



Emotional Wellbeing of Children and Young People aged 11 to 19 years in Bexley

October 2017

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Acknowledgements

Healthwatch Bexley would like to thank the young people in Bexley, Welling School, Bexley College and community organisations and events, including Danson Youth Centre and Bexley Apprenticeship Event, for facilitating access to their members. We would also like to thank Healthwatch Wokingham, whom provided us with details of their questionnaire used in 2015, that we adapted for our own purposes.

1. Executive Summary

This report presents the findings of a survey into the emotional health and wellbeing of 1208 young people aged 11-19 years in Bexley, taking place between January and May 2017.

The survey demonstrate that young people commonly experience stress and exam pressures coupled with sleep problems and a lack of interest. Over half of the respondents stated having felt anxious or depressed and 14% admitted to having self-harmed with over half stating they knew of someone who had self-harmed. Having a caring responsibility is a risk factor for poor mental health and one in five young people participating in the survey identify as a carer as well as 52% stating they have a friend or family member they worry about. The findings highlight that a significant proportion of young people do not know where to go for help or who to speak to if they feel anxious or depressed. However, the survey identifies the positive impact peers and social relationships, including family, may have on emotional wellbeing as young people cited that speaking to a family member or friend was their preferred option when feeling anxious or depressed.

Crucially, the findings highlight the importance of social and emotional health of young people should be a key priority for all those involved in education, with schools being encouraged to take time to focus on these areas where appropriate. Young people spend a considerable amount of time in school and this provides an ideal environment for promoting good emotional wellbeing and identifying early behavioural changes and signs of mental distress. Schools are ideally placed to promote the health and wellbeing of young people; laying the foundations for healthier outcomes in adulthood through school-based health promotion programmes.

This report will further draw on findings from our second emotional wellbeing survey, amongst 8-11 year olds (n=217), in which comparisons are made where possible. This allows Healthwatch to provide a broader picture of the emotional wellbeing of young people in Bexley, spanning from 8-19 years of age.

This report will be distributed to all secondary schools in Bexley, Bexley Local Authority, Health and Wellbeing board, Overview and Scrutiny Committee, Oxleas NHS Foundation Trust, Bexley Clinical Commissioning Group, Bromley Healthcare, Healthwatch England, BVSC, community groups and other stakeholders.

2. Introduction

The emotional wellbeing of children and young people is a topical issue and has been on the national agenda for some years. More than 50% of mental ill health starts before the age of 14 and 75% before the age of 18 and teachers are often the first to notice mental health issues. It is estimated that 3 children in every classroom are experiencing or living with a diagnosable mental health condition, rising to 1 in 4 when emotional distress is included (Young Minds, 2017a).

While children are now diagnosed with mental health conditions at an increasingly early age, it is most common in Secondary schools and appears in the forms of depression, self-harm and anxiety, coupled with eating disorders and sleep disorders. There are a number of risk factors associated with poor mental health and some of these include having a caring responsibility; bullying and abuse; having a parent with a mental health condition or problems with alcohol or substance misuse.

However, growing academic pressures, social relationships and maturity may influence the physical health and emotional wellbeing of young people. Young Minds states in their report “Wise Up to Wellbeing in Schools” (2017) that there is an imbalance in schools, with too much emphasis on academic attainment with the wellbeing of students being secondary. The key message portrayed to teachers and pupils, through education policies, league tables and Ofsted inspections, appears to be that the main purpose of school is to get qualifications and pass exams. The effect of this is supported by a report by the World Health Organisation, in 2012, which found that 11 and 16-year-old pupils in England feel more pressured by their school work than the vast majority of other European countries. This is further evidenced by the increased number of children seeking support by the national charity, Childline (2013,14), particularly in relation to school and exam pressures.

Good mental health is the foundation of young people’s emotional and intellectual growth, underpinning the development of confidence, independence and a sense of self-worth. Crucially, poor mental health is associated with poor outcomes in later life, including poor physical health, erratic employment and social exclusion. Young people need to know it is ok to talk about anxiety, stress and school/exam pressures, that it is a common thing and there is help available for them. This will help towards eliminating the stigma around mental health and facilitate discussion on specific issues affecting young people, such as bullying and social media pressures.

The use of social media presents a challenge to schools as young people are the most active users of social media. A recent report by the Royal Society of Public Health (RSPH), into social media and young people's mental health and wellbeing (2017), demonstrated that whilst there are benefits associated with social media use, there is also evidence of links between excessive social media use, sleep deprivation and depression in young people. The research found that heavy users of social media, spending more than two hours per day on social networking sites, are more likely to report poor mental health. Moreover, four of the five most commonly used social media sites were identified by young people to exasperate symptoms of anxiety.

3. Methodology

The findings within this report are based on questionnaires being completed by pupils at Welling School coupled with a number of community events with young people in Bexley between January and May 2017. Participants were not required to provide any personal details, other than whether they were male or female, their School Year and Age.

The questionnaire prompted the participants to 'tick' the relevant box, which most accurately reflected their experience.

The questions related to:

- Experiences of depression, anxiety and self-harm
- School and exam pressures
- Experiences of bullying and sleep problems
- General emotional wellbeing
- Participation in sports and other activities outside of school
- Feeling listened to and respected
- Having a carer responsibility

Healthwatch also created a signposting information sheet that contains information about local and national services, where young people can access support for mental health issues. All participants in the survey were handed a signposting sheet on completion of the survey. The signposting sheet is also available on our website.

Information about Welling School:

Welling School is an 11 to 18 academy. It is larger than the average-sized secondary school and the academy is part of the Kemnal Academies Trust (TKAT). The school has a visual arts specialism. The majority of students are from White British backgrounds. About one quarter of students come from minority ethnic backgrounds, which is below the national average. A very small proportion of students at the school speak English as an additional language. The proportion of students supported by the pupil premium (additional funding for students known to be eligible for free school meals and those looked after by the local authority) is just above the national average. There are 62 students for whom the school receives Year 7 Catch-up funding. This is funding for

students who did not achieve Level 4 (the nationally expected level) at the end of Key Stage 2. The proportion of disabled students and those with special educational needs is 28% of the school's population, which is a little above the national average.

A very small number of students receive their education from three outside providers. They attend Pathways and The Link, both of which are part of the New Horizons Behaviour Federation in Bexley, and New Haven in Greenwich. The Berwick Centre is an on-site unit, managed by the school, which supports students who may otherwise be at risk of permanent exclusion.

The school's sixth form is in a partnership with two other local sixth forms, known as Partnership 6th. The school is being supported by the regional director from TKAT and external consultants whose work is supported through the federation. The school meets the government's current floor standards, which set minimum expectations for students' attainment and progress.

The survey at Welling school took place during the examination preparation period, which may influence the results. Following the survey and during the production of this report, Welling school has received key statistics for each class and year group, which has enabled them to identify and target interventions where necessary.

The findings of the report are predominately quantitative in nature but some quotes are added, where possible. The comparative results between boys and girls are presented where there are significant differences.

Limitations

Healthwatch acknowledge that whilst efforts to obtain a representative sample of the young population in Bexley has been made, the results of this study may not be generalised to the wider school community or indeed young people at large in Bexley. The results do however provide a starting point for discussion and further exploration which, schools, commissioners, service providers and the wider community, may use to inform their future priorities and strategies.

4. Results of the Survey

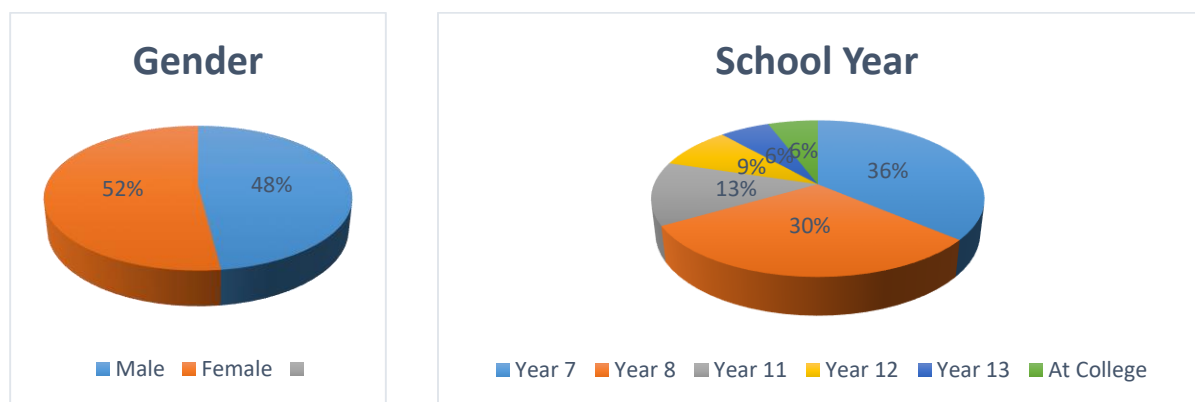
The results of the survey will be presented with graphs and comments, followed by a discussion.

Summary of main findings:

- 57% of young people reported experiencing stress and exam pressures.
- 55% of young people know someone who has self-harmed with 14% admitting to have self-harmed in some way.
- 57% of young people said they have felt anxious or depressed in the past
- Young people identify emotional support as crucial to their wellbeing
- Two thirds felt there is help available at school for emotional support
- 49% of young people take part in sports or clubs outside of school
- Over half of the young people said they have a friend or relative they worry about
- One in five young people said they have a caring responsibility
- Family and friends are identified as preferred option for young people seeking emotional support

Question one related to gender and year group and a breakdown of the sample is displayed in the graphs below. There is a fairly even split amongst boys and girls taking part, whilst Year 7 and 8 account for 66% of participants.

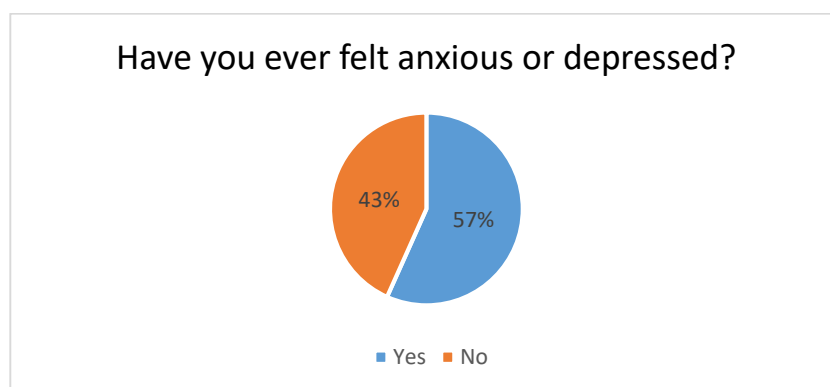
Figure 1. Sample Characteristics



ANXIETY AND DEPRESSION

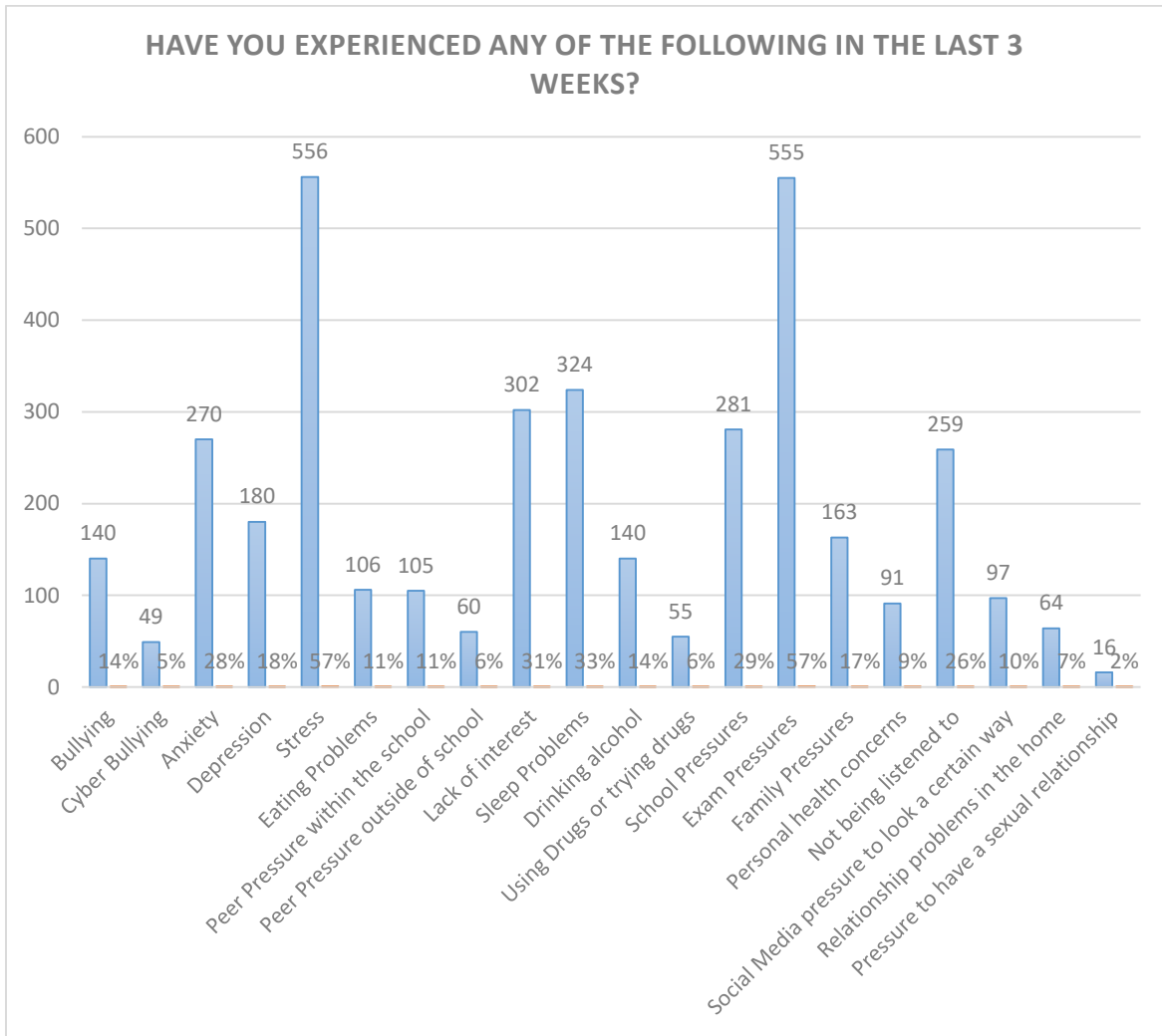
Anxiety and depression are the most common mental health difficulties experienced by young people and can affect their school learning, stress tolerance, confidence, motivation and personal relationships. Research suggests that as many as 1 in 6 young people will experience an anxiety condition at some point in their lives. This means that up to 5 people in a class may be living with anxiety, whether that be OCD (obsessive compulsive disorder), social anxiety and shyness, exam stress, worry, or panic attacks (Green, *et al.* 2005).

The survey demonstrates that 57% had experienced anxiety or depression, with 22% reporting feeling anxious in the past three weeks. The split between boys and girls, shows that 62% of girls compared to 47% of boys had felt anxious or depressed in the past. The results obtained in the survey amongst children aged 8-11, in which 39% said they felt “happy or relaxed” and 15% said they felt “unhappy or sad”.



PUPILS RECENT EXPERIENCES

Participants were asked, via a selectable list, if they had experienced a range of emotional or social issues over the last 3 weeks. Of the 1208 surveys completed, 981 (81%) said they had experienced one or more of the issues. The graph illustrates the experiences of young people in percentages and whole numbers. The top three issues amongst participants were: stress (57%), exam pressures (57%) and sleep problems (33%). This is in line with national research and the results of the Key Stage two survey demonstrated similar results whereby sleep problems (57%) and school pressures (44%) were identified as two of the most common issues amongst participants aged 8-11, followed by not being listened to and bullying (both on 41%).



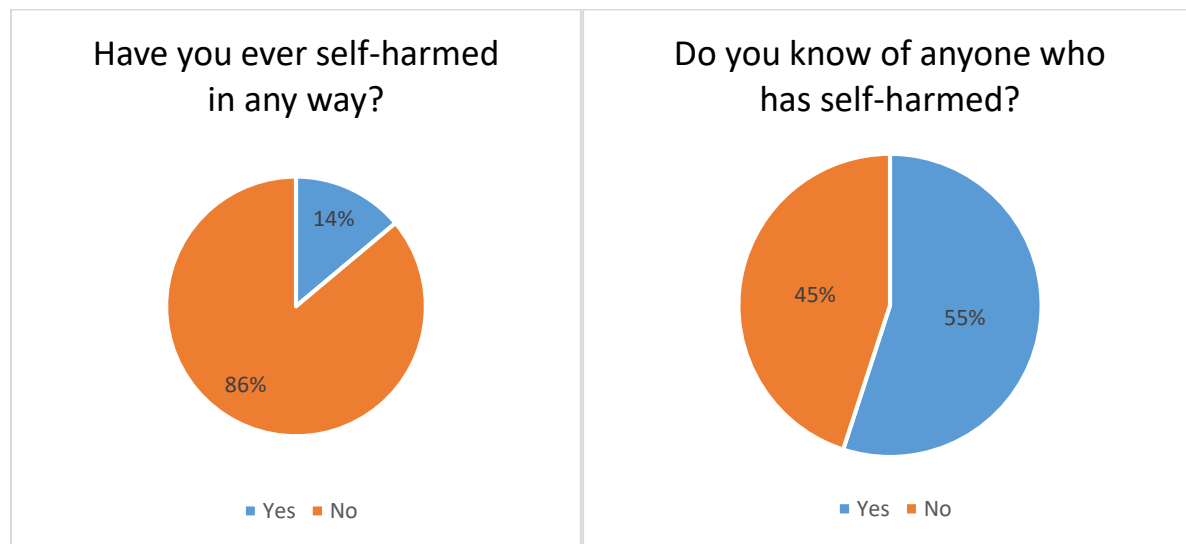
The split between boys and girls demonstrates that of the 20 issues explored, girls recorded a higher positive response in all but three areas: bullying, using drugs and other, although these were only marginal. Girls attracted a significantly higher percentage in the following areas:

	Girls	Boys
Anxiety	36%	17%
Stress	65%	46%
Exam pressures	61%	52%
Not being listened to	31%	21%
Social media pressure to look a certain way	15%	3%

SELF HARM

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress (NHS Choices, 2015). Over half of people who die by suicide have a history of self-harm. However, the intention is more often to punish themselves, express distress or relieve unbearable tension. Sometimes the reason may be a mixture of both (NHS Choices, 2015).

Young people were asked whether they had ever self-harmed in any way or knew of someone that had self-harmed. The results demonstrate that 14% of young people admitted to having self-harmed, which is likely to be an underestimate, and 55% knew someone that had self-harmed. This is slightly higher than national statistics, which suggest that one in 12 young people self-harm with 10% of 15-16 year olds self-harming (Young Minds, 2017b)



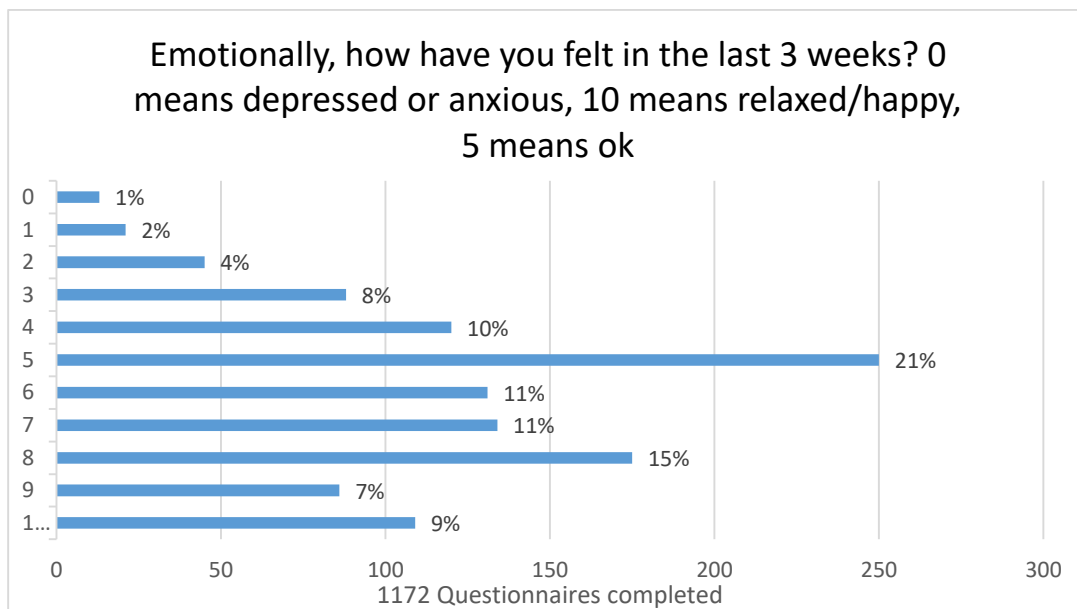
We undertook further analysis, and broke down the results further by splitting the question into males and females. Of the 14% of young people who had self-harmed, 61 were male and 104 were female, which is in line with the national trend. Figures from the Health and Social Care Information Centre, (HSCIC, 2015), demonstrate that females comprise the majority of hospital admissions for intentional self-harm, with girls aged 15-19 representing the largest group for self-harm.

PHE (2016) state that each year self-harm leads to 150,000 attendances at A&E and that about 1 in 10 young people will self-harm. The prevalence of self-harm varies by age and is more common in children with mental illness. However, although figures for self-harm amongst girls is much higher, it cannot be assumed that boys do not self-harm. Boys are more likely than girls to punch or hit themselves, which some hospitals may not categorise as self-harm and suicide amongst males are three times higher compared to females (Office for National Statistics, ONS, 2015; Selfharm UK).

EMOTIONAL WELLBEING

London is reported to have the highest proportion of young people aged 15 years reporting low life satisfaction (15.5%), with the Southeast reporting 13.6%. (PHE, 2016). With half of all mental health problems appearing before the age of 14, the importance of spotting the signs early and accessing support becomes fundamental.

The survey asked young people to rate their emotional wellbeing over the past three weeks on a scale from 0 to 10, with 0 meaning “depressed or anxious” 5 “just ok” and 10 meaning “happy” or “relaxed”. The survey demonstrates that 1 on 4 young people reporting having felt “anxious or depressed” in the past three weeks, with 1 in 5 reporting feeling “just OK”.



When comparing these figures to Healthwatch Wokingham’s survey, their figures showed 30% of young people falling within the 0-5 range (depressed/anxious/just ok) and 70% were in the 6-10 range (Happy/relaxed). Our figures are slightly different with 46% in the 0-5 range and 53% in the 6-10 range, meaning that just over half reported positive emotional wellbeing over the past three weeks. It is worth noting that amongst the Key Stage 2 children (aged 8-11), 39% reported feeling happy or relaxed in the past 2 weeks, with 35% saying they felt OK. However, 15% of the younger children reported feeling worried, sad or unhappy in the same time period.

	0-5 range Anxious/depressed/just ok	6-10 range Happy/relaxed
Healthwatch Bexley	46%	53%
Healthwatch Wokingham	30%	70%

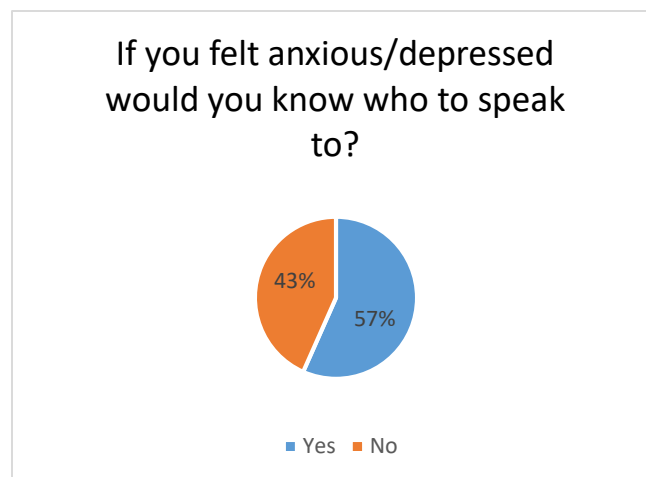
SEEKING HELP AND SUPPORT

The average maximum waiting time for children's and adolescent's mental health services (CAMHS) is 6 months for a first appointment and nearly 10 months for treatment to start (YoungMinds, 2017). Knowing where to access support, who to turn to, and how to deal with emotional distress is an important part of seeking help or support.

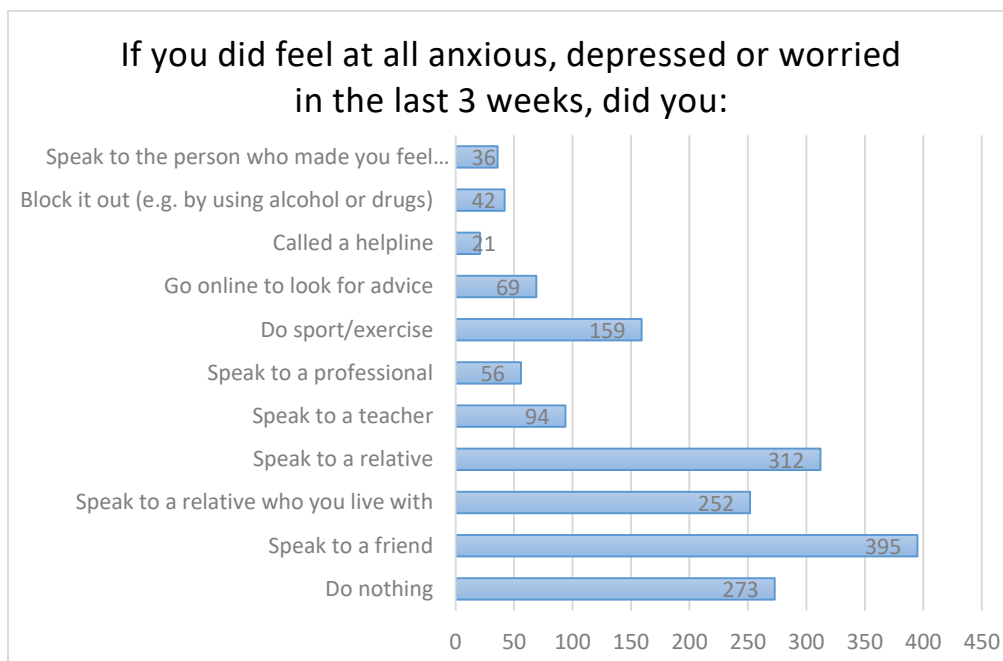
The survey asked young people how they respond to emotional issues and what they had done in the last 3 weeks if they felt anxious, depressed or worried. It also explored if young people knew who to ask for help. Respondents had the option to select an answer from a tick list and/or add a comment of their own.

Almost half of the young people, 46%, said they would speak to a friend, followed by speaking to a relative (37%) when feeling anxious or depressed. However interestingly one third of young people said they would 'do nothing' or 'block it out' if they felt anxious, worried or depressed, with 1 in 5 opting to do sport or exercise. Using the internet to look for advice attracted a relatively low percentage when considering how access to information is readily available through smartphones.

The split between boys and girls demonstrate that girls are more likely to speak to a friend, 54% compared to 37%. However, boys were more likely to do exercise when feeling anxious or depressed, 24% compared to 15% for girls.



57% of young people said they knew who to speak to when feeling anxious or depressed with 43% saying "no".

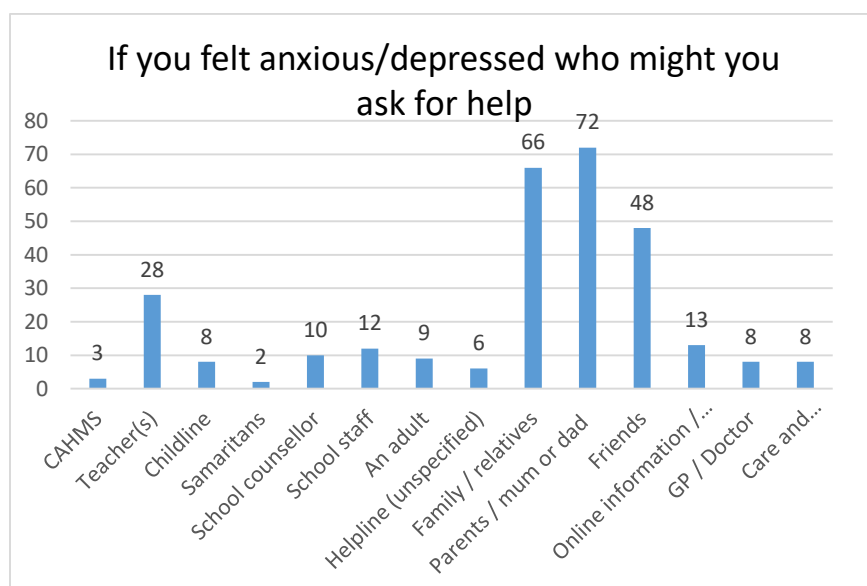


The survey also asked young people ‘who’ or ‘what’ that help was. The above graph shows in whole numbers, who the young people said they could ask for help. Out of the responses received, the majority of young people would speak to a parent or family member or relative. This corresponds with the Key Stage 2 survey, in which family and peers were the preferred option when seeking emotional support. However, some respondents also stated school was the preferred option.

“My dad because he helps me a lot and gets me through a lot of things”

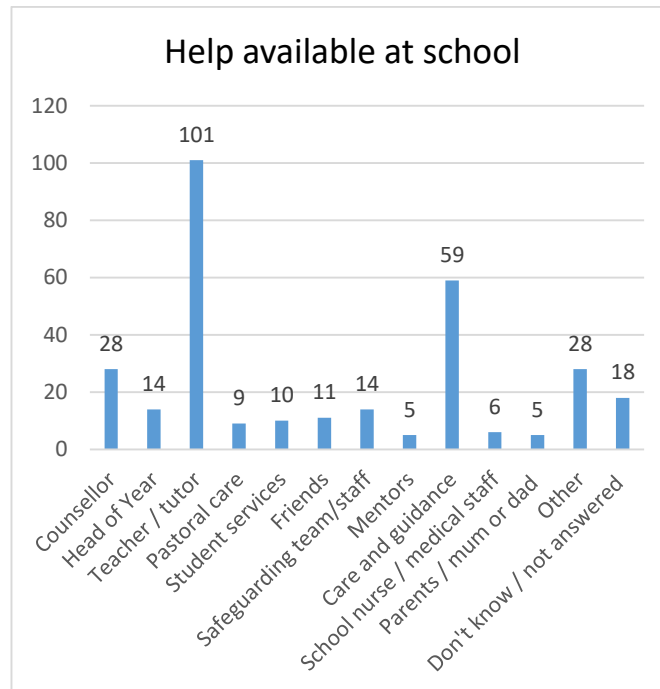
“Relatives that I live with because they understand you”

“School is my only safe haven, I can’t talk to any family”



SEEKING HELP AND SUPPORT WITHIN THE SCHOOL ENVIRONMENT

The survey asked young people whether they felt there was help available at school if they were feeling anxious, depressed or worried. Two thirds (66%) said there was, with the majority of young people stating they would speak to a teacher/tutor or someone from the Care and Guidance team. These figures are also very similar to Healthwatch Wokingham, who had 61% of young people getting help from school/college if they felt anxious, depressed or worried, with “teacher” also being their top answer. However, the comments recorded of the support available were mixed.



“There is a pastoral care unit, who are unsympathetic and pretty useless”

“Anti bullying people and head of my year”

“Pastoral care in school is good, safeguarding teacher is available and school nurse”

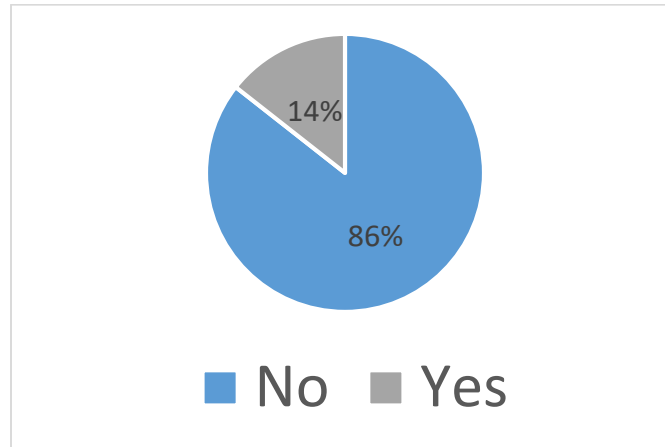
“My form tutor because she is easy to speak to”

“Teachers because some of them calm me down “

A rubbish counsellor”

ACCESSING AND EXPERIENCE OF FORMAL SUPPORT

We asked young people if they had accessed professional support for anxiety or depression in the past. The survey offered a selectable list comprising of: Teacher, Nurse, Doctor, Counsellor and Mental Health Service Practitioner. Young people could select more than one answer if appropriate. The majority of respondents said they had not accessed formal support, however of the 14% who said yes, the preferred choice was to talk to a teacher (28%), with a Counsellor their next choice (15%).



However, the experiences recorded by some of the young people when trying to access support were mixed:

*“They didn’t help me as they said they would arrange a school counsellor but nothing happened”
(Doctor)*

“Didn’t feel like they really cared” (Doctor/counsellor)

“They didn’t believe the problems were real” (Teacher)

“They helped me get over it and be happy” (Counsellor)

“Doctor told me to do more exercise and counsellor still helps me”

“Teacher helped me through as had been through the same as me”

“Helped me by listening” (Teacher)

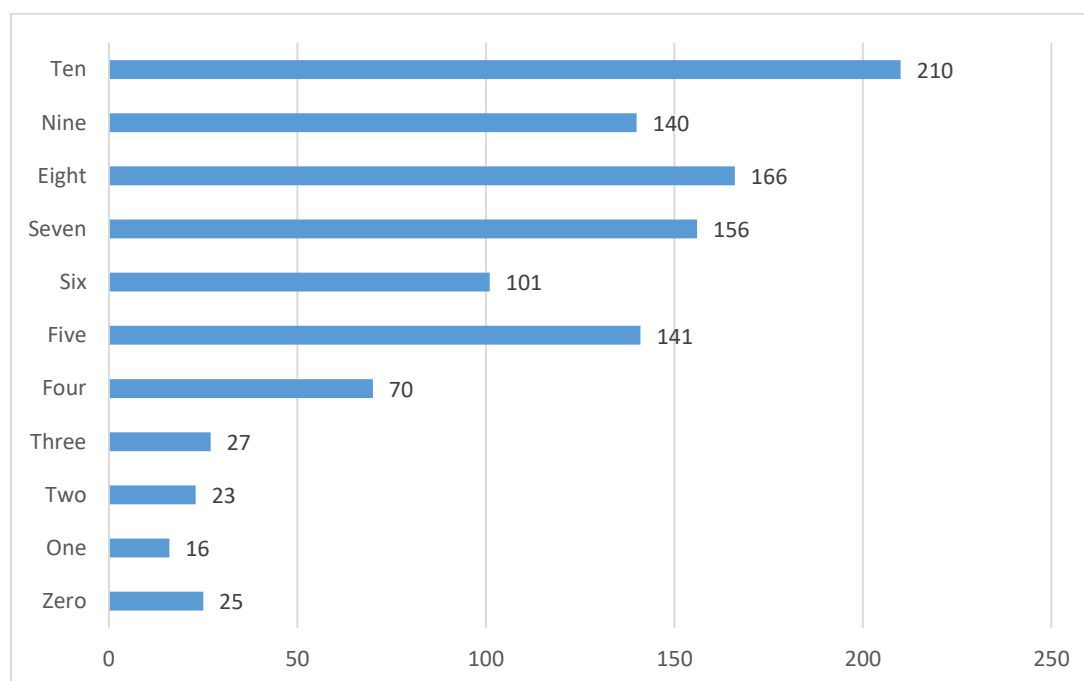
“They listened to me & helped me to stop worrying” (Teacher)

“They helped me by showing me how to control my anger issues” (Teacher)

“I was able to speak to someone who genuinely cares”

DO YOUNG PEOPLE FEEL LISTENED TO?

The survey explored whether young people feel listened to when they talk to adults, parents, teachers, doctors or counsellors. Young people were asked to score their response from 0 to 10, where 0 means 'never listened to/respected' and 10 means 'always listened to/respected'. 1075 young people responded to this question. Overall, 28% of responses were in the 0-5 range and 72% in the 6-10 range. These figures are again very similar to the ones quoted in Healthwatch Wokingham Borough's report and was also identified in the Key Stage 2 survey, in which 63% said they felt 'listened to', 27% 'sometimes' and 8% 'not listened to'.



WORRIES OF OTHERS

The survey asked young people if they had a friend or relative that they worried about and these figures were quite evenly split with 52% responding yes and 48% responding no. The split between boys and girls responding positively to this question is 43% for boys compared to 60% for girls.

ACCESSING ONLINE SUPPORT

We asked young people if they had heard of HeadScape. HeadScape has been designed for young people, by other young people in Greenwich and Bexley, to give them a trusted website to use for information, check how they feel and even take a test to find out if they need help with their emotions.

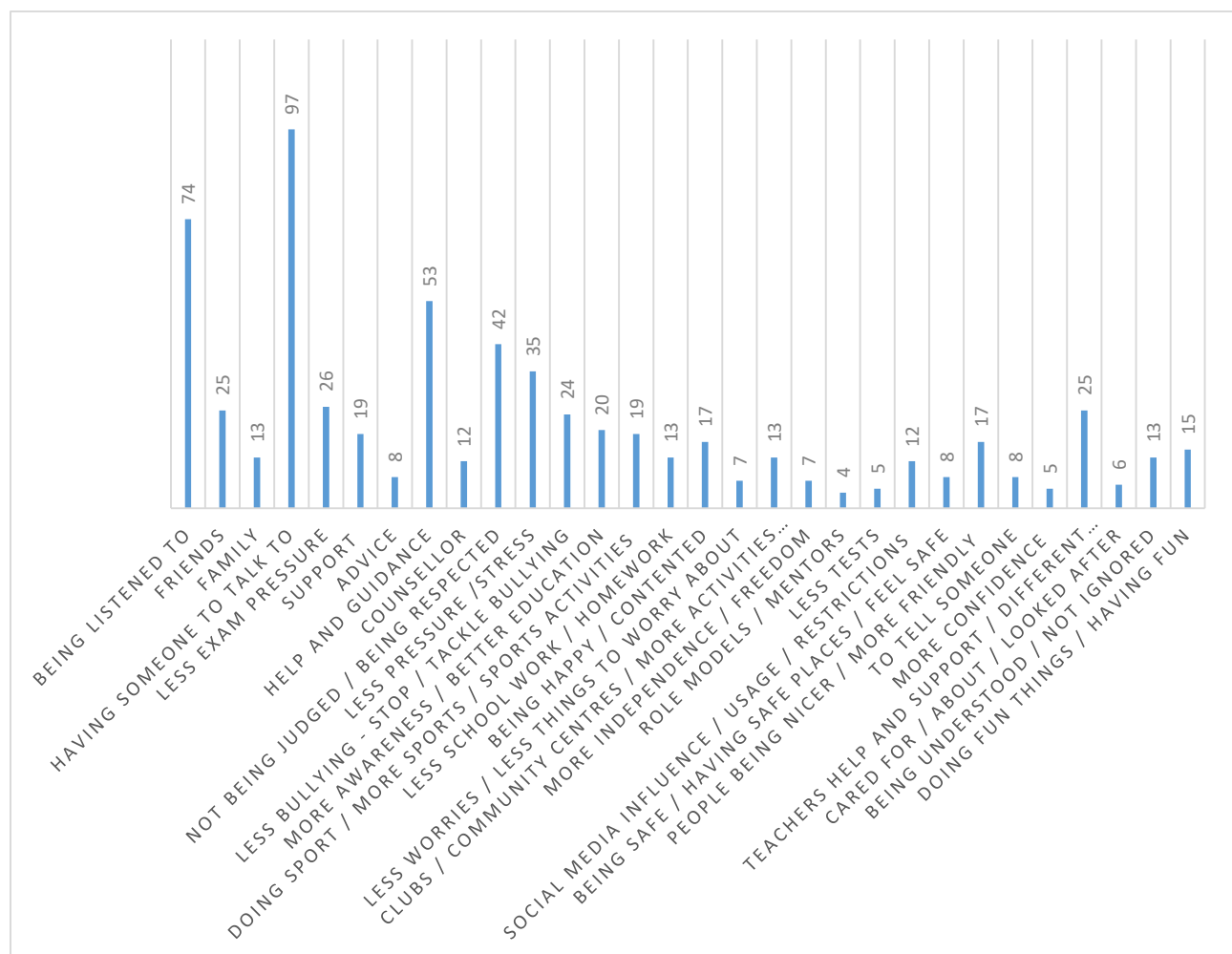
HeadScape is a 'one stop' source of self-help about a range of mental health issues and conditions for young people to browse at leisure. Uniquely, HeadScape offers young people the opportunity to independently undertake a mental health screening

questionnaire, which when completed, provides individually tailored advice and information. Depending on the results, the site can offer young people living in Bexley and Greenwich the option to self-refer directly into their local Children and Young People's Mental Health Services.

The positive response to this question was very low, whereby 8% of the young people had heard of HeadScape. However, this may be a reflection of how many of the participants in the survey (14%) stated they had accessed formal support as people who are not in need of services, may not be looking for services and thus not be aware of them.

WHAT WOULD MAKE A DIFFERENCE TO YOUNG PEOPLE'S EMOTIONAL WELLBEING?

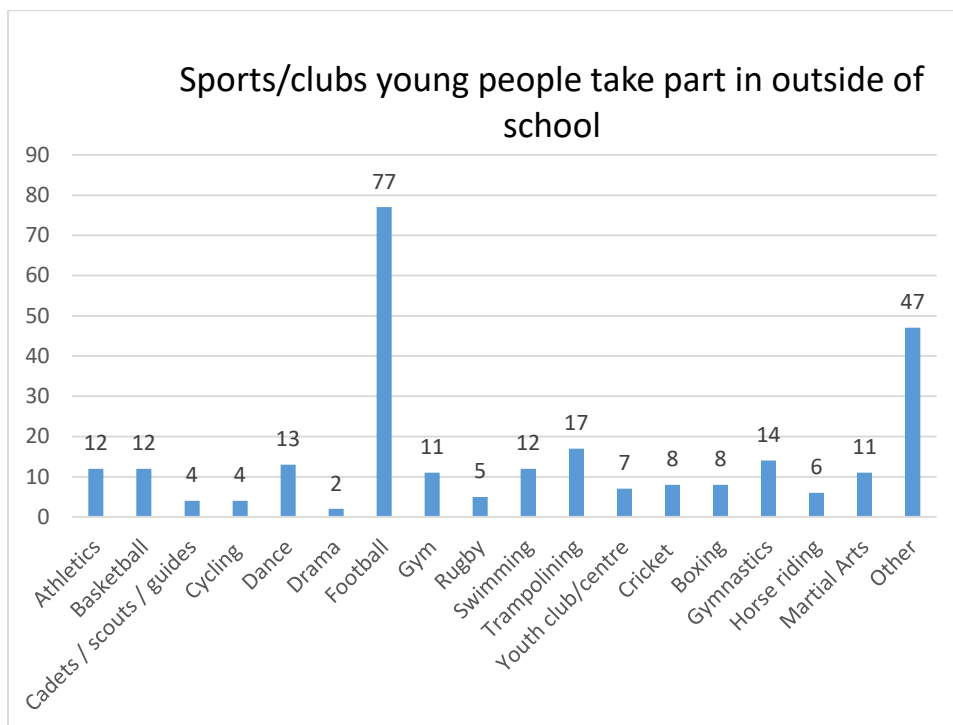
The survey asked the participants to consider one or two things that would have a positive impact on young people's emotional wellbeing. The main issues identified were having "Someone to talk to" and "Being listened to", followed by "help and guidance" along with "not being judged/being respected". This demonstrate the need for emotional support to be available to young people, both through peer support and family, coupled with schools and teachers and other health professionals.



DO YOUNG PEOPLE DO SPORT OR CLUBS OUTSIDE OF SCHOOL?

A positive relationship has been established between physical activity and children's psychological well-being. Physical activity is associated with psychological benefits in young people by improving their control over symptoms of anxiety and depression. Similarly, participation in physical activity can assist in the social development of young people by providing opportunities for self-expression, building self-confidence, social interaction and integration and can have a positive impact on body-image. It has also been suggested that physically active young people more readily adopt other healthy behaviours (e.g. avoidance of tobacco, alcohol and drug use). In addition, higher physical activity levels have been associated with better cognitive function and demonstrate higher academic performance at school (WHO, 2012).

The survey asked participants if they took part in sports or clubs outside of school. The was almost an even split with 49% stating they do and 51% does not. Football was cited as the most popular sport to take part in, followed by a fairly even split by trampolining, dance, gymnastics, athletics and basketball.



ARE THERE ENOUGH AFFORDABLE ACTIVITIES OUTSIDE OF SCHOOL?

The survey explored if there were enough affordable things for young people to do in Bexley. The majority, 89%, said there were enough affordable activities. When asked what activities young people would like to see more of, the majority of responses fell into the following areas:

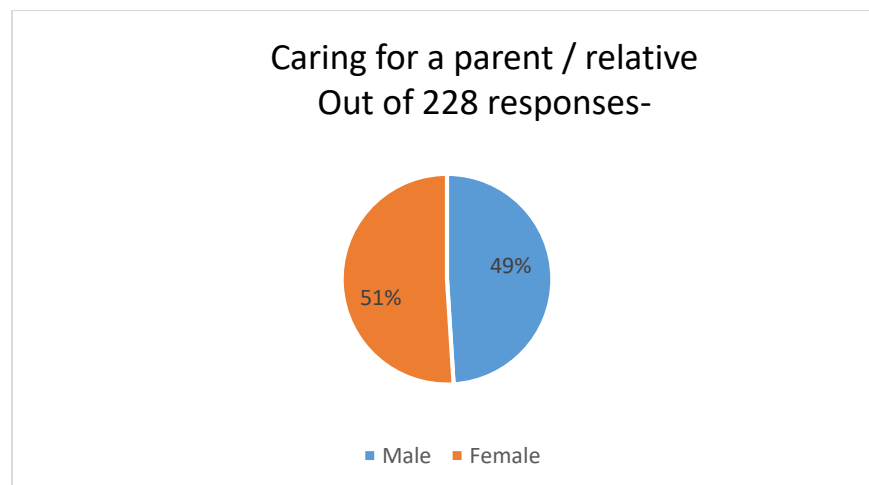
- Cheaper clubs and activities, including dancing, cinema and trampolining and arts
- Music clubs
- More free activities and sports, including bowling, gym and football, skate parks
- More youth clubs

DO YOUNG PEOPLE HAVE TO PROVIDE CARE?

According to ONS (2013) almost a quarter of a million children under 19 years of age are caring for a relative. However, this figure is believed to be an underestimate due to family loyalty, stigma, not knowing where to go for support and bullying. A young carer typically provides regular or continuing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

Research demonstrate that being a young carer is linked to poorer outcomes, including restricted educational attainment, thus leaving school with fewer qualifications, which is likely to have a knock-on effect on employment opportunities and career development in later life (The Children's society, 2013). Being a young carer further affects social relationships and may lead to isolation and poor mental health.

Our survey demonstrates that 1 in 5 of the participants are a self-reported carer, with the split between males and females fairly equal, with 49% of carers being male and 51% female. This is in line with national statistics, which demonstrate that there are more female carers than male in England (ONS, 2013).



DISCUSSION AND CONCLUSION

Good mental health is the foundation of young people's emotional and intellectual growth, underpinning the development of confidence, independence and a sense of self-worth. There are many aspects which impact on children and young people's emotional wellbeing. School pressures, social media, social relationships and home life are all factors which contribute to the wellbeing of young people and which may result in anxiety, depression sleep problems, bullying and stress. Building resilience and equipping young people with the knowledge, tools and strategies to cope with every day stresses is crucial to reduce the onset of mental ill health. Crucially, identifying the signs of mental ill health and distress promptly is fundamental so that interventions can be implemented and targeted appropriately.

This report demonstrates that young people in Bexley are experiencing a range of emotional and social pressures that are manifesting itself in poor mental health and which go on to affect mental health in later life. Young people in Bexley are experiencing stress, exam pressures and sleep problems to a great extent whilst trying to cope with feelings of anxiety and depression. Young people identify that emotional support is fundamental to their wellbeing. They explicitly state that being listened to, respected and having someone to talk will have a positive impact on their emotional wellbeing. However, our survey showed that one quarter of young people say they do not feel listened to and similar results were obtained in the Key stage 2 survey.

The survey further demonstrates that girls, to a larger extent than boys, are experiencing poorer mental health. This may be due to girls being more open about their feelings than boys thus highlighting the significance in targeting interventions appropriately in terms of understanding the issues that girls face whilst recognising that boys may need different ways of interaction to be able to open up. This is noteworthy, as whilst self-harm appears to be more common amongst girls, boys are still three times more likely to die by suicide than girls.

The survey demonstrates the positive impact peers and social relationships, including family and relatives, have on emotional wellbeing as young people cited speaking to a family member or friend as their preferred option when feeling anxious or depressed. The support within schools and especially teachers was further identified as an important source of emotional support. This reiterates the important role schools can have in making sure wellbeing and emotional health is a priority, as good mental health is associated with higher educational attainment. This is especially important for young carers, who are likely to experience poorer mental health, thus requiring additional support.

Young people spend a significant amount of time within the education system and as such, schools are ideally placed to promote emotional wellbeing through nurturing and supportive classroom environments. However, addressing emotional wellbeing needs for children and young people is a priority for society as a whole. It requires a systems-approach through a wide range of non-mental health settings, through enhanced family and peer support, coupled with adequate and sufficient services within primary care and community settings. Crucially, more needs to be done to protect the mental

wellbeing of all children and young people by educating them, and those who look after them, about the factors that help and hinder mental health. We can also help them develop the knowledge and understanding to navigate these waters more safely and seek appropriate help for themselves or a friend when things are going less well’.

RECOMMENDATIONS

There are a number of recommendations for schools and commissioners arising from this report.

Recommendations for schools:

1. Implement strategies and interventions for peer support, as this was identified by young people as a coping strategy when experiencing emotional distress.
2. Appoint a member of staff responsible for emotional wellbeing activities within the school setting.
3. Schools to take appropriate action to identify young carers within their community and ensure appropriate support is in place.
4. Ensure young people know where and how to access help and support when in need, recognising that this may need to be repeated throughout the school year as young people’s emotional wellbeing fluctuates.
5. Promote external mental health services available for young people in Bexley.
6. Provide mental first aid training for key staff.

Recommendations for commissioners:

1. The extent to which young people in this survey experience anxiety, depression and school pressures warrants further exploration, through additional engagement work.
2. Encourage and support schools to ensure local services are promoted and utilised by young people.
3. Ensure emotional wellbeing of young people remain a priority in Bexley

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