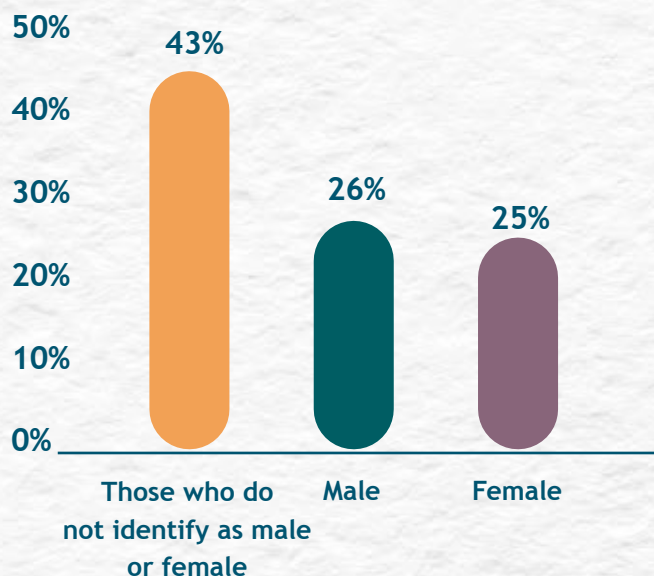


Graph: Percentage of young people who worry about their body image split by sexuality.

## Electronic screen-use & social media

### How long do you spend using an electronic screen each day?

The graph below shows the percentage of young people who spend over seven hours a day using a screen, split by gender:



Reasons provided by LGBTQ+ young people about why they spend time using the internet and social media include learning about LGBTQ+ topics, meeting other like-minded young people, and getting support.

“ Gives LGBTQ+ people a place to be open if their environment at home is unsafe to do so ”

“ I can see other people that have similar feelings so I know I'm not alone ”

“ Social media gives me a chance to express myself in my own way which can stop me feeling so trapped and I have online friends that help me during a panic attack or when I'm feeling suicidal ”

# LGBTQ+

## Online bullying

A higher percentage of young people who do not identify as straight said they had experienced online bullying.

### Not straight

**2 in 10 (20%)**

% Bullied online in the last two months



### Straight

**1 in 10 (11%)**

% Bullied online in the last two months



#### National data

Nearly half of lesbian, gay, bi and trans pupils (45%), including 64% of trans pupils are bullied for being LGBTQ+ at school

*Stonewall LGBT in Britain Health Report (2018)*

## Self-harm

### We asked...

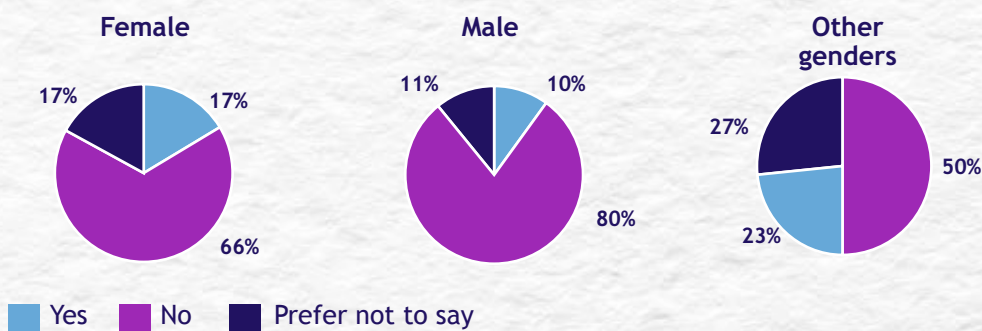
“

**Do you currently self-harm, or have you self-harmed since you started school?**

”

### Gender

50% of young people who do not identify as male or female, indicated they have self-harmed. 27% said they would rather not say, and only 23% said they do not. The rate of self-harm was lower in those who identify as male or female.



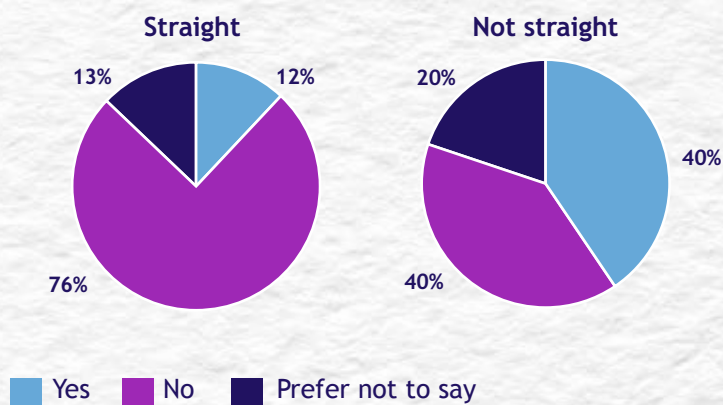
#### National data

The 2017 Stonewall School Report found that 61% of lesbian, gay and bi pupils have deliberately harmed themselves. This has increased from 56% in 2012.

*Stonewall School Report (2017)*

### Sexuality

40% of young people who do not identify as straight, indicated they have self-harmed. The rate of self-harm was lower in young people who identify as straight.



#### National data

A recently published longitudinal study has found that symptoms of depression were far more prevalent at the age of 10 among those in sexual minorities. The study also found that young people in sexual minorities were four times more likely to have reported self-harming in the previous year than those who identify as heterosexual.

*(Irish, 2018)*

## Quotes

The following comments taken from the survey, provide insight into why LGBTQ+ young people may be more worried about the way they look. The comments suggest that they both struggle with finding their own identity, and also with how other people perceive them.

**“ Everyone laughs at my gender and sexuality ”**

**“ I have problems with ‘passing’ as a gender so therefore I worry about say having a flat chest and so on ”**

**“ I get stressed about being a girl and feel like it doesn’t fit me ”**

**“ I don’t feel correct as a boy ”**

**“ I just don’t feel comfortable in my own body and how others judge me ”**

**“ I am transgender and experience gender dysphoria relating to my body, not passing as male and how others view me ”**

“ I don't like my body appearance. I know I'm not fat in the slightest but also my sex makes me feel extremely uncomfortable and makes me feel dysphoric because I'm trans-gender ”

“ I don't want to be a boy ”

“ I want to look like a boy but I'm scared of being bullied at school ”

“ I feel very dysphoric and uncomfortable in my body ”

“ I get bullied for the way I look and that I look like a boy and then I get lots of questions asked, then I get called names and I just get bullied ”



Artwork by a young LGBTQ+ person supported by Outreach Youth.

hope is being  
able to see that  
there is light  
despite all of  
the darkness





# Mental Health Transformation

During 2018, Ipswich and East & West Suffolk Clinical Commissioning Groups (CCG) and Norfolk & Suffolk Foundation Trust (NSFT) worked with local organisations including Suffolk Family Carers, Suffolk Parent Carer Network and Suffolk User Forum to find out what people want from mental health services. The engagement was carried out using two methods:

1. Suffolk User Forum, Suffolk Parent Carer Network and Suffolk Family Carers collected data from groups, meetings and engagement events across Suffolk. These events collected unstructured feedback from a diverse range of groups and engaged with between 4,000 - 5,000 people.
2. Three surveys, one for service users, one for carers and one for professionals were coproduced by the partnership and distributed online and at engagement events. There were 768 responses to the surveys. Responses included the views of parents and carers. Surveys were also distributed to teachers from 21 primary and secondary schools across Suffolk.

Healthwatch Suffolk provided the thematic analysis of the data generated by this engagement in the 'A Very Different Conversation' report, which informed the CCG's mental health transformation strategy. The report and strategy are available on the Ipswich and East Suffolk CCG website: <http://www.ipswichandeastsuffolkccg.nhs.uk>

Some of the key findings of 'A Very Different Conversation' may help to inform mental health provision for children and young people in Suffolk. We have summarised these within this section of the report.

**“ I ended up de-registering my son from school to home educate him due to the lack of help and support from his school at the time. Schools, or these particular schools, could have done a lot more to help but, I do feel that all teachers/staff need training in mental health issues in order to be able to better help.**

**”**

# Mental Health Transformation

## Schools

41 service users and carers talked about a lack of support in schools for mental health. They most commonly said that they used or wanted adjustments such as educational support, safe spaces and time out of lessons to help students with mental health needs. 15 service users and carers and one professional mentioned wanting or using pastoral care such as school nurses, student support or general pastoral care. 15 service users and carers mentioned the provision of talking therapy or counselling in schools. There were 15 mentions of improving teachers training and knowledge about mental health.

## Transitions from child to adult services

10 service users and 14 carers mentioned being discharged after the transition from child to adult services or experiencing a lack of support following the transition. 22 gave general negative comments about transition. 10 mentioned wanting increased continuity of care between the services involved in transition and seven mentioned a need for better integration between services, including communication and better partnership working.

“

**She found the transition really scary and it set her back**

”

## Lack of access and unmet needs

Lack of access and unmet needs was one of the largest and most commonly repeated themes throughout the survey and the group responses. Service users and carers often said that they received no support for their mental health, or that there did not appear to be any support available in Suffolk for mental health. Service users and carers reported a lack of support from multiple services, including from their GP, following discharge from mental health services and in their local community.

Service users and carers also commonly stated that waiting times for mental health services were long or that there was a need for more local services. Waiting times were particularly important in comments about crisis care. A number of service users indicated they would like services to be available in their GP surgery or community hub.

## Information and signposting

Service users and carers responses to the questions about the types of information which they found useful or would find most useful were:

Information about what services are available, how to access services and what sources of community support are available;

- Information about their mental health condition or treatment and how to manage or improve their mental health;
- Professionals, service users and carers all said that professionals need more information about what support is available and how to access it.

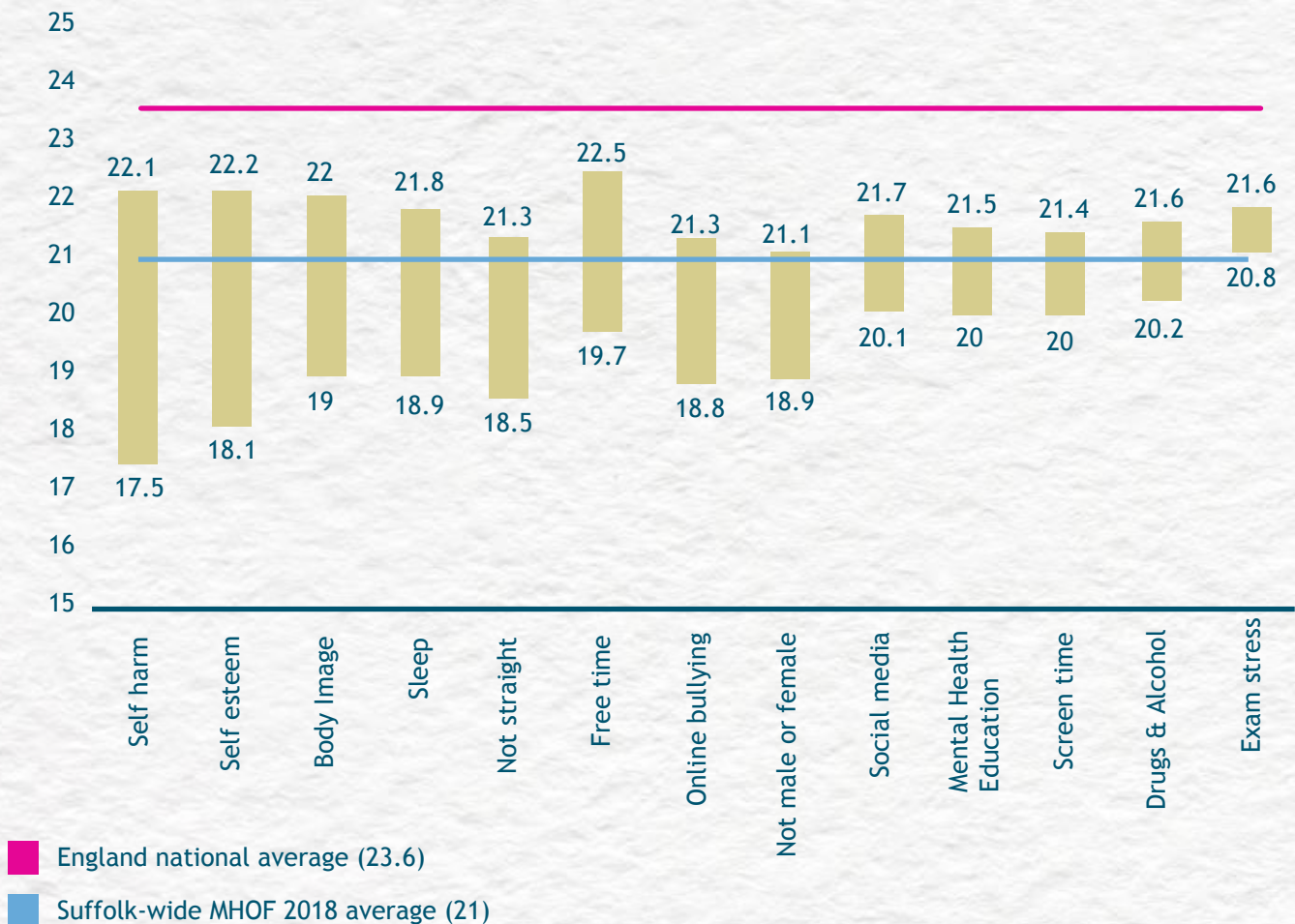
**“ It would be useful to have a directory of services that could be used and an indication of the type of support each could offer. I expect this exists, but it needs to be updated and realistic ”**

# Discussion

## The National Picture of Young People's Emotional Wellbeing

All sections of the results include graphs that show the range in average wellbeing scores, based on students' responses to each topic. The following bar chart captures this data on one axis, to highlight the scale of variation both within and between each topic. The table explains how the two wellbeing scores were calculated for each topic.

Whilst it isn't possible to determine whether these factors directly cause changes in wellbeing, these findings raise interesting questions about the relationship between each topic and wellbeing. The key relationships are explored in more depth in the remainder of the Discussion section.



Bar name (Topic)	Average wellbeing score (Top)	Average wellbeing score (Bottom)	Percentage decrease in wellbeing score
Self-harm	Has not self-harmed	Has self-harmed	21%
Self-esteem	Does not have low or very low self esteem	Has low or very low self-esteem	18%
Body image	Does not worry about body image most or all of the time	Worries about body image most or all of the time	14%
Sleep	Gets seven hours or more sleep a night	Gets less than 7 hours sleep a night	13%
Not straight	Sexuality is straight	Sexuality is not straight	13%
Free time	Spends most evenings with family	Spends most evenings alone	12%
Online bullying	Has not been bullied online in the last two months	Has been bullied online in the last two months	12%
Not male or female	Male or female	Not male or female	10%
Social media	Uses social media less than four hours a day	Uses social media for four or more hours a day	7%
Mental health education	Taught about mental health at school	Not taught about mental health at school	7%
Screen time	Spends less than seven hours a day using a screen	Spends seven hours a day using a screen	7%
Drugs and alcohol	Has not tried drugs or alcohol	Has tried drugs or alcohol	6%
Exam stress	Does not experience exam stress	Experiences exam stress	4%

### Interpreting the table

- **Self-esteem example:** The average wellbeing score of respondents who have low or very low self-esteem was 21% lower than the average wellbeing score of respondents who don’t have low or very low self-esteem.
- **Social media example:** The average wellbeing score of respondents who spend 4 or more hours a day using social media was 7% lower than the average wellbeing score of respondents who use social media for less than 4 hours a day.

# Discussion

## Gender differences

### Males and females

A key finding is that females scored worse than males on many of the measures relating to wellbeing within the report. In comparison to males, on average, females:

- have lower wellbeing scores
- have higher levels of stress
- worry more about their body image
- have lower self-esteem
- are more likely to use social media to escape negative feelings
- have higher rates of self-harm

Based on these findings alone, we cannot be certain whether these results reflect actual differences in wellbeing or only differences in self-reporting, however similar differences are found within literature on this topic. This suggests there are gender differences when it comes to both real and perceived emotional wellbeing.

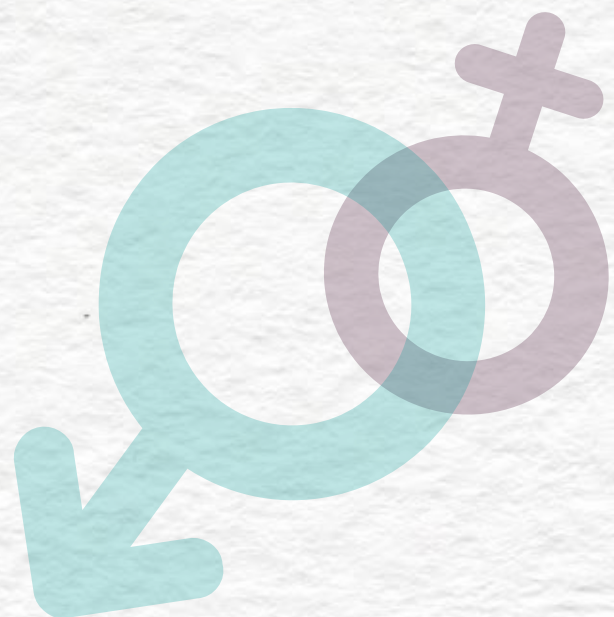
Males and females also expressed different preferences for the mental health topics they would like to learn about at school. These differences suggest that young people are likely to benefit from mental health support tailored to their specific needs.

## LGBTQ+

Throughout the survey, LGBTQ+ young people fared worse than their non-LGBTQ+ peers. They reported poorer wellbeing scores, they worry more about their body image, are more likely to have self-harmed, to have been bullied online, and have lower self-esteem. Half of young people who do not identify as male or female, indicated they have self-harmed.

These findings suggest that mental health provision and support for LGBTQ+ young people is not meeting their needs. LGBTQ+ young people in Suffolk make up a small percentage of the age 11 to 19 population, however the difficulties they are facing appear to surpass those of their non-LGBTQ+ peers.

The needs of LGBTQ+ young people in Suffolk need to be explicitly identified and prevention of these problems and early intervention must be a priority. However, services should understand that not all problems with mental health are attributed to LGBTQ+ issues, and generalised support may also be needed.



**“Sometimes I get triggered when people talk about self-harm because I makes me feel like I wanna do it”**

**“Even if you do not actively seek material about self-harm... it will always pop up somewhere.”**

## Self-harm

14% of young people indicated they had self-harmed, which equates to over 700 of the young people who took part in the survey. 14% of respondents said that they would 'rather not say' - neither confirming or denying having self-harmed. This suggests the possibility that the actual rate of self-harm in Suffolk is higher. Only 72% explicitly confirmed that they had not self-harmed.

The rate of self-harm amongst young females in Suffolk is higher than that of young males. One in four 16-year-old girls say they have self-harmed. Echoing these findings in their 2018 Mental Health Needs Assessment, Public Health Suffolk state that in 2016/17, 13% of Suffolk emergency hospital admissions for an accident or injury were due to self-harm in 15 to 18-year-olds, and of these, 83% were female.

In our findings, 55% of females indicated they were interested in learning about self-harm in school, in comparison to only 24% of males. This gender difference may be a symptom of the higher prevalence of

self-harm amongst teenage girls.

The difference in average wellbeing scores between those who self-harm and those who don't, was the largest difference of all topics in this year's 'My Health, Our Future' report. Self-harm is often a symptom of other underlying mental health issues, such as feeling anxious, stressed or depressed.

The association between emotional wellbeing and self-harming behaviour highlights why it is essential to keep young people's mental as a key priority if we want to reduce the prevalence of self-harm. Whilst the results of this year's survey provides insight into these topics, more in-depth investigation is needed to determine exactly why young people in Suffolk are self-harming at these high rates.

40% of young people who self-harmed indicated they didn't know where to go for support to stop harming themselves. In real terms, this is almost 300 of the young people who took part in the survey. The total number of young people in Suffolk who harm themselves but don't know where to go for help is likely to be much higher.

# Discussion

## Social media

Respondents who spent more time on social media, had lower wellbeing scores. Whilst this relationship doesn't prove a causal link between social media and wellbeing, the thousands of comments we received from young people about social media may help to explain this relationship.

Many students said that using social media makes them feel isolated, anxious and lowers their self-esteem. They demonstrated a strong awareness of the superficial and curated nature of the content they see on social media yet are unable to stop drawing comparisons between this and their own lives. As a result, they experience feelings of inadequacy, insecurity and dissatisfaction.

These sentiments are also reflected in the quantitative data. With each increment of time spent on social media, the percentage of those with low self-esteem and body image concerns increases.

It is important to note that some young people do benefit from the use of social media. Their comments show that they use it to connect with others experiencing similar mental health difficulties, and to learn more about mental health, coping techniques and resilience.

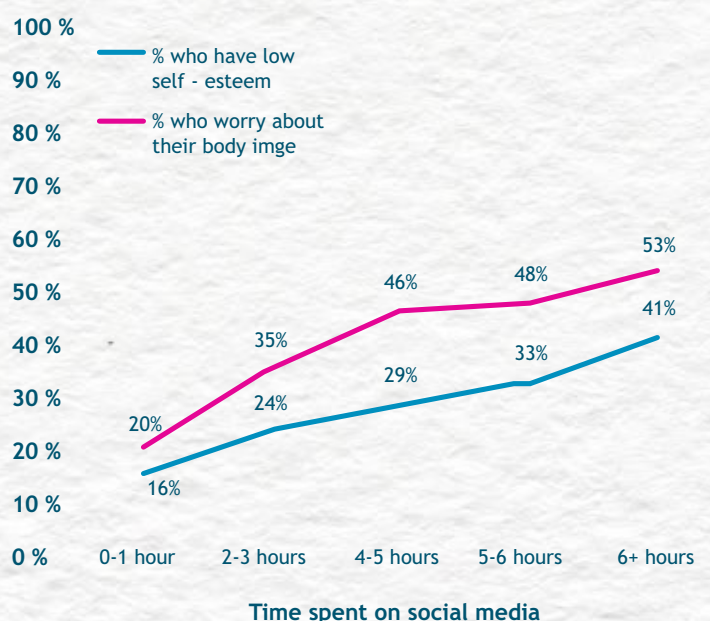
Many young people expressed a desire to reduce the time they spend using social media and the impact it has on their lives. 46% of females said they want to learn how to reduce the time they spend on social media and one in three respondents told us that they have tried but failed to spend less time on social media. These findings suggest that young people would like to rely less on social media, but struggle to disengage from it.

We eagerly anticipate an upcoming

Government paper due to be published in 2019 which will present a systematic review of the evidence on the impact that technology has on children and young people's mental health.

Our findings indicate that the negative effects of social media usage outweigh the positive. However, when used in the right way, social media can be an important tool for promoting and maintaining good mental health and emotional wellbeing in some young people.

**Graph: Body image worries and low self-esteem plotted against time spent on social media.**





## Body Image and Self-Esteem

The results suggest an interaction between body image, self-esteem and wellbeing. Students who said they worry about their body image are more likely to have low self-esteem. These students also have lower average wellbeing scores.

Results for females are particularly concerning, with more than a third saying they have low self-esteem, and more than half worrying about their body image 'most of the time' or 'all of the time'.

The most common reason given by young people to explain why they worry about their body image, is the fear of being judged by others. Considering this alongside the social media findings, the impact body image and self-esteem has on wellbeing, may be related to social media use.

Literature in this area demonstrates that increased social media use is linked to poorer mental health. However, it isn't clear whether this increased use causes poorer mental health, or whether poorer mental health drives an increase in use of social

media (Understanding Society data, 2015). The comments we received provide evidence for both theories. In their responses, young people indicated that the use of social media introduces or exacerbates existing body image concerns. This in turn reduces their levels of self-esteem and consequently impacts upon wellbeing. They also described how they seek out social media to 'fit-in' and make themselves feel better, however this in turn fuels the cycle of low self-esteem.

Our results suggest that self-esteem and wellbeing are closely linked. Anxiety and depressive disorders tend to manifest themselves in fear, sadness, and low self-esteem (NHS Digital, 2017). One in five males did not know why their self-esteem was low, indicating a need for more awareness and education around self-esteem.

“

**Girls always worry about the way they look because they want to be perfect. They always look at other people they consider better than them and wish they were like them and even the perfect people wish they were better. They worry about what boys think they want to look good for boys because boys expect girls to be this perfect model like person who is skinny perfect skin natural beauty and wears loads of makeup. I feel this about myself because you worry about your weight your skin EVERYTHING**

”

# Discussion

## Mental Health Stigma

When asked ‘what would stop you from seeking support for mental health?’ most comments were associated with the stigma of mental health.

The inability to talk about mental health, the embarrassment of doing so, and the fear of what other people might think or do, means many young people feel that they can’t access support. This suggests that irrespective of the quality and availability of support services, stigma alone may prevent young people from accessing support.

Despite mental health being progressively destigmatised through national initiatives such as Time To Change and investment to provide mental health awareness training, young people are telling us that stigma remains a barrier for them. There is still improvement to be made in encouraging and enabling young people in Suffolk to open up and talk about their mental health. The Mental Health and Emotional Wellbeing strategies being developed by the Clinical Commissioning Groups in Suffolk and Norfolk, and their recent Suffolk-wide engagement on mental health services, provide the opportunity to reduce this stigma.

“ Talking and discussing mental health is still held as such a taboo subject, I wish I could feel more comfortable ”

### Time to Change

Time to Change is a campaign created by Mind, along with Rethink Mental Illness. The programme includes a high-profile anti-stigma communications; targeted work with young people; a network of activists combating discrimination; and a scheme working with mental health professionals and attitudes towards mental health.

“ The thought of being labelled with a mental health issue. It would go on my permanent record, always holding me back ”

## Experiences of support in Suffolk

The survey did not ask young people about their experiences of seeking mental health support in Suffolk explicitly, however when responding to the open-ended questions, some young people chose to reflect on this. Their comments capture experiences of support from schools, GPs and mental health services.

“ A teacher noticed I was acting unusual and asked if we could have weekly sessions at lunch so she could check up on me ”

“ The counsellor is not very understanding, he has told many of my friends to find faith in God ”

“ A GP once told me I was 'just silly' for having anorexia ”

“ I think that referrals from education systems to the NHS should be easier ”

Their comments illustrated many experiences where the support has not met their needs. They also highlight the importance of individuals, where often one person can make all the difference, whether it be a beneficial or detrimental impact. Some young people described experiences where a teacher was their only source of support, with some even choosing to intervene based on their own observations and concerns. Other examples describe experiences where teachers have not responded in a supportive or understanding way.

Feedback about interaction with mental health services describe difficulties in accessing age-appropriate support, and some young people referred to the length of time they had to wait to receive support.

The Mental Health and Emotional Wellbeing strategy developed by the CCGs in Suffolk acknowledges that the system for mental health and emotional wellbeing in Suffolk is failing. This sentiment is reflected in some of the comments we received from young people. The vision that Suffolk CCGs have set out, addresses people's experiences like these, and promises to provide a better future for mental health provision in Suffolk.

# Discussion

## What support do young people want from schools

The findings illustrate the important role schools have in supporting children and young people with their mental health and emotional wellbeing.

### Education

Students demonstrated a strong desire to learn about mental health and wellbeing at school. Two thirds (67%) indicated that they wanted to learn about mental health & wellbeing in lesson time. However, when it comes to certain areas of mental health education, a 'whole-class approach' may not always be appropriate. Females showed greater interest in learning about mental health than males, and there were distinct differences in the topics they would like to learn about. At age 15, over three quarters of females want to learn about body image, compared to around one-third of males. Almost 8 in 10 females aged 16 want to be taught about anxiety, compared to 5 in 10 males.



Considering the prevalence of mental health stigma demonstrated across the survey, we need to look at ways to encourage young people to open-up and engage with mental health education. A selection of lesson content may be needed, which allows young people to choose what they learn about.

Many students expressed the desire to be taught one-on-one, or with a group of like-minded peers in a voluntary session. This was due to the reluctance to speak about mental health in their usual classes, where they are sat with peers who may be disinterested in the topic, or who may bully them.

“**Teachers are meant to teach children about certain subjects and not help them with mental help, it isn't part of their job**”

“**Teachers are high above me & it feels like I can't talk to them because they are not a kid**”

Whilst some young people indicated they are not interested in learning about mental health, one in seven young people aged 11 to 16 have a diagnosable mental health illness. This suggests that in a class of 30 students, there are four young people struggling with mental health. The diverse range of young people in each classroom, and the disparity in eagerness to engage with mental health topics, suggests that lessons need to be delivered in a way that is sensitive to the individual circumstances of each young person.

## **Relationships and Sex Education (RSE) at school**

Our results indicate that just under a third of young people in Suffolk say they aren't taught about mental health. This varied heavily between schools, suggesting different provision of mental health education in Suffolk schools. Most young people indicated that they would like to learn about mental health in lessons, although females were more likely to want to learn about it than males were. Males suggested this was because they are unable or embarrassed to speak about how they feel.

The Government have drafted statutory guidance on Relationships and Sex Education (RSE) and Health Education, which will come into force in September 2020, with schools able to implement the changes from September 2019 if they wish. At secondary school level, young people would study issues which include:

- **how to talk about emotions**
- **how to recognise the early signs of mental wellbeing issues**
- **common types of mental ill health**
- **the positive and negative impact of various activities on mental health are more likely to use social media to escape negative feelings**

Once implemented, this guidance may help to ease the discrepancies between school's mental health education provision. It could help to tackle the stigma we identified in our results and encourage more males to speak out about their emotions. However, the range of results between schools shown in this report demonstrates that the needs of each educational setting are unique, and a single approach is unlikely to fit all. Schools and colleges must be allowed some autonomy to shape the curriculum to fit the needs of their students. We eagerly await the results of a consultation on the draft RSE guidance.

# Discussion

## Support from schools

The number of students who said their teacher was important when they can't cope, was higher than the number who said the school nurse was important. It is not clear whether this is due to a reluctance to approach their school nurse or having limited or no access to a school nurse.

Almost three in ten (29%) students wish they could go to their teacher for support but don't feel like they can.

When asked why they don't feel like they can approach teachers, some students indicated that they felt that teachers may not be best placed to handle mental health issues, as they aren't mental health professionals. They were worried that teachers were too busy and didn't want to burden them.

Some comments also suggested a perception that teachers are there to support them academically, but not pastorally. There was also a fear of being judged by teachers and that teachers wouldn't understand. With almost half of teachers (46%) reporting never having received any training on young people's mental health, these fears may not be entirely unfounded (NASUWT, 2017).

School-based initiatives of social and emotional learning have been found to help young people acquire the skills they need to make good academic progress as well as benefit pupil health and wellbeing.

A meta-analysis of research suggests it is likely to have positive impact. Compared to control groups, young people who had been exposed to social and emotional learning, had significantly improved social and emotional skills, and an 11 percentile-point gain in academic achievement (Durlak, 2011).

Research published this year has also found that young people who experience higher levels of mental health are more likely to achieve lower levels of academic attainment and are more likely to be absent from school. As the level of mental health difficulties increased, attainment results decreased (Lereya, 2019).

The Joint Education and Health Committee inquiry on children and young people's mental health recommends that schools' approach to mental health and wellbeing should be properly reflected in Ofsted's inspection regime and reporting. The Department of Education, with engagement from Ofsted, plan to look at how they can effectively measure the impact of what schools do to support the mental health and wellbeing of pupils.

“

**Teachers can try to understand your stress, but they have other issues to be dealing with. They tend to focus on their own subjects and don't understand you have other issues. They are also bound to professional regulations that make it difficult to trust them. The student-teacher relationship is not built for personal conversations**

”

“ **It makes lessons harder because I know they know I'm struggling and it makes me uncomfortable** ”

## Education, health & care plans (EHC)

An EHC plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs.

The 2018 Suffolk Parent Carer Network (SPCN) Annual survey found that children and young people with special educational needs in Suffolk are struggling to get the assessment their child is entitled to. Of those whose child does have an EHC plan, over a third said the plan was not being implemented in full.

*SPCN Annual Survey, 2018*

## Teacher wellbeing

In 2017 a national survey of over 11,000 teachers by the teachers' union NASUWT provided insight into teachers' wellbeing:

- **Three fifths of teachers felt that their wellbeing is not considered important by their school**
- **Almost four fifths said that their job has impacted negatively on their wellbeing common types of mental ill health**
- **More than half stated that the job had adversely affected their mental health in the last 12 months**

Teachers also reported a range of other problems as a result of work, including loss of sleep (79%) and anxiousness (74%). One in ten teachers stated that they had started using antidepressants in the past 12 months, and 2% of teachers said that they had self-harmed in the past year.

Whilst our survey focussed solely on the wellbeing of young people, future research and service provision can't overlook the wellbeing of teachers and staff.

If we want emotionally healthy school children, we need to have emotionally healthy schools. Initiatives and models of support which follow a 'whole school approach' to mental health may help to improve outcomes for children and young people, as well as school staff.

Research has found that classes taught by teachers who had high stress levels were associated with low academic performance, (Herman, 2018). Other research found a statistically significant positive relationship between staff wellbeing and student SAT outcomes (Briner & Dewberry, 2007). However, the direction of relationships for both findings is unclear.

# Discussion

## A whole school approach

Evidence shows that interventions which use this multi-level, comprehensive ‘whole organisation’ or ‘whole system’ approach are more likely to have a positive impact in relation to outcomes (Domitrovich, 2010). Clinical Psychologist Dr Beth Mosley at Thurston Community College is pioneering this approach in Suffolk. With the support of Suffolk County Council, Ipswich & East Suffolk CCG and West Suffolk CCG are jointly funding a similar model in additional schools across the country. The schools are starting to implement these models this year. The models will be evaluated to determine their effectiveness.

Initiatives such as Youth Mental Health First Aid training (Youth MHFA) are also proving to be beneficial. 2018 research into the impact of mental health first aid training in secondary schools, found a significant increase in staff confidence in knowledge, skills and awareness to support a young person struggling with their mental health (Roberts-Holmes, 2018). Before undertaking Youth MHFA training, only 30% of staff reported feeling knowledgeable, skilled and aware to support a young person experiencing mental ill health. After acquiring Youth MHFA skills, 59% said they felt highly knowledgeable, aware and confident to support a young person. This increased to 87% up to three terms later, highlighting a sustained improvement as staff put their skills into practice and had time to reflect on their training.

The Government have pledged that one member of staff at every secondary school will be offered mental health first aid training, however the effectiveness of this training may be limited without a whole school approach already in place.



### A whole school approach

A ‘whole school approach’ to mental health involves all parts of the school working together. Governors, senior leaders, teachers and all school staff, work together with parents, carers and the wider community. Child, staff and parent/carer mental health and wellbeing is considered as a whole. A whole school approach, with commitment from senior leadership and support by external expertise, is essential to the success of schools in tackling mental health.

*Transforming Children and Young People's Mental Health Provision: A Green Paper (2017)*

*Diagram: The eight principles to promoting a whole school and college approach to emotional health and wellbeing. Promoting children and young people's emotional health and wellbeing. A whole school and college approach. Public Health England (2015)*



## **The outlook for Children and Young People's mental health services**

### **Government Green Paper 2017**

#### **Government Proposals**

The UK Government has pledged to improve mental health support for children and young people. A Green Paper published in December 2017 outlined their three key proposals:

1. Incentivise and support all schools and colleges to identify and train a 'Designated Senior Lead for Mental Health'.
2. Fund new 'Mental Health Support Teams', which will be supervised by NHS children and young people's mental health staff.
3. Pilot a four-week waiting time for access to specialist NHS children and young people's mental health services.

The Government is taking these proposals forward, with 'Trailblazer' areas across the country piloting them by the end of 2019. The Government plan to roll out the proposals to a fifth of the country by 2022/23.

#### **Criticism of the Government proposals**

The Education and Health & Social Care Select Committees joint report 'The Governments' green paper on mental health: Failing a generation (2018)' criticises the green paper saying it lacks ambition and risks leaving children without the care they need. The report also raises concerns about the implementation timescales being too slow, and that thousands of students will be ignored. Only 20 to 25% of the country will benefit from the planned pilot schemes.

The Association of Child Psychotherapists (ACP) have also criticised the Government proposals. They feel the initiative will require the support of an already overstretched mental health system and it will place a heavy burden on the teaching workforce. Their other criticisms include that the proposals only target those with mild to moderate difficulties and overlooks those who are most vulnerable. They suggest the proposals are also based on the assumption that non-clinical staff can identify and address problems, however staff with insufficient understanding of the complex nature of mental health difficulties may be harmful. Lastly, the Mental Health Support Teams will rely on interagency and cross-organisational joint working, which can be fraught with operational challenges and complex dynamics.

The ACP say that the alternative provision in schools will meet many of the needs that the NHS services should be meeting. They suggest that the only way to improve waiting times is to address the mismatch between demand and supply of child and adolescent mental health services.

# Discussion

## **'My Health, Our Future' - 2019 and beyond**

Healthwatch Suffolk has launched 'My Health, Our Future 2019'. We are working with more schools and colleges across Suffolk. The 2019 programme will support our ambition to help schools identify the needs of their students and to also create a bespoke data set for commissioners, schools and service providers in Suffolk. We are using what we have learnt in both 2017 and 2018 programmes to further enhance the design and implementation of the programme.

Looking beyond 2019, Healthwatch Suffolk is developing a five-year plan to help inform long-term change in Suffolk. The goal is to conduct a longitudinal programme working with not only schools and colleges, but other educational settings (e.g. pupil referral units (PRUs), home schooled children and special schools), teachers, and parents/carers. Given the importance of prevention and early intervention, we also plan to work with primary schools in Suffolk. We will seek to coproduce new programme content with children, to allow us to deliver the programme to a younger audience.

## **Conclusion**

'My Health, Our Future 2018' presents a unique insight into the wellbeing of over 7,000 young people in Suffolk. It is clear from the range of issues discussed throughout this report, that there is potential to improve outcomes for children and young people in Suffolk. Each of the issues raised in the findings of the survey are interrelated and should not be considered in isolation.

The results indicate that parents, family and friends are most important when young people need support, but schools and colleges play a key role. Many young people would like to be able to approach their teachers, but don't feel comfortable doing so. If school staff are better equipped to support students pastorally, and to identify emotional problems early on, this may encourage more young people to go to them when they need help. It would be unreasonable to expect teachers to replicate specialist services, however not all emotional issues are clinical in nature and school staff may be best placed to offer support in these circumstances.

Mental health support in educational settings should not be an alternative to NHS mental health provision and should instead form part of the wider NHS support system by providing access to services for young people at the earliest opportunity. Transforming support for children and young people will require the continuation of system-wide cooperation both locally and on a national scale. Young people's mental health and wellbeing cannot be supported by one service alone. It would be beneficial for support services in Suffolk to work in partnership with schools and other educational settings to provide a joined-up, system-wide response.





# Recommendations

Healthwatch Suffolk have developed these recommendations from the analysis of the responses children and young people have given to the 'My Health, Our Future Survey 2018', to inform the ongoing transformation of mental health support for children and young people. The intention of the recommendations stem from the collective ambition to work together to improve outcomes for children and young people in Suffolk and to support the work already underway to transform children and young people's mental health services.

## 1. Ensure findings have an ongoing impact

Healthwatch Suffolk recommend that the Suffolk Children's Emotional Wellbeing Group (CEWG) seeks to ensure that the wealth of data and findings from 'My Health, Our Future 2018' continue to have an ongoing and lasting impact. Recommendations for doing so, include:

- Through coproduction with children, young people, families and educational settings, investigate further the key findings raised by 'My Health, Our Future' and agree any areas of work required to improve outcomes.
- Raise awareness of the key findings of 'My Health, Our Future' with Suffolk's strategic and operational partnership forums, including Education Forums, to promote discussion, collaboration & coproduction of initiatives.
- Identify geographical trends and highlight areas of specific concern in Suffolk requiring improvement, for example around levels of self-harm.
- System leaders, along with Healthwatch Suffolk to engage at a national level to influence change.
- Work with partners across the system to ensure collective support of whole school approaches which aim to promote emotional wellbeing and respond effectively when emotional distress or mental health problems arise.

## 2. Workforce development

The Suffolk Children and Young People's Emotional Wellbeing Transformation Plan 2020's Workforce Development Programme should continue to proactively offer system-wide training and development that:

- is directed to educational settings that have not yet had training and/or engagement.
- is also provided to children, young people and families as well as the education, children's services, health and voluntary sector workforce.
- Upskills the workforce on the key issues found within this report including self-harm, anxiety and LGBTQ+.
- Responds to the Government's Policy for improving mental health support within schools, such as mental health leads and mental health support teams.

## 3. Upskill children and young people

Stakeholders should work together to provide a systematic approach to upskilling children and young people on mental health and wellbeing across educational settings in Suffolk:

- Children and young people to learn about key issues such as anxiety, low self-esteem and LGBTQ+.
- Offer choice and flexibility on topics, to meet the needs of different ages and genders.
- Deliver appropriate and informed education about self-harm, including awareness, prevention and support.
- Schools and colleges who took part in 'My Health, Our Future 2018' should seek to implement changes based on findings from their individual report and monitor the impact of those changes.
- Schools should seek to embed a whole school approach to promoting emotional wellbeing and good mental health that facilitates open discussion and reduces stigma.

# Recommendations

## 4. Use learning to enhance future 'My Health, Our Future' programmes

Healthwatch Suffolk should shape the 'My Health, Our Future 2019' programme using learning from the 2017 & 2018 programmes. These changes include:

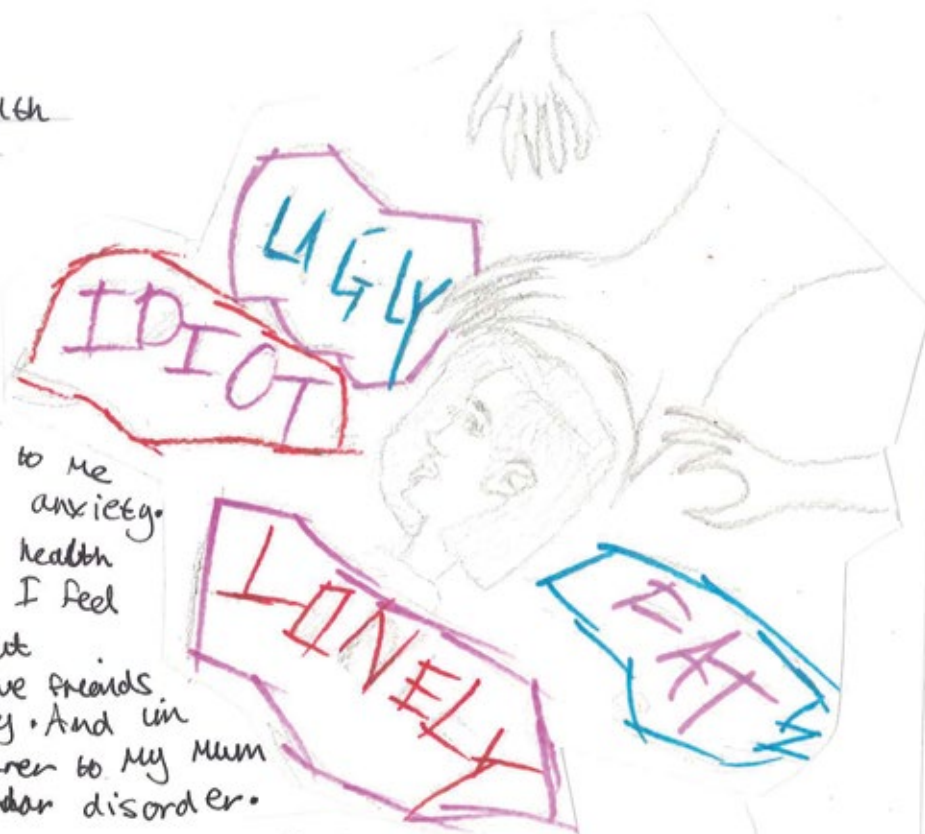
- Reduce the time it takes to complete the survey.
- Launch the survey earlier in the academic year to give schools more time.
- Ensure survey questions are age appropriate for the wide range of students taking part.
- Encourage schools to promote the smartphone survey version to older students.
- Continue to refresh and coproduce the content with children and young people.

## 5. Evaluate the impact of previous programmes on schools and colleges who took part

An evaluation of the 2017 and 2018 programmes should be completed by Healthwatch Suffolk to determine the following:

- How schools have used their bespoke reports and how they have shared the learning from it.
- What changes schools have implemented as a result of receiving their bespoke report.
- The experience schools had when administering the survey.
- How the programme can be improved going forward.
- How commissioners of mental health support and services can use this learning to inform work with educational settings and the wider workforce.

Mental Health  
week



This drawing to me represents anxiety. To me mental health is something I feel strong about because I have friends with anxiety. And I'm a young carer to my mum who has bipolar disorder.

It's sometimes hard for me to understand sometimes when my mum gets upset over nothing or senses. I kinda understand because she tries to explain it to me but it's hard because I'm not in her head. And I know I'll never really understand it all.



# References

**Booker, CL., Kelly, YJ., & Sacker, A (2018)** 'Gender differences in the associations between age trends of social media interaction and well-being among 10-15 year olds in the UK.' *BMC Public Health*, 18 (321) 10.1186/s12889-018-5220-4

**Briner, R.B. & Dewberry, C.** (in partnership with Worklife Support) (2007). Staff well-being is key to school success.

**C Morgan (2017)** Incidence, clinical management, and mortality risk following self-harm among children and adolescents: cohort study in primary care. *BMJ* 2017;359:j4351. Available: <https://doi.org/10.1136/bmj.j4351>

**DoH & DfE**, Transforming children and young people's mental health provision. (2017) Available: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664855/Transforming\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_provision.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf)

**Department of Health (2015)** Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing. London: Department of Health

**Domitrovich CE, Bradshaw CP, Greenberg MT, Embry D, Poduska JM, Jalongo NS.** Integrated models of school-based prevention: Logic and theory. *Psychology in the Schools*. 2010;47:71-88

**Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D. & Schellinger, K. B. (2011)**, The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82: 405-432.

**Estyn (2013)**. The impact of teacher absence. Wales: Her Majesty's Inspectorate for Education and Training in Wales.

**Goodman A, Joyce R, Smith JP (2011)** The long shadow cast by childhood physical and mental health problems on adult life. *Proc Natl Acad Sci* 2011, 108(15)

**Halliwell, E., Yager, Z., Paraskeva, N., Diedrichs, P. C., Smith, H. and White, P. (2016)** Body image in primary schools: A pilot evaluation of a primary school intervention program designed by teachers to improve children's body satisfaction. *Body Image*, 19. pp. 133-141

**Health Survey for England. (2011).** WEMWBS Population Norms in Health Survey for England data (2011) WEMWBS Population Norms in Health Survey for England data 2011: [http://www.corc.uk.net/media/1243/wemwbs\\_populationnorms2011.pdf](http://www.corc.uk.net/media/1243/wemwbs_populationnorms2011.pdf)

**Herman, K. C., Hickmon-Rosa, J., & Reinke, W. M. (2018)**. Empirically Derived Profiles of Teacher Stress, Burnout, Self-Efficacy, and Coping and Associated Student Outcomes. *Journal of Positive Behavior Interventions*, 20(2), 90-100. <https://doi.org/10.1177/1098300717732066>



**Irish, M; Solmi, F; Mars, B; King, M; Lewis, G; Pearson, R; Pitman, A; Rowe, S; Srinivasan, R; Lewis, G (2018)** Depression and self-harm from adolescence to young adulthood in sexual minorities compared to heterosexuals: a population-based cohort study. *The Lancet Child and Adolescent Health*. Available: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(18\)30343-2/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(18)30343-2/fulltext)

Lereya, T., & Deighton, J. (2019). *Learning from HeadStart: the relationship between mental health and school attainment, attendance and exclusions in young people aged 11 to 14*. London: EBPU.

**Mental Health of Children and Young People in England - NHS Digital (2017)**. Available: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

**Morgan, C. et al.** Incidence, clinical management, and mortality risk following self-harm among children and adolescents: cohort study in primary care. *Br. Med. J.* 359 (2017). doi:<https://doi.org/10.1136/bmj.j4351>

**Murphy M, Fonagy P** - Mental health problems in children and young people [https://assets.publishing.service.gov.uk/.../33571\\_2901304\\_CMO\\_Chapter\\_10.pdf](https://assets.publishing.service.gov.uk/.../33571_2901304_CMO_Chapter_10.pdf)

**NASUWT (2017)** Schools need support to deal with mental health upsurge among pupils. NASUWT survey, 2017. Available at: <https://www.nasuwat.org.uk/article-listing/schools-need-support-mental-health-upsurge-pupils.html>

**NSPCC 2017**. Available: <https://www.nspcc.org.uk/what-we-do/news-opinion/exam-stress-overwhelming-for-thousands-of-children/>

**NSPCC 2018**. Available: <https://www.nspcc.org.uk/what-we-do/news-opinion/more-young-people-seek-help-eating-disorders/>

**NSPCC 2018<sup>2</sup>**. Available: <https://www.nspcc.org.uk/what-we-do/news-opinion/one-third-increase-in-school-referrals-for-mental-health-treatment/>

**Przybylski, A.K. and Weinstein, N. (2017)** “A Large-Scale Test of the Goldilocks Hypothesis.”, *Psychol Sci.* 28 (2) 204-215

**Public Health England NHS.** Mental Health and Wellbeing JSNA. (2017). Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

**Roberts-Holmes, G., Mayer, S., Jones, P. & Lee, S.F. (2018)**. An Evaluation of Phase One of the Youth Mental Health First Aid (MHFA) in Schools programme: “The training has given us a vocabulary to use.” Available: <https://mhfaengland.org/mhfa-centre/research-and-evaluation>

**Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)** © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

**Stonewall LGBTQ+ in Britain Health Report (2018).** Available: [https://www.stonewall.org.uk/sites/default/files/lgbt\\_in\\_britain\\_health.pdf](https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_health.pdf)

**Stonewall School Report (2017)** Available: [https://www.stonewall.org.uk/sites/default/files/the\\_school\\_report\\_2017.pdf](https://www.stonewall.org.uk/sites/default/files/the_school_report_2017.pdf)

**The Good Childhood Report (2018)** The Children's Society. Available: [https://www.childrenssociety.org.uk/sites/.../files/good\\_childhood\\_summary\\_2018.pdf](https://www.childrenssociety.org.uk/sites/.../files/good_childhood_summary_2018.pdf)

**Understanding Society data (2015).** ONS Digital. Available: <https://visual.ons.gov.uk/more-than-a-quarter-of-children-who-spend-longer-on-social-networking-websites-report-mental-ill-health-symptoms-2/>

**Van den Eijnden, R.J.J.M., Lemmens, J.S., & Valkenburg P.M. (2016).** The Social Media Disorder Scale. *Computers in Human Behavior*, 61, 478-487

**Youthworks Consulting. (2017).** **The Suffolk Cyber Survey 2017.** Available: <https://www.suffolk.gov.uk/community-and-safety/staying-safe-online/e-safer-suffolk-cybersurvey/>



This report has been produced to support the ongoing development and implementation of the Suffolk Children and Young People's Emotional and Wellbeing Transformation Plan (EWB2020).

It will be publicly available on the Healthwatch Suffolk website. It will also be made available to Healthwatch England and bodies responsible for the commissioning, scrutiny or delivery of children and young people's services in Suffolk.

This may include Suffolk Clinical Commissioning Groups, the Suffolk Health and Overview Scrutiny Committee, the Suffolk Health and Wellbeing Board and Suffolk County Council.

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