



MY HEALTH, OUR FUTURE (PHASE FIVE)

Children and young people's mental health and emotional wellbeing in Suffolk

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INTRODUCTION

My Health, Our Future (MHoF) is a unique research programme exploring the mental health and emotional wellbeing of children and young people in Suffolk.

Since 2017, 38,738 responses have been received to Healthwatch Suffolk MHoF surveys about important topics like wellbeing, self-harm, resilience, body image, self-esteem and many other topic areas.

MHoF uses a consistent survey methodology in schools and colleges, using validated research tools and questions defined in co-production. This report presents the findings from phase five of the MHoF survey for young people in secondary schools and colleges. Young people completed the survey between May and June 2021.

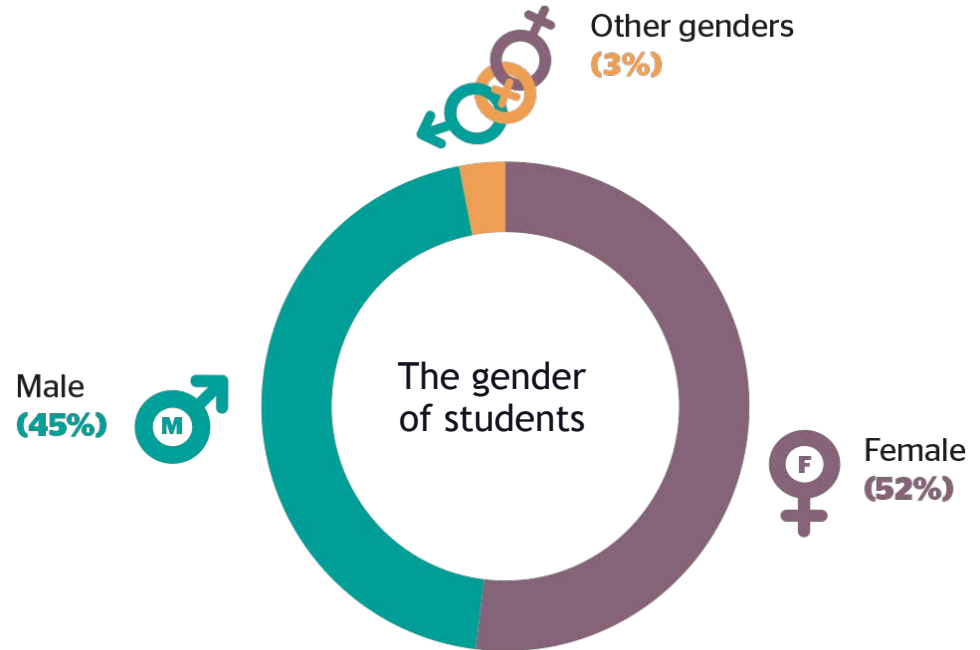
Learn more about MHoF on the Healthwatch Suffolk website: www.healthwatchesuffolk.co.uk/mhof



DEMOGRAPHICS

DEMOGRAPHICS SUMMARY

- ▶ **4,522** total responses. Most from students in Year 7 to Year 10.
- ▶ **Twelve** schools helped to record more than 100 responses each. Data was attributed to other schools across Suffolk, but less responses were attributed to them.
- ▶ **80.2%** identified as White - English/ Welsh/ Scottish/ Northern Irish/ British.
- ▶ **23%** identified one or more vulnerabilities, including diagnosed mental health difficulties (11%).



3% of students preferred to describe their gender in another way.

Here are some of their responses.

“Agender (they/them)”

“I’m trans (ftm)”

“Questioning”

“Transgender female”

“Bigender: he/her”

“Demi-girl (she/they)”

“Demiboy”

“Pangender”

“Demi-sexual”

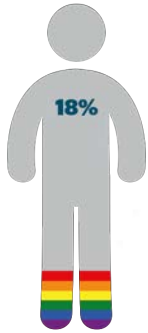
“Panromantic”

830 RESPONSES FROM LGBT*Q+ YOUNG PEOPLE.

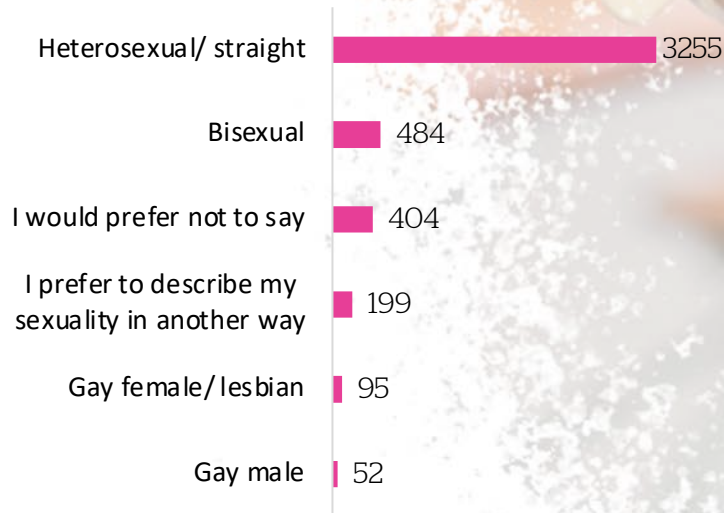
These students tended to experience poorer wellbeing than their peers. They were also more likely to report self-harm, lower self-esteem and poor outcomes against many other measures featured in this research.

You can read more about our findings from LGBT*Q+ young people, and students throughout this report. The findings for LGBT*Q+ young people are presented as a group, including both sexuality and gender identity unless otherwise stated.





18% of responses were from young people who identified as LGBT*Q+.



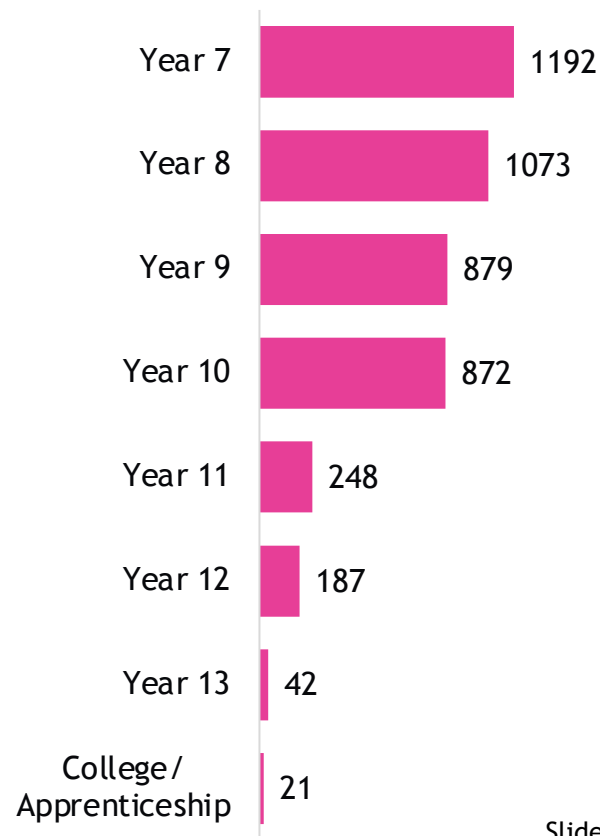
"I prefer to describe my sexuality in another way" - Student responses

- "Questioning"
- "Don't know"
- "Pansexual"
- "Queer"
- "Omnisexual"
- "Bi-curious"
- "Panromantic demisexual"
- "Bisexual asexual"
- "Queer demiboy"
- "Toric"
- "Pansexual polyamorous"
- "Cupiosexual"

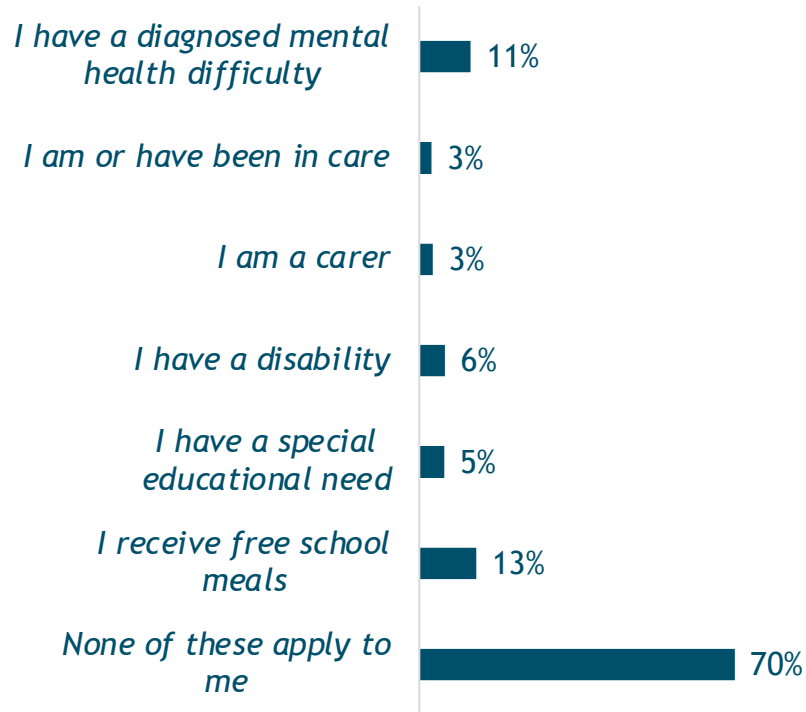
Students recorded their ethnicity:

White - English/ Welsh/ Scottish/ Northern Irish/ British	80.2%
Any other White background	3.9%
Polish	2.0%
Other	1.9%
Romanian	1.7%
White and Black Caribbean	1.5%
White and Black African	1.1%
Any other Mixed/ Multiple ethnic background	1.0%
Irish	0.8%
Portuguese	0.8%
Indian	0.7%
Any other Asian background	0.7%
White and Asian	0.7%
African	0.6%
Pakistani	0.6%
Bangladeshi	0.5%
White - Gypsy, Traveller or Irish Traveller	0.5%
Chinese	0.4%
Any other Black/ African/ Caribbean background	0.2%
Arab	0.2%
Caribbean	0.2%

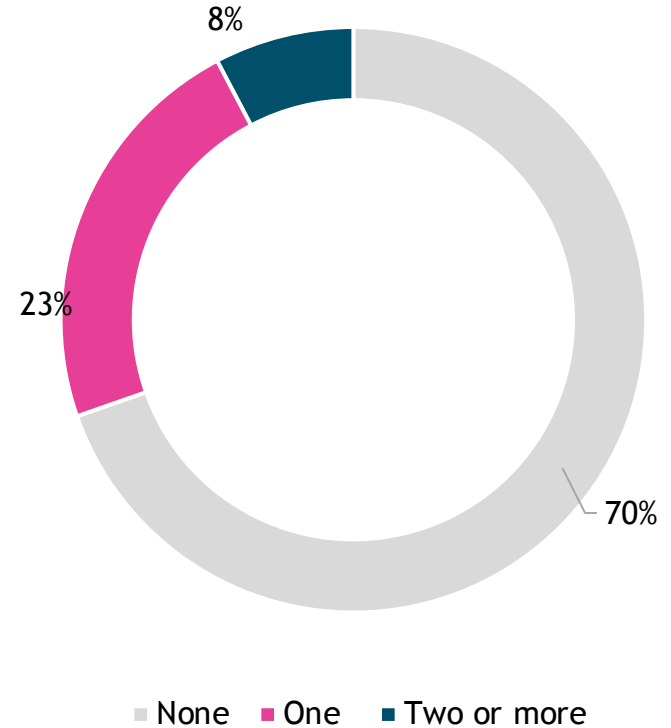
Students recorded their year group:



The survey asked young people which of the following statements applied to them. They could agree with more than one statement:



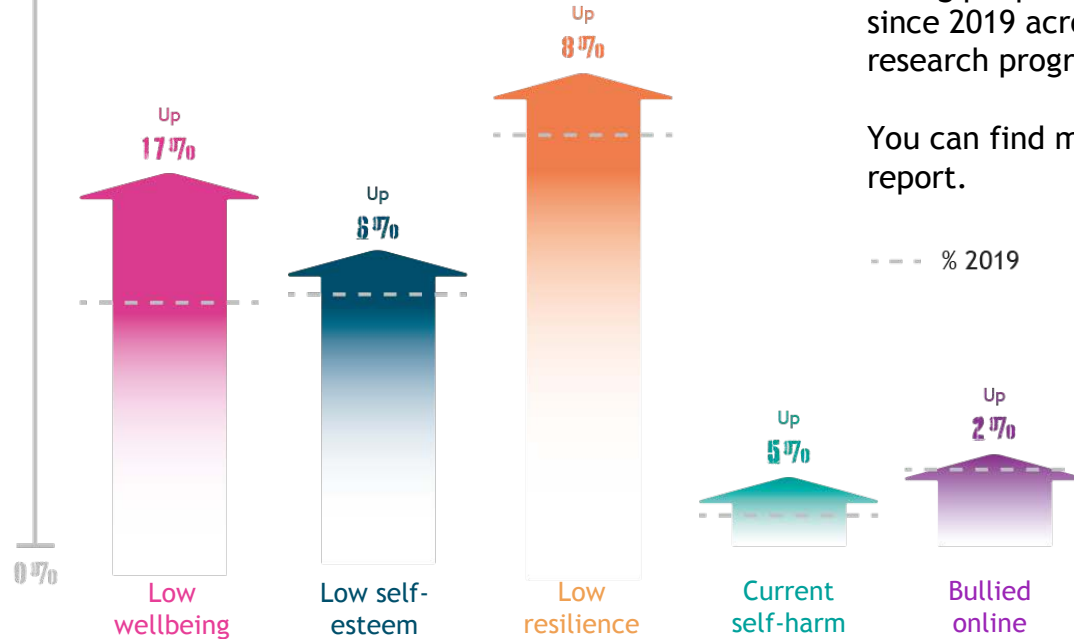
Thirty-one percent (nearly one in three) identified at least one vulnerability:



OUR RESULTS

100%

2019 – 2021 NIPOF DATA COMPARISON



Young people’s wellbeing has been detrimentally impacted since 2019 across a range of measures explored within this research programme.

You can find much more detail about each topic across this report.

--- % 2019

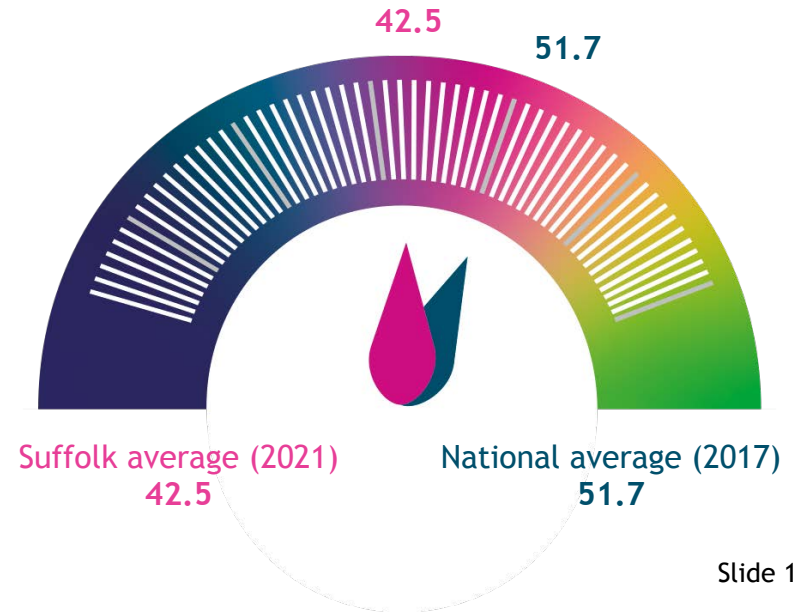
WELLBEING (WEMWBS DATA)

Wellbeing was measured using the 'Warwick-Edinburgh Emotional Wellbeing Scale' (WEMWBS). Students responded to 14 statements about their wellbeing and received a score ranging between 14 and 70. A higher score indicates better wellbeing.

A 2017 NHS research project found that the average wellbeing score for young people in England (aged 11 to 19) is 51.7. The Suffolk-wide average for 2019 (based on 11,950 responses to our MHoF survey) was 44.5. MHOFS has consistently found that young people's wellbeing outcomes in Suffolk may be lower than national averages.

4,522 students responded to the WEMWBS questions this year.

Wellbeing scores have fallen since our last survey in 2019 (from 44.5 to 42.5).



Nationally, there is a gap in available data for children and young people's scores on the full 14 statement WEMWBS scale. Most available literature references the shorter seven statement "SWEMWBS" scale.

The adjusted SWEMWBS score for MHoF data in 2021 is 19.9. This compares to recent data from ImpactED research (2020)*, which reported scores between 24.1 and 23.2. Therefore, Suffolk young people have reported lower average wellbeing than national samples across both scales.

24.1 - 23.2

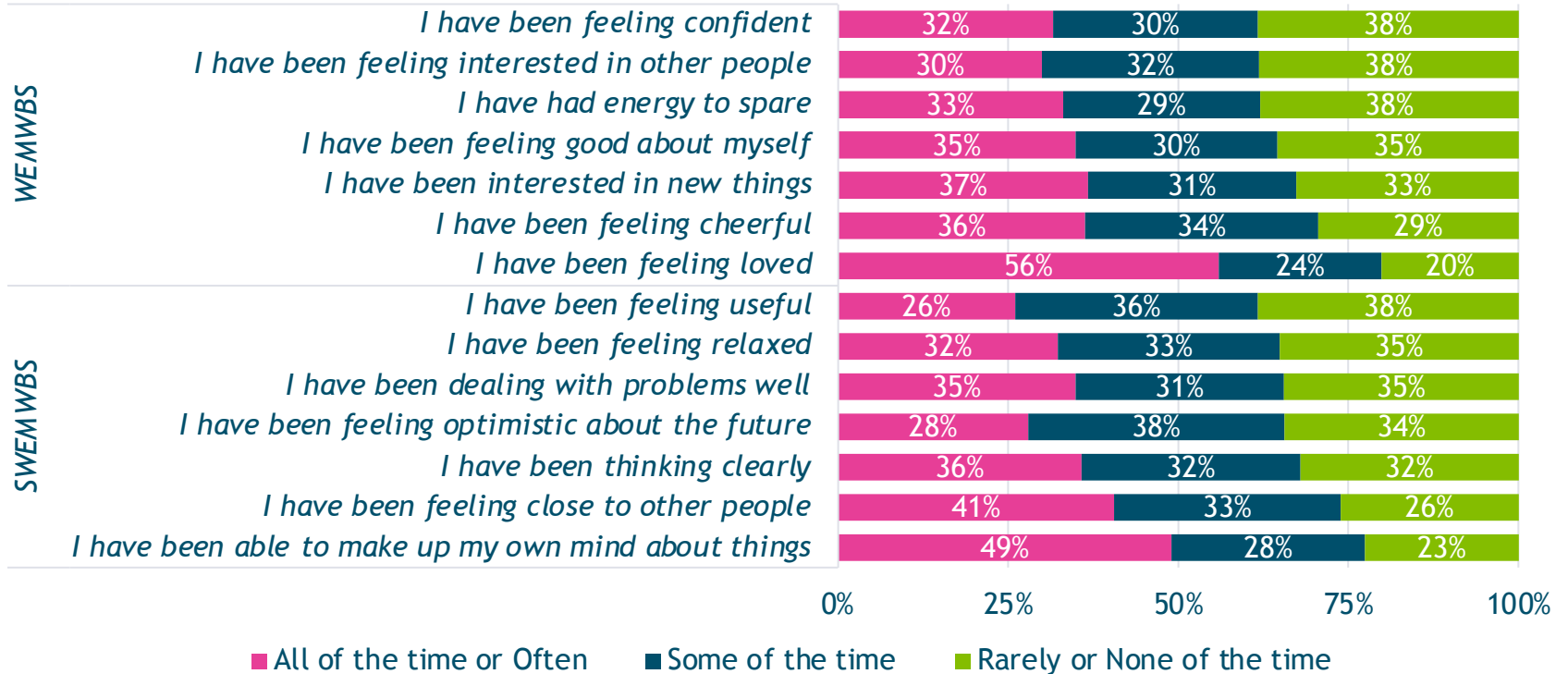
Average SWEMWBS score in the
ImpactED research
(May - November 2020)

19.9

Average SWEMWBS score in the
MHoF 2021 (January - July 2021)

*For more information see <https://impacted.org.uk/lockdownlessons>

The chart below shows each of the 14 statements in the WEMWBS/ SWEMWBS scale, as well as how students responded to each statement overall. Data is based on 4,522 responses to WEMWBS questions.



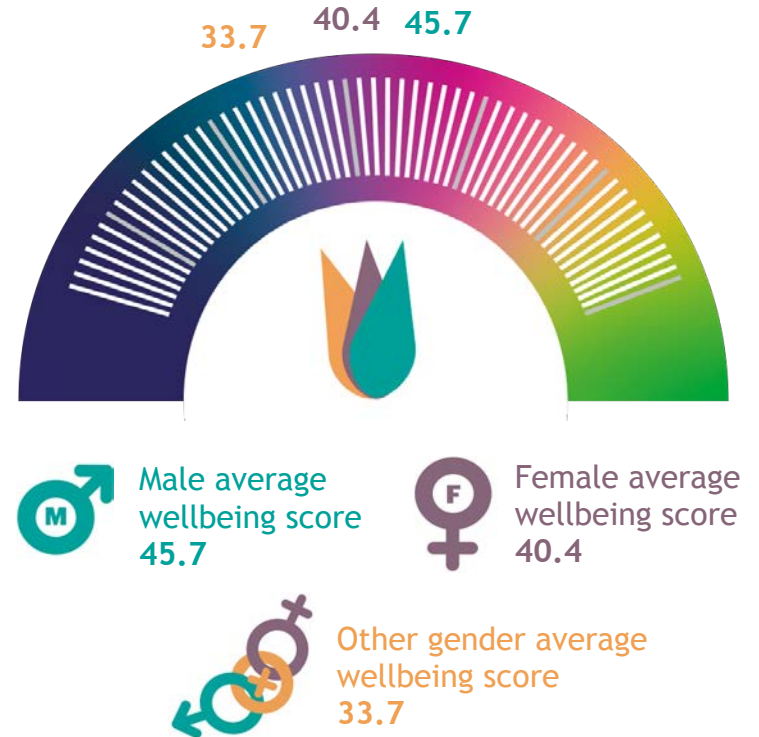
ONE IN FIVE

students indicated that they had felt loved rarely or none of the time.



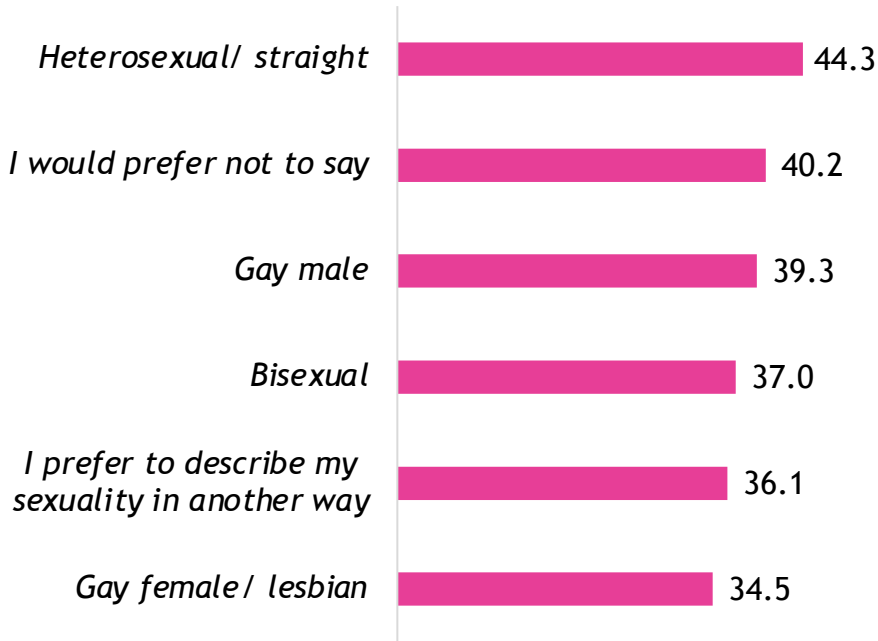
- ▶ **Male** students reported higher average wellbeing scores than **female** students. **Those who preferred to identify their gender in another way** reported the lowest wellbeing scores on average.
- ▶ These findings are consistent with previous years of 'My Health, Our Future'.
- ▶ **Students with additional vulnerabilities** reported lower wellbeing scores on average than their peers. The lowest wellbeing scores amongst this group were reported by those with a diagnosed mental health difficulty (35.5).

Average wellbeing scores & student gender



SEXUALITY AND WELLBEING

In addition to gender identity, *those who identified as LGBT*Q+ also reported lower wellbeing scores than their peers.*



YEAR GROUP WELLBEING

There was a weak correlation between year group and wellbeing score. *Students in Year 9 and above were generally more likely to report lower wellbeing.*

Year 13 students reported a higher score, but were a small proportion of the overall sample.



ETHNICITY AND STUDENT WELLBEING

There were variations in average wellbeing score by ethnicity. However, it is important to acknowledge that sample sizes for individual groups were small and therefore caution is needed when considering how the results could be generalised to a wider population:

- ▶ White - English/ Welsh/ Scottish/ Northern Irish/ British reported an average score of **42.6**.
- ▶ Students from an Arab (**47.2**), Caribbean (**45.8**) or Bangladeshi (**44.7**) background reported the highest scores on average, however, these were also small groups of students.
- ▶ Students from an Irish (**38**), White - Gypsy, Traveller or Irish Traveller (**39.9**) or mixed White and Black African (**40**) group reported the lowest wellbeing scores on average.

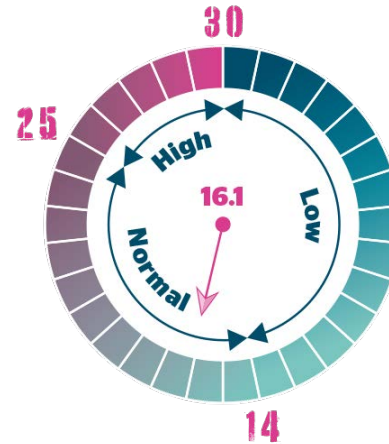
SELF-ESTEEM

Self esteem was measured using the **Rosenberg Self-Esteem Scale**. It asks ten statements related to feelings of self worth or acceptance on a four point scale from "Strongly Agree" to "Strongly Disagree". There are five positively worded statements and five negatively worded statements.

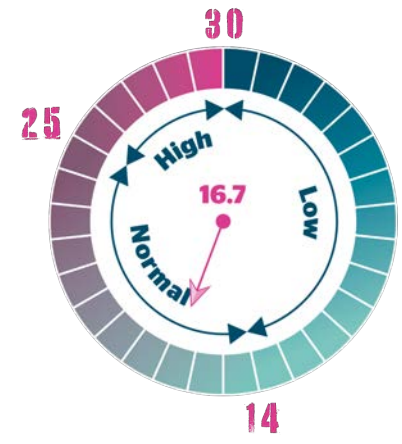
4,237 students responded to the questions. A score of 0 - 14 is considered "low self-esteem", 14 - 25 is "normal" and 25 - 30 is considered "high self-esteem". NHS research, in 2017, reported an average self-esteem score for young people in England of 21.

You can find more information about the scale from: <https://www.sralab.org/rehabilitation-measures/rosenberg-self-esteem-scale>

Students average self-esteem score has fallen slightly since 2019, from 16.7 to 16.1 (just within the 'normal' range).



Self-esteem (2021)



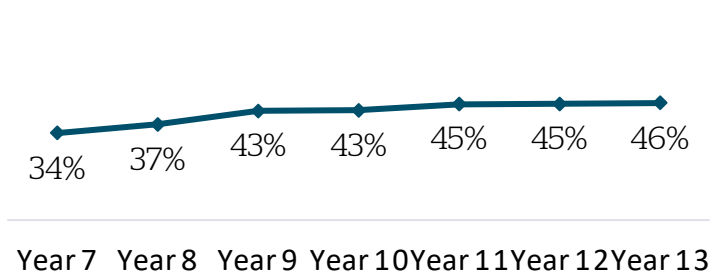
Self-esteem (2019)

ALMOST HALF

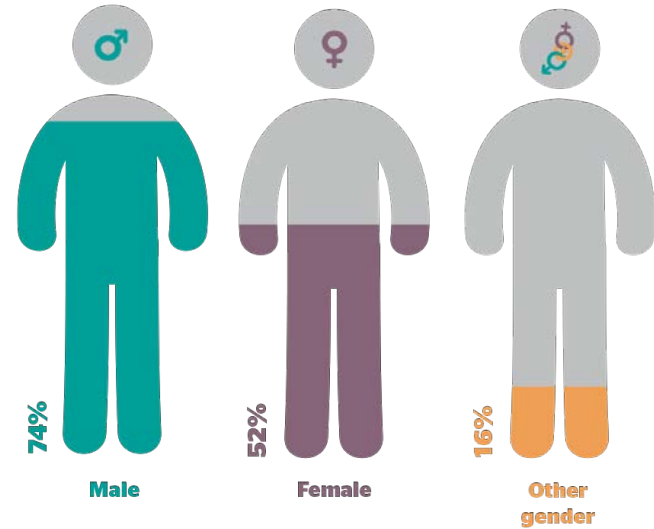
of female students reported low self-esteem. Students who chose to describe their gender in their own way reported the lowest self-esteem overall (**more than 80% of their scores indicated low self-esteem**).



The number of students reporting low self-esteem increased with school year.



Levels of 'Normal' or 'High' self-esteem across all gender categories:

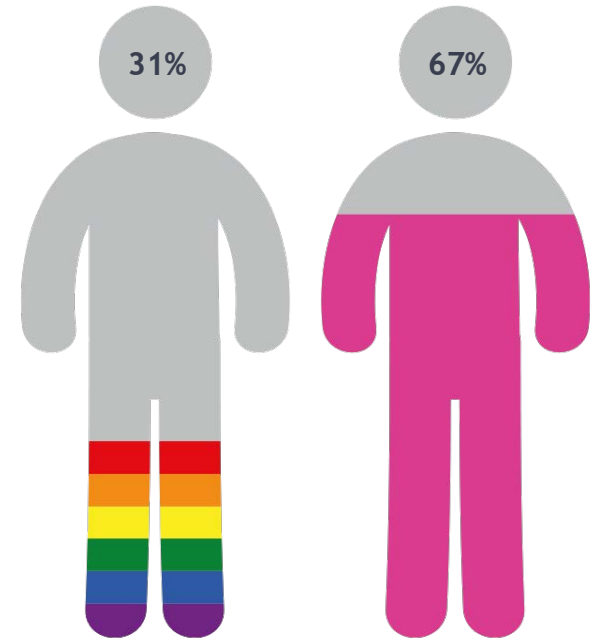


Female students were more likely than male students to report low self-esteem. Those who preferred to describe their gender in their own way were the most at risk of low self-esteem.

IN OTHER RESEARCH... In 2021, research by the Education Policy Institute (using a shortened version of the Rosenberg Self-esteem scale) found a drop in self-esteem as children move into and through adolescence. Scores were generally more concentrated towards the low end of the scale at age 17 compared to age 14. In addition, they found a larger “drop in self-esteem for girls than for boys from ages 11 to 14. However, between ages 14 and 17, boys’ scores continue[d] to fall, on average, while girls’ self-esteem appear[ed] to remain broadly stable.”

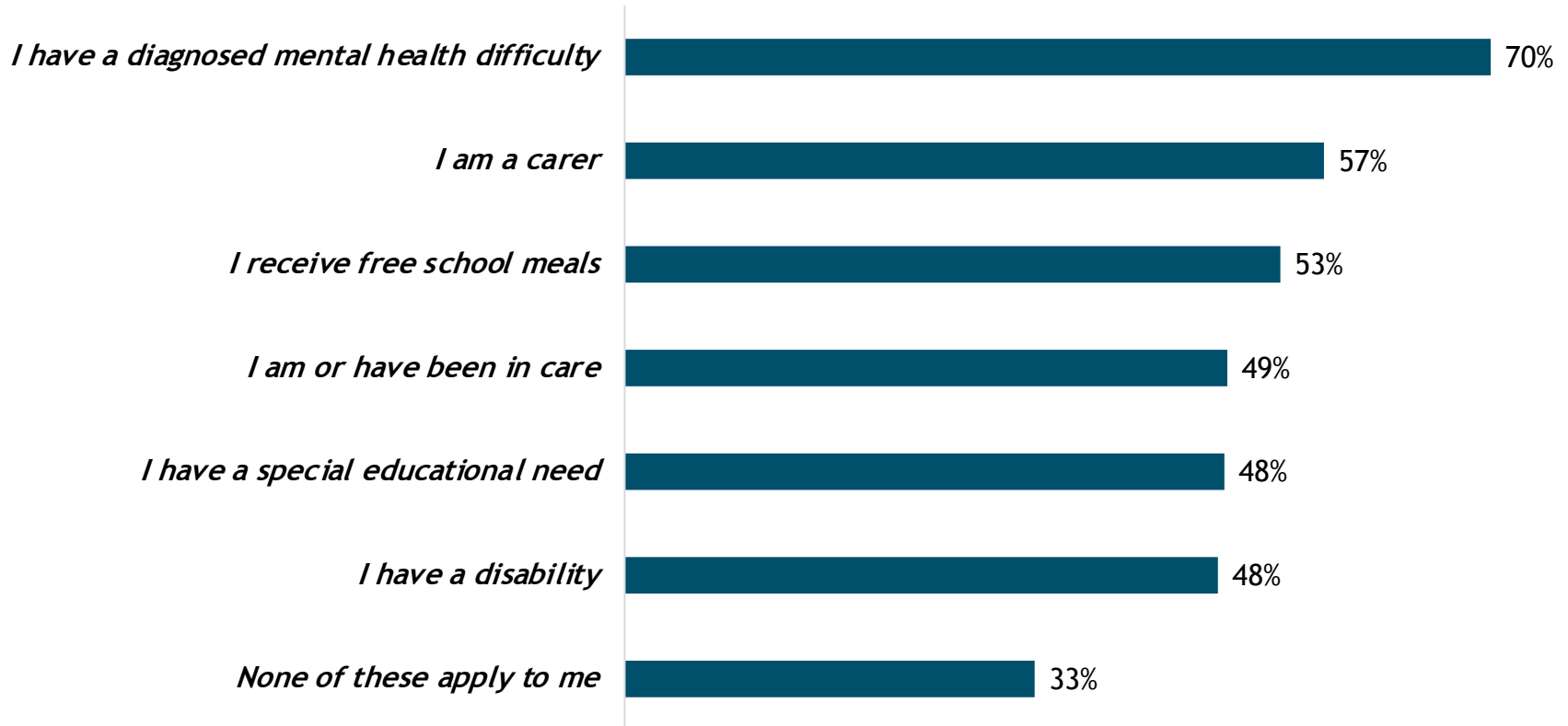
MORE FINDINGS ABOUT SELF-ESTEEM

- ▶ **Students with additional vulnerabilities were more likely to report low self esteem.** Those with a diagnosed mental health difficulty were at the greatest risk of low self- esteem, followed by carers and those who receive free school meals.
- ▶ **Sixty-nine percent** of LGBT*Q+ students reported low self-esteem, compared to **33%** of their peers.
- ▶ Polish students (**48%**) and students from Mixed White and Black African backgrounds (**47%**) were more likely to report low self-esteem than their peers.
- ▶ Irish students (**53%**), Mixed White and Asian students (**45%**), and Black African students (**44%**) were also more likely to report low self esteem than White - English/ Welsh/ Scottish/ Northern Irish/ British students (**40%**), although all of these were from a sample of less than 30 students.



LGBT*Q+ STUDENTS REPORTED MUCH LOWER LEVELS OF 'NORMAL' & 'HIGH' SELF-ESTEEM THAN THEIR PEERS.

STUDENTS WITH VULNERABILITIES – RATES OF ‘LOW SELF-ESTEEM’:

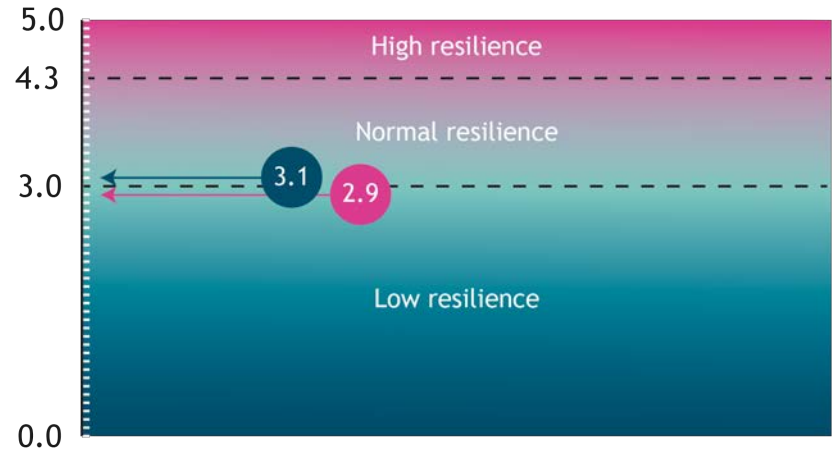


HOW RESILIENT ARE YOUNG PEOPLE?

Resilience was measured using the Brief Resilience Scale (BRS). It was created to assess the perceived ability to 'bounce back' or recover from stress. There are six statements on a five-point scale ('Strongly Disagree', 'Disagree', 'Neutral', 'Agree', 'Strongly Agree').

Statements are scored from one to five, with three positively worded statements and three negatively worded statements. An average score across these statements of 0 - 3 is considered 'low resilience', 3 - 4.3 is 'normal' and 4.3 - 5 is considered 'high resilience'.

3,743 young people responded to questions about resilience. More information available from: www.whatworkswellbeing.org.



Between 2019 and 2021, young people's average resilience has dropped to a 'low resilience' classification.

FOUR KEY FINDINGS ABOUT RESILIENCE, GENDER AND SEXUALITY

FEMALE
STUDENTS



Female students reported lower resilience than male students. 71% had low resilience

MALE
STUDENTS

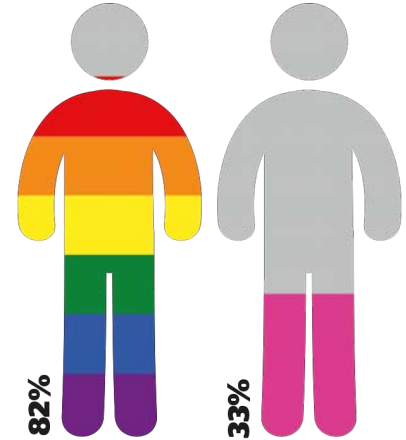


Male students were the most resilient with 45% falling within the 'normal' range.

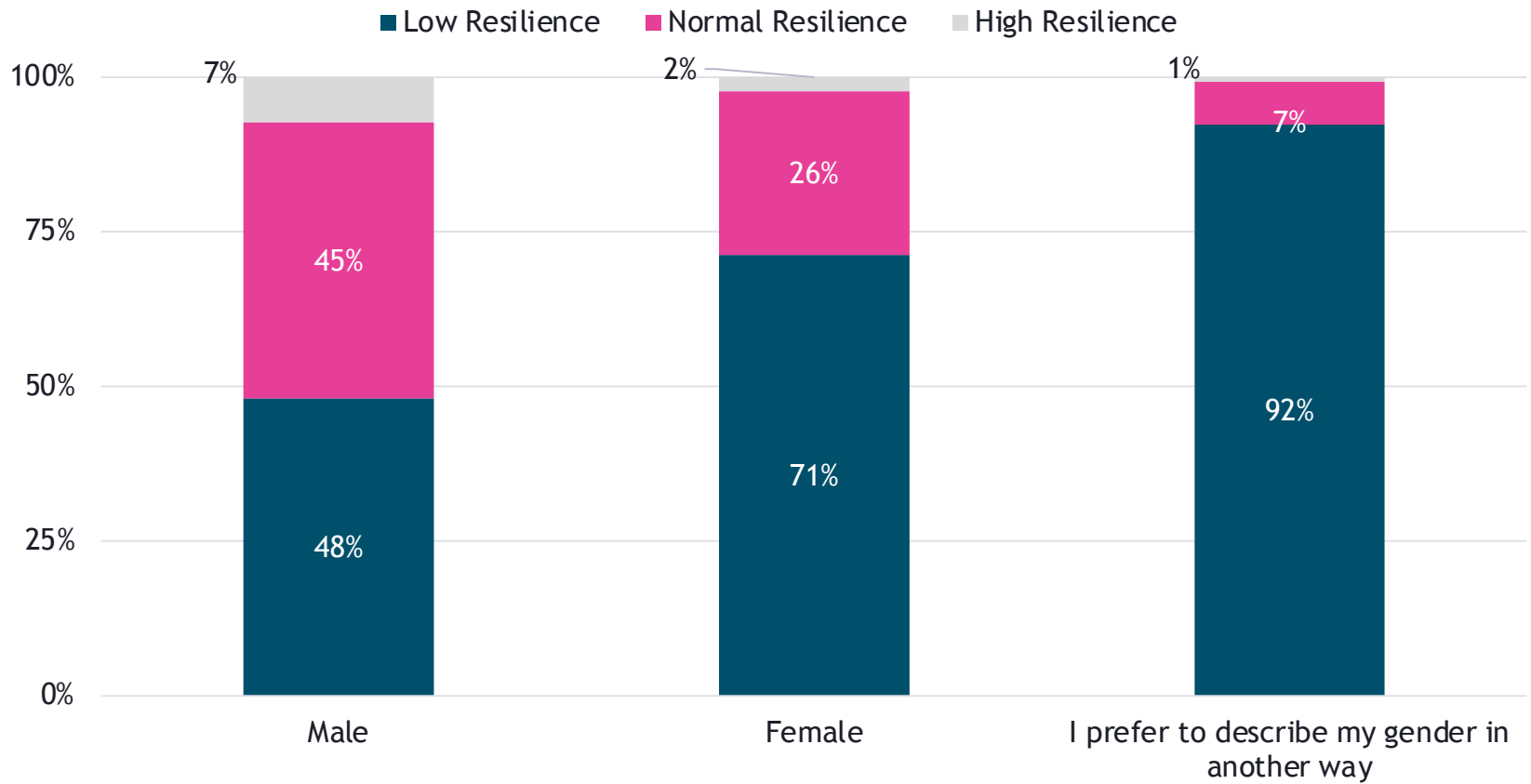
+
GENDER



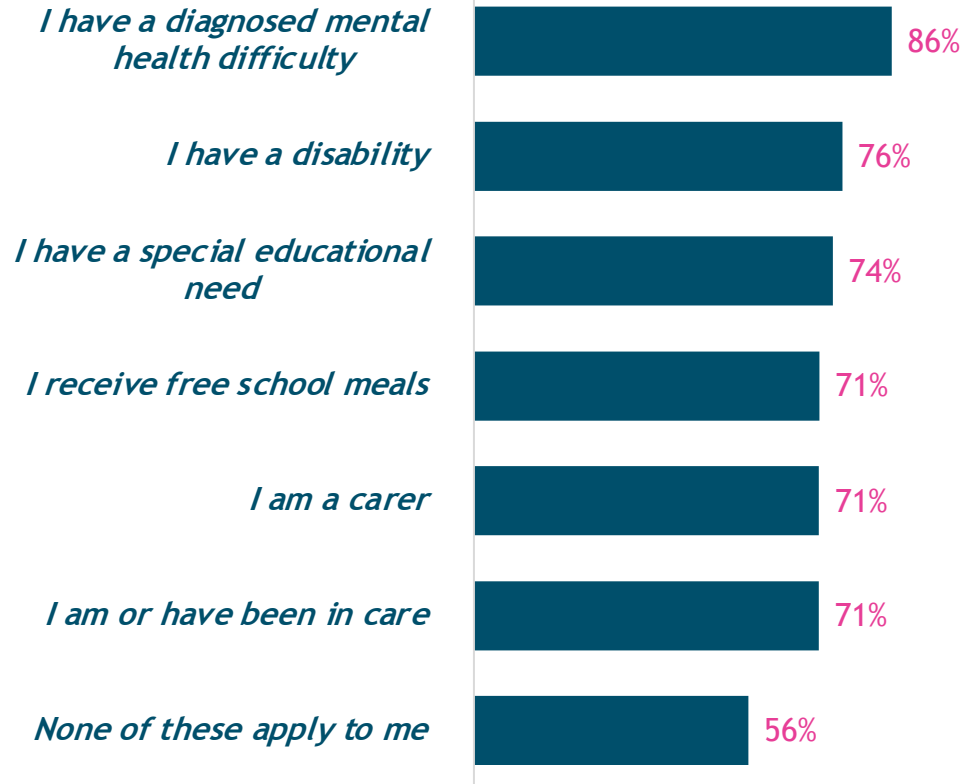
Students who described their gender in another way were the least resilient group.



82% of LGBT*Q+ students reported low resilience compared to 33% of their peers.



- ▶ Students with additional vulnerabilities were more likely to report low resilience than their peers.
- ▶ Those with a diagnosed mental health difficulty were at the greatest risk of low resilience.
- ▶ A higher proportion of Irish students (68%) and Caribbean students (80%) reported low resilience scores, however, these came from small sample sizes (25 and 10 respectively).



% in low resilience category

MENTAL HEALTH AND THE PANDEMIC

We asked students about their mental health at different stages of the pandemic. Their responses offer an insight into young people's self-assessed state of mental health before, during and after the March/April 2020 COVID-19 lockdown.

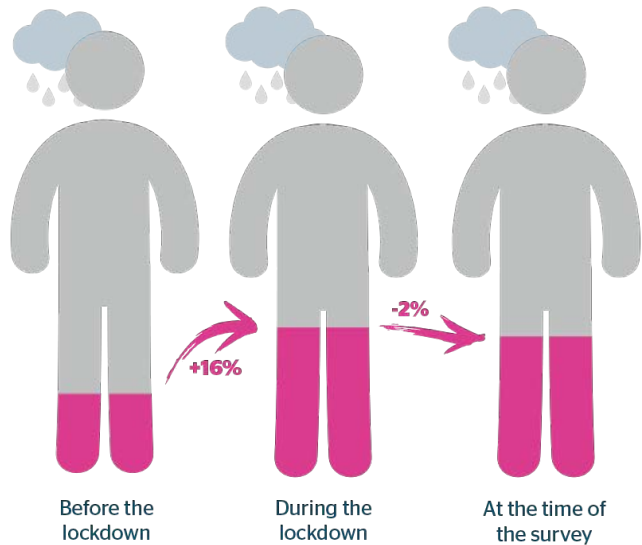
Students were presented with a graphic (see right) that asked them to assess their mental health against four possible categories. They were 'Healthy', 'Coping', 'Struggling' and 'Emotionally Unwell'.

4,522 students responded to these questions.

Emotionally unwell ★	Struggling ★★	Coping ★★★	Healthy ★★★★
My mental health is impacting on daily functioning	My mental health regularly impacts on daily functioning	My mental health has minimal impact on daily functioning	My mental health has no impact on daily functioning
I am very anxious or depressed	I get angry and anxious	I have good and bad days emotionally	I have normal mood changes
I am extremely stressed	I am highly stressed or emotional	I am sometimes stressed but coping	I am not stressed
I am socially withdrawn	I avoid social activity	I do not feel like being social	I am socially active
My sleep is very poor	I regularly do not get enough sleep	I get enough sleep some of the time	I have normal sleep patterns
I have professional support for my mental health	Sometimes I need support for mental health from school	I get advice from friends or family when I feel low	I usually do not need support for my mental health
I experience panic attacks, hopelessness & struggle at school	I sometimes struggle at school and have low mood	I cope at school, but sometimes I have bad days	I always cope with school demands and workload



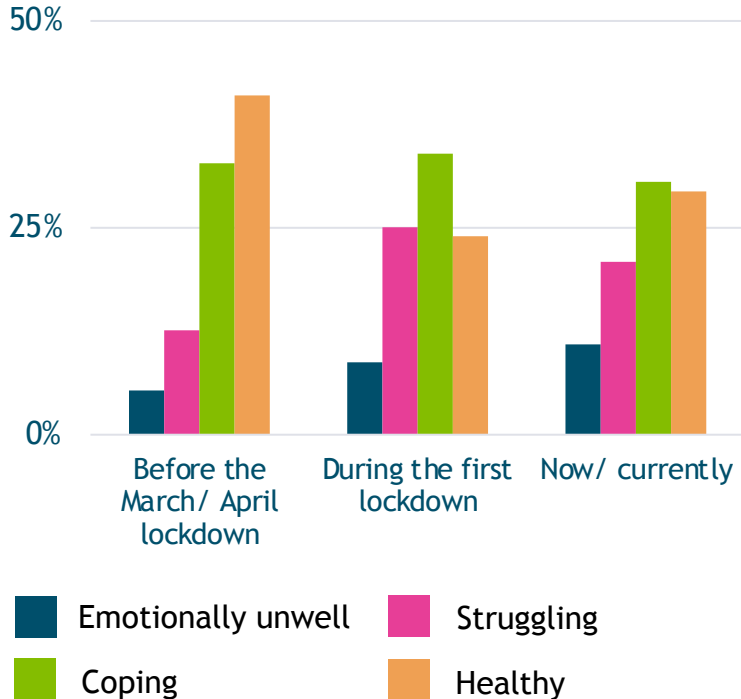
The percentage of young people who were 'emotionally unwell' or 'struggling' increased during the March/April 2020 lockdown and then remained fairly stable up to when the survey was completed by students (May - June 2021), following a second lockdown and move to tiered restrictions in December 2020.



'EMOTIONALLY UNWELL' or 'STRUGGLING'



The chart below shows the percentage of students who agreed with each statement at each stage of the pandemic.

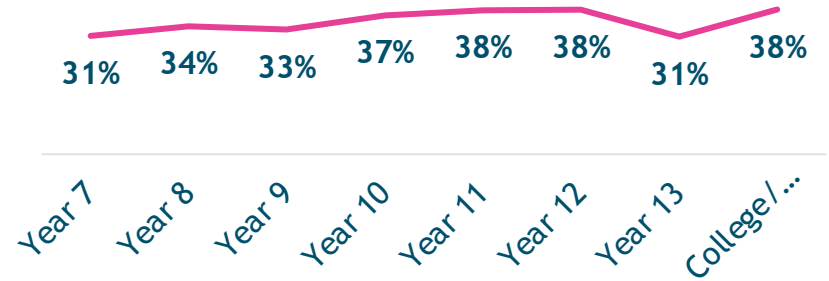


MORE NOTABLE FINDINGS:

- ▶ More respondents said that they were struggling or unwell after the first lockdown than before it. Almost as many young people reported that they were ‘struggling’ or ‘emotionally unwell’ currently (May - June 21) as during the first lockdown.
- ▶ Female students (38%) were more likely to report that they were ‘struggling’ or ‘emotionally unwell’ than male students (27%). Those who preferred to describe their gender in another way were much more likely to report that they were struggling (59%).
- ▶ Students who identified as heterosexual/ straight were much less likely to report that they were ‘struggling’ or ‘emotionally unwell’ now (28%), or during the first lockdown (33%) than LGBT*Q+ students (62% now, 56% in the first lockdown).

MORE NOTABLE FINDINGS:

- ▶ Students with vulnerabilities were much more likely to say they were struggling compared with those with no vulnerabilities.
- ▶ Those with a diagnosed mental health difficulty, or who had been in care, were the most likely to report difficulties. Over **50%** of both these groups reported that they were ‘struggling’ or ‘unwell’ at least once.
- ▶ **Thirty-four percent** of White - English/ Welsh/ Scottish/ Northern Irish/ British students were ‘struggling’ or ‘emotionally unwell’.
- ▶ Irish (**47%**), Gypsy, Traveller or Irish Traveller (**41%**) or Pakistani students (**40%**) were most likely to report ‘struggling’ or being ‘emotionally unwell’, although the sample was small (less than 40).



There was a weak positive relationship between year group and increased likelihood of students feeling that they were struggling or unwell.

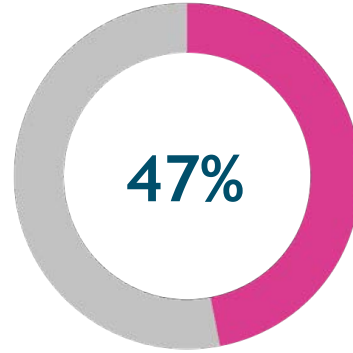
IN OTHER RESEARCH... NHS Digital (2021) found that “rates of probable mental disorder increased between 2017 and 2021; in 6 to 16-year-olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021.”

[Click to see this research.](#)

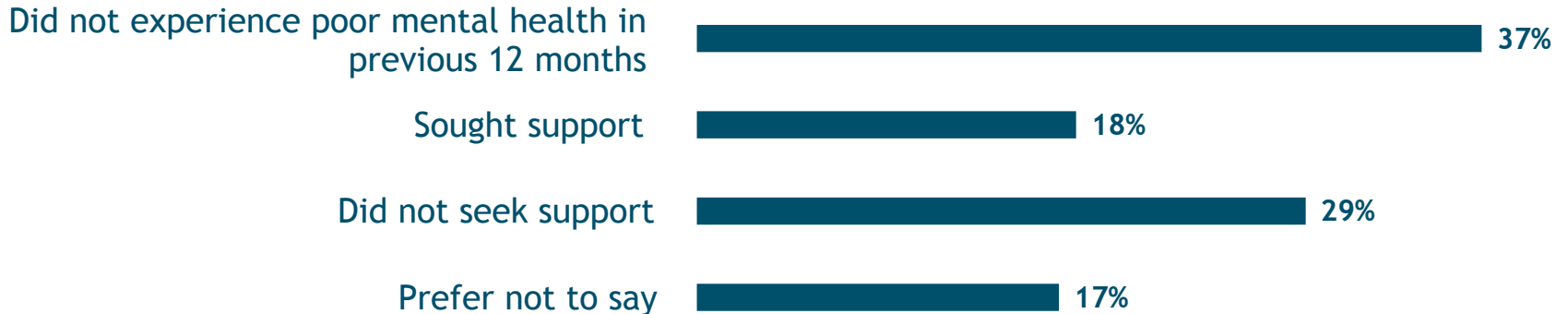
SEEKING SUPPORT

Young people were asked if they had experienced poor mental health in the last 12 months and, if so, whether they had sought support.

4,506 young people responded to the question.



47% of young people indicated they may have experienced poor mental health in the previous 12 months. 17% preferred not to say.



IN OTHER RESEARCH...

2021 research from NHS Digital found that:

- In 17 to 23-year-olds, rates of probable mental disorder were higher in young women (23.5%) than young men (10.7%).
- Rates of probable mental disorder were higher among 6 to 23-year-olds in the White British (18.9%) and the mixed or other (22.5%) groups, than in the Asian/Asian British (8.4%) and Black/Black British (8.3%) groups.
- More than half of children with a special educational need or disability (SEND) had a probable mental disorder (56.7%), compared with 12.5% of those without SEND.
- Six to 16-year-olds with a long-term physical health condition were twice as likely to have a probable mental disorder.

- ▶ Female students (23%), and those who described their gender another way (24%), were more likely to report seeking support for poor mental health than male students (12%).
- ▶ LGBTQ students were less likely than their peers to have sought support if they had experienced a mental health difficulty.
- ▶ Students from a mixed White and Asian background (45%), a Polish background (36%) or a Portuguese background (34%) were more likely than White - English/ Welsh/ Scottish/ Northern Irish/ British students to say they had experienced poor mental health but not sought support.
- ▶ Other groups reported higher percentages, but from much smaller sample sizes. For example, of 10 'Any other Black/ African/ Caribbean background' students, five reported having experienced poor mental health but not seeking support. 37% of Gypsy, Traveller or Irish Traveller students did not seek support for mental health from a sample of 19.

30%

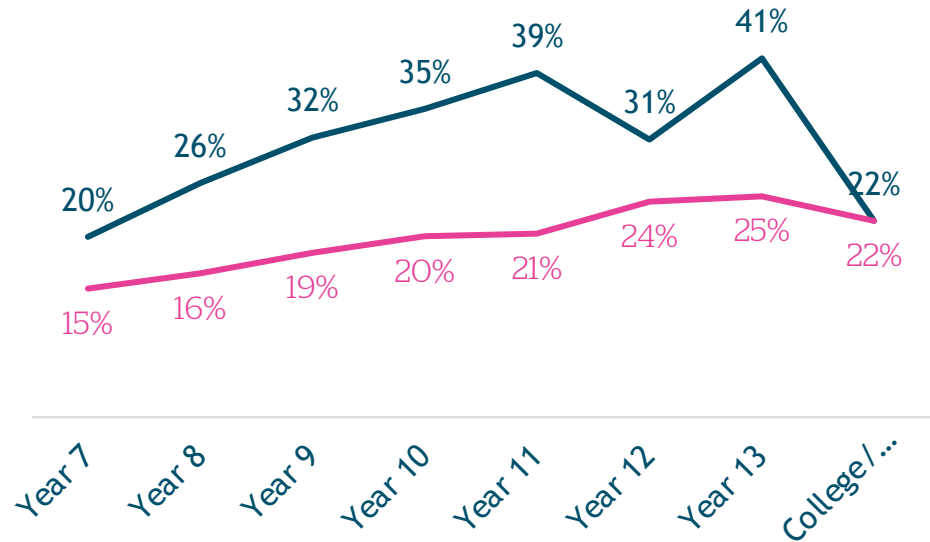
of children and young people receiving free school meals reported that they had experienced a mental health difficulty but not sought support. They were amongst the most likely to indicate this.



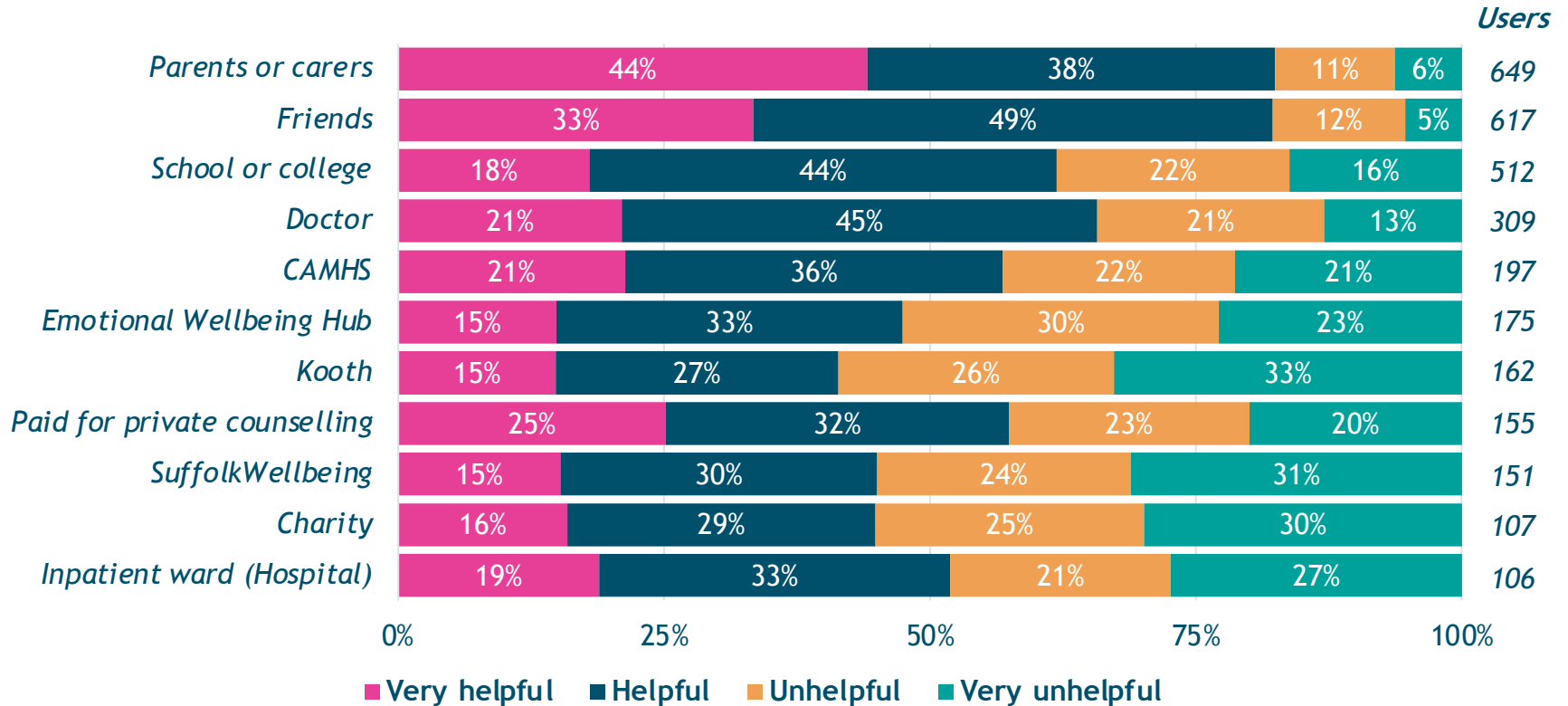
STUDENTS WITH VULNERABILITIES:

- ▶ Between **20%** and **25%** of carers, and those with a disability, special educational need or mental health diagnosis said they had not sought support for a mental health problem in the last 12 months.
- ▶ Students with a diagnosed mental health difficulty were more likely than other students to say they had sought support (**45%**).
- ▶ Those who reported no additional vulnerabilities (**29%**) and those receiving free school meals (**30%**) were the most likely to report that they had experienced a mental health difficulty but not sought support.

The overall percentage of students who reported experiencing poor mental health increased with school year. For Years 7 to 11, the gap between students seeking support and those who did not seek support also increases. This may mean that older students may be less likely to seek support for a mental health problem.



Young people who had looked for support for their mental health in the last 12 months were asked what support they had accessed, and how helpful they found the support they had received. **723** answered the question.



Young people who had experienced poor mental health but not sought support were asked why. **1,039** answered the question.

Reasons for not seeking support:	Total
I just dealt with it myself	18%
I am not good at talking about my feelings	15%
I didn't want my parents to find out	12%
I was afraid of being judged	11%
I felt embarrassed	10%
I was anxious about what would happen next	10%
I didn't know where to go or how to begin	7%
I didn't want support over the phone or video call	6%
I had a bad experience when I asked for help in the past	5%
Something else stopped me from seeking help	2%
I couldn't access help from mental health services during lockdown	2%
I couldn't access help from school during lockdown	1%



27%

of male students indicated they ‘just dealt with it themselves’ when they had poor mental health. They were more likely to indicate this than other groups of students.

OTHER NOTABLE FINDINGS:

- ▶ Female students were more likely to not know where to go for support for their mental health, to feel embarrassed about it, to not want their parents to find out or to be anxious.
- ▶ LGBT*Q+ students were more likely to say they were afraid of being judged, to be anxious about what would happen next, or to not want their parents to find out.
- ▶ Arab (33%) and Romanian (28%) students were the most likely to say that they dealt with their mental health themselves, although these were from small samples.
- ▶ Polish students were the most likely to say that they didn't want their parents to find out that they had experienced a mental health difficulty (20%)

IN OTHER RESEARCH...

A 2021 rapid literature review from the Anna Freud Centre reflected that:

"Lesbian, gay, bisexual, trans, non-binary, and queer (LGBTQ+) children and young people have also been disproportionately affected by the pandemic.."

*"Pressures faced by LGBT*Q+ young people include intrapersonal challenges (e.g. feelings of isolation), interpersonal challenges (e.g. feeling stuck at home with unsupportive parents or carers) and structural challenges (e.g. reduced access to in-person support services)."*

[Click to see this research.](#)

MENTAL HEALTH EDUCATION

Students were asked if they had been taught about mental health at school or college. **3,916** answered the question.

- ▶ The percentage of students who said schools did not provide information about mental health doubles between Year 7 (9.8%) and Year 10 (22%).
- ▶ Students with vulnerabilities, including carers or a diagnosed mental health difficulty, were more likely to feel their school/college does not provide information about mental health.
- ▶ Students with a mental health condition (52%) were most likely to say their school/college offers information, but not topics they are interested in.
- ▶ Students from some ethnicities were more likely to say their school did not offer learning about mental health than white British students (43%). Romanian students were most likely to report this (61% of 64 students), followed by 59% of 22 Pakistani students.



86%

said their school/college gave them information about mental health, but 43% felt it did not always cover things they wanted to learn about.



EDUCATION

Fifteen percent more young people indicated they had received information about mental health in school (compared to our 2019 results), but the information didn't always cover topics they were interested in.

Young people were also asked about which topics they would most like to learn about in school. **3,852** young people answered the question.

Fifty-two percent said they wanted to learn about 'Anxiety'. This was the most selected topic.



Anxiety	52%
How to manage my own mental health and wellbeing	49%
How to help others with their mental health and wellbeing	48%
General mental health and wellbeing	46%
Depression	46%
Understanding and managing stress in school or college	45%
Body Image	45%
Self-harm	42%
Eating disorders	39%
LGBT*Q+	37%
I don't want to learn about mental health and wellbeing at school or college	18%

Wanting to learn about managing stress in school and college increased between Year 7 (39%) and Year 11 (59%).

LGBT*Q+ STUDENTS AND THEIR MENTAL HEALTH EDUCATION IN SCHOOL / COLLEGE:

- ▶ Overall, a majority of LGBT*Q+ students felt their school did not explore topics of interest to them (56%). 70% of those who preferred to describe their gender in their own way felt this way too.
- ▶ LGBT*Q+ students were more likely to say that they wanted to learn about all mental health topics than their peers, and much more likely to say that they wanted to learn about LGBT*Q+ as a topic in school than their peers (79% compared to 27%). 94% of students who preferred to describe their gender in another way also said they would like to learn about LGBT*Q+ as a topic in schools.



SELF-HARM

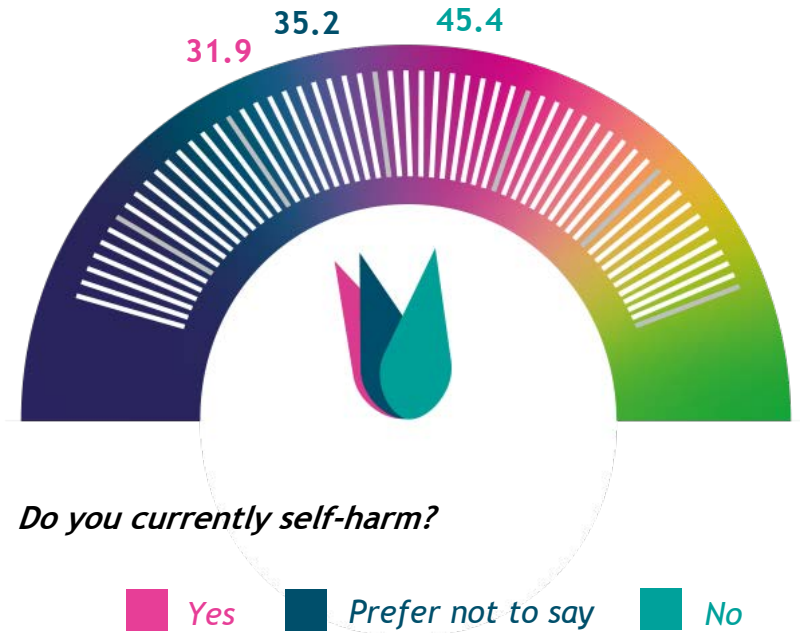
Young people were asked whether they currently self-harm. **3,808** students answered the question.

Nine percent of young people said they currently self-harm, **16%** said they would prefer not to say and **75%** said they do not currently self-harm.

Students were given the following definition of self-harm as part of our survey question:

“Self-harm is when someone hurts their body on purpose. They might do this by cutting or burning their skin, punching or hitting things, poisoning themselves with tablets or other dangerous substances, using drugs and alcohol too much, not eating enough or eating too much.”

Young people who say they currently self-harm have much lower wellbeing scores.





As with many measures, there were clear gender differences related to rates of current self-harm. Young people who preferred to describe their gender in another way were much more likely to be vulnerable to self-harm, than either male or female students. Male students were least likely to say they currently self-harm.

IN 2019...

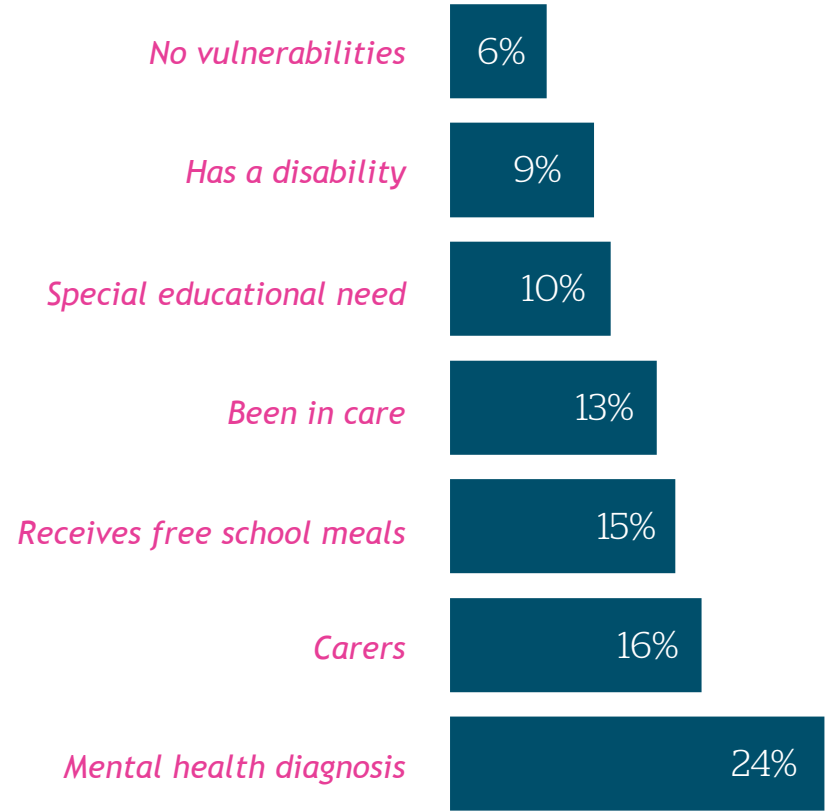
Rates of reported current self-harm have increased in Suffolk since the 2019 'My Health, Our Future' survey. Results in 2019 indicated that 4% of males, 5% of females and 19% of those who preferred to describe their gender in their own way were currently self-harming.

In comparison, rates of self-reported current self-harm have doubled for female students and almost doubled for those who preferred to describe their gender in another way.

Rates of reported self harm did not appear to be strongly correlated with age, but Year 7s and 8s were less likely to report current self harm than their peers up to Year 11.

SOME STUDENTS WERE MORE VULNERABLE TO SELF-HARM:

- ▶ **Twenty-four percent** of LGBT*Q+ students said they currently self harm compared to **5%** of their straight and cisgender peers. This means they reported nearly five times the rate of self-harm. Of 339 students who said that they currently self-harm, **175** identified as LGBT*Q+, and **164** were straight.
- ▶ Across all categories, students with at least one vulnerability (see chart right) were more likely to report current self-harm than their peers.
- ▶ Analysing the data by reported ethnicity revealed that the highest rates of self-harm were reported by Arab students (**29%** of **7** students), Irish students (**20%** of **25** students and Polish students (**13%** of **79**). **9%** of White - English/ Welsh/ Scottish/ Northern Irish/ British students reported current self-harm.





16%

of young carers in our sample said they currently self-harm. Those who received free school meals (15%), and those who had been in care (13%), reported similar rates of self-harm.

FINDING SUPPORT FOR SELF-HARM

Young people who said that they currently self-harm were asked whether they knew where to go for support. The question included signposting information to local sources of support for self-harm.

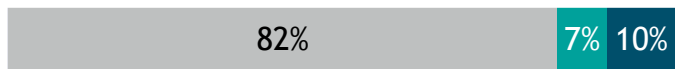
- ▶ **Half** of young people who reported current self-harm did not know where to go for support.
- ▶ Female students (**53%**) were more likely than male students (**42%**) to say they knew where to go for support to stop self harming.
- ▶ Trans* and non-binary students or those who preferred to describe their gender in another way were less likely than cisgender females to know where to go for support (**45%** compared to **53%**).
- ▶ LGBT*Q+ students (**55%**) were more likely than straight, cisgender students (**32%**) to say they knew where to go for support to stop self harming.

BULLYING

Young people were asked whether:

1. They had been bullied online in the last two months. There were **3,829** responses.
2. They had been bullied at school since last September. There were **3,827** responses.

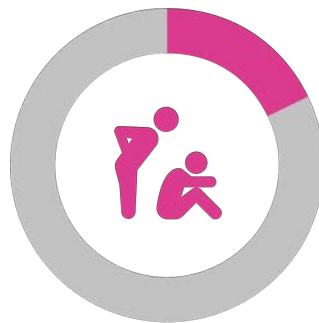
Rates of online bullying (last two months)



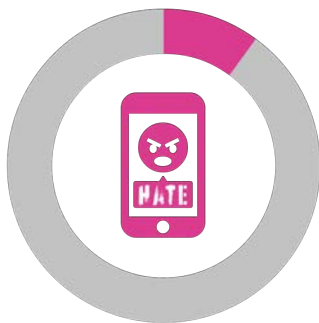
Rates of bullying in school (since September 2020)



■ No ■ Prefer not to say ■ Yes



18% (673) had been bullied in school.



10% (395) had been bullied online.

IN OTHER RESEARCH...

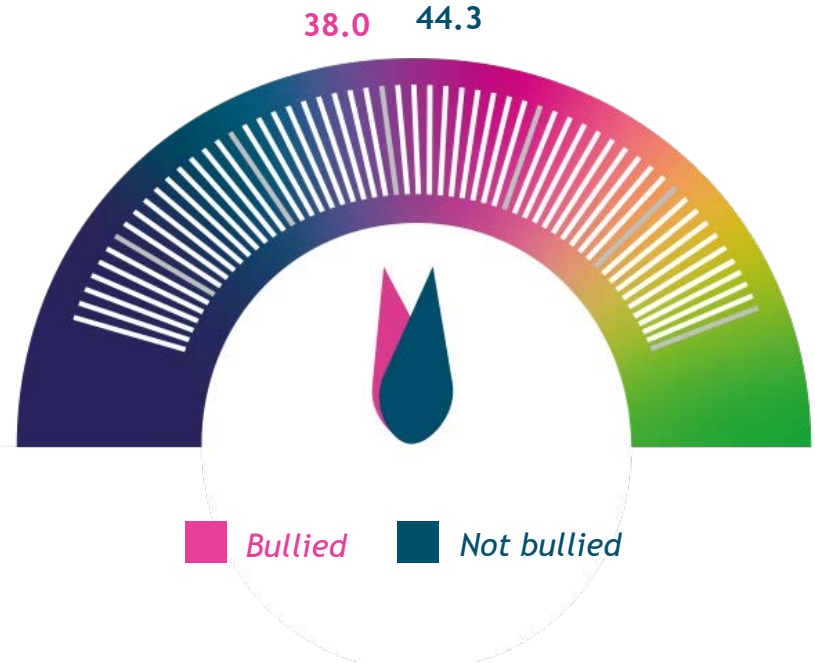
Research commissioned by the Department for Education (2021) found:

- *Just under one-in-five (18%) parents and 15% of secondary pupils reported that their child/they had been bullied in the past 12 months.*
- *One-in-twenty (5%) parents reported that their child had been bullied online, and just over one-in-twenty (6%) pupils had experienced online bullying in the last 12 months.*

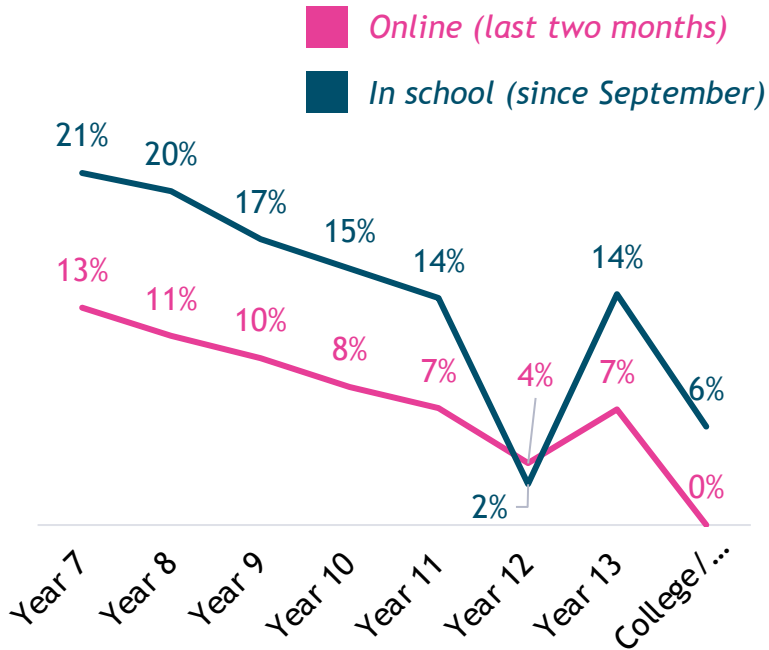
[Click to see this research.](#)

BULLYING AND YOUNG PEOPLE'S WELLBEING

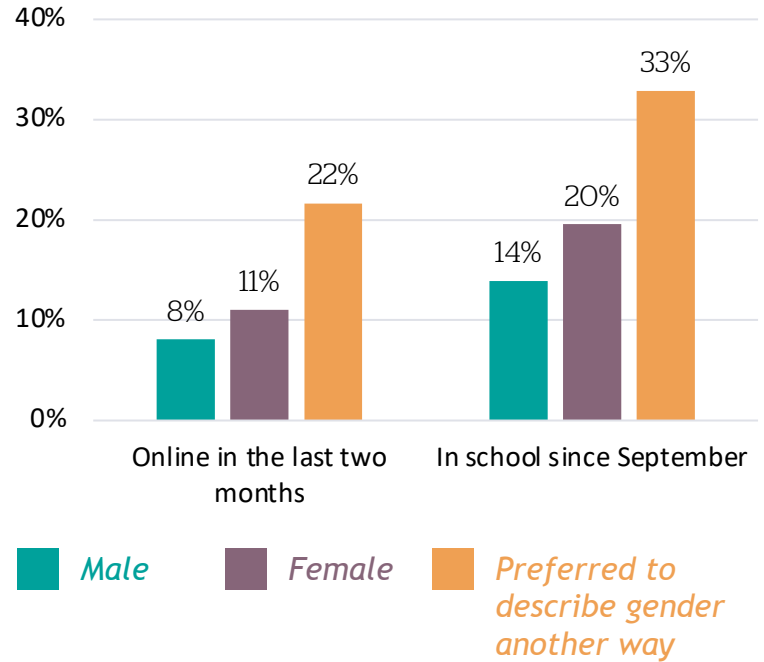
The graphic below shows the difference in the wellbeing scores of those who said they had been bullied since September 2020 and those who had not been bullied.



The proportion of students recording that they had been bullied, online or in school, fell with age up to Year 12. Small sample sizes (less than 30) for Year 13s and college students make it difficult to make comparisons

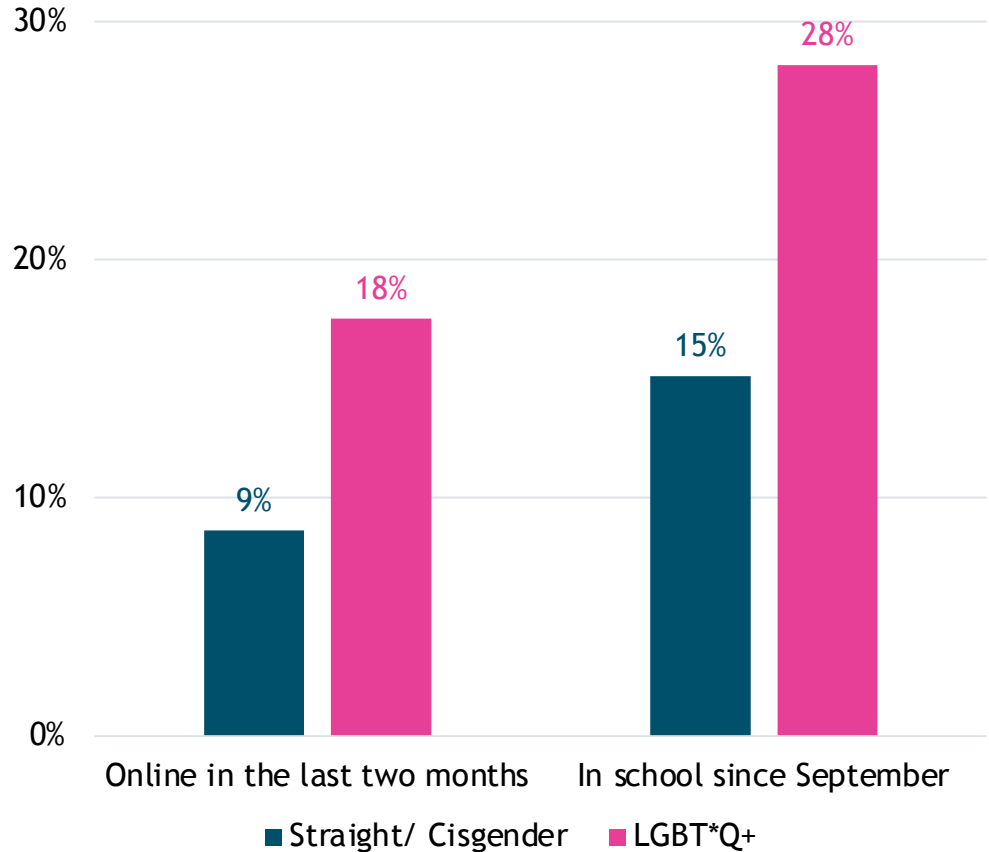


Female students and those who preferred to describe their gender in another way were more likely than male students to say that they had been bullied at school or college.



SOME STUDENTS WERE MORE VULNERABLE TO BULLYING:

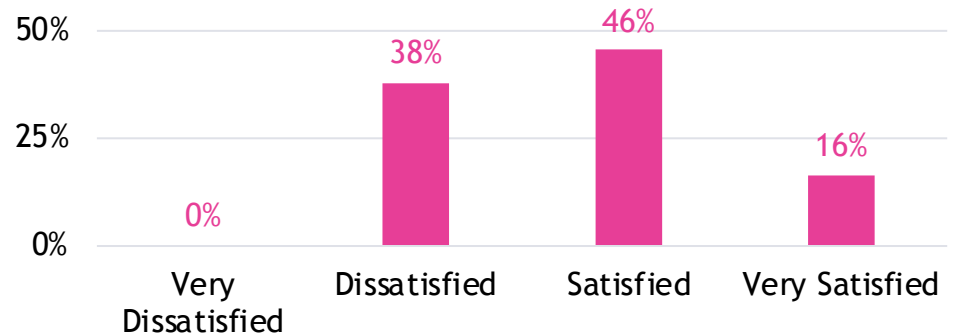
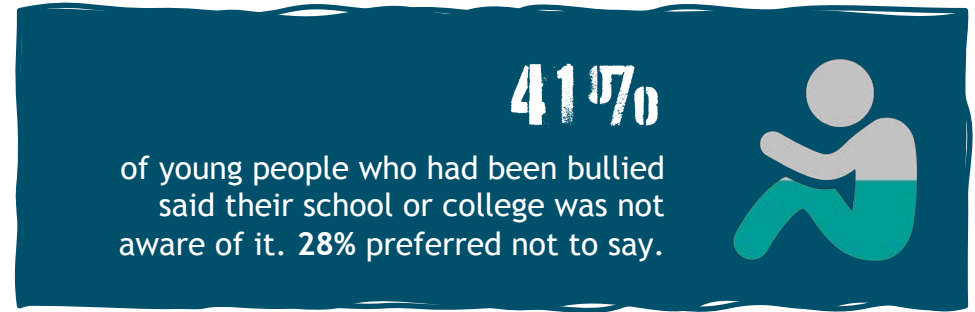
- ▶ LGBT*Q+ students were almost **twice as likely** to experience bullying, at school and online.
- ▶ Arab students (25% of 8), Polish students (18% of 78) and Indian students (14% of 29) were the **most likely to say** that they had been bullied online. These groups were also the most likely to say that they had been bullied at school or college.
- ▶ Students with vulnerabilities were **more likely to have been bullied** in school or online than those without vulnerabilities.



DEALING WITH BULLYING:

Students who responded that they had been bullied at school or online were asked whether school staff were aware that they had been bullied. **1,282** gave a response and **41% (530)** indicated their school was not aware.

Students were also asked to indicate how satisfied they were with the support offered by school staff when they made them aware that they had been bullied. **383** gave a response. **38%** were 'Dissatisfied' and **62%** were either 'Satisfied' or 'Very satisfied' (see chart right).



IN OTHER RESEARCH... Research commissioned by the Department for Education in 2021 found that “around three-in-five secondary pupils (58%) and secondary parents (60%) felt that their / their child’s school acted well to prevent bullying take place.” - [Click to see this research.](#)

SOCIAL ISOLATION

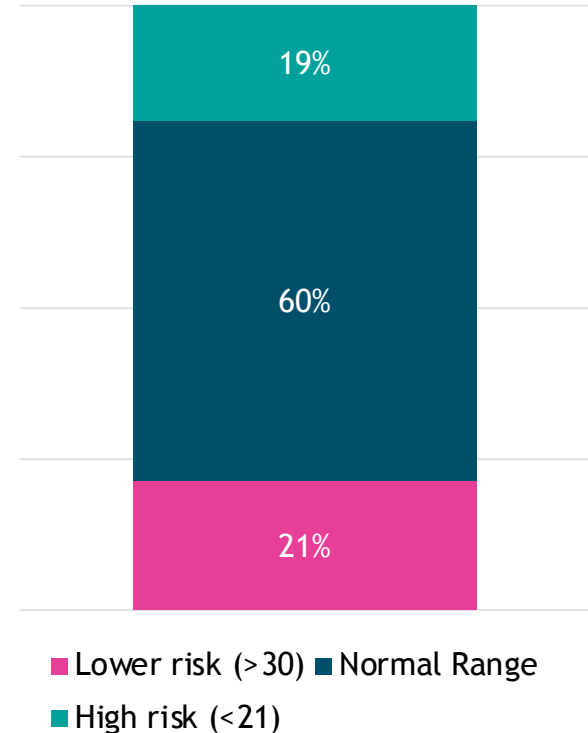
Young people were asked a series of statements about their relationships and social interaction. They were developed with stakeholders from Suffolk County Council to provide evidence for the risk of social isolation amongst young people in Suffolk.

Although the questions are not part of a validated scale, the data has been treated in a similar way to the WEMWBS and self-esteem scales found in this research. Each agreement scale was converted to a score between one and four (reverse coding negatively worded items) and then summed to a total score between nine and 36. Higher scores indicate a lower risk of social isolation.

3,090 students completed the full question set.

When tested, question item scores were reliably related to each other (Cronbach's $\alpha = 0.76$). This increases our confidence that the questions are measuring a single related concept or set of behaviours. Low, medium and high risk of social isolation categories were calculated as one sample standard deviation (4.7) above/ below the mean, rounded to the nearest whole number.

RISK OF SOCIAL ISOLATION



19%

of young people may be at risk of social isolation according to our scale of nine statements. The average score across all statements was **25.6** out of 36.



I like leaving home to go out to meet friends or to do things with my family.

I spend most of my time on the internet

I spend most of my time in my room

I find it hard to sleep

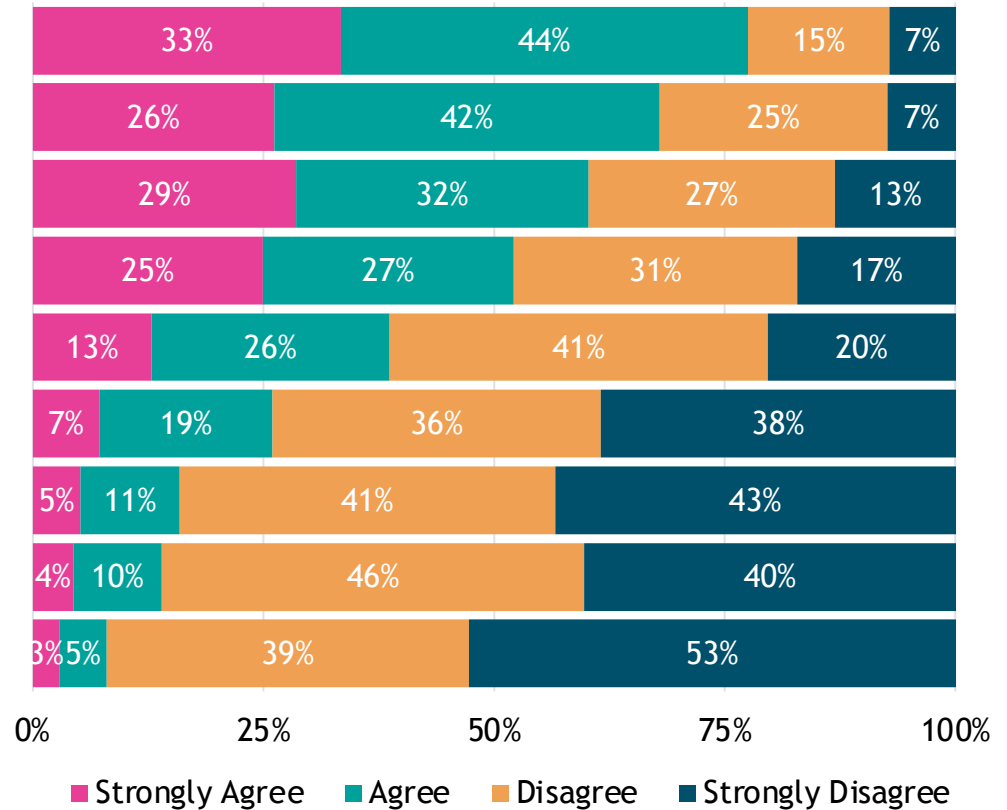
I do not like to meet new people

I sometimes avoid attending school

Most of my friends are ones I have made online

I cannot go out without a family member

I do not have any friends

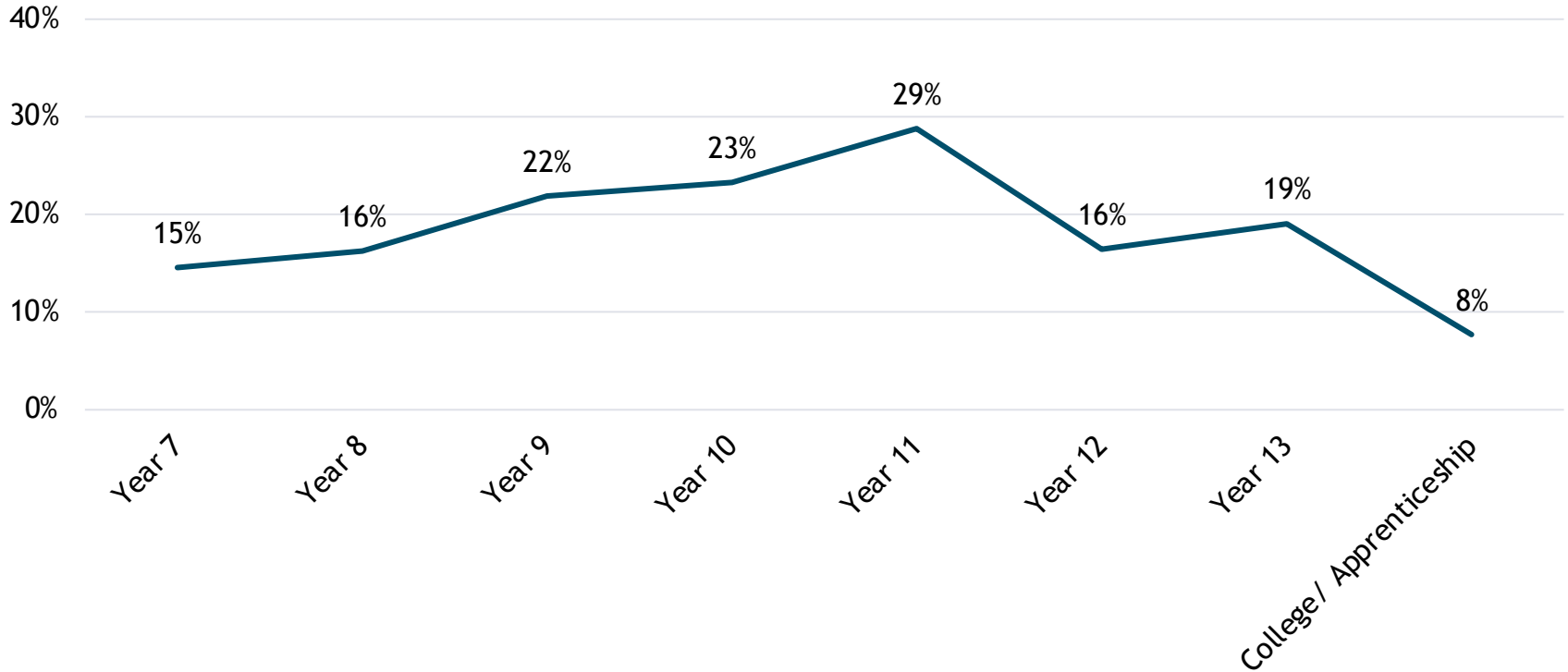


SOME STUDENTS WERE MORE VULNERABLE TO SOCIAL ISOLATION RISK:

- ▶ LGBT*Q+ students were more likely to be at high risk for social isolation than their peers (41% compared to 15% of their peers)
- ▶ Female students (22%) were more likely to be at high risk of social isolation than male students (13%). Those who preferred to describe their gender in another way were the most at risk of social isolation (64%).
- ▶ Students with any additional vulnerabilities were more likely to be at high risk of social isolation. 15% of students with no additional vulnerabilities were at high risk, compared to those with a diagnosed mental health difficulty (40%), carers (32%), students with disabilities (30%), those who receive free school meals (28%), those who have been in care (27%), or those who have a special educational need (27%).
- ▶ Students from a Polish (35% of 66), or Asian/ Asian British - Other (28% of 18), Indian (25% of 20), White - Other (23% of 116) or Romanian (22% of 45) background were the most likely to be at high risk for social isolation. 19% of White - English/ Welsh/ Scottish/ Northern Irish/ British were at high risk.



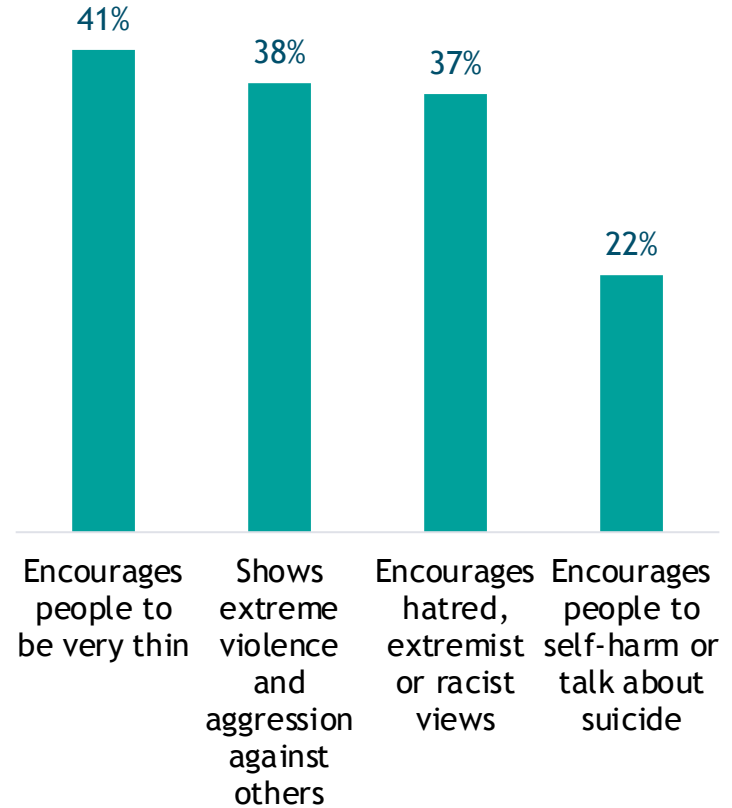
Being at high risk of social isolation appeared to increase with year group up to the end of Year 11 (see chart below).



ONLINE CONTENT

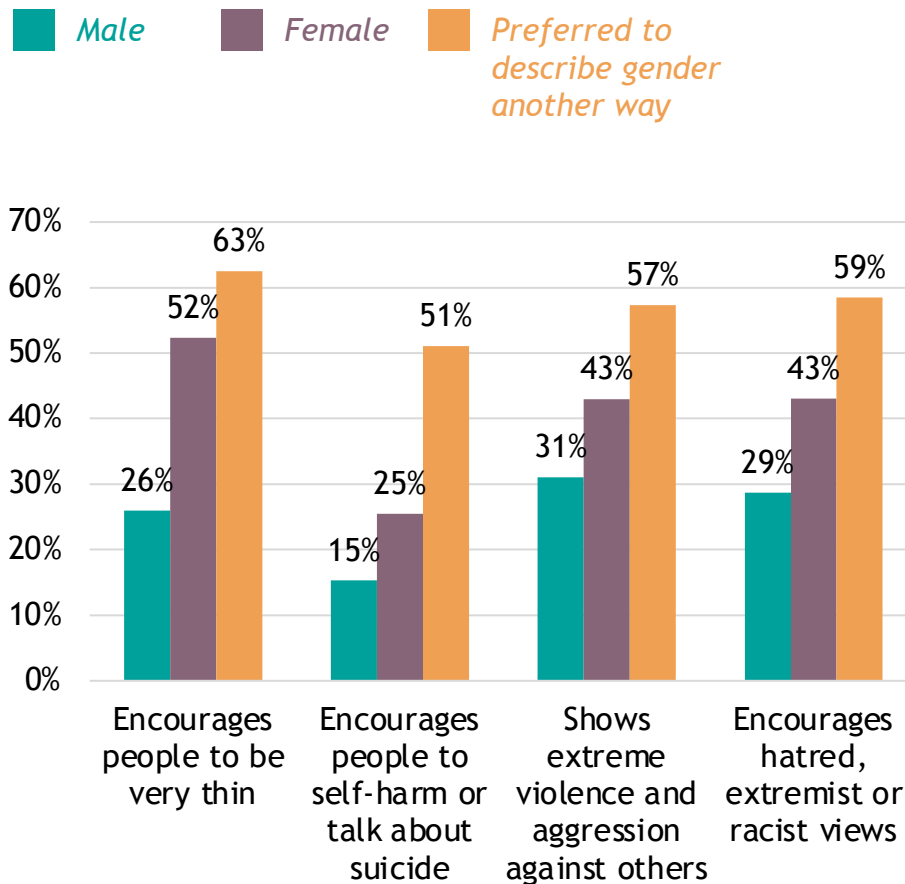
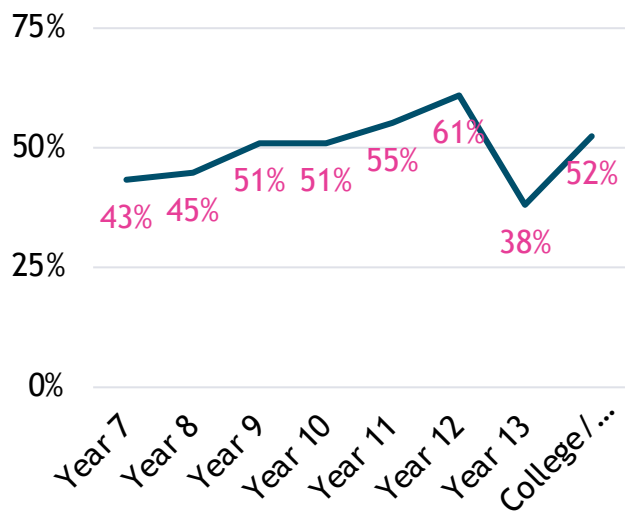
Young people were asked a series of statements about whether they had seen potentially harmful online content. **3,815** young people responded to the statements.

The statements, and student's responses, are shown in the chart right.



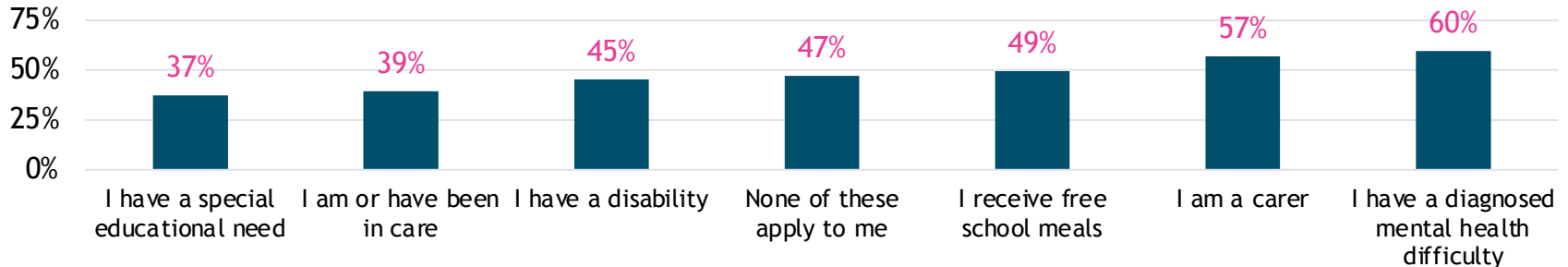
Year 7s and 8s were slightly less likely than their peers in high school to have seen all types of harmful online content.

Year 13s scored lower for all types of harmful content, but this data is also from a much smaller sample than other year groups (42 students).



SOME STUDENTS WERE MORE LIKELY TO HAVE SEEN HARMFUL ONLINE CONTENT

- ▶ **Sixty-two percent** of LGBT*Q+ students reported having seen harmful online content, compared to **45%** of their peers. Whilst LGBT*Q+ students were more likely to have seen all types of harmful content, they were twice as likely as their peers to have seen content about suicide or self harm (**36% compared to 18%**).
- ▶ Students with a diagnosed mental health difficulty (**60%**), and those who identified as a carer (**57%**) were more likely than students with no vulnerabilities (**47%**) to have seen harmful online content. Students who were or had been in care (**39%**) or who had a special educational need (**37%**) were less likely to have seen harmful online content.
- ▶ Students from most multi-ethnic communities were more likely to have seen content that encourages hatred, extremist or racist views. Arab (**71%**), Black/ African/ Caribbean - Other (**60%**), Irish (**58%**) and Portuguese (**58%**) students were the most likely to have seen this content overall.

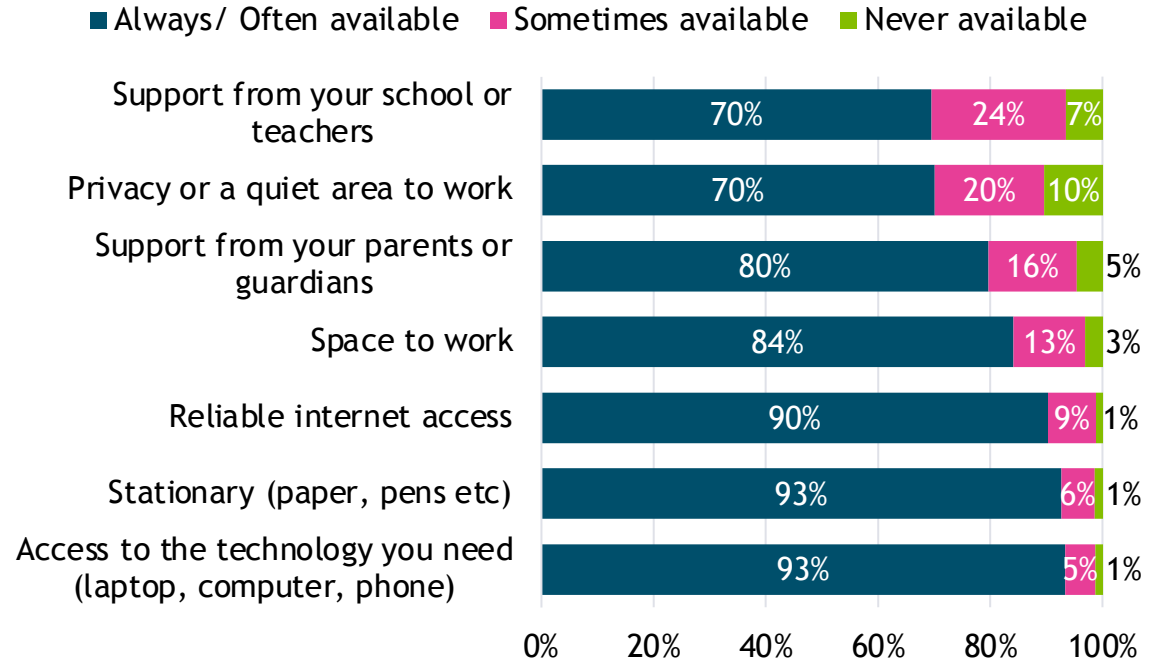


SUPPORT FOR WORKING FROM HOME

In addition to mental health and wellbeing, young people were asked about changes to their learning since the beginning of the pandemic.

Students were asked 'How often do you have the following when working/ learning at home?'. The table to the right shows students responses to each statement.

3,844 students responded to the questions about working from home.



TECHNOLOGICAL BARRIERS:

Students from an ethnic minority background were generally more likely to experience barriers to accessing the technology or reliable internet they needed to work from home.

6% of White British/ Welsh/ Scottish/ Northern Irish and White - Other students said that access to the technology they needed was only available “sometimes” or was “never available” compared to:

- 24% from a Gypsy, Traveller or Irish Traveller background (of 17 students)
- 22% of Caribbean students (of 9 students)
- 19% of Irish students (of 26 students)
- 18% of Mixed White/ Black African students (of 39 students)
- 14% of Pakistani and Romanian students (of 21 and 63 students respectively)

9% of White British/ Welsh/ Scottish/ Northern Irish and White - Other students said that reliable internet access was only available “sometimes” or was “never available” compared to:

- 29% of Portuguese students (of 17 students)
- 25% of students from a Black/ African/ Caribbean - Other background (of 68 students)
- 18% of Pakistani students (of 22 students)
- 17% of Chinese student (of 41 students)

IN OTHER RESEARCH... Research from NHS Digital in 2021 found that “the proportion of 6 to 16-year-olds with a laptop or tablet at home, increased from 89.0% in 2020 to 94.4% in 2021. The proportion receiving regular support from school or college also increased, from 73.7% in 2020 to 79.9% in 2021.” - [Click to see this research.](#)

Students with additional vulnerabilities were also more likely to experience barriers with access to technology than their peers. The tables below show the percentage of students reporting this from each vulnerability category:

Access to technology “sometimes” or “never available”	
<i>I am or have been in care</i>	14%
<i>I receive FSM</i>	14%
<i>I have a SEN</i>	13%
<i>I have a diagnosed mental health difficulty</i>	9%
<i>I have a disability</i>	8%
<i>I am a carer</i>	5%
<i>None of these apply to me</i>	5%

Access to reliable internet “sometimes” or “never” available	
<i>I am or have been in care</i>	18%
<i>I have a disability</i>	17%
<i>I have a SEN</i>	16%
<i>I receive FSM</i>	14%
<i>I have a diagnosed mental health difficulty</i>	14%
<i>I am a carer</i>	13%
<i>None of these apply to me</i>	8%

A close-up photograph of a young woman with dark hair, smiling broadly and looking off to the side. The image is heavily stylized with a teal/cyan color overlay and numerous white, out-of-focus light spots (sparkles) scattered across the frame, particularly concentrated around the edges and the woman's face. The text 'NEXT STEPS' is overlaid in the center-left area.

NEXT STEPS

MY HEALTH, OUR FUTURE (PHASE SIX)

We are already working on the next development of our 'My Health, Our Future' programme.

This includes:

- ▶ Re-development of our core MHoF survey once again in co-production with young people across Suffolk. We will make sure the survey includes questions and content that is important to young people. The survey will launch as soon as possible in 2022.
- ▶ Exploring new ways to hear from young people together with our developing Youthwatch Suffolk initiative.

For more information about 'My Health, Our Future', to download our insights or to learn about the impact of the programme, please visit www.healthwatchesuffolk.co.uk/mhof. Find more information about Youthwatch Suffolk on www.healthwatchesuffolk.co.uk/youthwatch.

Primary schools, secondary schools and colleges can express interest in supporting this research in 2022 by email to info@healthwatchesuffolk.co.uk or by calling 01449 703949.



This report has been produced to support the ongoing development and implementation of children and young people's mental health and emotional wellbeing support in Suffolk. 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 local health and care services.

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