# My Health, Our Future

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

healthwatch
Suffolk

# ACKNOWLEDGMENTS

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:

- Alde Valley Academy
- Benjamin Britten Academy
- Castle Manor Academy
- East Point Academy
- Farlingaye High School
- Mildenhall Academy
- Newmarket Academy
- Northgate High School
- Pakefield High School
- Stowmarket High School
- Stowupland High School
- Suffolk One
- Suffolk New College
- Thomas Gainsborough High School
- Thurston Community College
- West Suffolk College

Thanks also go to the NHS Ipswich and East Suffolk and West Suffolk Clinical Commissioning groups and numerous other health, care and voluntary sector partners or networks for their continued support of this work. There is genuine intent and commitment to using 'My Health, Our Future' data for the purposes of shaping local support for children and young people.

"School should provide a system where it is easier to obtain advice and support. Not just teachers responsibility - Funding should allow for more regular nurse/counsellor."

# JUMP TO IT...

This report is divided into numerous sections that reflect the core topics covered by the 'My Health, Our Future' 2019 survey.

You can use the boxes below to select a subject area that is of most interest to you. Each section is also available as a separate report that you can download from www.healthwatchsuffolk.co.uk/mhof.


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We have also included specific 'In-Focus' sections that explore the responses of specific groups of young people. You can access these by selecting the relevant headings below.

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# FOREWORD



**Jo John**
**Senior Transformation Lead for Child & Adolescent Mental Health Services**

NHS Ipswich & East Suffolk and West Suffolk Clinical Commissioning Groups

The transformation of emotional wellbeing and mental health services for children and young people remains a key priority within Suffolk's strategic plans.

The national guidance, "Future in Mind", which was published in March 2015, set the challenge and provided the steer for local service transformation.

The focus on early intervention, evidenced-based treatment and achieving measurable outcomes for children and young people with mental health problems were central to our initial Local Transformation Plan produced in 2015. This plan is refreshed on an annual basis and sets out both our areas of achievement and those for future focus.

*We continue to commission Healthwatch Suffolk to support us in better understanding the specific needs of our young people in education. This report "'My Health, Our Future" 2019', with input this year from almost 12,000 young people is pivotal to helping us prioritise areas for further focus over the next 12 months.*

This includes:

- **Self harm -** Develop local help and resources with young people and their families to enable improved understanding, awareness and a more effective response. Last year we launched Kooth, an online counselling and support service for young people where they can access immediate online support. This year we will develop a local toolkit for Suffolk schools and will pilot a new response service linked to our hospitals.

- **Access and Outcomes –** Children, young people and families are able to access services which meet their mental health needs within a reasonable time frame. Last year our focus was on improving access to help and services through ongoing investment in the Emotional Wellbeing Hub, Kooth, Eating Disorders and a range of services provided by voluntary sector organisations.

- **Education –** Working to support children, young people and staff wellbeing in education continues to be at the heart of our strategy.

  Last year we invested in a number of pilot 'whole school approaches' across the county and are currently

evaluating their impact. This year, following a successful bid as part of the Government we will have two new Mental Health Support Teams working with children and young people in education (MHSTs).

This new workforce is made up of senior clinicians and higher-level therapists, and Education Mental Health Practitioners (EMHPs). Following completion of a year's training at the University of East Anglia, each team will work with a cluster of 20 schools and provide a range of low level interventions and support.

- **Neurodevelopment and Behaviour** – Last year we invested in pilots of a number of services to support families with advice and support pre and post assessment of conditions including Autism and ADHD. We are now working to develop an integrated approach to responding to the needs of children and young people which recognises the range of neurodevelopment needs and the wider behaviour that challenges.

In January 2019, East and West Suffolk agreed a ten-year Mental Health and Emotional Wellbeing Strategy 2019-29 (#averydifferentconversation) describing how a different future 'system based' model of mental health and emotional wellbeing services could work.

This system wide transformation of Suffolk mental health services is being led by the Suffolk Alliance of partners including East Suffolk and North East Essex Foundation Trust, West Suffolk Foundation Trust, Suffolk County Council, Norfolk and Suffolk Foundation Trust, Suffolk GP Federation and a number of co-production VCS organisations.

A programme of work has commenced to develop and design this new all age model of care which will include the implementation of a new children, young people and families wellbeing and mental health service (0-25 years) which will be overseen by the Suffolk Children and Young People's (CYP) Board.

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

"I had a support worker come into the school to check up on me as I didn't seek support in my family because they don't believe much I say. now she has stopped coming to see me and I've had anger episodes where I don't know why i'm angry and I end up hurting other peoples feelings and have started to feel worthless."

# INTRODUCTION

## The national picture of young people's mental health

National NHS research has revealed an increase in the overall rates of mental disorder in five to fifteen year olds. Rates of emotional disorders such as anxiety and depression have increased from 3.9% in 2004 to 5.8% in 2017.

One in seven young people aged eleven to sixteen now have diagnosable mental health illness.

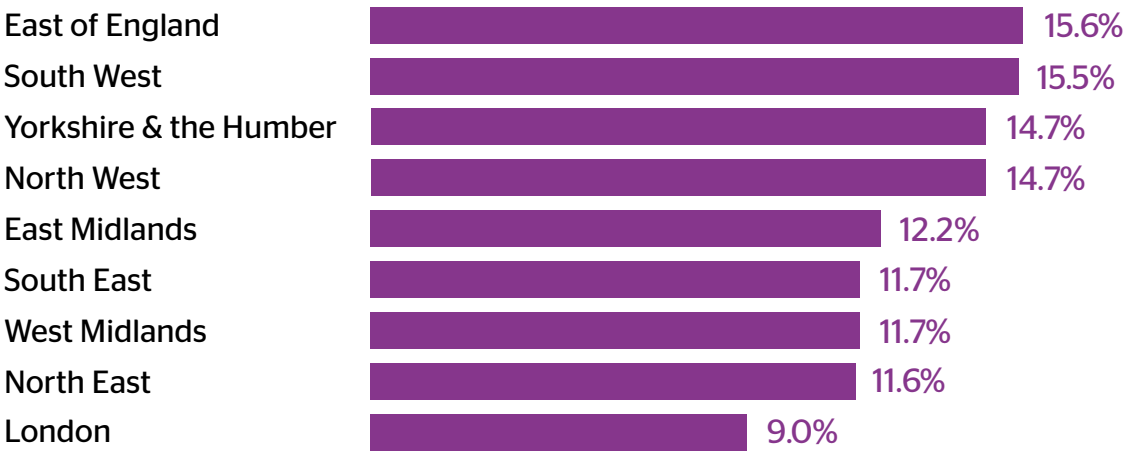



### National data

- **One in seven** young people aged 11 to 16 have a diagnosable mental health illness **(14.4%)**.
- More than one in ten females aged 11 to 16 have an emotional disorder **(10.9%)**.
- Almost **one in four** females aged 17 to 19 have a mental disorder.

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

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%)




***Graph:*** *The prevalence of mental health amongst children and young people in England.*

## What are the aims of 'My Health, Our Future' 2019?

'My Health, Our Future' was launched 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 is the data in this report used?

As the data is based on a large, countywide sample size, it offers data that can be reliably used as a snapshot of young people's mental health and emotional wellbeing across Suffolk.

The Clinical Commissioning Groups (CCGs) in Suffolk are currently working to transform mental health services and are using the data from this report to help them prioritise their areas of focus over the next 12 months.

The key findings this year will be shared with a wide range of audiences. Last year, the findings were presented to teaching staff, pastoral staff, social workers, healthcare professionals, a national select committee of the Government, third-sector organisations, psychologists, public health, children's services, senior health leaders, parents, and young people.

This report is also publicly accessible on our website, and we continue to actively share and promote it across our networks in Suffolk and across the country.

## School and college reports

In October 2019, every school and college that took part received their own confidential report about the wellbeing of their students, and how their data compares to the Suffolk averages. Healthwatch Suffolk also provided these educational settings a resource pack, containing ideas of how they can use their data to implement new initiatives and strategies to support student wellbeing.




The 2019 schools and colleges have already been using their reports to support student wellbeing in a wide variety of ways, including adding new material to the curriculum, identifying more vulnerable student groups, and enhancing their mental health support.




You can find more information on the impact of this project on the Healthwatch Suffolk website.

Please visit: **www.healthwatchsuffolk.co.uk/mhof**

"I got referred to suffolk wellbeing by the doctors, took them a month to get in contact and then cancelled my appointment on the day! months later still have not heard anything... and im still feeling the same way."

# METHODOLOGY

## School and college recruitment

14 schools and four colleges took part in the 2019 'My Health, Our Future' survey. In total, 11,950 young people took part in the survey.

You can find more information about the response rates and geographical spread within the demographics section of the report (see page 16).

- Eight places were filled by schools who are taking part in a CCG -funded pilot project to implement a Whole-Schools Approach to wellbeing. Their bespoke 'My Health, Our Future' reports are helping these schools to embed this approach.
- NHS Great Yarmouth and Waveney Clinical Commissioning Group contributed funding towards the project to enable three secondary schools in Lowestoft to take part.
- Each of the further education colleges in Suffolk were offered a place, and four colleges chose to take part.
- Two schools approached Healthwatch Suffolk and asked to be involved in the project.

Two other educational settings also commenced the survey but did not log enough responses to be eligible for a bespoke report.

## Data collection

Data was collected 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.

### Survey content

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.

### Sub-sets of data

Some of the questions in the survey were optional, so not all students answered all the questions in the survey. The survey also included some conditional questions, which means they were only asked in certain scenarios, depending on answers to earlier questions.

### Survey administration

Schools and colleges were given from February 2019 to July 2019 to roll out the survey to their students. Teaching or pastoral staff were responsible for rolling out the survey to their students. Some schools and colleges 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.

### Supporting material

The online survey was hosted by Survey Monkey. Additional information and an opt-out form were given to schools and colleges to send to parents. They were also given a paper copy of the survey to share with any parent/carers who wanted to review the content.

## Safeguarding

Responses to the survey were anonymous, however before students started the survey they read text which explained that if Healthwatch Suffolk were concerned that they or someone else was not safe, a safeguarding concern would be raised and their school might seek to identify them.

You can find more information about the safeguarding process in the demographics section of the report (see from page 16).

## Data analysis

The 2019 dataset was exported from Survey Monkey, processed and analysed by the Healthwatch Suffolk Research Team. Within the qualitative responses, any reference to a named individual was removed or anonymised.




## 'Lets get creative' artwork competition

Alongside taking part in the survey, students were also asked to "Get Creative" about mental health and wellbeing.

Healthwatch Suffolk launched an art competition which asked students to express what mental health meant to them. This included the opportunity to win a £50 Amazon voucher.

The winning entry, along with other submissions are featured throughout this report.

# DEMOGRAPHICS

# Schools and colleges

14 schools and four colleges took part in the 2019 'My Health, Our Future' survey. Their location is highlighted in the map below.

## Schools

- Newmarket Academy
- Mildenhall Academy
- Castle Manor Academy
- Alde Valley Academy
- Stowupland High School
- Stowmarket High School
- Thomas Gainsborough School
- Northgate High School
- Thurston
- Farlingaye High School
- Ormiston Denes
- East Point Academy
- Benjamin Britten Academy
- Pakefield High School

## Colleges

- Suffolk ONE
- Suffolk New College
- West Suffolk College
- East Coast College

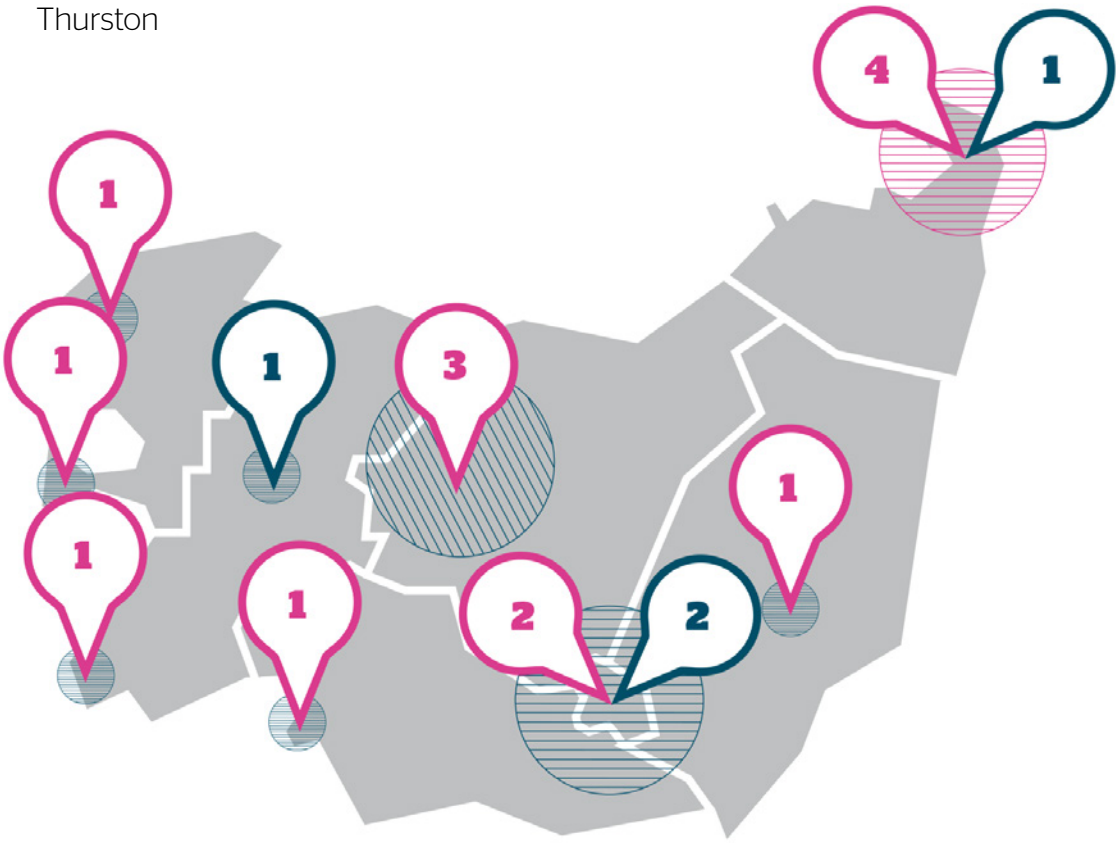



***Figure:*** *A map showing the number of schools and/or colleges that participated in 'My Health, Our Future' 2019 and their approximate location in Suffolk.*

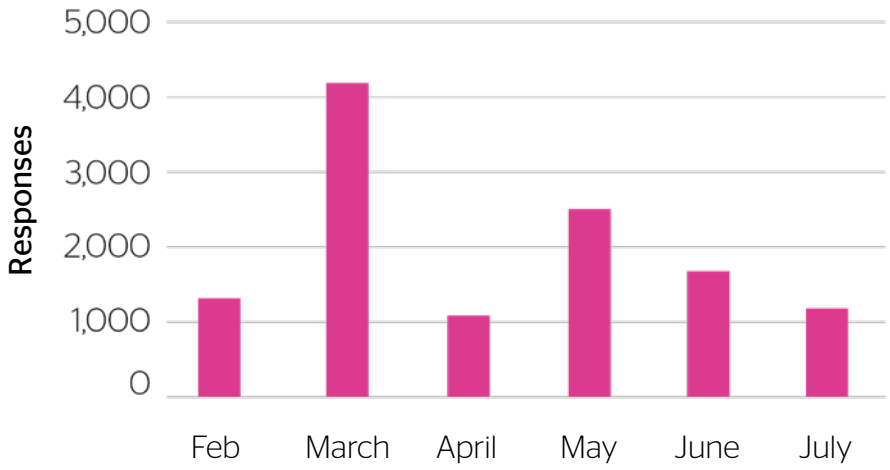
# Responses

Schools and colleges were given from February to July 2019 to roll out the survey to their students.

Most surveys were completed before June 2019, to avoid the exam period.

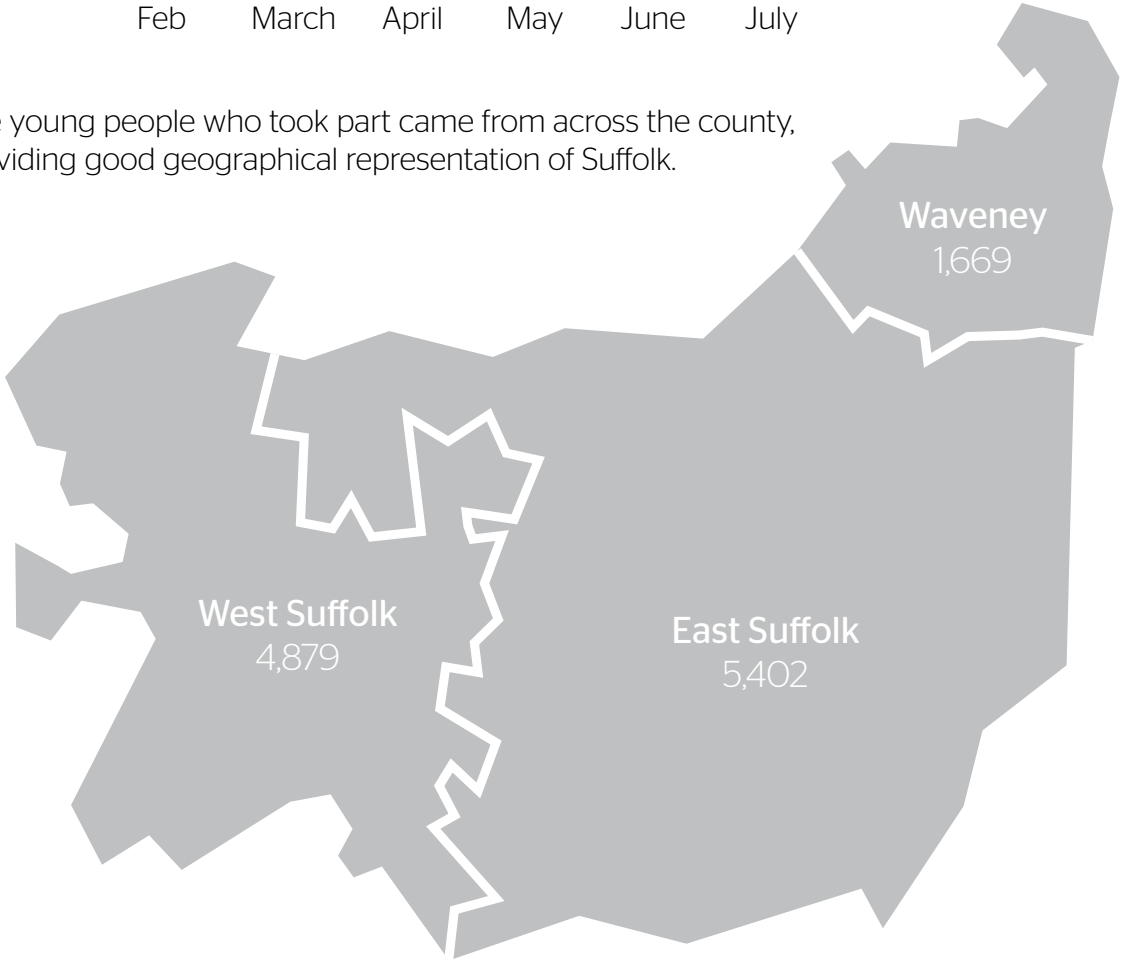
In total, **11,950** young people took part in the survey.

**11,950**
**Responses**




***Graph:*** *The number of responses completed each month.*

The young people who took part came from across the county, providing good geographical representation of Suffolk.



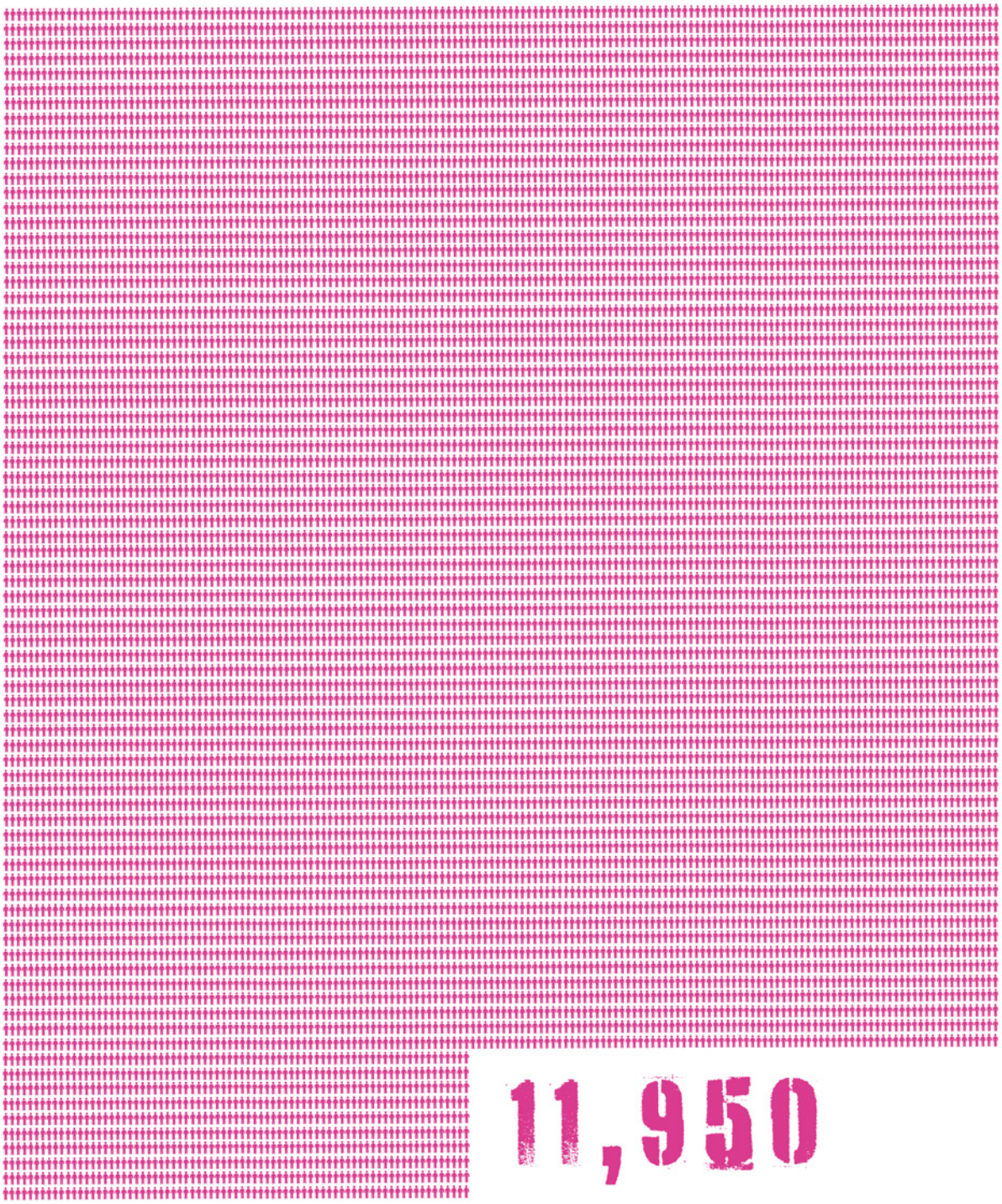
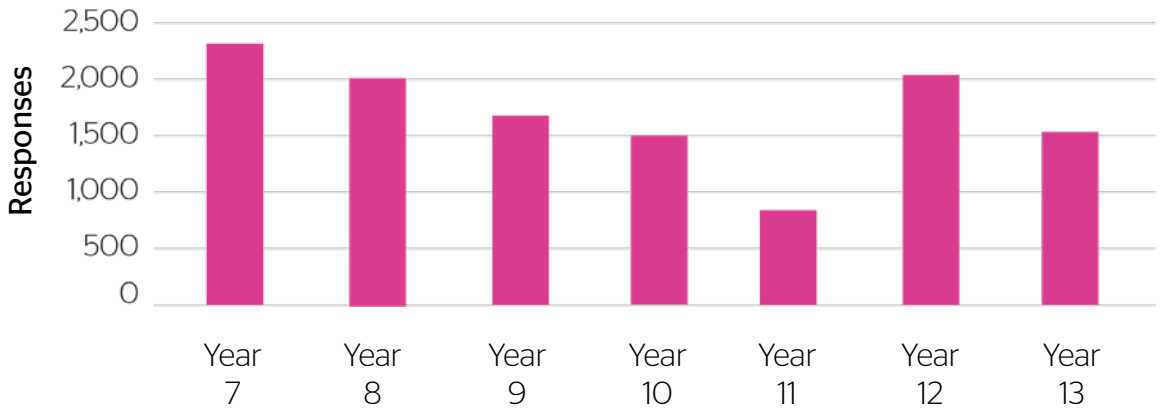



***Figure:*** *The total number of students that responded to the My Health Our Future 2019 survey.*

# School year group

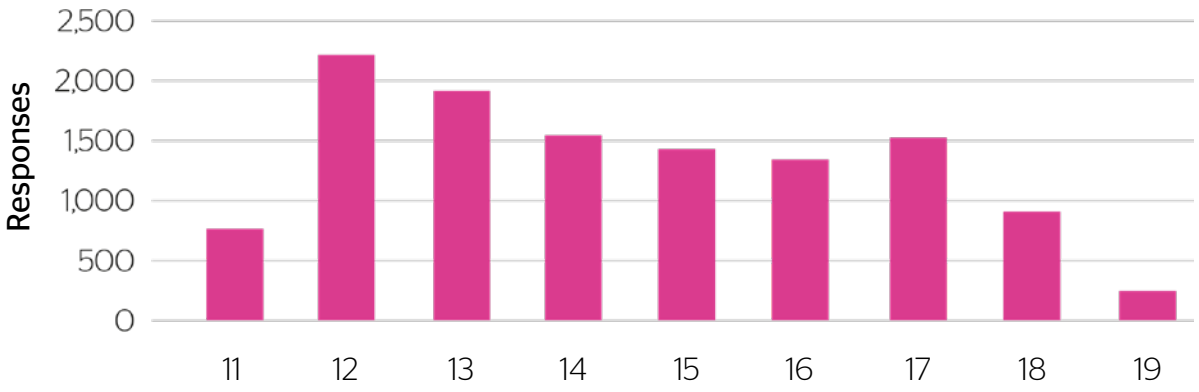
There was a good spread of responses across all year groups. Due to exam pressures, Year 11s completed the lowest number of surveys. College students who are studying English as a second language also took part, but are not included within the year group figures below.




| Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 |
|---|---|---|---|---|---|---|
| 2,319 | 2,021 | 1,679 | 1,499 | 840 | 2,042 | 1,534 |

***Graph and table:*** *The number of responses from students in each year group.*

# Age



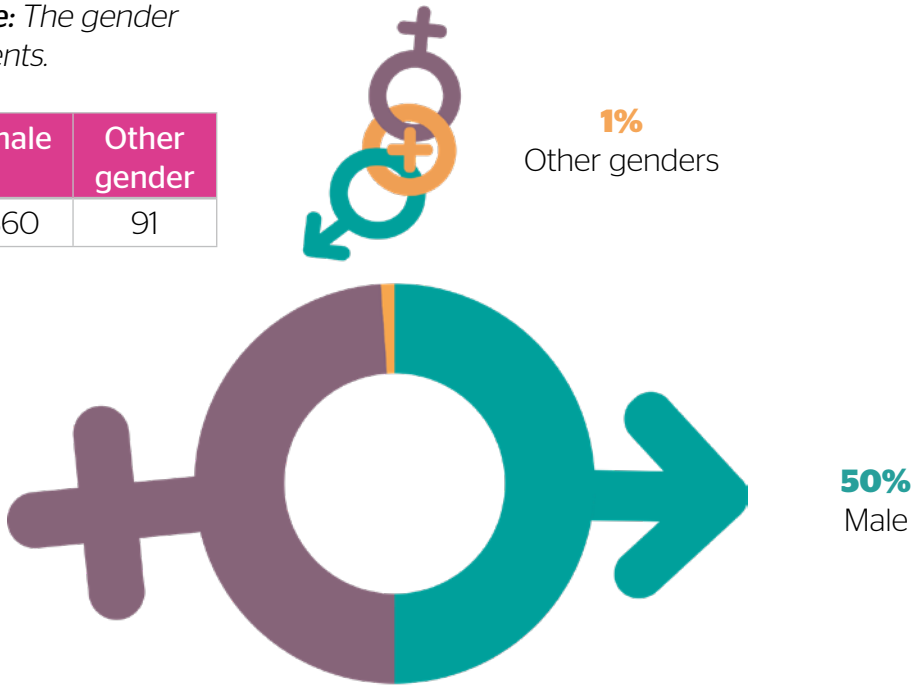

| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|---|
| 766 | 2,215 | 1,916 | 1,546 | 1,430 | 1,341 | 1,526 | 907 | 246 |

***Graph and table:*** *The number of responses by student age.*

# Gender

***Graph and table:*** *The gender identity of students.*

| Male | Female | Other gender |
|---|---|---|
| 5,999 | 5,860 | 91 |




**“I think like a female but am not.”**

**“I choose to be who I am.”**

**“I’m male currently but thinking about changing to non-binary.”**

**“I’m a female but I would like to be called a male.”**

| Other genders | Number |
|---|---|
| Non-binary | 14 |
| Transgender | 19 |
| *Transgender (female to male)* | 11 |
| *Transgender (male to female)* | 5 |
| Genderfluid | 3 |
| Gender neutral | 2 |

***Table:*** *Other gender identities.*

# Sexuality

When asked about their sexuality, 10% of young people said that the question did not apply to them, and 5% did not want to disclose. Of those who provided their sexuality, 92% identified as being straight.

| Sexuality | Percentage |
|---|---|
| Straight | 77% |
| This does not apply to me | 10% |
| Bisexual | 5% |
| Prefer not to say | 5% |
| Gay | 2% |
| Pansexual | <1% |
| Other sexuality | 1% |

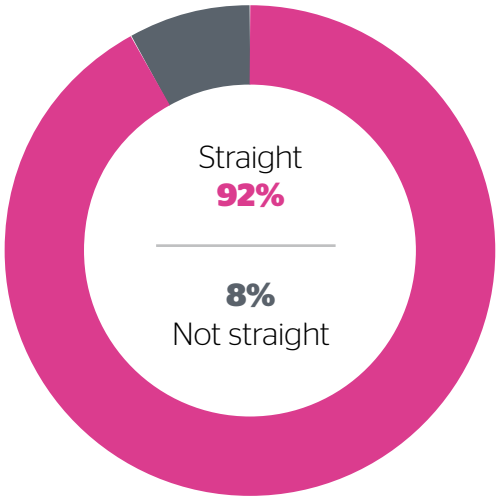
***Table:*** *The sexuality of students.*

## Other sexualities

Young people who did not identify with the most common sexualities were asked how they would describe their sexuality. The main three were pansexual, asexual, and those who were unsure.

| Sexuality | Number |
|---|---|
| Pansexual | 55 |
| Asexual | 26 |
| I'm unsure / Questioning | 25 |

***Table:*** *Other categories of sexuality provided by students.*




**Graph:** The sexuality of students.

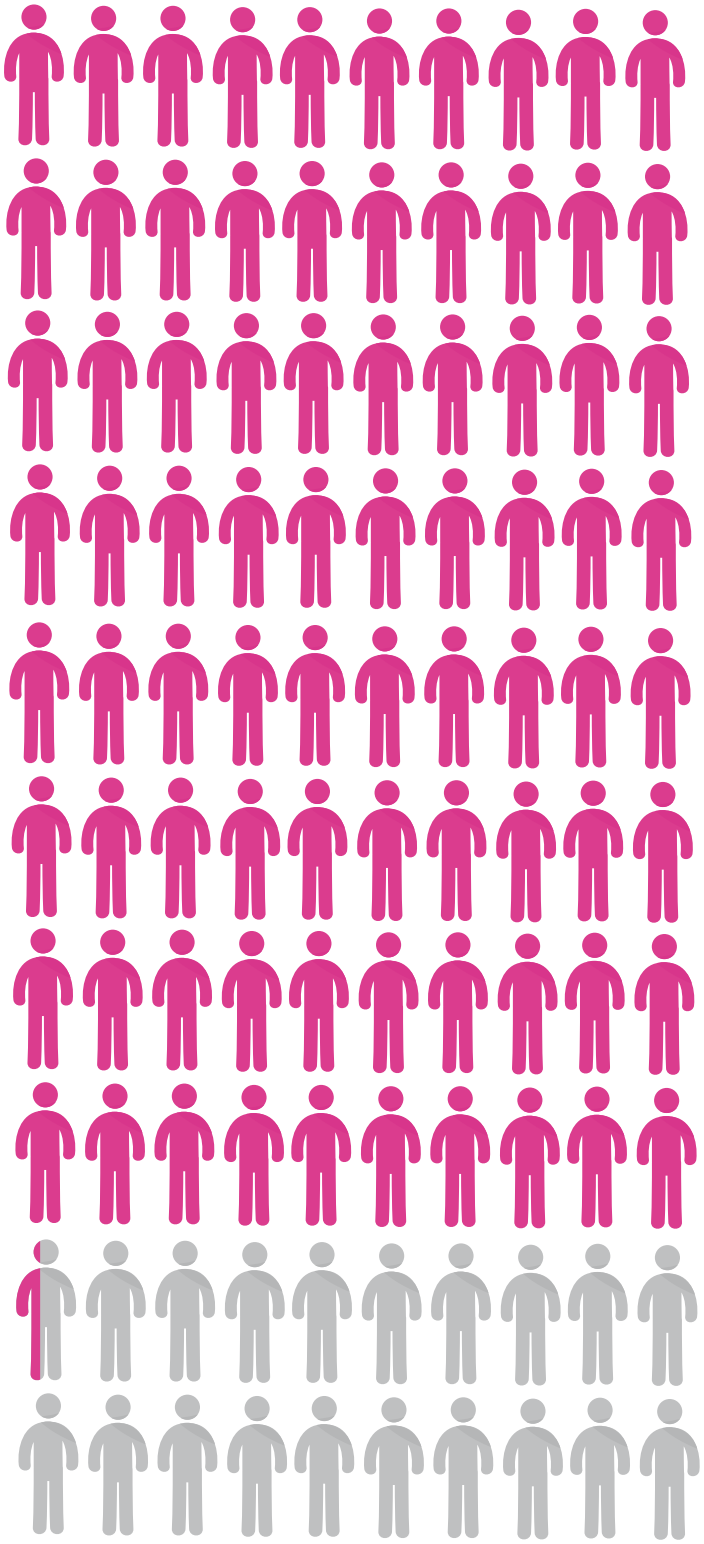
# Ethnicity

Young people in Suffolk are part of a diverse range of ethnic groups.

At the time of the last Census (2011), 90.8% of Suffolk's population was White British.

Of the young people who took part in the 2019 survey, 84% were White British.

71 young people identified with an ethnic group not included in the list of options. Their answers are shown in the table on the next page.



**84%**

Said they were "White British".

***Figure:*** *The proportion of 'White British' students in 2019 'My Health, Our Future' sample.*

| Ethnicity | Number |
|---|---|
| White British | 10,072 |
| White - Other | 450 |
| Polish | 150 |
| White - Irish | 116 |
| White & Black Caribbean | 108 |
| Mixed - Other | 98 |
| Asian - Other | 97 |
| White and Black African | 94 |
| White and Asian | 93 |
| Portuguese | 91 |
| White - Traveller | 79 |
| Black - African | 73 |
| Other ethnic group | 71 |
| Asian - Indian | 68 |
| Asian - Bangladeshi | 64 |
| Asian - Pakistani | 44 |
| Romanian | 43 |
| Black - Caribbean | 39 |
| Asian - Chinese | 30 |
| Black - Other | 24 |
| Arab | 16 |
| Lithuanian | 11 |
| Turkish | 9 |
| Bulgarian | 4 |
| Latvian | 3 |
| Hungarian | 3 |

***Table:*** *The ethnicity of students.*

| Other responses |
|---|
| American |
| Belarusian |
| Belgium-Indian |
| Black South Pacific |
| Brazilian Portuguese |
| British Romanian |
| British Armenian |
| Egyptian |
| English and Albanian |
| English Cypriot |
| English Kurdish |
| English/Japanese |
| English/Spanish |
| Filipino |
| Gambian/Black British |
| German/British |
| Greek/English |
| Half Brazilian half White English |
| Half British and half Finnish |
| Half English, quarter Belgium + Indian |
| Half Spanish/ Half English |
| Hispanic |
| Turkish, English and part Traveller |
| Irish and Romanian |
| Israeli |
| Italian British |
| Jamaican and Indian |
| Maltese and English |
| Mauritian |
| Mixed - Portuguese / African |
| Mixed Polynesian |
| Portuguese/African |
| Quarter Indian and 3 Quarters British |
| Romanian/Russian/German |
| Russian |
| Scottish / Polish |
| Slovakian |
| Spanish |
| Sri Lankan |
| White - Brazilian |
| White - Portuguese and English |
| White African |
| White Afrikaans South African |
| White Australian |
| White English/French |
| White English Indo South African |
| White Korean and English |
| White South African |
| White, English and American |

***Table:*** *Other ethnicity responses.*

# Additional needs

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

Almost 1 in 3 (32%) said they have at least one additional need. 9% said they have a form of learning difficulty or special educational need. More than 1 in 10 (11%), had multiple additional needs.




| Statement | Number | Percentage |
|---|---|---|
| None of these apply to me | 8,132 | 68% |
| I have a physical disability | 283 | 2% |
| I have a mental health difficulty | 1,559 | 13% |
| I am in care or have been | 207 | 2% |
| I am a carer | 465 | 4% |
| I cannot see very well or at all | 704 | 6% |
| I cannot hear very well or at all | 258 | 2% |
| I have speech difficulties | 375 | 3% |
| I have learning difficulties | 891 | 7% |
| I need help with English | 896 | 7% |
| I have other special educational needs | 367 | 3% |

***Table:*** *The number of students that agreed with each statement about having additional needs.*

| One | Two | Three | Four | Five | Six |
|---|---|---|---|---|---|
| 21% | 6.9% | 2.4% | 1.0% | 0.3% | 0.1% |

***Table:*** *The number of statements about additional needs that students agreed with.*

# Safeguarding

Safeguarding was an important aspect of the project.

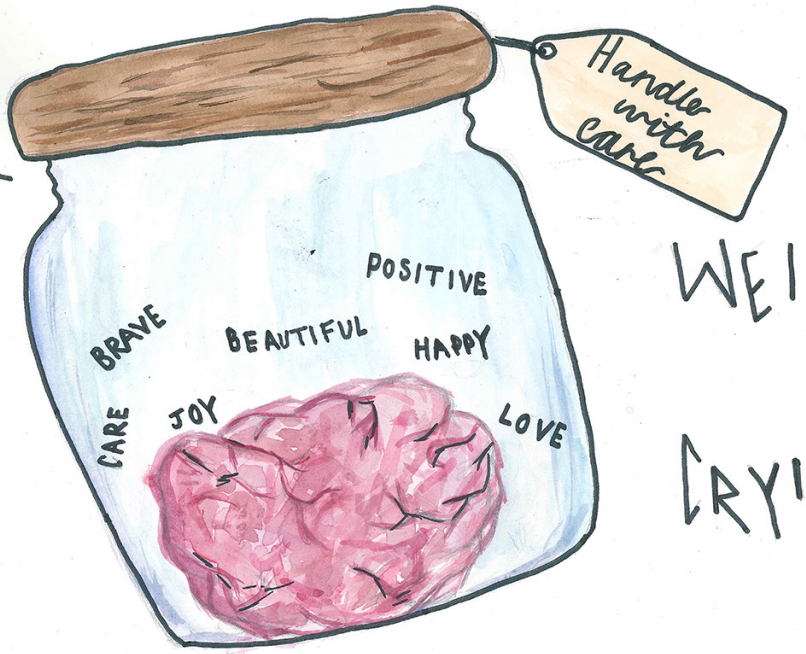
New survey responses were reviewed on a weekly basis to check for any concerning content. Healthwatch Suffolk raised 14 different safeguarding concerns during the project. Responses identified as a safeguarding concern were passed to the school or college safeguarding lead.

The survey did not collect personally identifiable data about the young person (such as name or address), however it did ask for their age, gender and form tutor name, and it also recorded the time and date they completed the survey.

In some cases, the school or college were already aware of the concerns raised and knew which young person it related to. Where it was felt necessary, schools were able to use the information provided to identify the individual young person. This meant that appropriate action could be taken to safeguard the young person from potential harm.

Where it was not possible to identify the young person by examining their responses, but it was judged support was needed, schools/colleges delivered targeted year group assemblies about that topic.

# MENTAL HEALTH




ALONE

WEIGHT

FEAR

CRYING

WEAK

WORRIED

AFRAID

LOW

USELESS

DEPRESSION

SAD

CRY

HELP

STRESS


MENTAL
Yeah
OK
"Just shut up"
DEPRESSION
peace
I'm scared
Help
I wanna die
"It's OK"


COULD WORK
I'M FINE
LOOK
JUST
SHUT UP
Help me Help me
Help me Help me
Help me Help
Help me Help
Help me

# WELLBEING

# How we measure young people's wellbeing

As a core measure of wellbeing, Healthwatch Suffolk used a questionnaire called the Warwick Edinburgh Emotional Wellbeing Scale (WEMWBS).

**What is the Warwick Edinburgh Emotional Wellbeing Scale?**

'WEMWBS' is a scale which is used to measure mental and emotional wellbeing (how "good" somebody feels) and psychological functioning (how well somebody thinks they are functioning).

It is a standardised scale that is used nationally as a measure of wellbeing. It contains 14 statements that describe thoughts and feelings.

Young people were asked how often they have experienced each statement over the last two weeks on a scale of five, ranging from 'None of the time' to 'All of the time'.

The scores range from 14 to 70. Higher levels of wellbeing are indicated by a higher wellbeing score.

**From this point, WEMWBS will be referred to as the "wellbeing scale".**

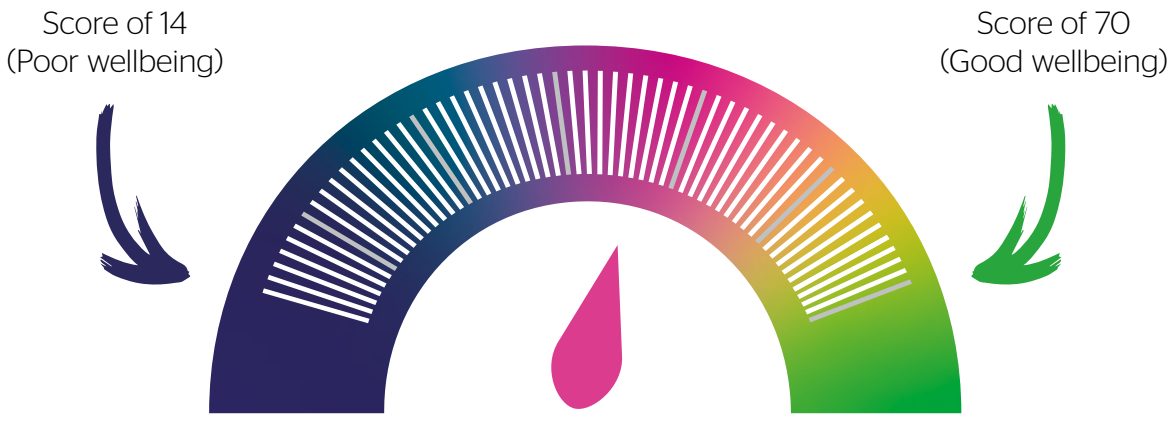
**Look out for our wellbeing rainbows**

Our wellbeing rainbows indicate the levels of wellbeing amongst children and young people in Suffolk.

Higher wellbeing is indicated by the dial pointing to the right side of the rainbow (brighter colours). Poor wellbeing is indicated by the dial pointing further to the left side of the rainbow (cooler colours).

**How WEMWBS is scored**

| None of the time | Rarely | Some of the time | Often | All of the time |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |



# Overall wellbeing

Overall, boys had higher average wellbeing scores than girls. Young people who identified as a different gender had the lowest average wellbeing score.

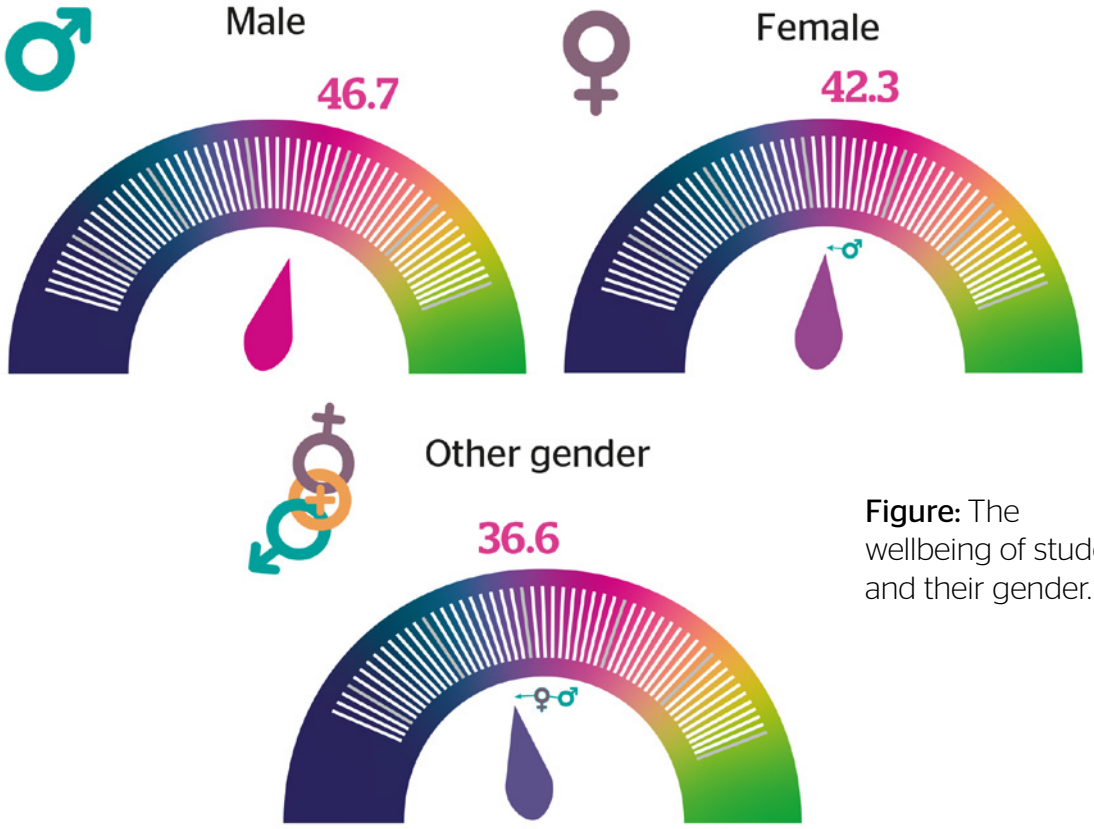



**Figure:** The wellbeing of students and their gender.

# Wellbeing statements

The wellbeing scale asked respondents how they felt about each statement on a scale of 1 – 5, ranging from 'None of the time' to 'All of the time. The table on the next page shows the average score for each statement, split by gender. A higher score indicates higher wellbeing.

### Our 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.

Lower wellbeing scores

Higher wellbeing scores

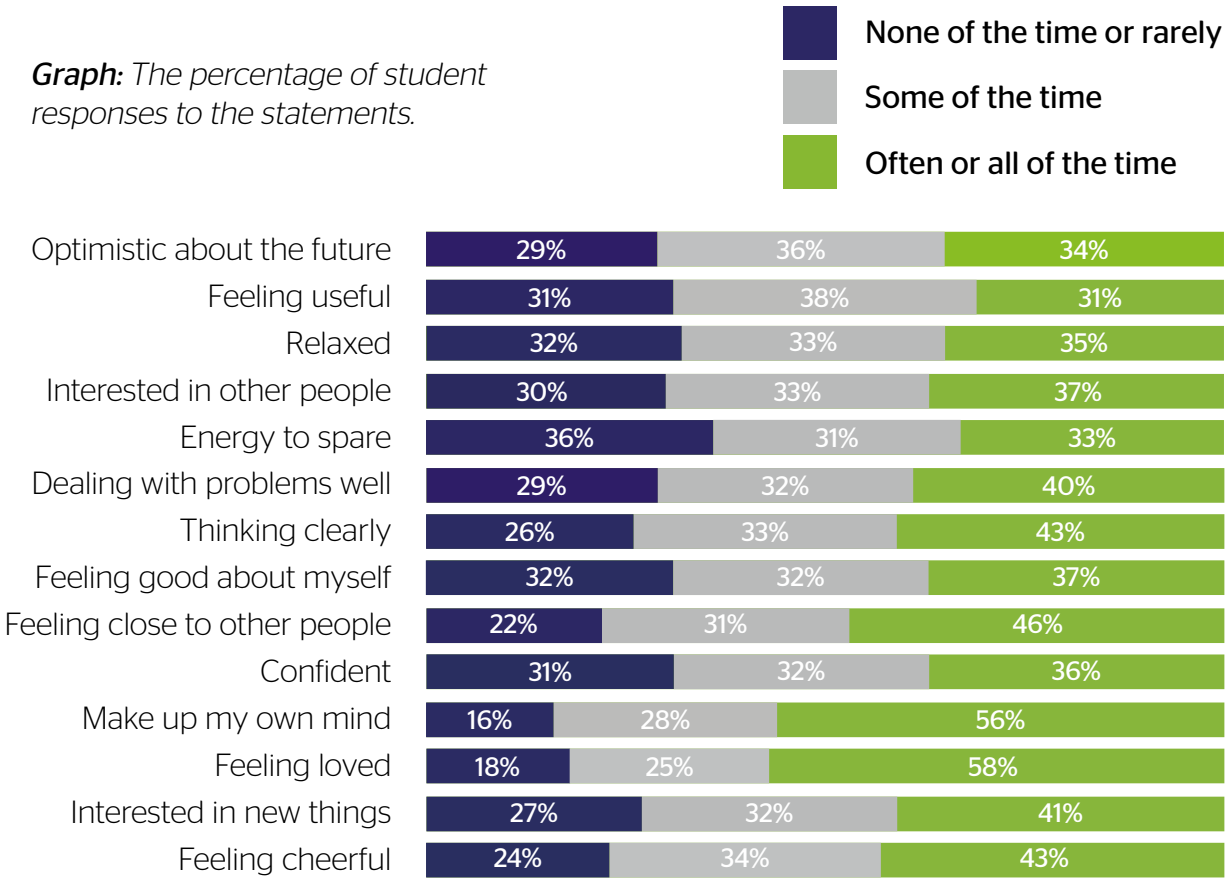
***Table:*** *The wellbeing scores of students for each Wellbeing Scale statement.*

| Statements | Male | Female | Other gender |
|---|---|---|---|
| I have been feeling optimistic about the future. | 3.1 | 3.0 | 2.4 |
| I have been feeling useful. | 3.1 | 2.8 | 2.3 |
| I have been feeling relaxed. | 3.3 | 2.8 | 2.6 |
| I have been feeling interested in other people. | 3.1 | 3.0 | 2.9 |
| I have had energy to spare. | 3.2 | 2.8 | 2.5 |
| I have been dealing with problems well. | 3.3 | 2.9 | 2.5 |
| I have been thinking clearly. | 3.4 | 3.0 | 2.5 |
| I have been feeling good about myself. | 3.4 | 2.8 | 2.4 |
| I have been feeling close to other people. | 3.4 | 3.3 | 2.8 |
| I have been feeling confident. | 3.4 | 2.7 | 2.5 |
| I have been able to make up my own mind about things. | 3.7 | 3.4 | 2.8 |
| I have been feeling loved. | 3.6 | 3.6 | 3.0 |
| I have been interested in new things. | 3.3 | 3.0 | 2.8 |
| I have been feeling cheerful. | 3.4 | 3.1 | 2.6 |



**Students that identify as a gender other than "male" or "female" score lowest across all statements.**

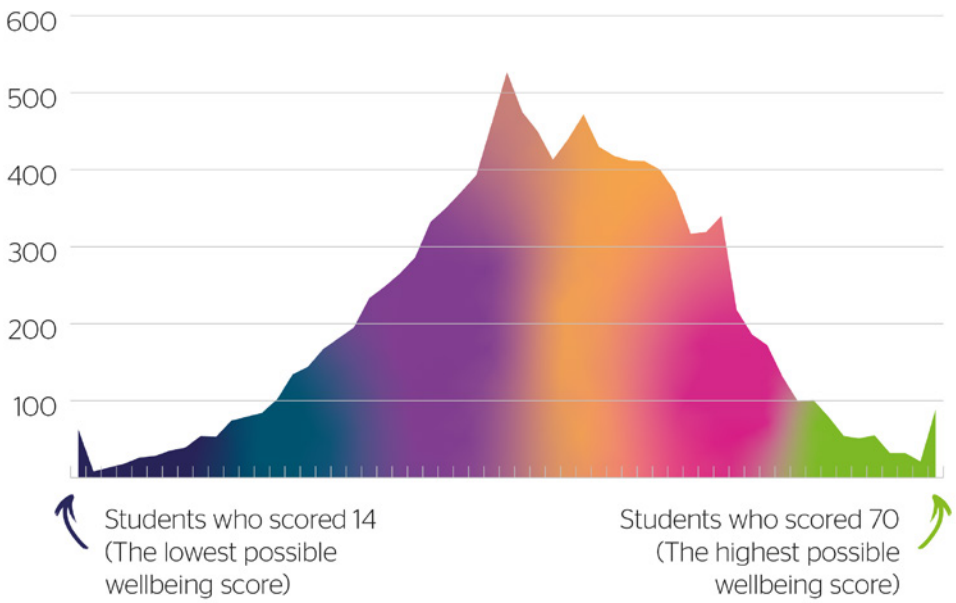
***Graph:*** *The percentage of student responses to the statements.*



## Distribution of scores

The following graph shows the number of young people attributed to each wellbeing score. Wellbeing Scale scores can range from 14 to 70, with 14 indicating poor wellbeing.

The distribution of wellbeing scores produces a bell curve. The two peaks at either end of the curve represent young people who answered 'None of the time' or 'All of the time' to all questions. This trend is seen in other research that utilise the same measure of participant wellbeing.




# How Suffolk compares

When compared to the national averages, the young people who completed our survey, had lower average wellbeing scores. This was true for both male and female students.

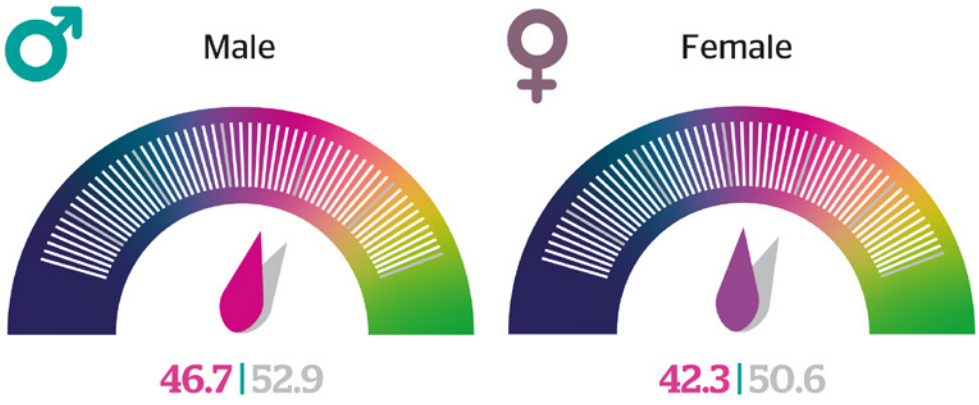



***Figure:*** *The average Wellbeing Scores of* ***male*** *and* ***female*** *students. A comparison of national data* ***(grey)*** *and My Health Our Future data* ***(pink)****.*

**National data**

The national data we compare against is taken from a research study completed by NHS Digital in 2017.

The research asked young people across England to complete the Warwick Edinburgh Emotional Wellbeing Scale, as well as many other questions about their mental health. The research is the most comprehensive national-level insight into young people's mental health and wellbeing currently.

The average wellbeing score for boys was **12%** lower than the national average. For girls, it was **16%** lower.

♂ 5,999 ♀ 5,860

***Figure:*** *Response numbers from male and female students.*

## How wellbeing varies with age

Male wellbeing scores are relatively consistent between the ages of 11 and 19, whereas female wellbeing scores decrease between age 11 and 15, before starting to increase.

Wellbeing scores are consistently below the national average at all ages. Across all ages, males reported higher average wellbeing scores than girls.

- The biggest difference is at age 13, 14 and 15, where boys' average wellbeing score is almost 6 points higher (13% higher) than the girls'.
- The gap is smallest at age 11, with boys reporting an average wellbeing score only 1% higher than girls.

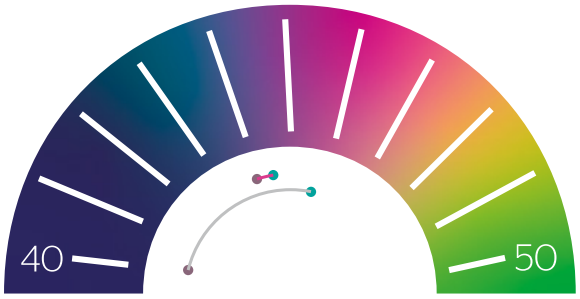
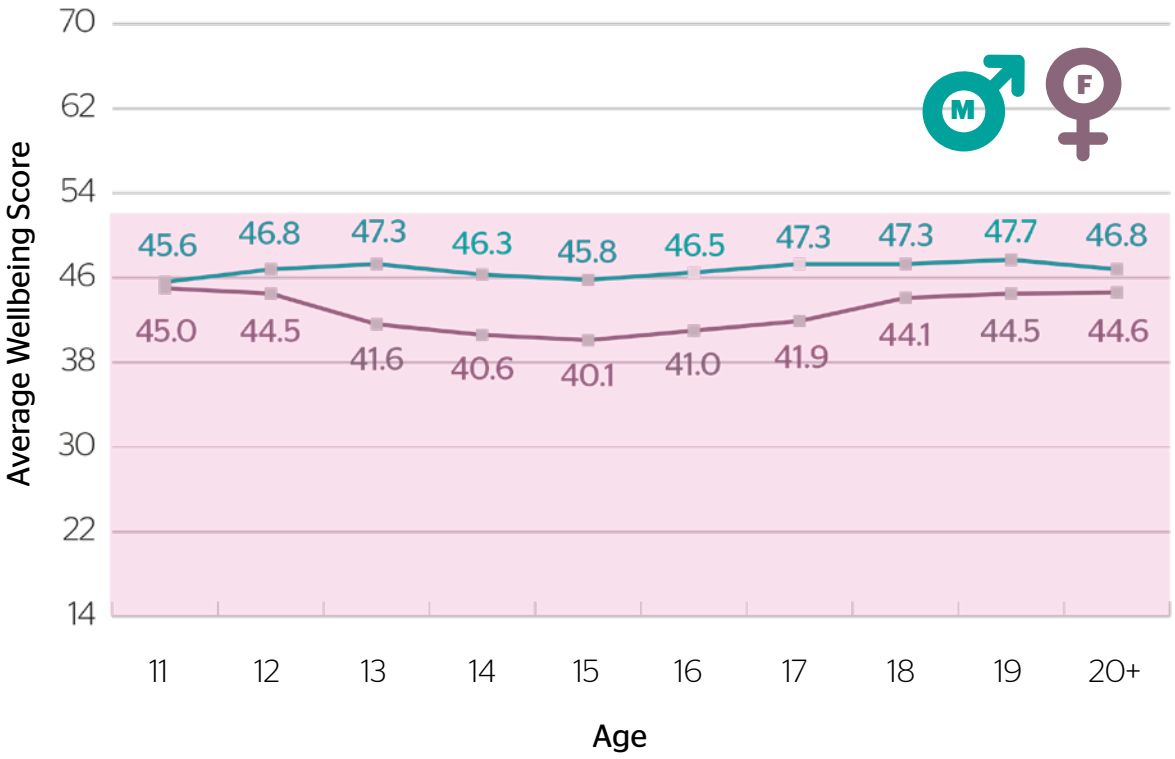
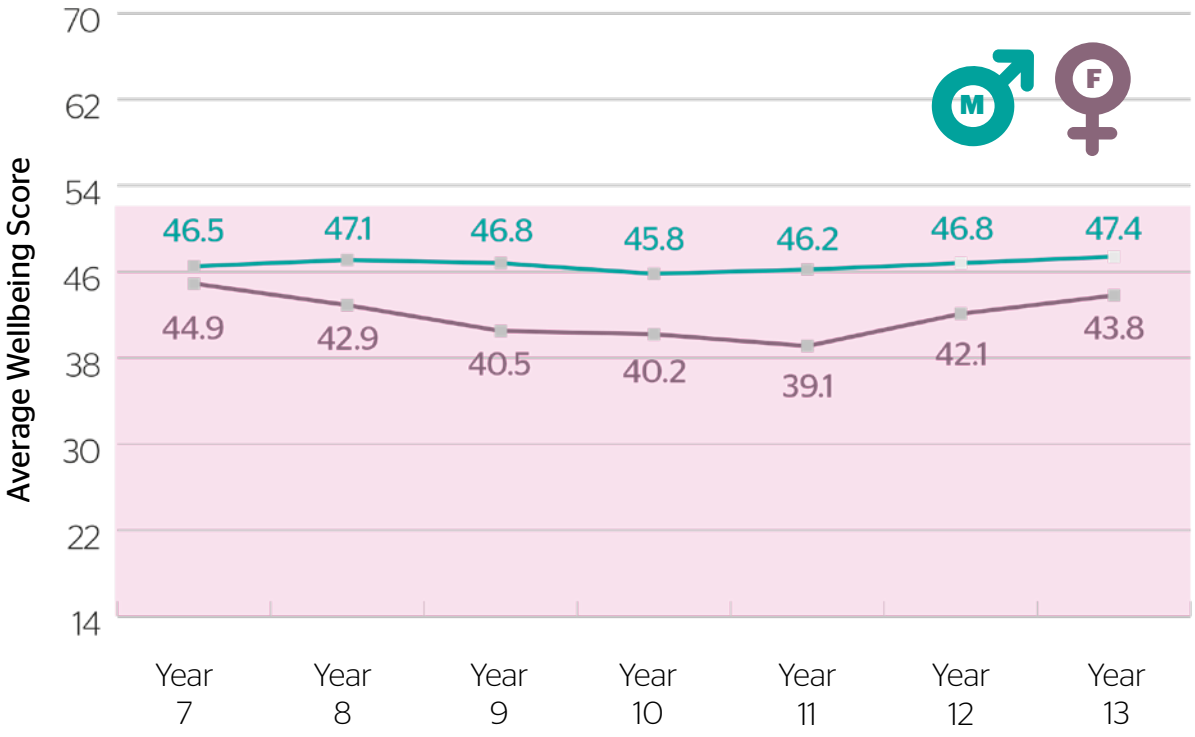



***Figure:*** *The gap in young people's wellbeing scores increases between male and female students. By age 13, the gap has increased to 5.7 points and remains as such until age 15. Thereafter, the gap decreases but female students score lowest across all ages.*




***Graph:*** *Average Wellbeing Scores of **male** and **female** students and their age. The average scores for both groups are below the national average (light pink).*

Splitting the data by year group shows that girls' wellbeing is lowest in Year 11, but that boys and girls start secondary school (Year 7) with similar levels of wellbeing.




***Graph:*** *The average wellbeing score of **male** and **female** students and their year group.*

# Changes in wellbeing

The graph below shows the average wellbeing scores over the last three years. These scores are taken from the 'My Health, Our Future' 2017, 2018 and 2019 data sets (over 26,000 young people).

## Trends and patterns

The figure below suggests a decrease in average wellbeing scores between 2017 and 2019 for both male and female students. However, the sample of schools, colleges and young people are different each year. Therefore, any differences in scores may also be caused by other factors such as the age of students, levels of school support, provision of services and rural/urban differences.

What the results illustrate with more certainty, is that average wellbeing scores for male and female students in Suffolk each year are consistently lower than the national average. The figures also reveal a consistent gap between boys' and girls' average wellbeing scores, with boys scoring higher each year.

### Short Wellbeing Scale

The 2017 and 2018 surveys used the Short Wellbeing Scale, which has seven statements. The present survey used the full version of the scale, which has 14 statements.

However, by only scoring the statements that appear within the short scale, we can calculate the short score for 2019. This allows us to compare the most recent data with that obtained in the two previous surveys.

The Short Wellbeing Scale is scored from seven to 35. As with the full version of the scale, a higher score indicates higher levels of wellbeing.

- In 2017, boys' average wellbeing score was 1.4 points higher than girls'.
- In 2018 and 2019, boys' average wellbeing score was 1.6 points higher than girls'.

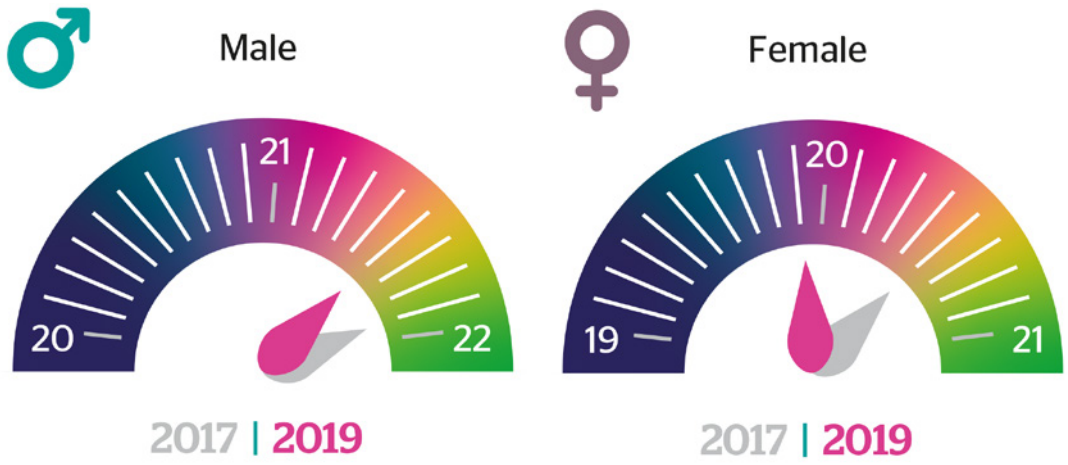
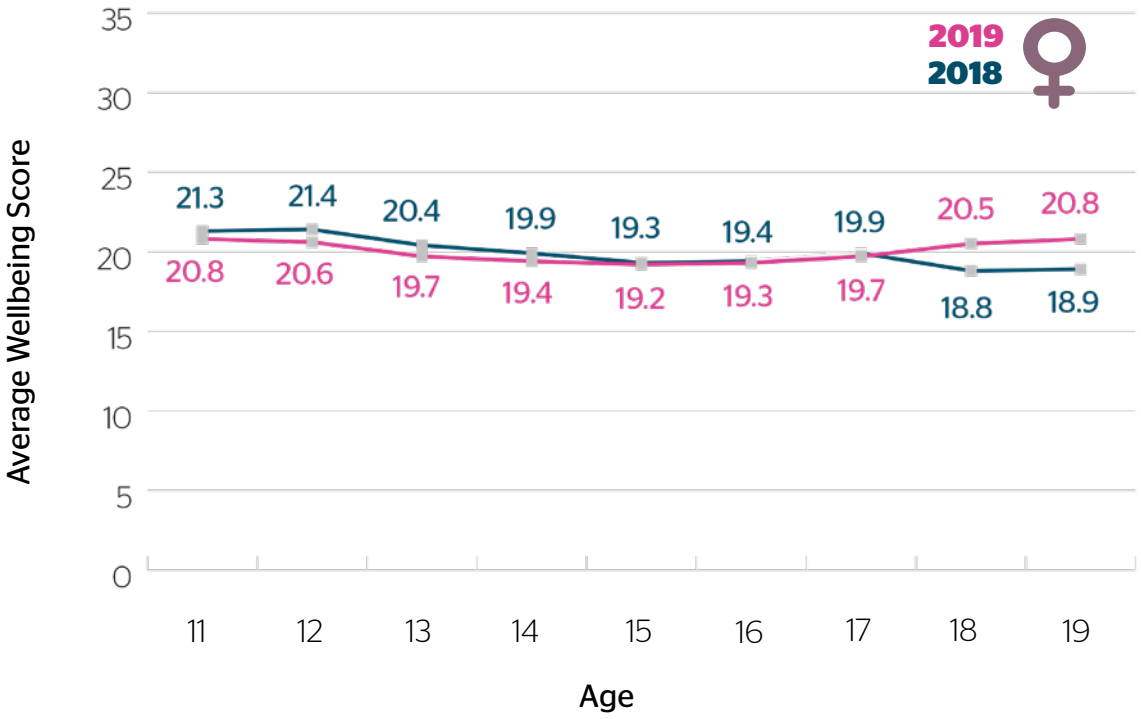


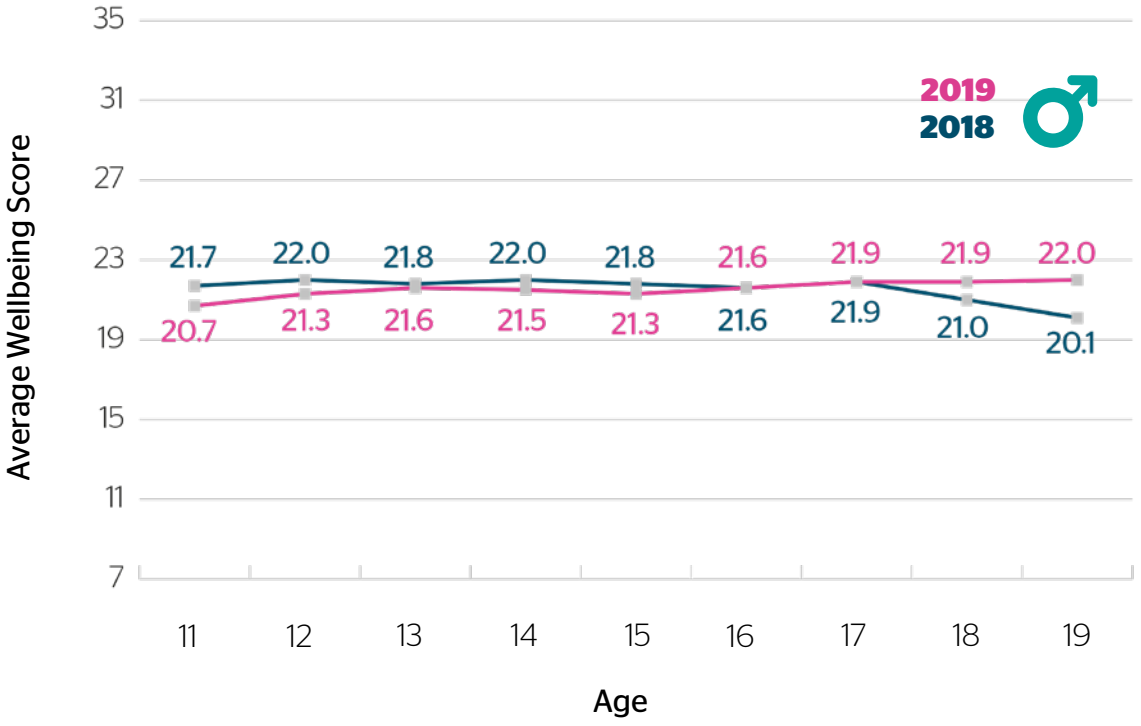

***Figure:*** *Change in male and female student wellbeing between 2017 and 2019.*

## Differences between ages

The following graphs show the difference in average Wellbeing Scores between those students who participated in the 2018 and 2019 'My Health, Our Future' surveys.




***Figures:*** *The difference in wellbeing scores between* ***male (below)*** *and* ***female (above)*** *students who took part in the* ***2018*** *and* ***2019*** *'My Health, Our Future' surveys split by age.*



## Wellbeing and ethnicity

Wellbeing scores varied between ethnicities. When looking at results where there were more than 10 responses, young people in the 'Arab', 'Black – other' and 'Traveller' ethnic groups reported the lowest wellbeing scores. For most ethnic groups, girls had lower average wellbeing scores than boys. The exception to this is the 'Bangladeshi' and 'Chinese' ethnic groups, where males had a lower average wellbeing score.

| | Male | | Female | |
|---|---|---|---|---|
| Ethnicity | Average wellbeing score | Number of boys | Average wellbeing score | Number of girls |
| Asian-Indian | 50.6 | 28 | 44.4 | 40 |
| Mixed - White and Black African | 48.1 | 57 | 44.7 | 37 |
| Black - African | 50.3 | 35 | 43.2 | 38 |
| Romanian | 48.3 | 24 | 44.2 | 19 |
| Mixed - White and Black Caribbean | 49.1 | 51 | 42.9 | 57 |
| Asian - Pakistani | 45.2 | 25 | 45.0 | 17 |
| Mixed - Other | 48.5 | 39 | 42.8 | 57 |
| White - Other | 46.5 | 257 | 42.0 | 186 |
| White - Irish | 46.0 | 68 | 42.5 | 48 |
| White - British | 46.8 | 4,972 | 42.3 | 5,031 |
| Asian - Other | 46.2 | 53 | 42.4 | 44 |
| Other ethnic group | 45.1 | 43 | 42.3 | 27 |
| Asian - Bangladeshi | 42.0 | 37 | 46.6 | 27 |
| Portuguese | 47.4 | 48 | 39.8 | 43 |
| Polish | 46.1 | 79 | 40.6 | 69 |
| Black - Caribbean | 48.3 | 21 | 37.3 | 18 |
| Asian - Chinese | 41.4 | 19 | 46.4 | 11 |
| Mixed - White and Asian | 44.7 | 49 | 40.9 | 43 |
| White - Traveller | 43.5 | 50 | 41.3 | 23 |
| Black - Other | 42.8 | 18 | 40.2 | 6* |
| Arab | 38.5 | 11 | 32.8 | 4* |

***Table:*** *Wellbeing scores, gender and the ethnicity of students. Use of an * indicates that the group has less than ten responses and that their average wellbeing scores should be interpreted with care.*

# Wellbeing and additional needs

Young people who reported having one or more additional need had an average wellbeing score **13%** lower than young people who do not have any additional needs.



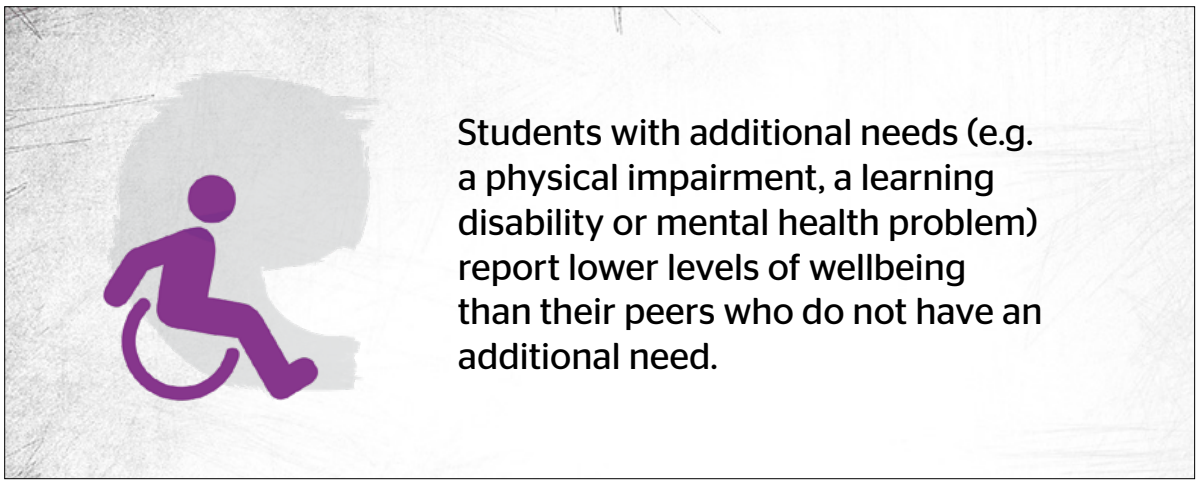

***Figure:*** *The difference in wellbeing score between those students who said they have additional needs and those who reported no additional needs.*

## Multiple needs

Young people who have two or more additional needs had a lower average wellbeing score than those with one, or no additional needs. There were, on average, seven points difference between those with more than two additional needs and those with none.

| Number of additional needs | Average Wellbeing Score |
|---|---|
| None | 46.3 |
| One | 41.4 |
| Two or more | 39.3 |

***Figure:*** *The average wellbeing score of students by the number of additional needs.*



Average wellbeing scores also varied between the types of additional needs young people reported. Those with a mental health difficulty reported the lowest average wellbeing score.




***Graph:*** *The average wellbeing score of students with additional needs and how they compare to those students who have no additional needs.*

# MENTAL HEALTH

# Mental health difficulties & age

Overall, 13% agreed with the statement 'I have a mental health difficulty' (1,559 young people out of the 11,950 that answered the question).

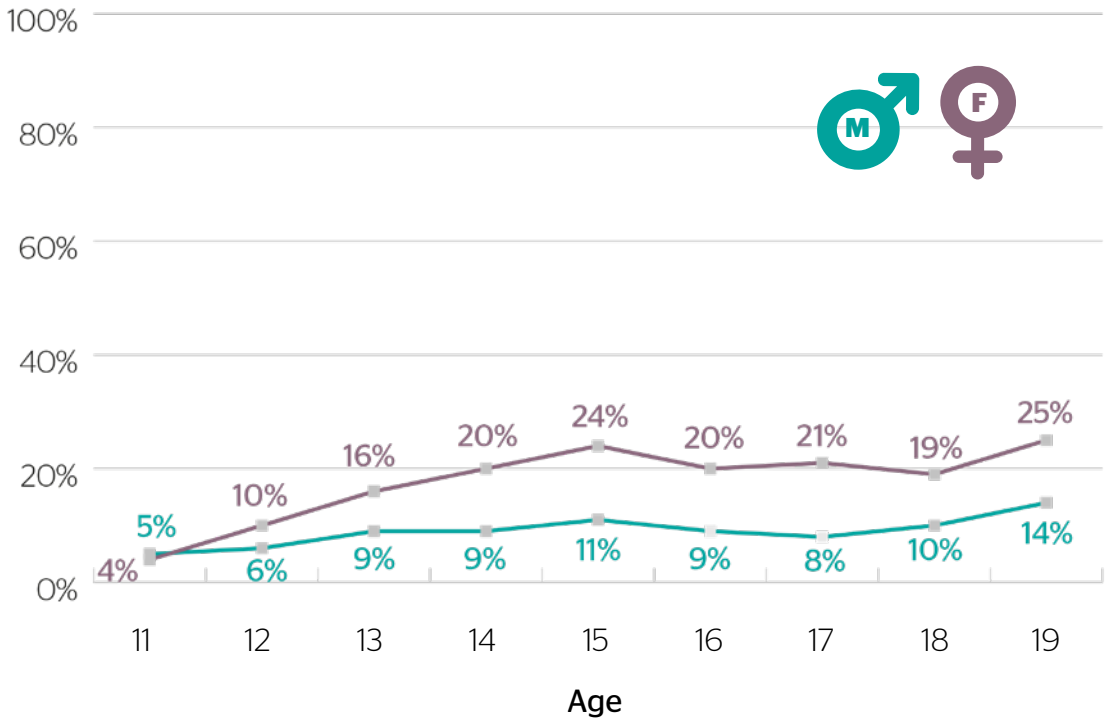
There was a large gender difference, with girls almost twice as likely to report having a mental health difficulty. 9% of boys and 17% of girls agreed with the statement.




## Mental health difficulties and age

The likelihood of both boys and girls reporting having a mental health difficulty increased with age. This increase was highest amongst female students.

The graph below shows a sharp increase in girls reporting a mental health difficulty between the ages of 11 and 15. Between each age bracket, there is an increase of between 4%-6%. At age 15, almost 1 in 4 girls say they have a mental health difficulty. Both boys and girls were most likely to report having a mental health difficulty at age 19.

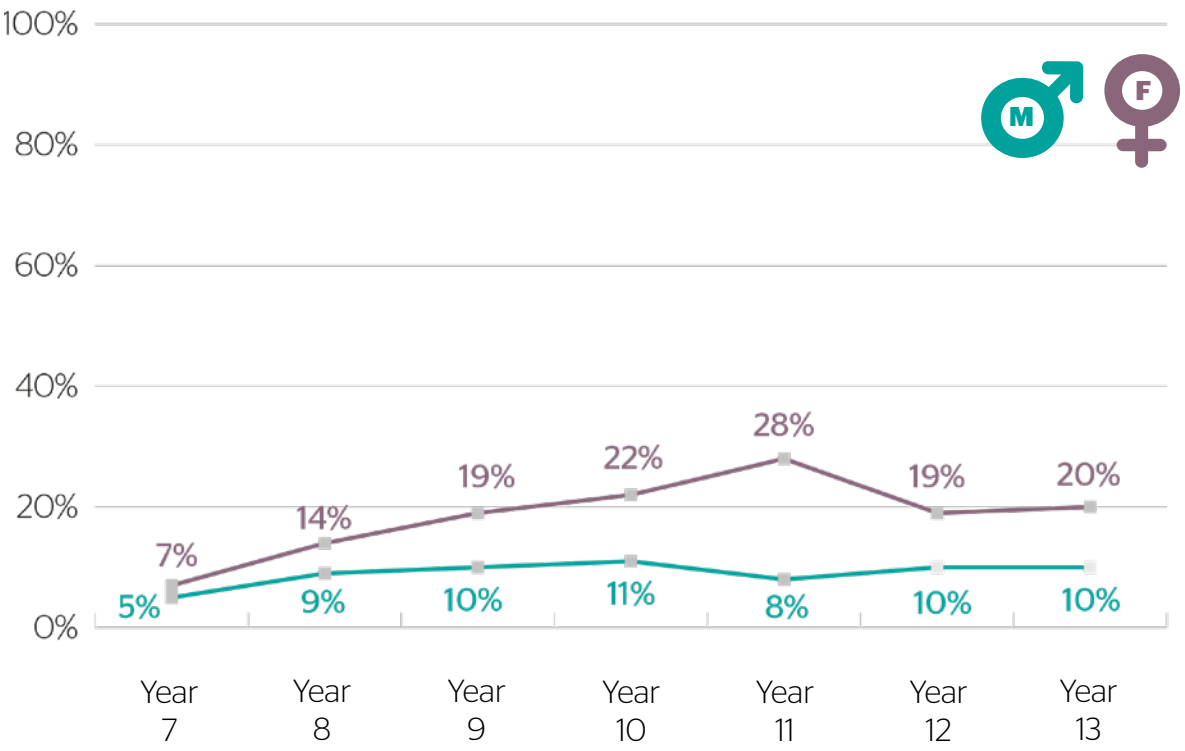



***Graph:*** *The percentage of* ***male*** *and* ***female*** *students students who reported having a mental health difficulty.*

# Mental health difficulties & year group

Breaking down the statistics by year group provides insight into how young peoples' journey through school and college may be linked to poor mental health.

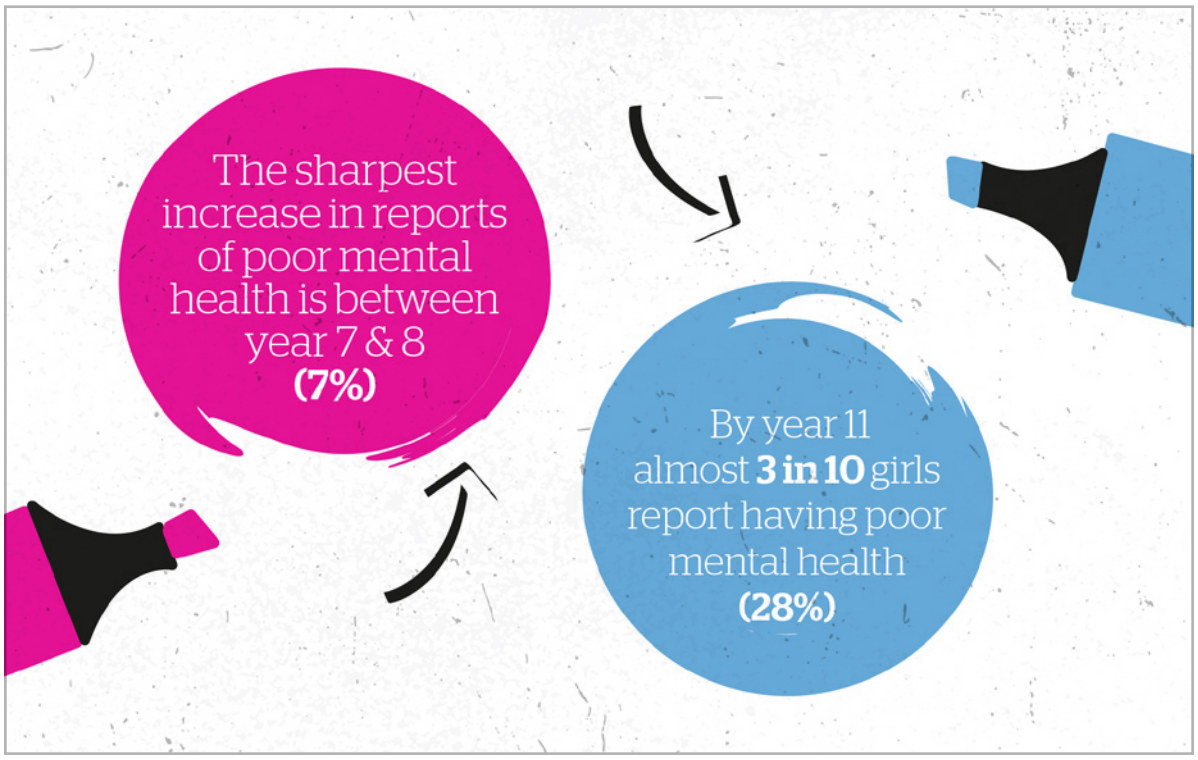
The sharpest increase in reported poor mental health is between the first and second years of starting secondary school - between Year 7 and Year 8 (7%-point increase). By Year 11 almost 3 in 10 girls (28%) reported poor mental health, however, fewer than 1 in 10 boys (8%) did.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who reported having a mental health difficulty and their year group.*

Between Year 11 and Year 12 there is a sharp decrease in the percentage of girls reporting poor mental health. However, some young people will leave school after Year 11 and not move onto sixth form or college.

Public Health data from March 2018, found that 2 in 10 16 - 17 year olds in Suffolk were not in full-time education. Young people who were not in school or college did not take part in the 'My Health, Our Future' survey, which may skew the results and partly account for this decrease.



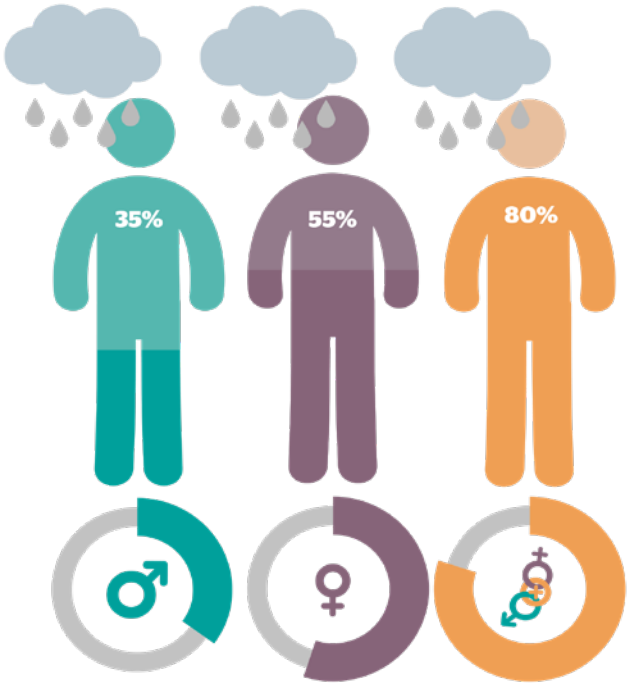

## The last 12 months

The survey also asked young people about their mental health over the previous 12 months.

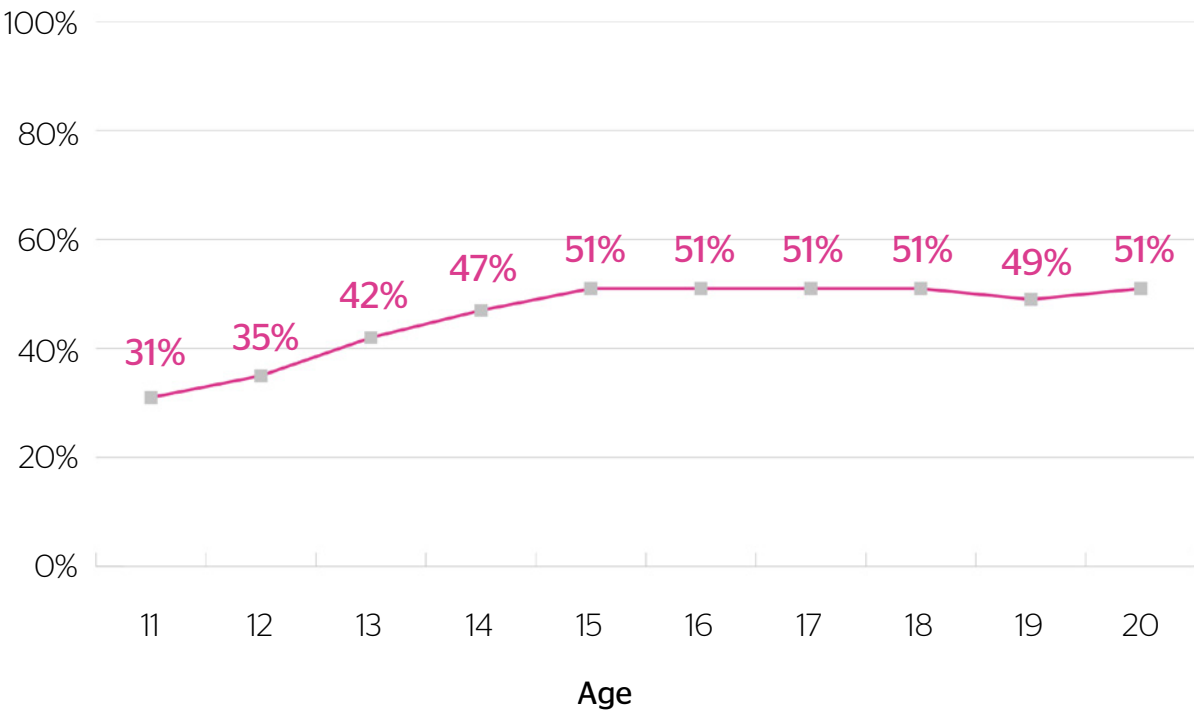
Overall, almost half (45%) said that they had experienced poor mental health within the last year:

- **35%** of boys
- **55%** of girls
- **80%** of young people who don't identify as male or female

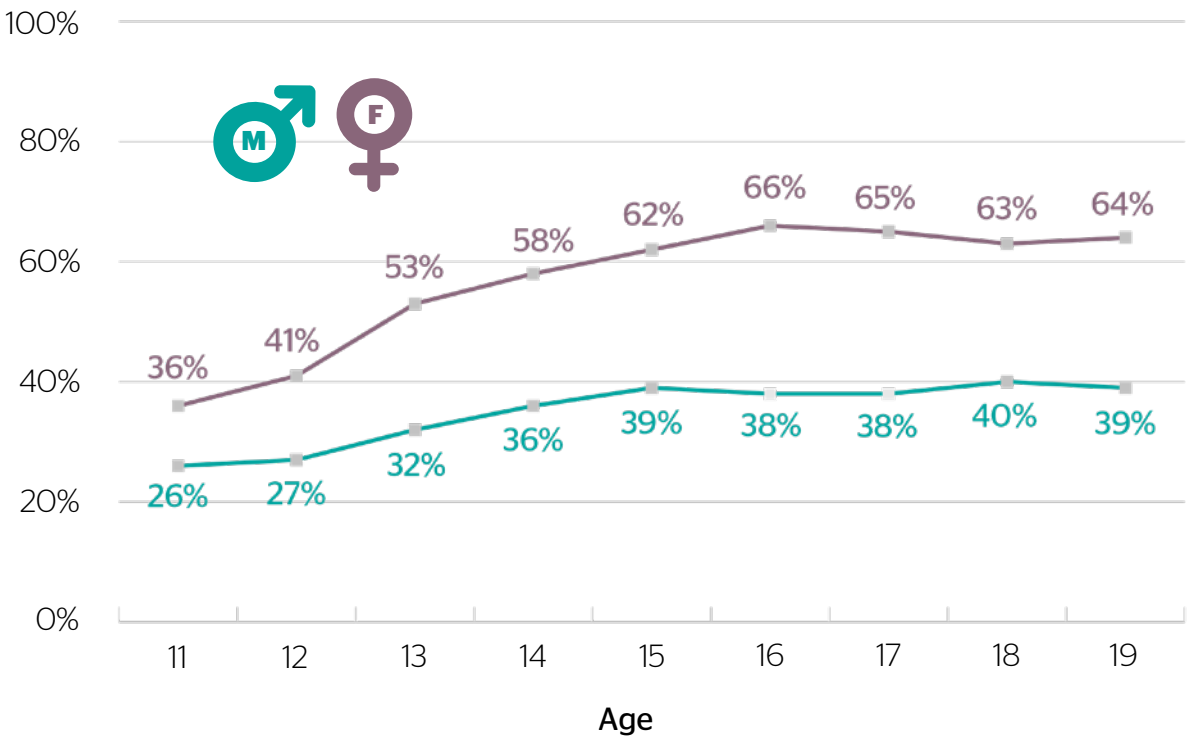
***Figure:*** *The percentage of students that reported having poor mental health in the last 12 months split by gender.*



***Graph:*** *The percentage of students that reported having poor mental health in the last 12 months split by age.*




Girls were more likely than boys to report having experienced poor mental health over the last year, across all age groups. Between age 13 to 19, more than half of all girls said they had.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students that reported having poor mental health in the last 12 months and their gender.*

# Additional needs

Young people who had an additional need were more likely to report having poor mental health in the last 12 months.

| Additional need | |
|---|---|
| I cannot hear very well or at all | 65% |
| I am a carer | 61% |
| I have a physical disability | 61% |
| I cannot see very well or at all | 59% |
| I have speech difficulties | 59% |
| I have other special educational needs | 56% |
| I have learning difficulties | 55% |
| I am in care or have been | 54% |
| I need help with English | 50% |
| None of these apply to me | 36% |

***Table:*** *The percentage of young people who report having poor mental health in the last twelve months.*


MENTAL
you are not
weak for needing
time to sort
through this
You are enough
It's okay to not
be okay


HEALTH
It's okay:
* to make mistakes
* to have bad days
* to be less than perfect
* to do what's best for you
* to be yourself
Put yourself first
Self care is not Selfish

# EXPERIENCES OF GETTING SUPPORT

# Young people with recent poor mental health

## Did you ask for help or support?

Young people who said they had experienced poor mental health or emotional wellbeing in the past year were asked whether they asked for help or support.

In total, 5,266 young people provided an answer to this question.

### *Gender differences*

Girls were more likely than boys to say they asked for help and support with their mental health difficulty. This gender difference was found in all age groups.




**More than half** of young people with poor mental health did not ask for help.

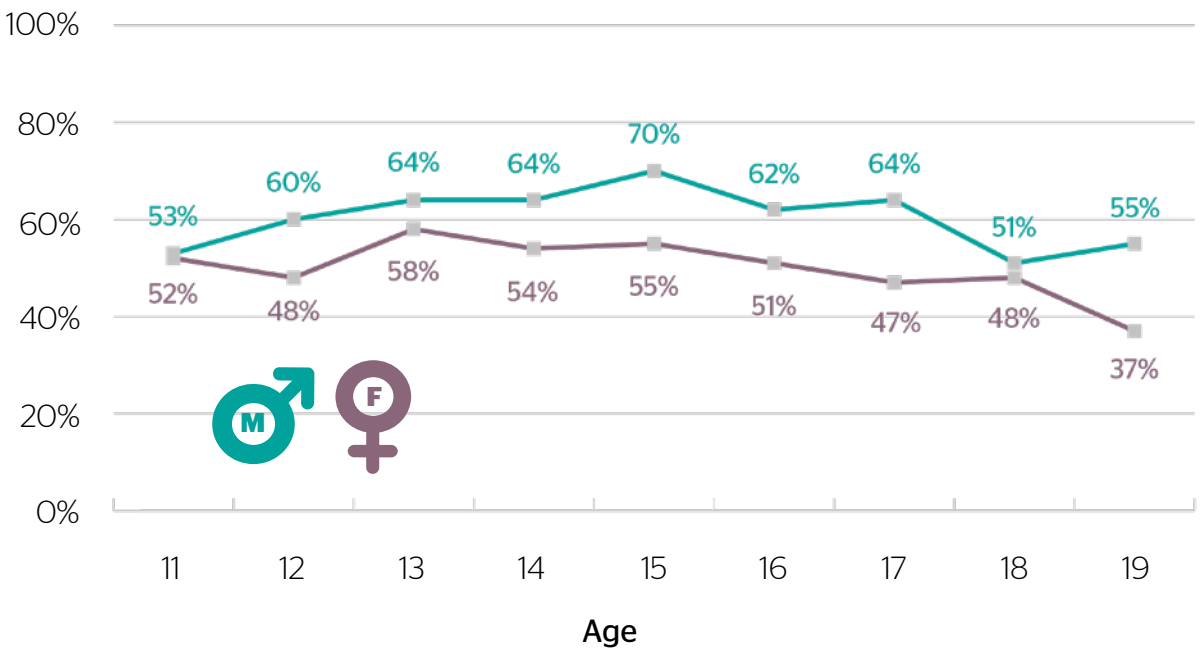
**62%** of male students and **52%** of female students did not ask for help.

***Figure:*** *The percentage of students who said they had experienced poor mental health and whether they had asked for help.*

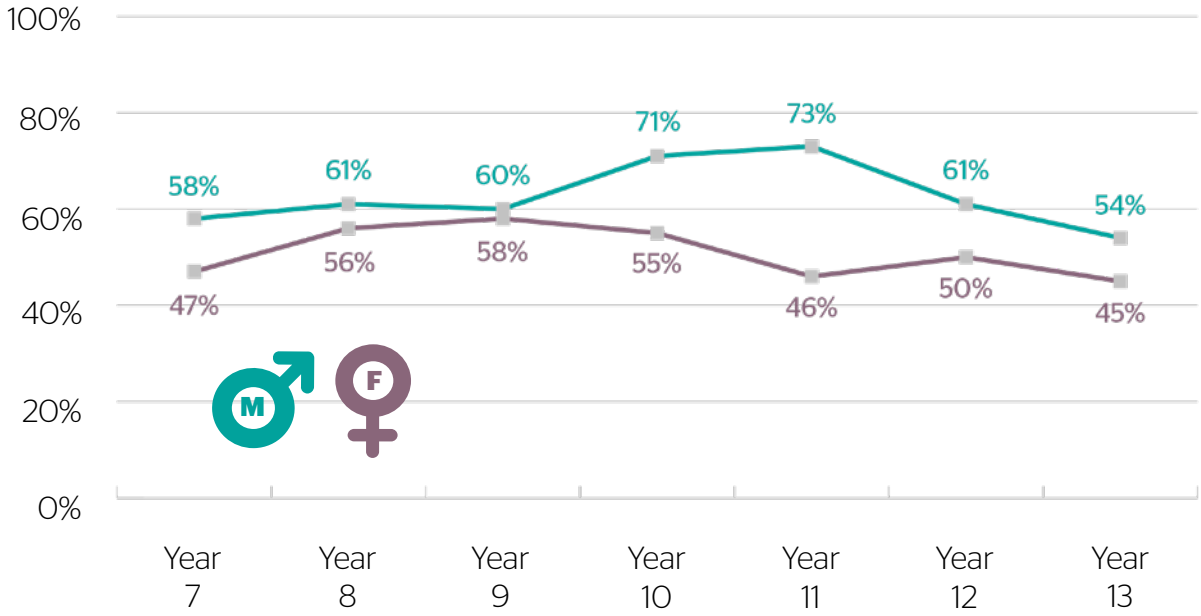
### *Gender differences and the age of students*

Amongst boys, those aged 18 were most likely to have asked for help (49%). Boys aged 15 were least likely to have asked for help (30%).

See our graphs on the next page for more detail.




***Graphs:*** *The percentage of* ***male*** *and* ***female*** *students who did not ask for help or support split by age and gender (above) and the percentage of students who did not ask for help or support split by year group and gender (below).*

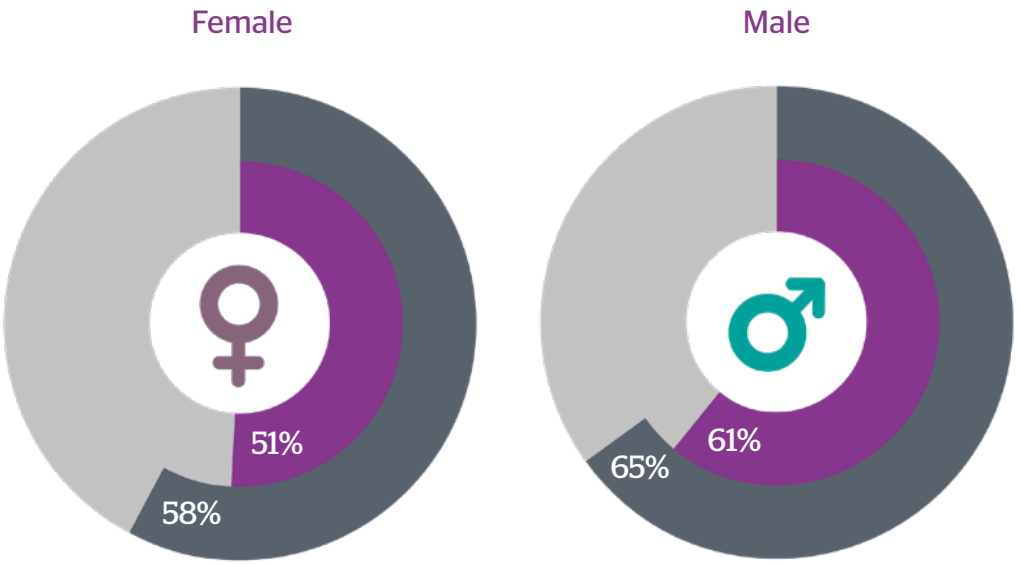



## YEAR 11 BOYS ARE LEAST LIKELY TO ASK FOR HELP

Almost three quarters who said they had experienced poor mental health did not seek help or support to help them cope.

### *Differences between ethnicities*

Boys and girls belonging to 'BAME' (Black, Asian and minority ethnic) groups, were less likely to have asked for support, compared to those belonging to the 'White British' and 'White – Other' ethnic groups.




***Graphs:*** *The percentage of students who asked for support split by gender and ethnicity.*

Young people belonging to the Bangladeshi ethnic group were the **least likely** to have asked for help and support. More than **four in five (81%)** said they didn't ask anyone. Those belonging to the Caribbean and Chinese ethnic groups were **most likely** to have asked for help and support. **Almost two thirds** said they had done so.

| Ethnicity | % who did not ask for help | Total responses |
|---|---|---|
| Black - Caribbean | 38% | 16 |
| Asian - Chinese | 38% | 8* |

***Table:*** *The ethnicity of students who were **most likely** to have asked for help. Use of an * indicates that the group has a low number of responses and that percentages should be interpreted with care.*

| Ethnicity | % who did not ask for help | Total responses |
|---|---|---|
| Romanian | 78% | 23 |
| Asian - Bangladeshi | 81% | 21 |

***Table:*** *The ethnicity of students who were **least likely** to have asked for help.*

# Seeking support in Suffolk

Young people who said they had asked for help or support, were asked to share their experience in a free text box.

Comments were categorised by type of support. The table below shows the type of services included within each category. Some young people referred to multiple types of support.

**1,744**

**Young people said they had accessed support for their mental health in Suffolk. We explore their experiences within this section of the report.**

| Support category | Services included |
|---|---|
| Family or friends | Mum. Dad. Carers. Siblings. Foster Carers. Grandparents. Boyfriend. Girlfriend. School/college friends. Online friends. Church. |
| School or college | Teacher. Head of Year. School counsellor. School nurse. Tutor. Mentor. Safeguarding team. Learning Support Assistants. Teaching Assistants. Student Support. Pastoral lead. Family practitioner. Student welfare. |
| Primary care | GP. Nurse. Doctor. Nurse Practitioner. Link worker. Pharmacy. |
| Secondary Mental Health Services | NHS Counselling. CAMHS. Private Therapy. Clinical Psychologist. Psychiatrist. Eating disorder team. Gender clinic. Walker Close. CAMHS learning disability service. Mariner House. ADHD Clinic. Psychiatric inpatient ward (Dragonfly unit). Mental Health Pathway Team. Mental Health Crisis Team. |
| Suffolk Wellbeing Service | Referrals to Suffolk Wellbeing. Group sessions. Online courses. |
| Counselling | CBT. Talking therapy. Psychiatrist. Private Counselling. Interpersonal counselling. School counsellor. Psychologist. Chaplain. Family Therapy. Bereavement counselling. Trauma therapy. |
| Emotional Wellbeing Hub | Suffolk Children's Emotional Wellbeing Hub. |
| Charities | St Elizabeth Hospice. Suffolk Young Carers. 4YP. Childline. Samaritans. The Benjamin Foundation. Fresh Starts New Beginnings. SAFE. Macmillan. The Mix. Number 72. Suffolk Mind. Library. |
| General experience | Comments where it was not possible to specify the type or source of support, but where they gave feelings about their experience as a whole. |



The figure below shows the levels of positivity identified within the reported experiences of students about the various types of support they had accessed. Where an experience was only factual, or neutral (e.g. 'I saw a counsellor') it has been included alongside the positive experiences. More detail has been included in the table.

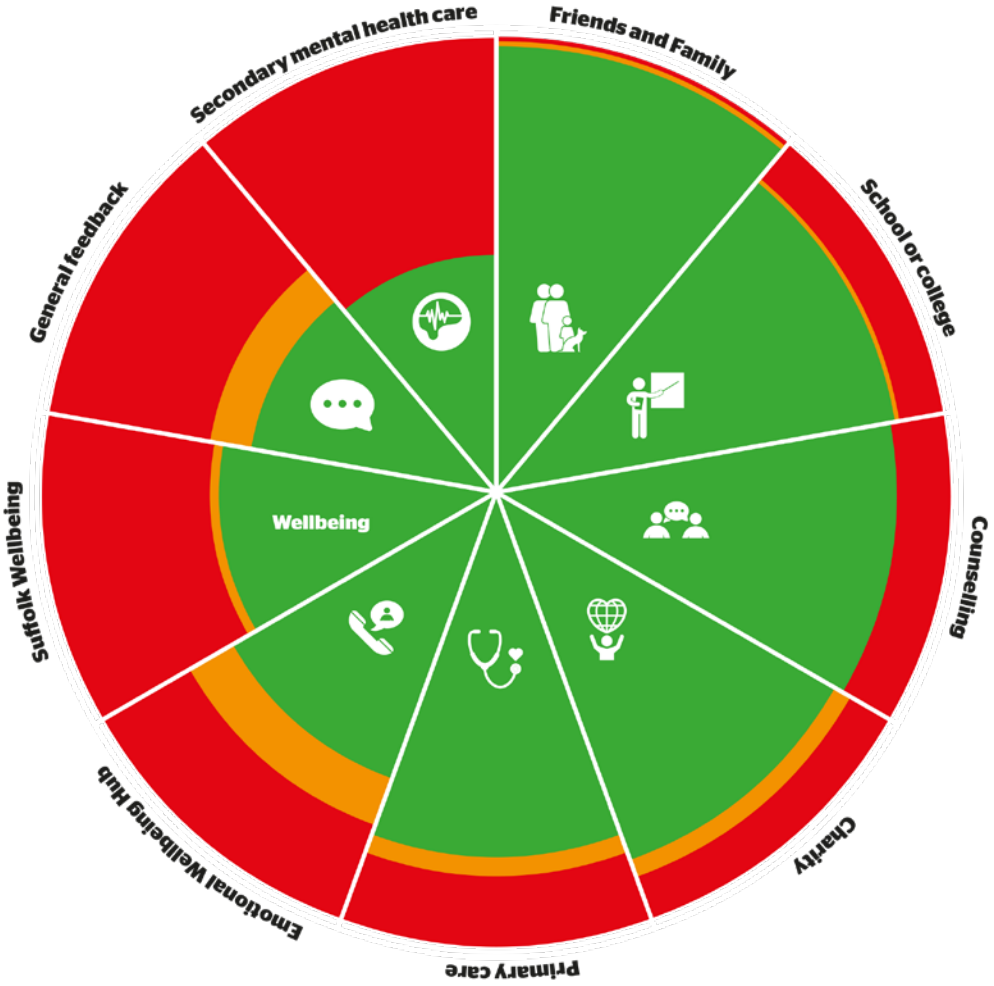



***Figure:*** *The sentiment (**positive**, **neutral** and **negative**) of comments about different types of support.*

| Type of support | Positive | Neutral | Negative |
|---|---|---|---|
| Family or Friends (609) | 98% | 1% | 1% |
| School or College (300) | 89% | 1% | 10% |
| Counselling (231) | 88% | 0% | 12% |
| Charity (51) | 86% | 4% | 10% |
| Primary care (183) | 80% | 4% | 16% |
| Emotional Wellbeing Hub (9) | 67% | 11% | 22% |
| Suffolk Wellbeing (54) | 61% | 2% | 37% |
| General experience (461) | 55% | 9% | 36% |
| Secondary Mental Health Services (31) | 52% | 0% | 48% |

***Table:*** *Sentiment of experiences about different types of support.*

# Family & friends

The most commonly mentioned source of support was friends or family – with 35% (609) saying they had gone to them for support. This was a positive experience for the vast majority (98%), with only 2% reporting a bad experience or outcome.



Most young people report a positive experience of support from their friends or family **(98%)**.

## Positive experience with family or friends

Those who had a good experience of asking for support referred to being able to trust their friends or family, the fact that they have a strong relationship, are very supportive, or are well equipped to provide support. Some referred to knowing they could speak to friends and family, as they were going through the same thing.

1 in 3 (33%) experiences mentioned the word 'mum', which suggests that mothers are an important source of support for young people.

## Negative experience with family or friends

Only nine young people talked about a negative experience of asking for support from family or friends.

**"Me and mum work together every night to see how I am doing."**

Girl (age 12)

**"I told my mum but I don't think she believed me."**

Boy (age 13)

"My family understood because **they are going through it too."**

Girl (age 12)

“My mum found out about me self-harming and forced me to go into counselling. To be honest, it didn’t make much of a difference. **In the end, it was my family and loved ones who helped me through that time.**”

Boy (age 11)



**“I knew my dad would just want to help.** My parents told some teachers and they helped. **I’m happy I told my dad.**”

Boy (age 11)

“I am in a group chat with some mutual friends, and we have **an emotional support group chat...** I asked for advice. **Everyone was so supportive, and I loved that.** They gave me some really good advice and I have used it.”

Girl (age 13)

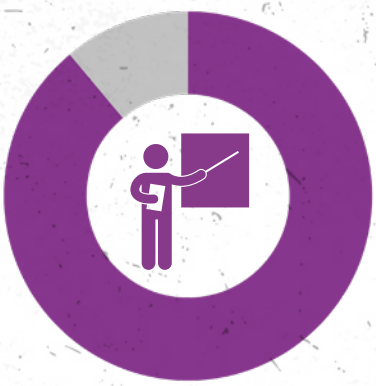


“No one cares. **They all judge you subconsciously and always tell you to lighten up or keep going when I can’t** and my parents are split up and my mum works dumb hours.”

Boy (age 12)

# School & College

300 young people (17%) mentioned seeking support from their school or college. Of these, almost 9 in 10 had a positive experience (89%).



Most young people report a positive experience of support from their school or college **(89%)**.

## Positive and neutral experiences with school or college

Often it was one or two people who made the difference. This could be a pastoral member of staff or a teacher. School nurses were often seen as a trusted individual, who then acted as a gateway to accessing further support.

There were also many examples of where a school communicated and worked together with parents to reach a positive outcome.

Many talked about how their school or college had been flexible in finding ways to help them. For example, providing separate workspaces, providing counselling at school, and not penalising drops in academic performance or attendance – but instead working with them to improve.

## Negative experience with school or college

34 young people talked about a negative or mixed experience. Often, they had opened up to someone within school or college, who then failed to follow up or act upon their concerns.

Many talked about feeling that they had been forgotten or brushed aside. Some had tried sessions with a school counsellor but did not get on with them or the structure of counselling. Some experiences also mentioned how a school or college followed a disciplinary route, rather than looking at the reasons behind the behaviour or absence.

> “I found support at both college and the GP. **The college was much more helpful towards me than the doctors.** They provided support and help with things I was struggling with.”
>
> **Girl (age 17)**

“I spoke to the school nurse and was able to get help to tell my parents. **I was able to stop hurting myself and having suicidal thoughts**. I am now over 100 days clean! The support I was given really helped.”

Girl (age 13)

**“I spoke to the school counsellor, but she was terrible and gave me more doubts.”**

Girl (age 16)

“I reached out to multiple people and **nobody helped.”**

Girl (age 13)

“I had help from Mrs [***] from our school. I have spoken to her many times in the past. **I went back to her as I knew I was very comfortable and confident around her.** She gave me a lot of advice and gave me a lot more confidence in myself.”

Girl (age 13)

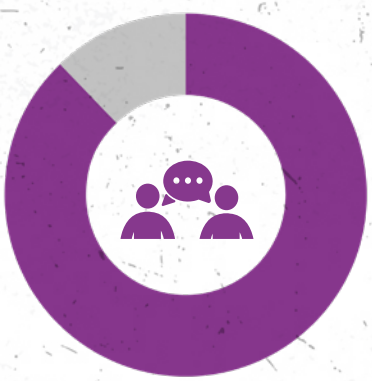
“I spoke to the school nurse and she told me **you need to sort this out or you’re going to kill yourself**. I cried, never went back, and sought out private help.”

Girl (age 17)

# Counselling

13% (231) talked about the experience of being given counselling, or trying to access it.

This included a wide variety of counselling including talking therapy, CBT, and art therapy. In many cases, it was not possible to distinguish the source of the counselling (e.g. NHS, charity or private). 10% of responses referred to 'private counselling' or needing to pay for it.



The experience of accessing counselling support was positive for **88%** of the young people who had tried it.

## Positive and neutral experiences with counselling

203 responses (88%) were classed as positive or neutral. The majority were factual statements such as "I went to trauma therapy". Those who provided additional information typically said that it had helped and that they felt comfortable opening up to the therapist.

## Negative experience with counselling

12% (27) talked about a negative experience relating to counselling. Of these, almost half (45%) referred to a lack of access. This included having to wait a long time to get an appointment, being on multiple waiting lists, appointments being cancelled, and getting turned away. Some subsequently paid for private counselling as they had been on a waiting list for too long.

Four young people who had accessed counselling said they had come out of treatment feeling worse.

> "**My sister had anorexia and was in hospital really far from home** for 4 months so I got bad anxiety and came to my sister's counselling appointments with her."
>
> **Girl (age 14)**

**“I got a private therapist/ counsellor which helped a lot.”**

Boy (age 18)

“My councillor comes round every other week and **he has given me techniques to cope with my anxiety and lack of self confidence.”**

Boy (age 13)

“My family suggested a counsellor. I went every Friday and **it helped me be able to do the activities I wasn't able to do before.”**

Girl (age 14)

“I went to a homeopath who also does counselling and **it definitely helped.”**

Girl (age 12)

“...counselling for my anxiety issues... tremendously helped and I’m very happy I did this. I am now on medication and **my mental wellbeing is gradually always improving.”**

Girl (age 17)

“Overall bad, **my therapist was not encouraging**, and I came out with worse mental health.”

Girl (age 17)



**“Counsellors supplied by the NHS kept either quitting, ignoring appointments or removing me from the program without informing me.”**

Girl (age 16)

“I still haven’t received any professional help for the counselling I applied for as **there is a long waiting list so I’m still yet to get the help.”**

Girl (age 14)

**“I asked for counselling, but I never got it.”**

Girl (age 13)



# Charities

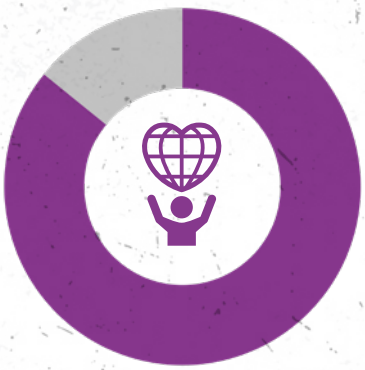
51 young people talked about the support they had received from a wide range of third sector organisations. **Almost half (45%)** referred to the charity 4YP.

## Positive and neutral experiences with charity support

**86% (43)** had a good experience with receiving support from a charity. Of these **43** reviews, **19** young people talked positively about 4YP, where they had a good experience receiving counselling from the organisation.

## Negative or mixed experience with charity support

Of the **51** young people who referred to seeking help from a charity, **5 (10%)** talked about a negative experience. Most referred to a lack of capacity to provide support, rather than a problem with the support itself.



**86%** of the young people who had accessed support from a charity or Voluntary and Community sector organisation were positive about their experiences.

"I called Childline but **they didn't answer** then I gave up."

Boy (age 13)

"I met with Suffolk young carers and am **now aware of places to help me.**"

Girl (age 16)

"I went to 4YP for counselling and guidance with my problems and **it benefitted me a lot.**"

Boy (age 16)

"I ended up in hospital then got support from a member of Mind and **now speak to someone every other week.**"

Girl (age 13)

"I see someone from The Benjamin Foundation every Wednesday and that's helped me a lot. **I enjoy talking to her about things I haven't told anyone really.**"

Girl (age 13)

"My school recommended me to see 4YP. **I am currently on counselling for 12 weeks and it has been going very well.**"

Girl (age 19)

"I had to seek private therapy as **there were no places** at 4YP, who I had previously been seeing on a weekly basis."

Boy (age 16)

## WHO GOT A MENTION?

Young people accessed support from a range of organisations. This included 4YP, The Mix, Suffolk Young Carers, Benjamin Foundation, Suffolk Mind, Macmillan, Fresh Starts New Beginnings, Number 72, Samaritans & St Elizabeth Hospice.

# Primary care

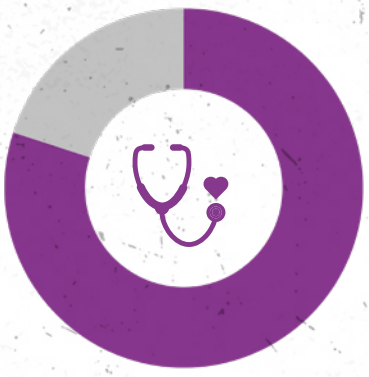
183 young people talked about seeking support within primary care. Most talked about going to the doctors.

## Positive experience with primary care

80% had a positive or neutral experience. Girls were more likely to report having a positive experience than boys (83% of girls, compared to 75% of boys).

Often the young person presented at the doctors after being prompted to do so by a parent.

Visits to the doctor tended to be described in a neutral and factual manner and were typically the first step towards a referral or signposting to additional support (e.g. Suffolk Wellbeing) or being prescribed medication.



**80%** of the young people who had accessed support from a primary care service were positive about their experiences. Girls were more likely to be positive in their comments.

## Negative experience with primary care

Almost 10% of experiences with primary care were negative or mixed. 28 students referred to seeing a doctor.

The negative experiences tended to be where the young person felt that the doctor was dismissive and did not provide meaningful support. Several said they were just given a link to a website, which was not helpful. Some doctors only suggested self-care based solutions, despite the young person asking for more support.

"An advanced nurse practitioner at my local surgery **is very helpful.**"

Boy (age 17)

"My doctor was a strange lady and **I never went back because she made me cry.**"

Girl (age 15)

“**It took 3 years to get referred to Mariner House by my GP** and my mum had to threaten to sue the doctors so they would actually help.”

Other gender (age 17)

“I found it hard to open up to the doctor so **they didn’t see any need for help.**”

Boy (age 13)

“I went to the doctors and **they helped me access one on one CBT.** Luckily for me my doctor managed to ensure I did not wait long to meet my therapist and with her support I got better mental health.”

Girl (age 18)

“**Doctors told me I was being over dramatic,** told me I was gay (because I have no interest in dating), I should not go on to university and that there was nothing wrong because lots of teenage girls turn to self-harm.”

Girl (age 13)

“**...Told that I was just upset despite several suicide attempts over the past 5 years...** I felt worse than when I came in, they said it was normal and sent me home. Still on waiting list for support.”

Girl (age 17)

# Emotional Wellbeing Hub

## Experiences with the Emotional Wellbeing Hub

The findings offered little insight into experiences with the Hub, as only nine young people mentioned it in their response (0.5%). Two of these experiences were negative, and the remaining seven were factual descriptions – one of which referred to currently being on a waiting list.

"I went to the Wellbeing Hub."

Boy (age 17)

"**Currently seeing a counsellor** from emotional wellbeing hub."

Girl (age 15)

"**Received 'help' from the wellbeing hub** but they have now just fobbed me off."

Girl (age 12)

"I joined the mental wellbeing hub. **Unfortunately, it has not done much to help me.**"

Girl (age 12)

# Suffolk Wellbeing

## Positive experience with Suffolk Wellbeing

Of the 54 young people who mentioned Suffolk Wellbeing, 61% (33) had a positive or neutral experience. Most talked about the benefits of being able to talk to someone, and learning more about looking after their mental health.

## Negative experience with Suffolk Wellbeing

20 young people talked about a negative experience with Suffolk Wellbeing. Of these, half didn't hear back from the service for months. In some cases, they received no response or follow up. Those who did hear back, talked about feeling that they had been dismissed, turned away or were offered support which did not meet their needs.




**61%** of the young people who had accessed support from the Suffolk Wellbeing service were positive about their experiences.

"I have also attended the wellbeing program. **I would highly recommend it!"**

Girl (age 18)

**"...they never called back for an appointment."**

Girl (age 17)

"I was assigned to a company called wellbeing so **I can talk to people about my anxiety and low moods and their help is quite useful."**

Girl (age 13)

"Got referred to the wellbeing service but it took months for me to be in contact with them and **by then I felt that no one cared.**"

Girl (age 18)

"**I found it really unhelpful** in terms of the way I was spoken to over the phone ."

Girl (age 18)

"**I had to wait 5 months to get a response** from the well-being service."

Girl (age 16)

"I went to Suffolk Wellbeing for support and **felt relief after speaking to someone about how I was feeling**."

Girl (age 18)

"I went on a 12 week program there I learnt how to cope with my mental illnesses and **I realised that I wasn't the only person going through this and now I feel some much more happier as a person and also have become more confident.** I strongly recommend this service because it has helped me a lot."

Girl (age 17)

# Secondary Mental Health Services

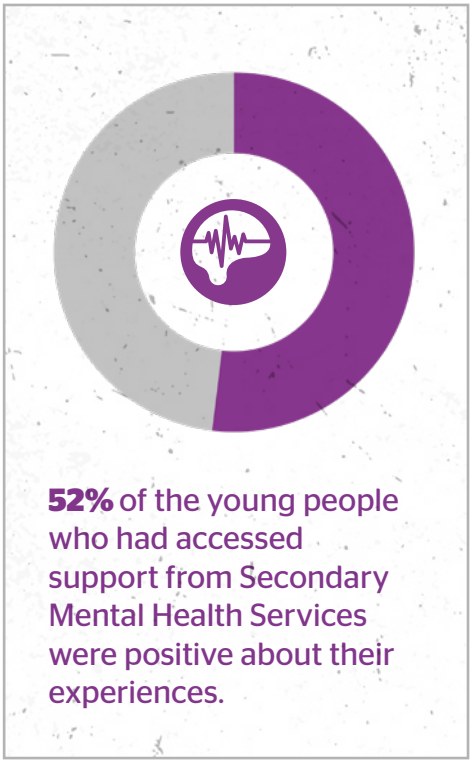
## Positive or neutral experience with secondary services

31 young people described their experience of accessing secondary mental health services.

16 had a positive or neutral experience (52%). These tended to be factual descriptions about treatment, rather than comments about the quality of services.

## Negative experience with secondary services

15 young people (48%) had a negative experience with secondary services. This was mainly due to CAMHS waiting times, and a lack of reliable support once in the service. Some also discussed barriers in getting the initial referral, and a subsequent feeling of being passed between services.



**52%** of the young people who had accessed support from Secondary Mental Health Services were positive about their experiences.

**"I'm currently under CAMHs** for an eating disorder, I've been referred to the gender clinic in London and I have a counsellor at the mix."

Other gender (age 15)

**"I am seeing the eating disorder team..."**

Boy (age 18)

"Hospital referred me to a crisis team but **it took a very long time** so I got CBT privately."

Girl (age 12)

**“Counsellors supplied by the NHS kept either quitting, ignoring appointments or removing me from the program** without informing me. Current misses appointments frequently.”

Boy (age 17)

“At Mariner House I asked for a support worker who **I was told I'd see 3 times a week and I've only seen twice in 2/3 years.** I was referred to Walker Close however I don't feel I'm getting the help I need as I keep getting worse.”

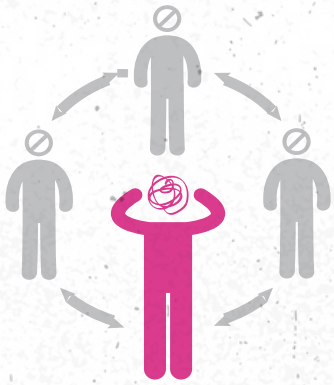
Other gender (age 17)

“I was referred to CAMHS and **the waiting list was very long so my mental state decreased** further while waiting for an appointment.”

Girl (age 16)

“I am been referred to CAMHS about 5 times, **each time they discharge me without any help... I have been played around with my mental health and wellbeing.**”

Girl (age 17)



"The NHS like to play volleyball... when you've waited the eight months to see them, they **take one look at you and pass you off to the next one.**"

"**The NHS will do anything they can to get rid of you as fast as possible. like lie** and say that they have already given you treatment when they've never even given you an appointment, or say that whatever health problems you have aren't their problem."

Girl (age 17)

"I was under CAHMS for a few months, but **after reaching 14 I was dropped due to my age.**"

Boy (age 16)

"**CAMHS in Bury. Useless had to wait too long** to get help and things dramatically declined."

Girl (age 17)

"I have a mental health coordinator a psychiatrist and a psychologist, but **they have not been in contact recently as they are useless.**"

Girl (age 18)

# General experiences of support

461 young people (26%) told us about their experience but did not specify the type or source of support.

## Positive experience

253 (55%) had a positive or neutral experience. Boys were more likely than girls to report a positive/neutral experience (65% compared to 51%).

## Negative experience

45% had a negative or mixed experience. Girls were more likely than boys to report a poor experience (50% compared to 34%).



**55%** of the young people who had accessed support generally, were positive about it.

***Table:*** *Examples of positive comments about general experiences of support.*

| Comment | Gender | Age |
|---|---|---|
| "I sought help to get my anxiety and depression under control so it doesn't take control of my life and got the right support for what I was needing." | Male | 18 |
| "I am still receiving support. I feel like I might be starting to progress. It's been better than keeping quiet like I used to." | Male | 16 |
| "I got a woman that helped me cope with my problems and issues I had a lot going on in my life but I am doing a lot better." | Female | 12 |
| "I was able to talk about the problem I had and find a solution to this problem in order to help myself improve. The support given was calm and reassuring towards the problems I had brought up." | Male | 17 |
| "After having support I felt very good about myself and was able continue." | Male | 18 |

| | | |
|---|---|---|
| "It gave me reassurance that I am not the only one, and we all need to know that we have a support system wherever that is." | Female | 17 |
| "Good, helped me see through and from other peoples points of view." | Female | 18 |

***Table:*** *Examples of negative comments about general experiences of support.*

| Comment | Gender | Age |
|---|---|---|
| "I found it difficult to seek for support as I have attempted to find support/help in the past and the people I told did not support me and kind of made it worse; therefore, I find it difficult to trust people now to help support me." | Female | 15 |
| "Awful the waiting list was too long so didn't bother in the end." | Female | 18 |
| "I attempted to get help with constantly feeling useless and considering suicide which ultimately didn't help at all. I was referred to different people 4 times over the course of 4 months during which I started to self-harm. I felt alone and still think regularly about committing suicide but have come to accept that I won't. I'm scared." | Male | 19 |
| "I got support and help last year when I seeked it but since then they haven't checked up on me and when I get low I no longer seek help as I don't feel that they helped me." | Female | 17 |
| "Felt like I wasn't really listened to." | Female | 14 |
| "I was given some booklets on anxiety, they didn't help." | Female | 15 |
| "I hated it because I felt judged by those around me constantly and I was also left feeling embarrassed afterwards." | Female | 14 |
| "I'm getting help at the moment but they can't help most of the time because I don't have a stable home or my own house." | Female | 13 |

# THE REASONS FOR NOT SEEKING SUPPORT



# Young people with recent experience of poor mental health

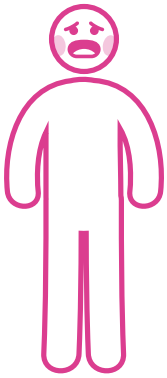
The following pages explore the experiences shared by 1,828 young people in Suffolk, who have experienced poor mental health in the last 12 months but did not ask for help or support.

The survey asked these young people to describe why they hadn't sought support. Their qualitative answers were analysed and categorised. Some comments were placed into multiple categories.

The top 10 categories are shown in the table below. The categories are discussed in more detail on the following pages.

**1,828**

Young people said they had experienced poor mental health in the last 12 months but did not ask for support.



A common reason for not seeking support was feeling **embarrassed**.

| Reason for not seeking help | No. | % |
|---|---|---|
| I didn't want or need help | 562 | 31% |
| It's not that serious. Other people have it worse | 197 | 11% |
| I am uncomfortable or embarrassed talking about my feelings | 162 | 9% |
| It would impact others | 116 | 6% |
| I'll be judged. I'm concerned about how others would react | 93 | 5% |
| Nothing or no one can help. It won't make any difference | 71 | 4% |
| I wouldn't be listened to/understood | 70 | 4% |
| I won't be believed or taken seriously | 64 | 4% |
| I feel worthless. No one cares. I don't deserve help | 62 | 3% |
| I didn't know who or how to ask | 54 | 3% |

***Table:*** *The reasons why students who had experienced poor mental health did not seek help or support.*

## Did not want or need help (31%)

The main reason young people **(over 3 in 10)** gave for not asking for help was because they didn't want or need help **(562)**. Most of their responses did not explain why they felt that way.

A few responses suggest they didn't want help because they felt that they could, or should fix it on their own.

- *"I don't need it." - Boy, 13*
- *"I recovered easily." – Girl, 16*
- *"I could deal with it myself." - Girl, 16*
- *"Because I can handle it myself" - Girl, 12*
- *"I should deal with it myself." - Girl, 13*
- *"I feel like I have to sort these problems out myself but I never really do." – Girl, 14*




## It's not that serious. Other people have it worse (11%)

197 said that they felt like their issues were not serious enough to seek help, or that other people have it worse.

- *"Didn't feel like I was 'bad' enough to seek medical or other help/support." – Girl, 17*
- *"It wasn't for very long and I didn't feel it was necessary." – Girl, 14*
- *"I feel like everyone else has problems and ever since my dad had cancer and those problems I felt are bigger than mine." – Girl, 14*

## I am uncomfortable or embarrassed talking about my feelings (9%)

162 said they don't want to talk about their feelings. Sometimes this was because they did not like talking to strangers or talking to people in general. Some said they generally just did not like opening up and talking about feelings.

- *"I do not really like expressing my emotions." – Boy, 15*
- *"I am not an open person, and feel shy most the time as well as sad." – Boy, 12*
- *"I'm not comfortable talking about my problems with people I don't know." – Other gender, 17*




## It would impact others (6%)

116 were concerned it would affect others. Not wanting to be a burden on family was the most common fear.

- *"I didn't want to make a big deal out of my panic attacks. I don't want people to worry about me." – Girl, 12*
- *"I couldn't talk to my mum sometimes as she's very busy with 6 children and doesn't need me to put more things on her shoulders." – Girl, 13*
- *"I didn't want to stress my mum anymore because she is struggling as well." – Girl, 12*

## I'll be judged. I'm concerned about how others would react (5%)

93 thought they would be judged, and were concerned about how others would react.

- *"I do not want to tell anyone because of the fear of being judged and out-casted. I constantly feel alone and that I cannot trust anyone around me." – Girl, 13*
- *"Coming from a religious polish family, I'm afraid they'll disown me or single me out just because I'm not straight." – Girl, 12*
- *"I'm scared of people's opinions of me and I don't want my family to be sad so I keep my feelings to myself." – Girl, 13*

## Nothing or no one can help. It won't make a difference (4%)

71 felt that nobody can help, and that asking for help wouldn't make a difference.

- *"There's nothing no one else could do besides myself." – Girl, 17*
- *"Someone close to me died and no one can do anything to help." – Girl, 12*
- *"No-one would really care, we would talk a bit, they would say they would do something about it but nothing would happen and I would just carry on." – Boy, 14*

## I wouldn't be listened to/understood (4%)

70 felt that, if they asked for help, they wouldn't be listened to or understood.

- *"People cannot, and will not understand my mind, it's literally an endless battle between my head and me." – Boy, 15*
- *"I feel like everyone I talk to never listens to me so there's no point in asking." – Girl, 15*

## I won't be believed or taken seriously (4%)

64 felt they wouldn't be believed or taken seriously.

- *"I'd rather not have attention on me and have people thinking I'm seeking attention." – Girl, 15*
- *"I feel uncomfortable discussing it and feel like no would take me seriously or care." – Boy, 14*
- *"I pretty much just thought I wasn't gonna be believed and that put me down more." – Boy, 12*




**54** students said they did not seek support because they did not know who, or how, to ask for help.

## I feel worthless. No one cares. I don't deserve help (3%)

62 felt worthless, that no-one cared, or they don't deserve help.

- *"I felt like that I was a waste of space so there was no point me telling someone about it because they won't care." – Girl, 12*
- *"I thought no one would care about how I feel or why I did what I did." – Boy, 13*
- *"Because I felt like I didn't deserve help." – Girl, 13*

## I don't know who or how to ask (3%)

54 did not know where to go, who to ask or how to ask for help.

- *"Didn't know who to go to or how to approach help. I get anxiety." – Girl, 16*
- *"I didn't feel that I could say the right words to someone. I didn't know how to approach someone." – Girl, 15*
- *"I don't know where to get it." – Boy, 13*



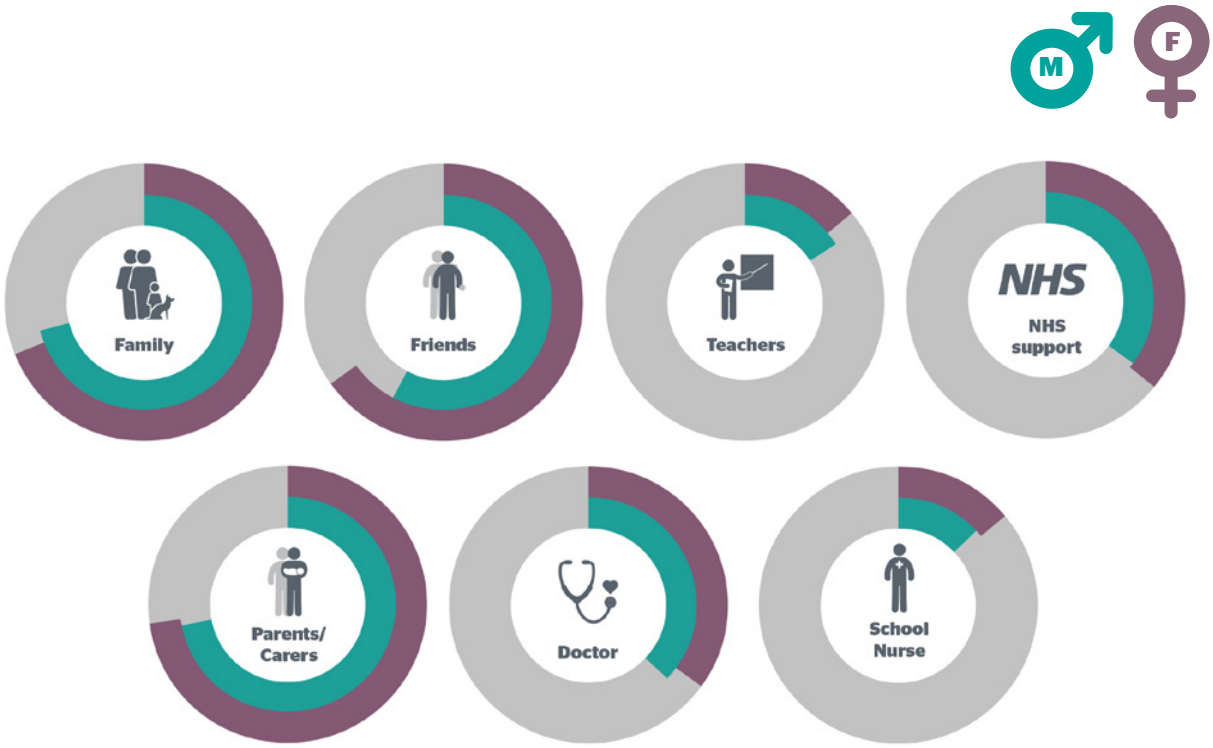
# WHO TO TURN TO?

# Who's important?

Young people were asked; 'If you needed support, how important are the following people or services?'

They could answer on a scale with five options: 'Not important at all', 'Of little importance', 'Of average importance', 'Very important', and 'Absolutely essential'.

The figure below shows the percentage of boys and girls who said each person or service was 'Very important' or 'Absolutely essential'.




| Type of support | Males | Female |
|---|---|---|
| Parents/Carers | 72% | 73% |
| Family | 71% | 69% |
| Friends | 58% | 65% |
| Doctor | 37% | 35% |
| NHS support services | 35% | 36% |
| A teacher | 16% | 14% |
| School / College Nurse | 13% | 14% |

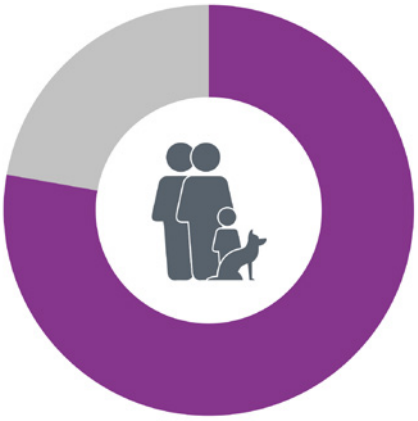
***Figure and table:*** *The percentage of male and female students who said different types of support were "Very Important" or "Absolutely Essential".*

## Parents and family

Parents and family are the most important source of support for young people but this trend decreases as they become older.

Overall, just over three quarters said either their parents, carers or family were 'Very important' or 'Absolutely essential' when it came to providing support for their mental health or emotional wellbeing.

83% of young people in year seven said their parents were important, whereas only 65% of year 12 students said they were important. By this age, parents and family are of equal importance to friends.



**78%** of students said family, parents or carers were the most important support for their wellbeing.




By year 12, the importance of parents and family has reduced by **18%**.



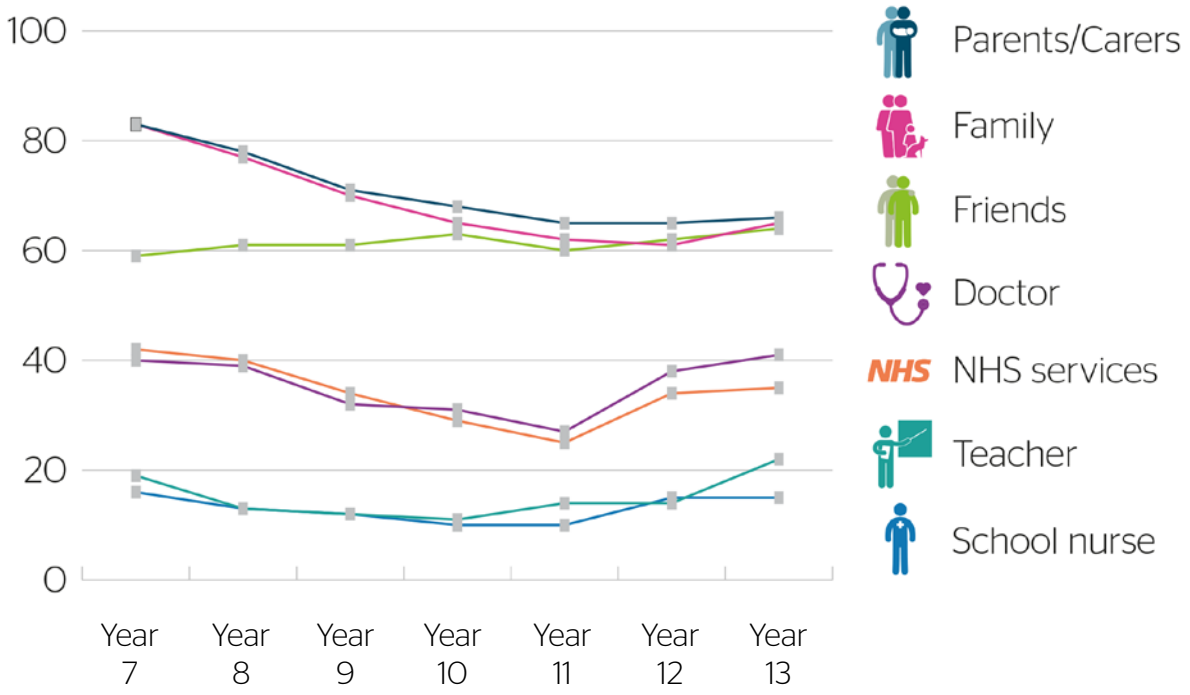
The percentage of young people who said school staff were important varied between schools from **8%** to **31%.**

## Support from school or college

Teachers, school staff and a school nurse were the least important of the options provided. Teachers and school staff were more important than the school nurse at most ages.

Overall, 13% of young people said their school nurse was important. The percentage of young people who said school staff were important varied between schools and ranged from 8% to 31%.

Young people's perspective on who is important to them also varied across year groups.




| Type of support | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 |
|---|---|---|---|---|---|---|---|
| Parents/Carers | 83% | 78% | 71% | 68% | 65% | 65% | 66% |
| Family | 83% | 77% | 70% | 65% | 62% | 61% | 65% |
| Friends | 59% | 61% | 61% | 63% | 60% | 62% | 64% |
| Doctor | 40% | 39% | 32% | 31% | 27% | 38% | 41% |
| NHS services | 42% | 40% | 34% | 29% | 25% | 34% | 35% |
| A teacher | 19% | 13% | 12% | 11% | 14% | 14% | 22% |
| School/College Nurse | 16% | 13% | 12% | 10% | 10% | 15% | 15% |

***Graph and table:*** *The percentage of students who said each person or service was "Very important" or "Absolutely essential" and their year group.*



## FRIENDS ARE MORE IMPORTANT FOR GIRLS

Friends were more important for female students. **68%** said their friends were 'Very important' or 'Absolutely essential', compared to **58%** of male students.

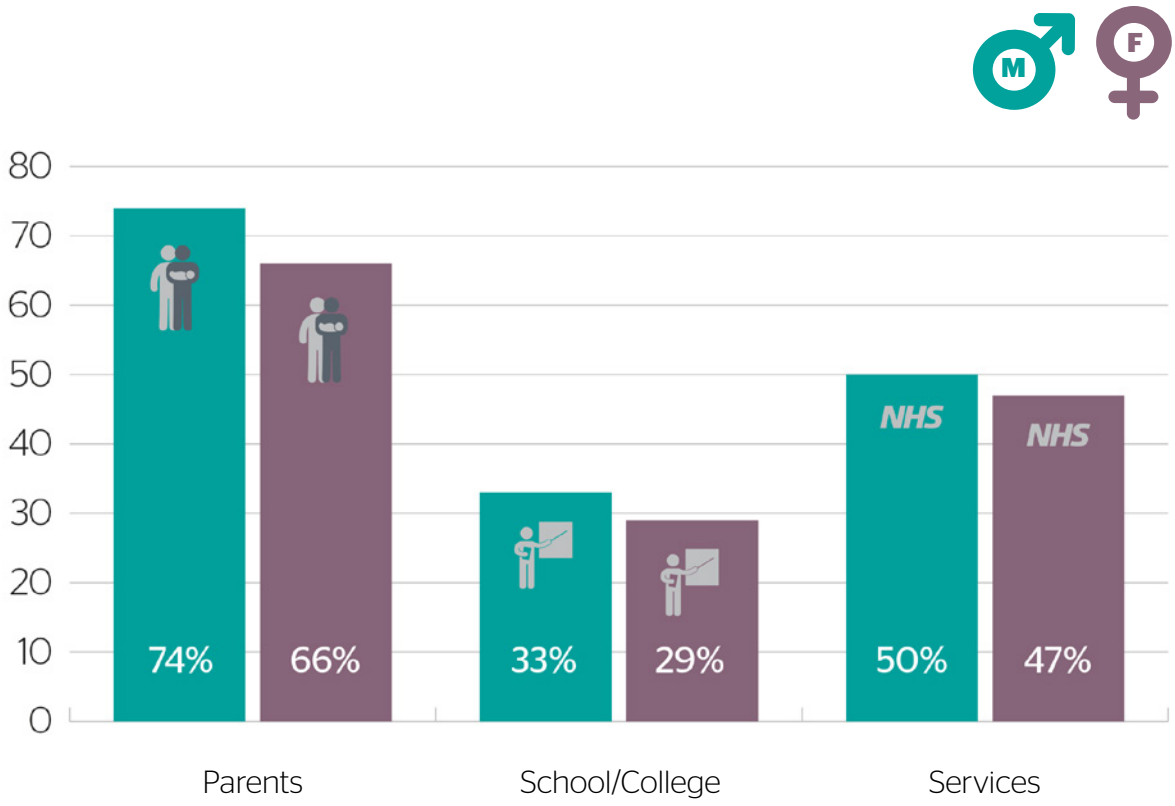
# I would feel comfortable asking for support from...

The survey asked students whether they felt comfortable asking their parents, their school or college, and mental health services, for support with their mental health.

- Parents: Parents were the preferred source of support. 74% of boys and 66% of girls said they would feel comfortable asking their parent/carers for support with their mental health and emotional wellbeing.
- Mental Health Services: Around 5 in 10 would feel comfortable asking mental health services for support.
- School and college: Around 3 in 10 feel comfortable asking their school or college for support.

Boys were more likely than girls to say they would feel comfortable asking for support from any of these sources.

These findings support the order of importance provided by young people in the previous question, which placed parents first, followed by services, and then school/college. Overall, 16% said they would feel comfortable speaking to all three. 17% said they would not feel comfortable speaking to any of them.

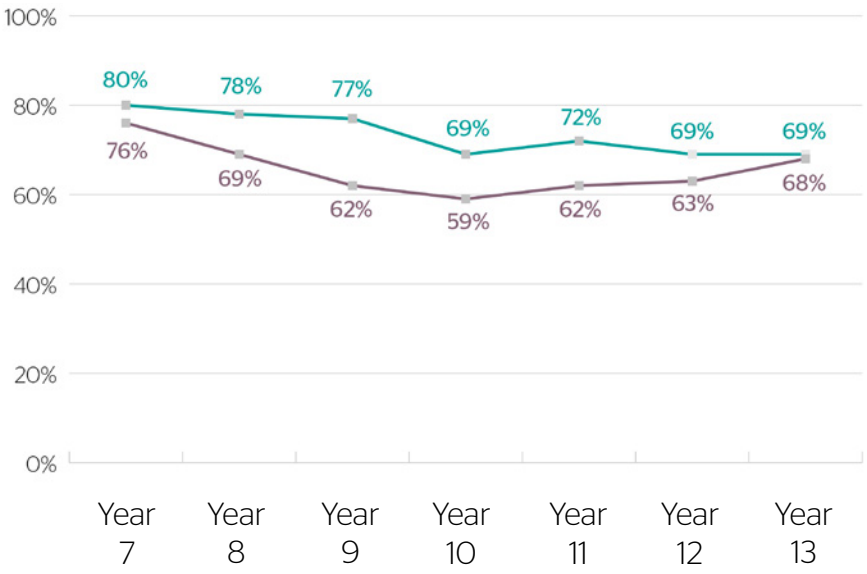



***Graph:*** *The percentage of male and female students who said they would feel comfortable asking for support from parents, school/college and mental health services.*



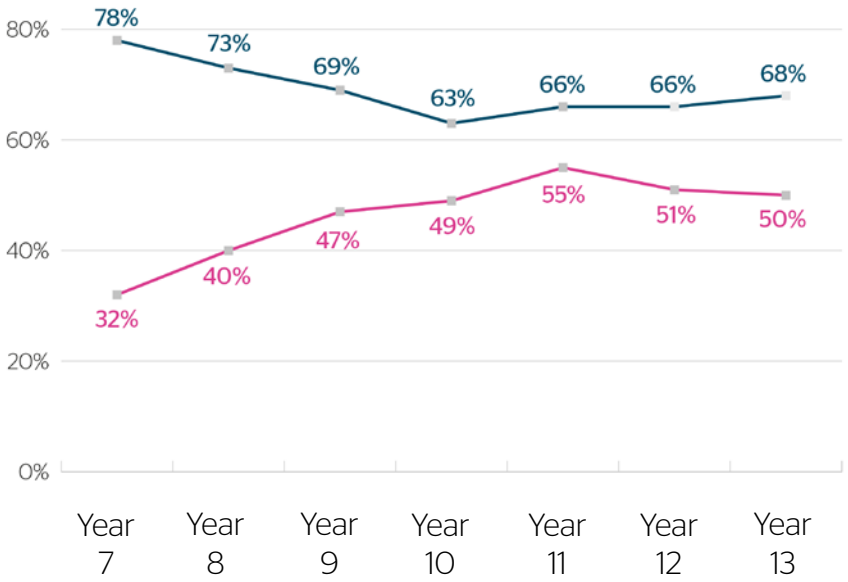
# Support from parents

Male and female students in Year 7 were most likely to say they would feel comfortable going to their parents for support with their mental health. Students in Year 10 were least likely to feel comfortable doing so.




***Graph:*** *The percentage of male and female students who would feel comfortable asking for support from their parents for their mental health.*

As young people become less comfortable approaching their parents for support, the reported prevalence of poor mental health increases. This is observed between Year 7 and Year 10.




% of students comfortable asking parents for support

% of students who reported mental health difficulty in the last 12 months.

***Graph:*** *The percentage of students who would feel comfortable speaking with their parents about mental health, plotted against the percentage of students who have experienced a mental health difficulty in the last twelve months.*

## Differences between ethnicities

Young people belonging to black and minority ethnic groups were less likely than their peers to say they would be comfortable speaking to their parents about their mental health (67% compared to 70%). The differences between ethnic groups also varied, from 55% (Black – Other) to 78% (White – Traveller).

### Highest percentage

| | Percentage | Total responses |
|---|---|---|
| White - Traveller | 78% | 59 |
| Asian - Indian | 78% | 54 |
| Mixed - White and Black Caribbean | 74% | 95 |

### Lowest percentage

| | Percentage | Total responses |
|---|---|---|
| Lithuanian | 60% | 10 |
| Asian - Other | 58% | 90 |
| Black - Other | 55% | 20 |

***Tables:*** *The percentage of students who would feel comfortable asking their parents for support with mental health and their ethnicity.*

## Wellbeing scores

On average, young people who said they would feel comfortable going to their parents for support, had a higher average wellbeing score than those who said they wouldn't feel comfortable.




Students who **would not** feel comfortable asking their parents for support had a lower wellbeing score.

Students who **would** feel comfortable asking their parents for support had a higher wellbeing score.

# Why I would ask for support from parents...

Students who said that they would feel comfortable going to their parents for support were asked why they felt this way. 5,207 provided an answer.



"I trust my parents and can open up about my feelings to them."

Boy (age 12)

## Trust

Overwhelmingly, the main reason provided by young people was that they trust their parents to support them, to not judge and to try their best to help. These students tended to describe feeling that they are able to talk about anything to their parents, and that they 'understand me' and 'know me well'.

## They're my parents!

The next most commonly raised reason was simply 'they're my parents' and 'why would I not go to them?'. Many of these young people couldn't understand why anyone wouldn't go to their parents for help.

## Unconditional support

Many young people talked about the feeling that they just know that their parents will be there for them, no matter what. They felt confident that their parents would be supportive, offer good advice and 'know what is good for me'. They also expressed knowing that 'they love and care for me'



### UNCONDITIONAL SUPPORT

**Many young people feel confident that their parents would be supportive because they care for them unconditionally.**

"I know... whatever happens **they love me unconditionally** and always will."

Girl (age 13)

## Equipped to support by knowledge and experience

For some, the knowledge that their parents have either been through something similar themselves in the past, are currently coping with mental health problems, or have supported other siblings through mental health difficulties was a reason for turning to their parents

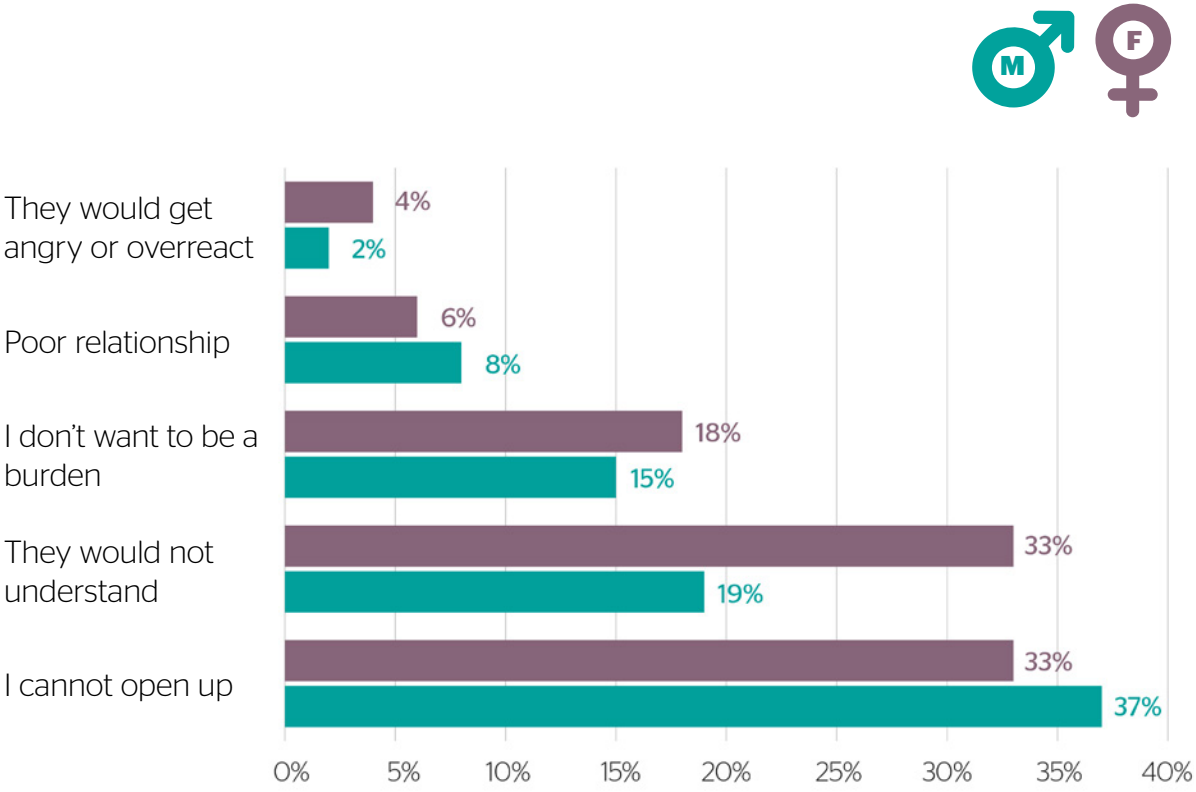
> “My mum has bi-polar and my grandfather killed himself because of mental disability. **My mum can understand.**”
>
> Girl (age 16)



# Why I wouldn't ask for support from parents...

Students who said that they wouldn't feel comfortable going to their parents for support were asked why they felt this way. 2,203 provided an answer. Their answers were analysed and placed into categories. The top five categories for boys and girls are shown on the graph below.

- The top reason given by both boys and girls was feeling that they could not open up and speak to their parents about their feelings. Boys were more likely to report feeling this way than girls were.
- When it came to feeling that their parents wouldn't understand, girls were much more likely than boys to report feeling that way (33% compared to 19%). Girls were also more likely than boys to not want to be a burden on their parents.
- Boys were more likely than girls to say that a poor relationship with their parents would stop them asking for help.
- 3% of young people felt that their parents would get angry or overreact.




***Graph:*** *The reasons offered by students for not wanting to ask parents for support with their mental health. The percentage of students who gave each reason.*



## THEY DON'T GET IT!

Over **500** young people felt their parents wouldn't understand if they approached them for support or see things from their point of view.

"My parents don't believe in mental health... **They thought I was making it up.**"

Girl (age 15)

### I can't open up

714 young people talked about not feeling able to open up about their feelings.

They felt it would be awkward, weird, embarrassing, and would not know how to have that conversation. However, some said that this was not their parent's fault and that they felt they could not open up to anyone.

### 'They wouldn't understand'

584 young people said that their parents just wouldn't understand.

They felt that they 'wouldn't get it'. In many cases young people felt like their parents don't 'believe in' mental health, and would dismiss, belittle, or ignore their concerns. They described living in a family environment where mental health is either not discussed, or where people who say they have poor mental health are mocked. Other young people felt that their parents would try their best to understand but were 'too old' to truly appreciate things from 'a teenage' point of view.

### 'I don't want to  be a burden'

358 young people said they wouldn't speak to their parents because they don't want to be a burden. They felt it would cause additional stress and worry for the family, who are busy with work, or caring for other siblings. Many did not want to upset or disappoint them, fearing that they would perceive it to be a reflection on their parenting. Some have a parent with poor mental health themselves, which they do not want to exacerbate.

### 'We have a poor relationship'

157 said that they wouldn't speak to their parents as they have a poor relationship with them.

Many talked about their relationship not being on that 'level', and that they do not have a strong emotional connection with their parents. Often the only interaction they have are when they argue.

Some rarely see their parents as they are at work. Others expressed strong hatred towards their parents, and felt they were the root cause of their mental health problems. Others talked about their parents previously letting them down. A small number of children said they were in care and do not have contact with either parent.

## 'They would get angry or overreact'

69 young people said that their parents would be angry or would overreact if they told them they were struggling with their mental health.

Many feared their parents would become overprotective and 'make a fuss'. They felt their parents would constantly check up on them and would have no privacy. Some were worried their parents would 'warn' everyone around them, and as a result they would be treated differently.

Others said that their parents would react aggressively. They felt that their parents would become angry and shout at them. Some referred to experiencing this in the past, and certain privileges being taken away from them as 'punishment'.



Some of the students expressed a strong hatred of their parents or anticipated that conversations about support would end in conflict with them. A number of young people considered their parents to be a cause of their mental health or emotional wellbeing problems.




Some young people felt their parents wouldn't be a good support because they had limited contact (e.g. the young person may be in care), they were busy with work, they had split from the family or were caring for another family member (e.g. a sibling).

## Why wouldn't you ask for support from your parents?

"**My parents mock me when I cry.**"

Male (age 18)

"My mum has a lot of stuff going on with my brother + my dad left us, and **he doesn't love me.**"

Girl (age 13)

"My family is particularly old fashioned an, though not homophobic, can be quite degrading. They told me that **if I were to not be straight my nan would have a heart attack.**"

Girl (age 12)

"Because when I told them that I think I have anxiety symptoms **they said that I don't and that I'm being silly.**"

Girl (age 15)

"My parents don't believe in mental health issues and think it's made up. **I would be scared what my dad would say.**"

Girl (age 12)

"I told my mum, but **she thought I was joking** and I'm scared of asking her again."

Girl (age 13)

"**They're very old-fashioned people.** I have tried in the past and it ended badly."

Girl (age 13)

"When mental health is mentioned my mum says they can **just brush it off and man up.**"

Boy (age 13)

"My mother and father have suffered from poor health and **I do not want to trouble then with any issues of mine.**"

Boy (age 19)

"I don't want to put stress on them as **my family already go through a lot.**"

Boy (age 15)

"**Mums a mental health nurse and would freak.**"

Girl (age 18)

"A few years ago, I was self-harming and when my parents found out, **my mother told me I was attention seeking and being dramatic.**"

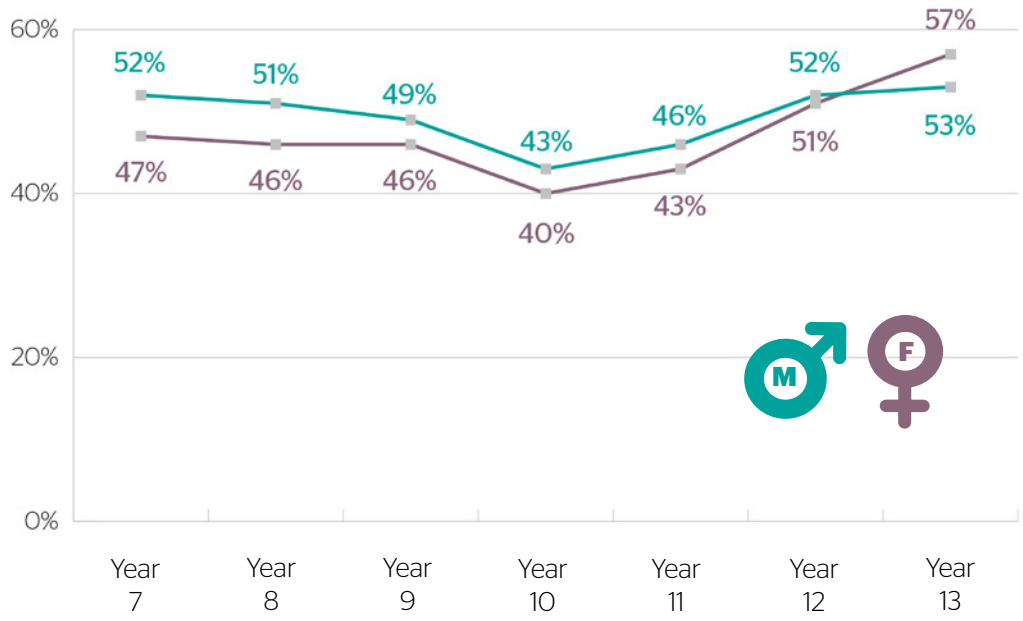
Girl (age 16)

“My mum always compares how people don’t have ‘real’ depression because my granddad suffered from it during a real abusive childhood, which was also during the war, and so **if it’s not close to that unreasonable standard, it’s not true to her.**”

Boy (age 19)

# Support from mental health services

Young people were least likely to report feeling comfortable speaking to mental health services in Year 10. They were most likely to feel comfortable doing so in Year 13.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who would feel comfortable asking for support from mental health services.*

## Additional needs

Young people who have an additional need are less likely to feel comfortable approaching services for help, compared to those who do not have an additional need (46% compared to 51%).

- Young people who reported having speech difficulties were the least likely, with only 38% saying they would feel comfortable asking services for support.
- Of those who reported needing help with English, 43% said they would feel comfortable.

Young people who reported having problems with their speech were less likely to say they would feel comfortable asking mental health services for support..

## Wellbeing scores

On average, young people who said they would feel comfortable going to services for support had a higher average wellbeing score than those who said they wouldn't feel comfortable.




Students who **would not** feel comfortable asking mental health services for support had a lower wellbeing score.

Students who **would** feel comfortable asking mental health services for support had a higher wellbeing score.

## Differences between ethnicities

Young people belonging to black and minority ethnic groups were less likely than their peers to say they would feel comfortable speaking to mental health services about their mental health (47% compared to 49%). The differences between ethnic groups also varied:

### Highest percentage

| | Percentage | Total responses |
|---|---|---|
| Asian - Chinese | 65% | 26 |
| Asian - Indian | 57% | 53 |
| Romanian | 54% | 37 |

### Lowest percentage

| | Percentage | Total responses |
|---|---|---|
| Black - African | 41% | 63 |
| Portuguese | 40% | 81 |
| Black - Other | 37% | 19 |

***Tables:*** *The percentage of students who would feel comfortable asking mental health services for support and their ethnicity.*

## Differences between geographic location

The percentage of students who would feel comfortable speaking to mental health services also varied by area:

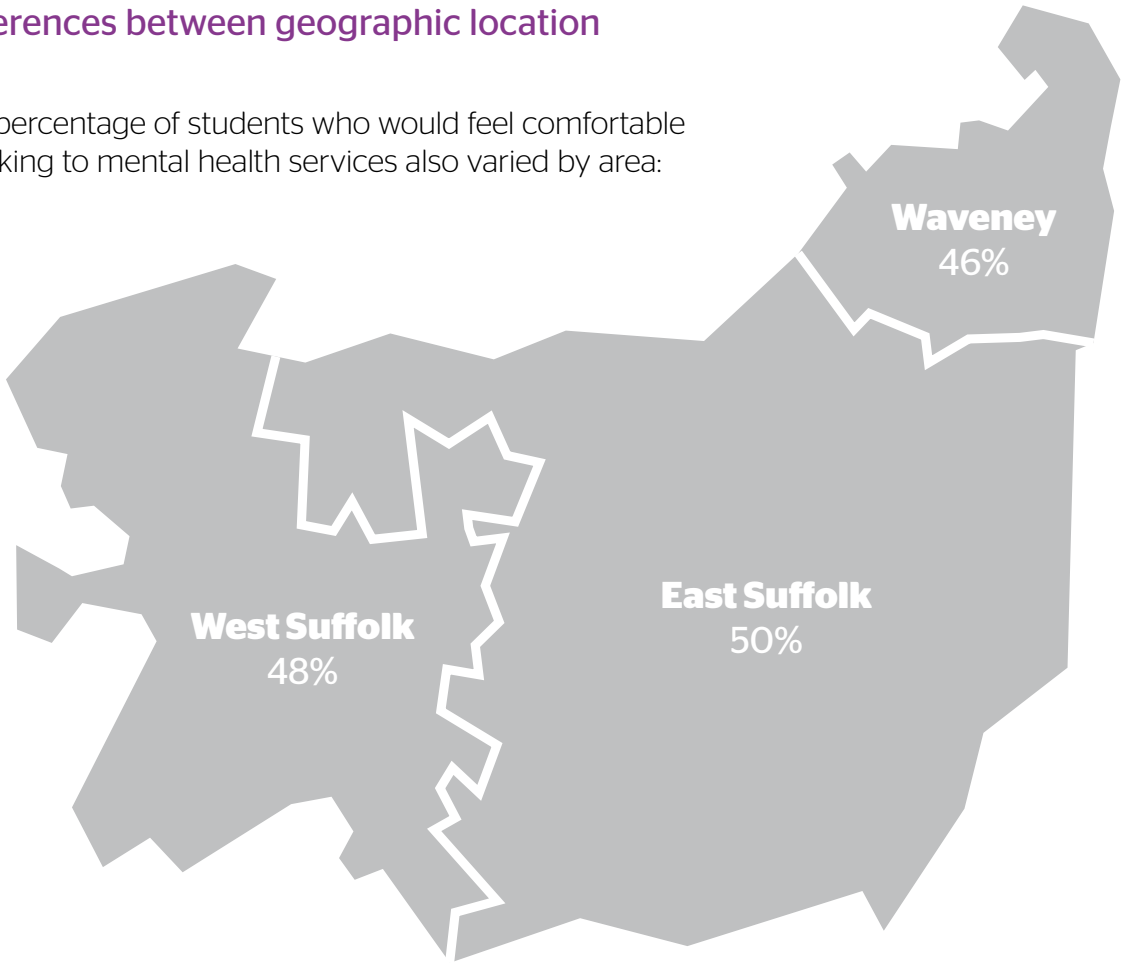



***Figure:*** *The percentage of students who would feel comfortable speaking to services, by school/college area. As the survey is anonymous, this information is based on the geographical location of the school/college, not where the student lives. For some, their school/college may be in a different area to where they would access services.*

# Why I would ask for support from mental health services

3,735 young people told us why they would be comfortable seeking support from mental health services.

Overall, these young people expressed confidence that services would help and had high expectations of mental health services. Largely this came down to the understanding that it is their job to listen and provide help, and they are professionals who are trained and paid to do exactly that. They are the 'experts' in mental health, who will 'know what to do'.

The reassurance that what they tell mental health services will be kept confidential, was also a very important factor. Often, the concept of speaking to a stranger was more appealing than speaking to somebody they knew.  Some young people also referred to the fact they were already receiving support from services.

"They've studied things like this for years and **most likely have helped thousands of people overcome this.**"

Girl (age 12)

**"It is literally their job."**

Male (age 18)

"They won't judge because **I guarantee the doctor has probably seen worse.** Also, they have had actual medical training. Unlike parents and teachers."

Male (age 13)

“They listen and take in what you say and understand from other people’s point of view and **they are a professional and don’t tell anything to anyone unless you are in danger.**”

Girl (age 15)

“They’re the **most qualified** to give me the help I need.”

Boy (age 18)

**“It’s their job to help me.”**

Girl (age 14)

**“They know what they are doing.”**

Boy (age 13)

**“Talking to a stranger is easier** than talking to someone who I know.”

Girl (age 14)

“They’re professional; they’ve been trained, and **I’m not going to be the first person they’ve seen in a similar situation.**”

Boy (age 15)

# Why I would not ask for support from mental health services




3,535 young people told us why they would not be comfortable seeking support from mental health services. The key themes are summarised below:

## They are strangers

Overwhelmingly most said they wouldn't ask services because they don't know who they would be talking to/they are strangers.

Linked to this theme is the idea that because they are strangers 'they do not know me or understand me or my situation' and that this would reduce their ability to offer advice/ support that is specific to them.

## Trust

Trust was another major concern. Many young people felt that because they didn't know who they would be talking to, they did not have trust in them. There was also scepticism about whether services would keep their information confidential. Some said they only trusted those close to them, so would prefer to tell their family or friends.

## Embarrassment and being judged

Some said it wasn't the services themselves that they are uncomfortable with. They felt unable to speak to anyone about their mental health and emotions. They mentioned feeling embarrassed, awkward and that they would have difficulty opening up about their feelings. For some, being judged by others was a concern.

## Being a burden

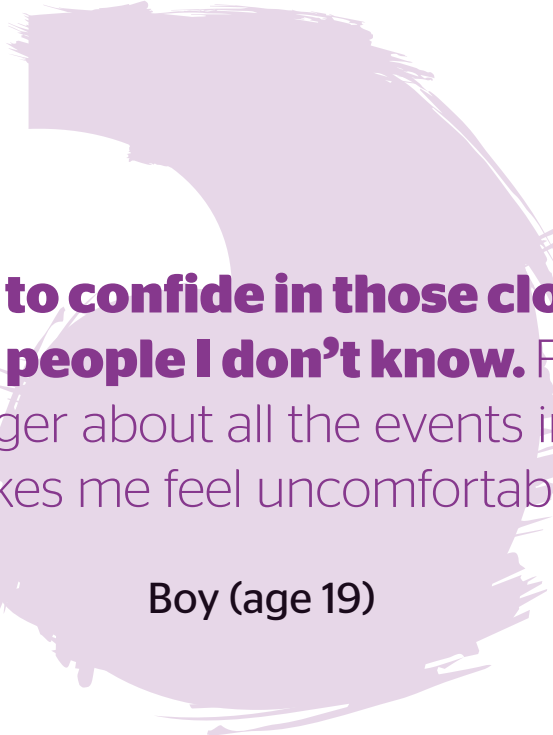
Fear of being a 'bother' or a 'burden' would prevent some young people from accessing services. They worry that they might be wasting peoples time. Some expressed that they felt their problem was 'not that serious' and there were 'people in worse situations' that needed the help more than them.

## Past experience

Some were put off by previous negative experiences of approaching services, whether this was an unsympathetic GP or a mental health service that had failed to offer the support they were seeking.

## Consequences

Some young people said they would worry about the consequences of speaking to services. They fear what they would say, who they would tell, and of other people being affected. There was a general 'fear of the unknown' and a feeling of uncertainty around what seeking help may lead to.



**"I prefer to confide in those closest to me rather than people I don't know.** For me, it's like telling a stranger about all the events in my life; it just makes me feel uncomfortable."

Boy (age 19)

# Why wouldn't you ask for support from mental health services?

"I really don't like talking to anyone. I'm really unsociable and **it would just be embarrassing.**"

Girl (age 12)

"**I do not trust** putting my feeling into someone's hands I have never met and do not trust."

Girl (age 13)

"I have trust issues and social anxiety issues which **makes it quite difficult to communicate to strangers.**"

Boy (age 17)

"I am not comfortable speaking about feelings. **I feel embarrassed and afraid of being judged.**"

Girl (age 12)

"They judge you then tell social services and **they only want to tear families apart.**"

Boy (age 15)

"Because doctors (two) **haven't taken me seriously** when I've gone to them with mental health concerns."

Girl (age 18)

# Support from school or college

Most young people (7 in 10) said they wouldn't feel comfortable approaching their school or college if they needed support with their mental health. Boys were least likely to report feeling comfortable speaking to their school in Year 10 whereas girls were least likely to in Year 9. Both boys and girls were most likely to report feeling comfortable speaking to their school or college in Year 13.

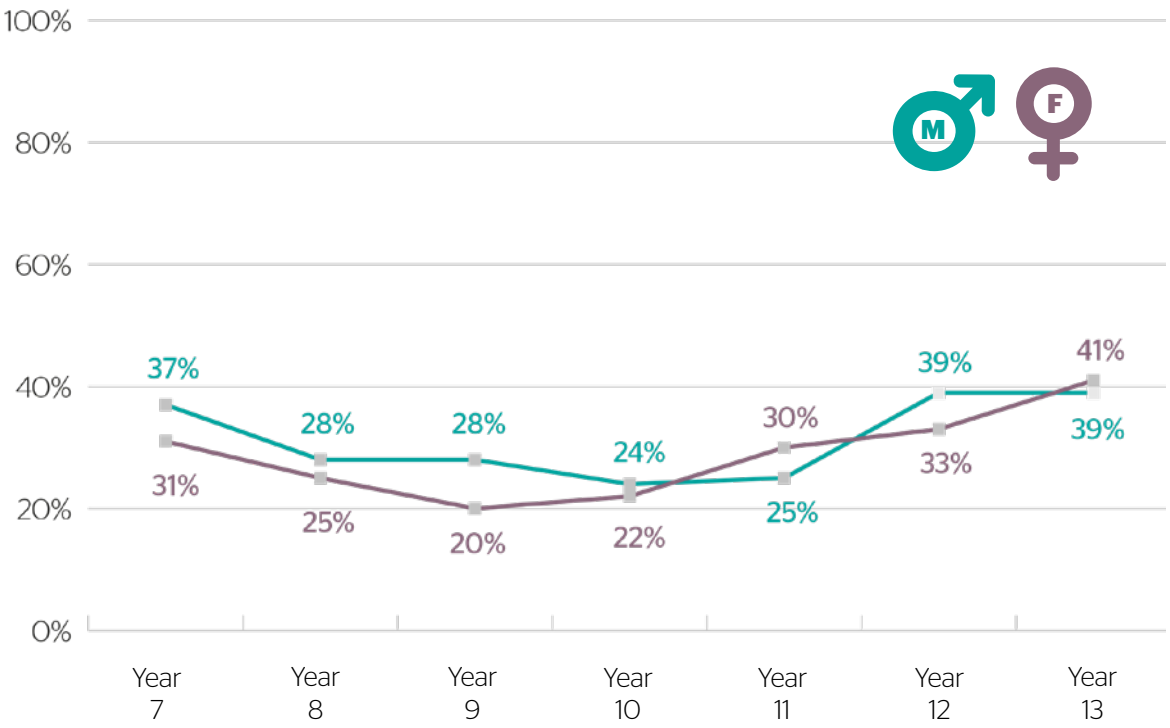



***Figure:*** *The percentage of students who would feel comfortable asking for support from their school or college.*



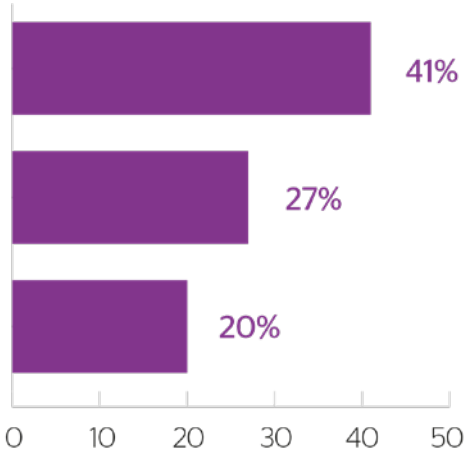
## Support and education

Young people who said their school/college gives them information they would like to know about mental health, were more likely to feel comfortable asking for support than those who said their school/college provides information they are not interested in, or no information at all.

My school/college gives me the information I would like to know about mental health

My school/college gives me information about mental health, but not the topics I'd like to learn about

My school/college does not give me information about mental health




***Graph:*** *The pecentage of students who would feel comfortable asking for support from their school or college, split by the statement they agreed with.*

## Wellbeing scores

On average, young people who said they would feel comfortable going to services at their school or college had a higher average wellbeing score than those who said they wouldn't feel comfortable.




Students who **would not** feel comfortable asking their school/college for support had a lower wellbeing score.

Students who **would** feel comfortable asking their school/college for support had a higher wellbeing score.

***Figure:*** *The wellbeing scores of those students who would or would not feel comfortable asking their school or college for support with their mental health.*

# Why I would ask for support from my school or college

Around 3 in 10 students said they would feel comfortable asking their school or college for support. We asked them to explain why they felt this way.

Many students felt that they had good relationships with their teachers and could trust them. Some said that their teachers were kind, nice or approachable and were comfortable talking to them. Others felt that their teachers would be understanding or good listeners.

> "**I have developed more of a friendly relationship with the tutors**, and I very occasionally go to them for advice and for a laugh. They respect us, and that makes me feel more comfortable."

> "The **college teachers I have are really kind and considerate** so I would feel like they would help me the best way they can."

Some students also reported feeling that their teachers were well trained or equipped to deal with any mental health concerns.

These types of comment tended to refer to teachers having experience with mental health issues or being a good source for advice or signposting to others who could help. Related to this, some students stated that they saw it as part of their teacher's role to take care of them or support them.

> "I know **it's their job to help me** and whatever they would do, my best interests would be at heart."

Some students reported that talking to a teacher was preferable to talking to a friend or family member. These comments often described teachers not being as close to them as friends or parents as a positive.

Some stated that they were more comfortable talking to someone who they didn't know as well, or just not wanting to talk to close friends and family about these issues. Related to this, many students felt that their teachers could be trusted to keep any disclosed mental health concerns confidential.

> “I am not as close to my teachers as I am to my family so **it would be easier to open up and not be judged** as they don’t know me as well.”

Many also said that whilst they said they would feel comfortable speaking to their school or college, it would depend on the teacher. Often, they would only be happy speaking to one trusted individual.

> “I can trust some teachers but not all because **it depends on who the teacher is**. I can trust [xxx] because she has helped me through a lot of problems at school and at home.”

# Why I would not ask for support from my school or college

5,563 young people explained why they would not feel comfortable speaking to staff at their school or college if they needed support with their mental health. Their feedback was analysed and placed into key categories. The top six are shown below:

| | |
|---|---|
| I'm not close enough with them or I don't trust them | 47% |
| I'm not comfortable talking to them or it's too personal | 20% |
| They might tell someone or do something I don't want them to | 9% |
| They wouldn't do anything or be able to help | 7% |
| They might judge me or not understand | 6% |
| It's not their job to talk to me about my mental health | 2% |

## "I'm not close enough with them or I don't trust them"

Almost half of students who wouldn't speak to their school or college said that it was because they are not close with the staff and do not trust them. Staff were often perceived to be 'strangers' with whom they do not have any form of relationship with.

Some young people described having a fractured relationship with their school and were often 'told off' or 'in trouble' – which was a barrier to building positive relationships with staff.

## "I'm not comfortable talking to them or it's too personal"

2 in 10 felt that they would not be comfortable speaking to staff, and that talking about their mental health would be too personal.

Some said their teachers are not approachable, and it would create a weird staff-student dynamic. Many felt the staff-student relationship is too professional and that because staff are in a position of authority, it is not a space where they would raise personal concerns.

## "They might tell someone or do something I don't want them to"

The issue of trust largely came down to feeling that school/college staff would tell other people or do something that the student did not want.

There was a fear of 'being safeguarded' as staff are obliged to follow safeguarding processes, which may lead to others finding out. There was also the expectation that staff would tell parents., which many did not want under any circumstance. Others felt that staff do not respect confidentiality and often 'gossip' with colleagues.

### "They wouldn't do anything or be able to help"

7% felt that there was no point speaking to school/college staff as they could not help.

This was typically based on past experiences where they felt the school or college had demonstrated poor understanding of mental health. Sometimes students had been dismissed or given a response that was not helpful.

Many were cynical about their school's ability to provide support, due to a lack of general support across the school.

### "They might judge me or not understand"

The fear of being judged or not understood was a barrier for 6% of students.

Many were concerned that the school would misunderstand, and they would 'get in trouble'. It was also linked to the feeling of not being 'close' enough to the staff to disclose personal difficulties. Some felt that the staff did not understand young people as they are 'old' and of a different generation.

### "It's not their job to talk to me about my mental health"

2% simply said that it isn't their school/colleges job to talk about mental health. The staff are there to teach and lecture - not to provide emotional support.

**"They don't really care** they're just doing their job and they have lots of students."

Girl (age 17)

**"A teacher could tell my parents and I don't want that."**

Boy (age 14)

"So many of our teachers aren't really talky and it doesn't seem they care and that **they will just judge you.**"

Girl (age 12)

“**‘Someone always has it worse than you’** these were words in an assembly from the head of year, so it makes me feel unvalued.”

Girl (age 14)

“**They are mainly there to be a form of authority.**”

Girl (age 17

“There is a hierarchy. **They don’t understand us.** We are just people to teach to them.”

Girl (age 13)

“Teachers and staff are rude. **I don’t trust them. They gossip in the break room.** There’s been things I’ve said to only one teacher and all of a sudden, the whole science department knows.”

Girl (age 16)

“**I’m too terrified of being safeguarded**, it affecting my future, of it being on a record or that it will get back to my parents.”

Girl (age 15)

“If **I can’t even get support in lessons** how am I going to get support in this.”

Boy (age 17)

# Would you go anywhere else for support?

1,858 young people also gave additional details on other sources of support.

The majority (86%) said they would go to their friends or family. Other popular sources of emotional support included their partner, a member of staff at school, or their pet. Some also said taking part in physical activities or self-care, was preferable to approaching a person for support.

| | |
|---|---|
| Friends | 57% |
| Family or carer | 29% |
| Doctor, NHS or nurse | 5% |
| Girlfriend or boyfriend | 5% |
| Form tutor or Head of Year | 4% |
| Counsellor or therapist | 3% |
| Pet | 2% |
| Apps, websites or the internet | 2% |
| Named individual or trusted adult | 2% |
| Activities (e.g. sport, art, TV, dance, music, sleep or a walk) | 1% |
| Named service (e.g. 4YP, Suffolk Mind, LGBT Centre, Wellbeing Service) | 1% |
| School nurse | 1% |
| Charity | 1% |
| Hospital | 1% |
| Church or religious group | 1% |

***Table:*** *Where else would you go for support with your emotional wellbeing?*

“My girlfriend as through **these last few very hard times she’s stuck by me.**”

Boy (age 14)

“**Definitely my friends would be my most comfortable option .**”

Girl (age 12)

“My **grandma is the only person who understands** me.”

Boy (age 13)

“I would go to the skatepark as **skateboarding is my hobby and will relieve me of stress.**”

Girl (age 18)

“I know this sounds crazy but **I tell my dog everything so I would want comfort from him,** and plus he’s amazing at listening.”

Girl (age 12)

“**I live for my bike and that’s it.** I live on my bike and pedal my problems.”

Boy (age 12)

# Barriers to support

The survey asked all young people – 'If you needed support with your mental health and emotional wellbeing, what would stop you from seeking support?'.

Young people could select from a list of seven reasons (shown below), choosing multiple reasons if they wanted. The seven reasons available to choose from were the top themes provided by young people last year when this question was asked as a free-text response. They also had the option to select 'Nothing would stop me from getting support'.

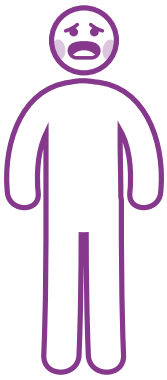
The most commonly reported reason for not seeking support was 'I'd be embarrassed', with over half of respondents agreeing with this statement.

## Gender differences

- Boys were more likely than girls to say that nothing would stop them from seeking support (4 in 10 compared to less than 2 in 10).
- Girls were more than twice as likely as boys to say that they would fear being judged.
- Of those who identify as another gender, only 1 in 10 said nothing would stop them. They were also far more likely to be fearful that their parents would find out, compared to their peers.

**10,307**

**Young people answered the question 'If you needed support with your mental health and emotional wellbeing, what would stop you from seeking support?'.**



Feeling **embarrassed** was the most common response. **58% of students selected this answer.**



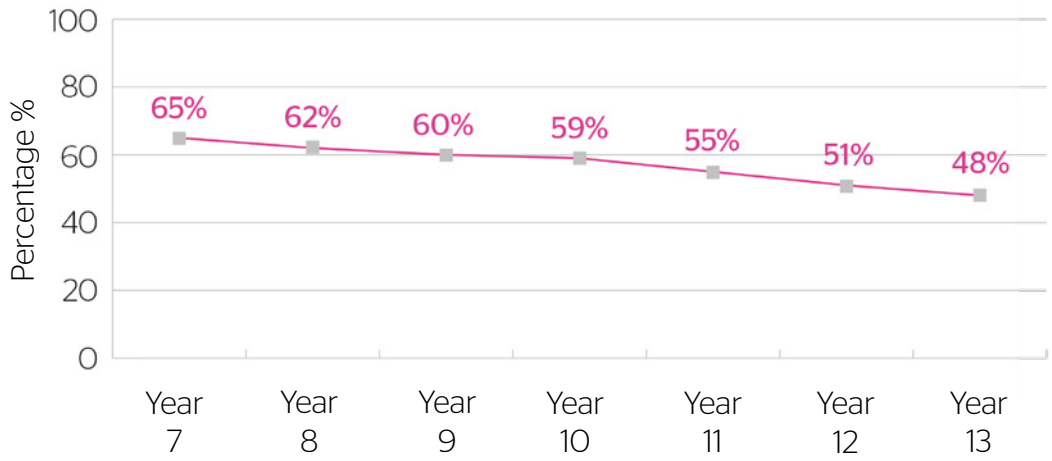
Students who identify as another gender were **far more** likely to be fearful that their parents would find out.

| | Male | Female | Other |
|---|---|---|---|
| Nothing would stop me from getting support | 40% | 18% | 11% |
| I don't want to open up about my feelings | 3% | 3% | 0% |
| I'd be embarrassed | 52% | 63% | 63% |
| I'd be scared of being judged by other people | 24% | 51% | 52% |
| I'd be scared my parents would find out | 27% | 38% | 59% |
| I'd be anxious about what would happen next | 15% | 39% | 51% |
| I wouldn't be able to travel there on my own | 13% | 20% | 38% |
| I don't know how to get support | 7% | 17% | 20% |

***Table:*** *The percentage of young people who agreed with each statement.*

## "I'D BE TOO EMBARRASSED"

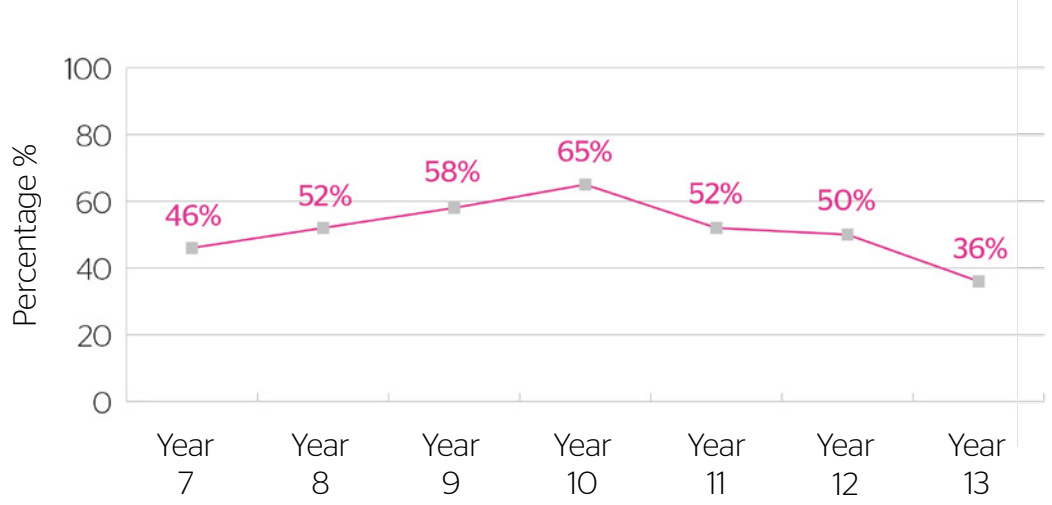
The percentage of young people who said that they would not seek support because they would be embarrassed consistently decreased with age, indicating that fear of embarrassment becomes less of a barrier over time.




***Graph:*** *The percentage of young people who said they would not seek support because they would be embarrassed and their school or college year.*

## "I'D BE SCARED OF BEING JUDGED BY OTHER PEOPLE"

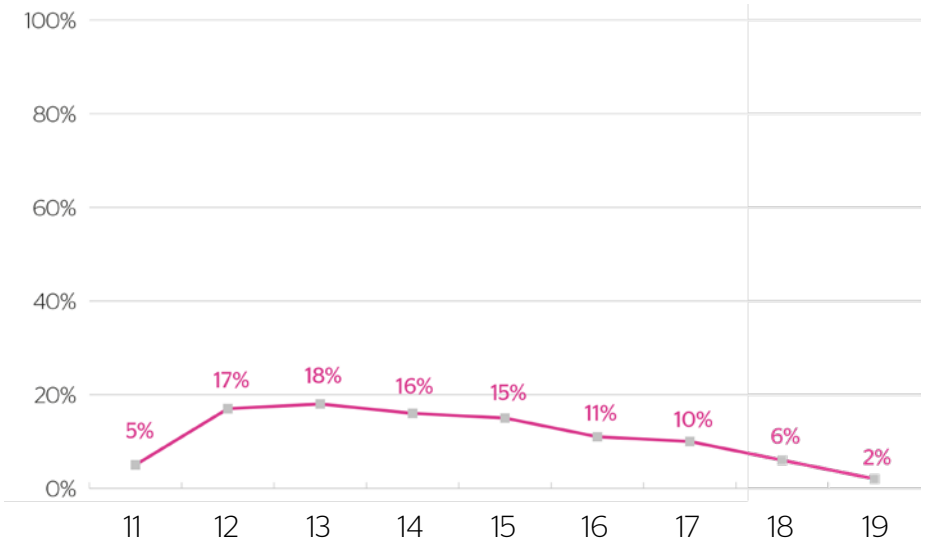
Girls were much more likely to give this as a reason than boys were. The percentage of girls who said that they would not seek support because they would fear being judged by others was highest in Year 10 (almost 2 in 3). This fear was lowest in Year 13, with only 36% agreeing with the statement.




***Graph:*** *The percentage of young people who said they would not seek support because they would fear being judged by others.*

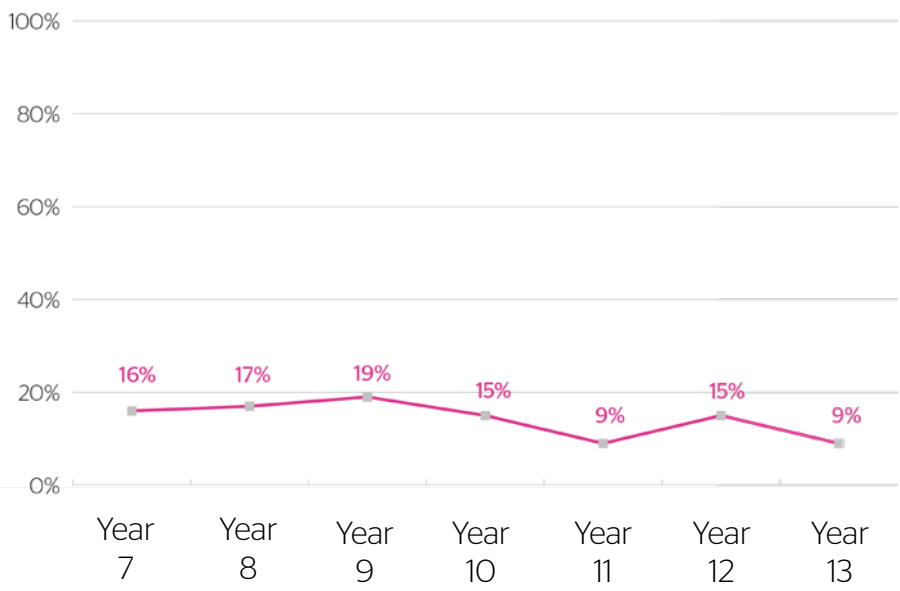
# "I DON'T KNOW WHERE TO BEGIN"

The percentage of young people who said they would not seek support because they do not know how or where to go is highest at age 13. The percentage consistently decreases with each age group, until reaching **2%** at age 19.




***Graph:*** *The percentage of young people who said they would not seek support because they would not know how or where to begin and their age.*

Splitting this data by year group reveals a dip amongst Year 11s. This suggests that students in this year group are more likely to know where to go for help.



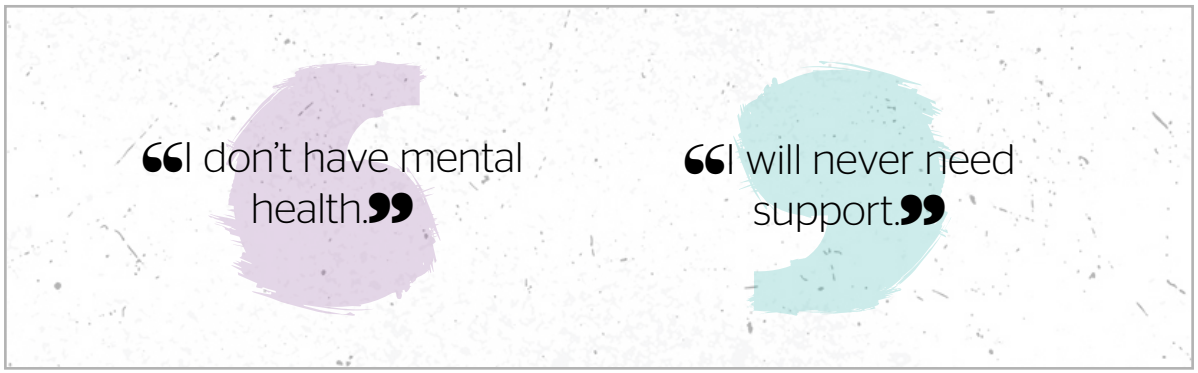

***Graph:*** *The percentage of young people who said they would not seek support because they would not know how or where to begin and their school or college year.*

# OTHER BARRIERS

As well as providing seven options to choose from, the survey also gave young people a text box to describe anything else. 651 students responded.

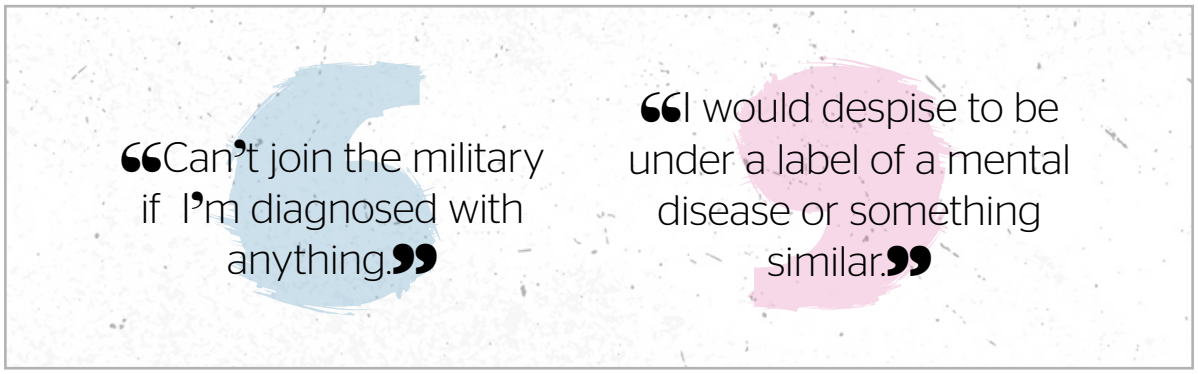
## Wouldn't need it (26%)

These young people felt that they 'don't have mental health' and would not ever need support. If they ever did notice a decline in their mental health, it would not be a problem as they are strong and can fix themselves. Some felt, if they had a problem, they would ignore it.




## Consequences (22%)

These young people fear the consequences and reactions of others. They may be bullied, people will think less of them, they will be treated differently, or be rejected. Some felt it would affect their future career, or that others will think they are attention seeking. Some fear social services becoming involved.




## Fear of talking (20%)

These young people would not seek support because they are fearful of telling someone. They do not have the confidence to ask and feel anxiety when interacting with other people. Some feel that they are unable to put feelings into words.



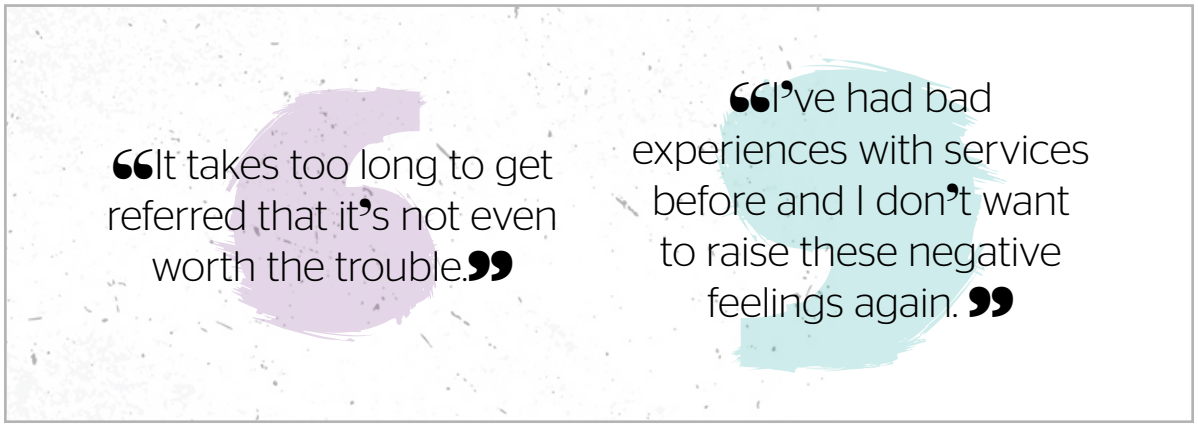

## Avoid family or school environment (13%)

Many do not want to seek help because they fear it would lead to involvement from their family or school. They do not want to worry their family and fear that it would change existing relationship dynamics. Some feel that there is no point in involving family or school as they ‘won’t believe me’ / ‘won’t understand me’. There is also the worry of ‘being ‘safeguarded’ if the school gets involved.




## Poor experience (12%)

12% said that poor prior or current experience (their own, friends, family) would stop them from seeking support. These young people expressed a lack of faith in the system and the support it offers. They are cynical that the ‘system’ can help them.



## Don't trust strangers (6%)

These young people would not seek support as they feel like people in the mental health services are strangers. They do not know them and do not trust them.






MENTAL


HEALTH

# MENTAL HEALTH EDUCATION

# Learning about mental health

## School and college provision of information on mental health and emotional wellbeing

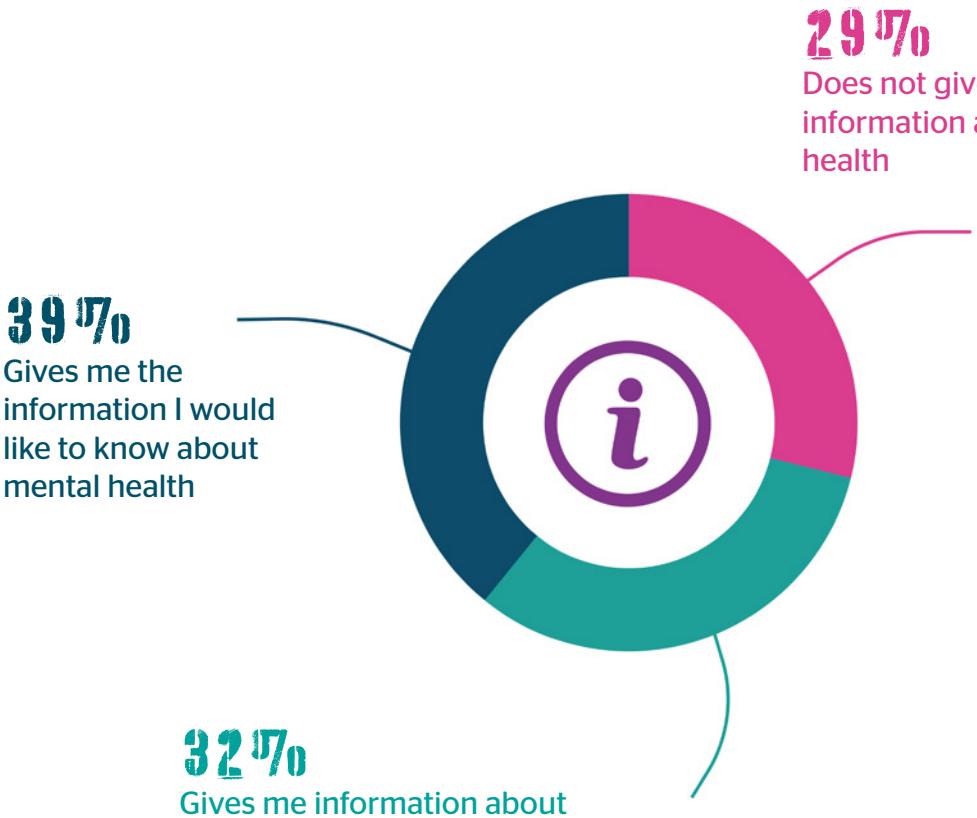
We asked young people whether their educational setting gave them information about mental health or emotional wellbeing. 11,212 students responded to this question.

Just under 4 in 10 said that their school or college provides them with information about mental health they would like to know about. However, 6 in 10 said that their school provides information about mental health topics that they are not interested in or does not provide information at all.



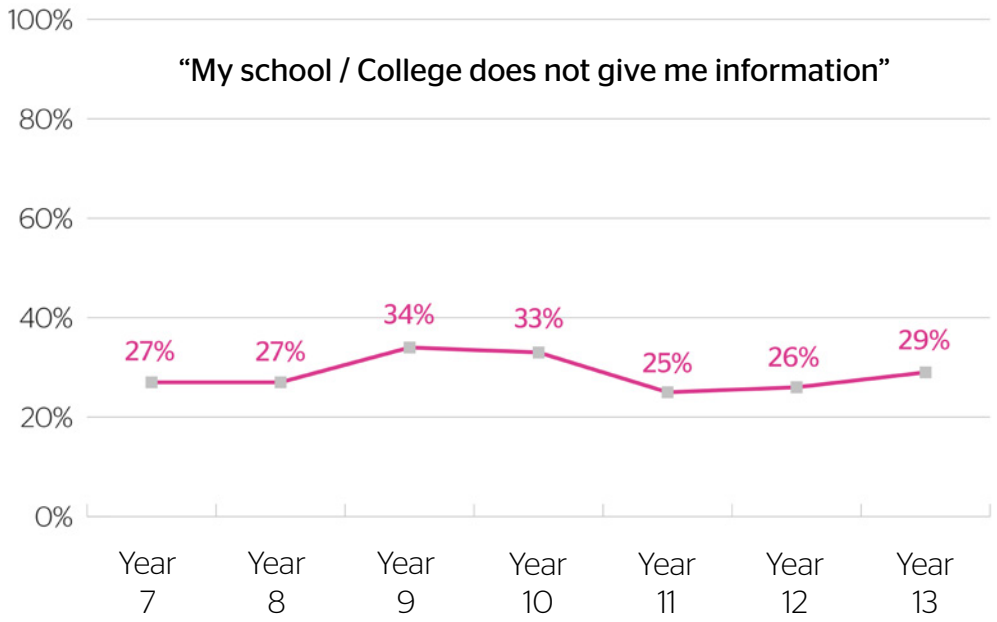
**60%** of students said their school or college does not provide the information they need about mental health.

***Graph:*** *Responses to the question "please select the statement that you most agree with" in relation to mental health information at school or college.*



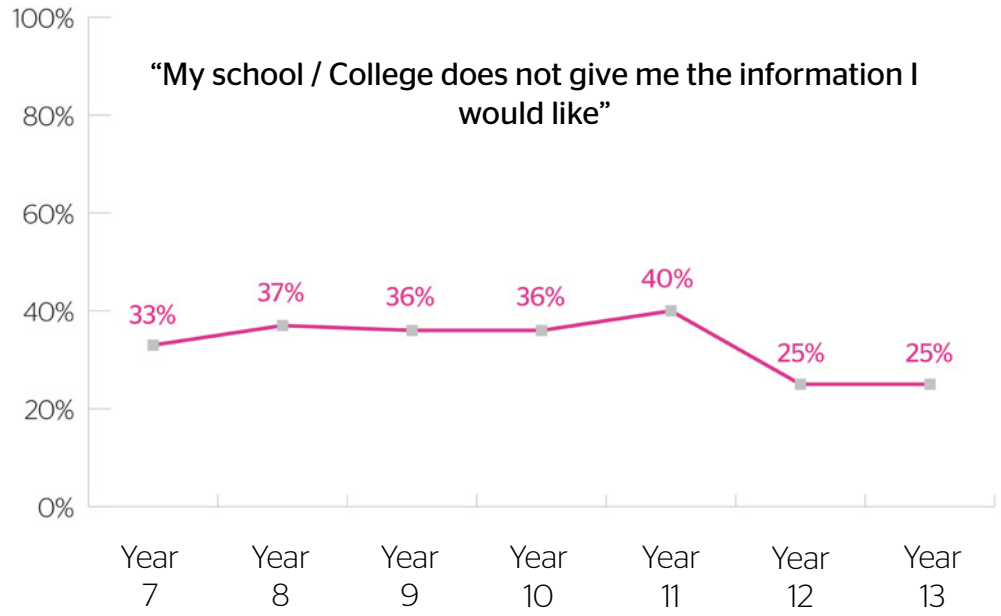
## Differences between year groups

Students in Year 9 were most likely to report feeling that their school does not give them information about mental health or wellbeing. More than 1 in 3 said this was the case.



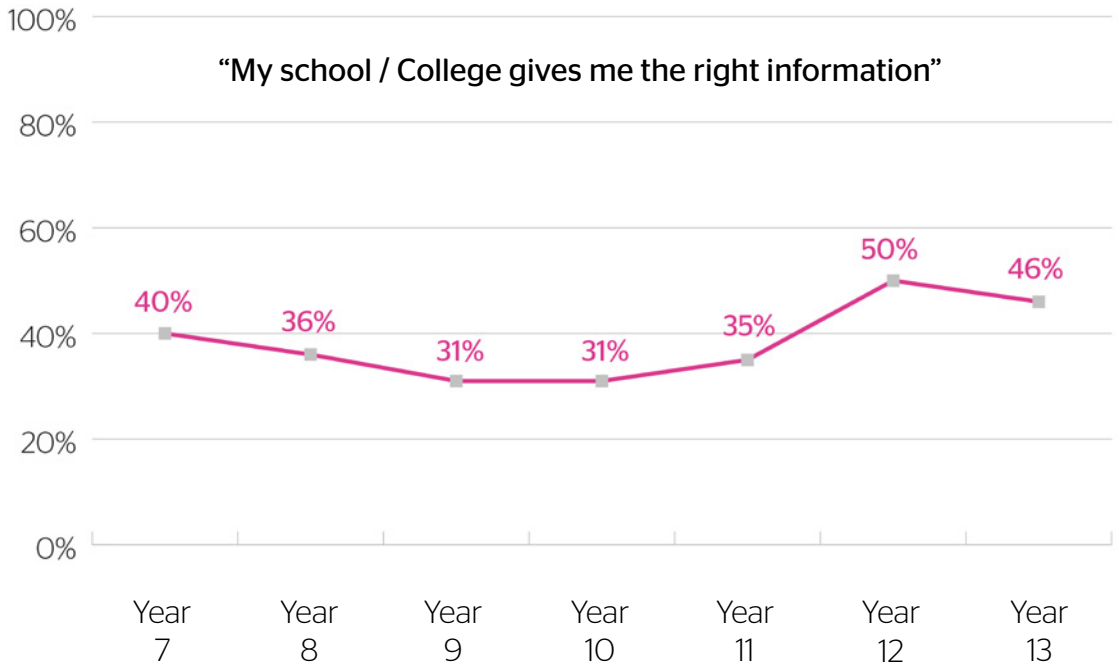

***Graph:*** *The percentage of students who said their school or college does not give them information about mental health.*

Students in Year 11 were most likely to report being given information that wasn't relevant to their needs or interests. 2 in 5 said this was the case.




***Graph:*** *The percentage of students who said their school or college gives them information about mental health, but not what they would like to learn about.*

Year 12 students were the happiest with the information they're given. Half (50%) said that their school or college gives them the right information about mental health and wellbeing.




***Graph:*** *The percentage of students who said their school or college gives them the right information about mental health.*

## Sixth Form and Colleges

Of those students in Year 12 and Year 13 who completed the survey, 500 attended a sixth form within a secondary school, and 2,930 attended a further education college.

Year 12 and 13 students at college were more likely to say that they were given the right information about mental health, compared to Year 12 & 13 students at secondary school.

Year 12 and 13 students at secondary school were almost twice as likely as their peers at college, to say that they are given information about mental health that does not meet their needs or interests.

## Gender differences

Boys were more likely than girls to report being happy with the information their school or college provides them about mental health.




***Graph:*** *The percentage of* ***male (45%)*** *and* ***female (33%)*** *students who say their school or college gives them the right information about mental health.*



**39%** of year 12 and 13's in Sixth Form said they get information about mental health but not the topics they would like to learn about.

VS.



**22%** of year 12 and 13's in College said they get information about mental health but not the topics they would like to learn about.

## Wellbeing score

Students whose school or college gives them the right information about mental health, had the highest average wellbeing score.

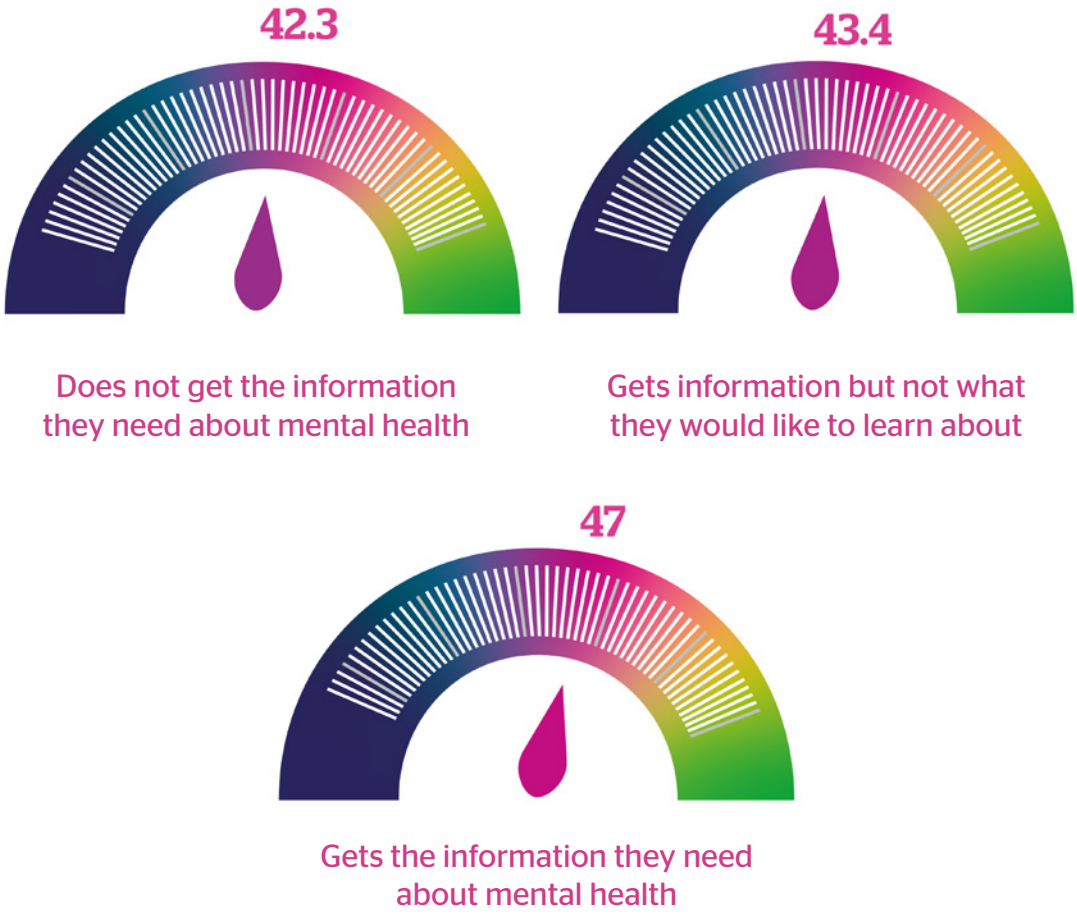



***Figure:*** *The wellbeing scores of students and how they felt about the information their school or college provides about mental health and wellbeing.*

# What would you like to learn about?

## 'I don't want to learn about mental health'

Students in Year 12 and Year 13 were the least likely to want to learn about mental health at school or college. 1 in 4 said they do not want to learn about it.

Students in Year 8 and Year 9 were the most eager to learn about it at school, with only 13% saying that they would prefer not to.

Boys were far more likely to say they don't want to learn about mental health - 27% agreed with this statement, compared to only 9% of girls.

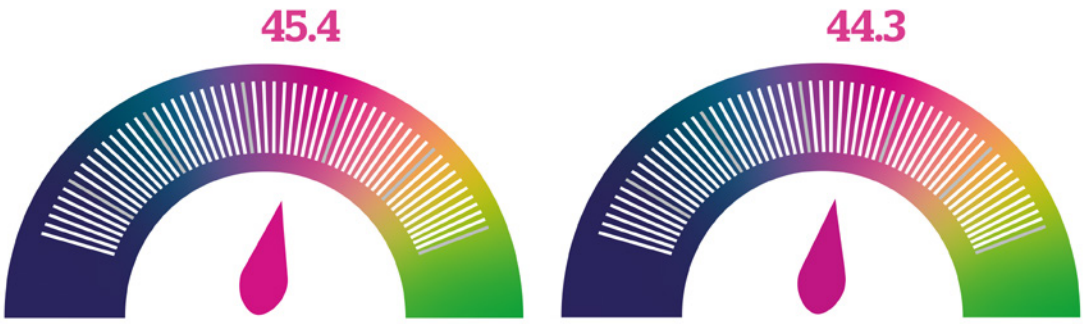



| Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 |
|---|---|---|---|---|---|---|
| 16% | 13% | 13% | 17% | 16% | 25% | 24% |

***Table:*** *The percentage of students who do not want to learn about mental health.*

## Wellbeing scores

Students who do not want to learn about mental health, have a higher average wellbeing score than those who would like to learn about it.




Students who do not want to learn about mental health

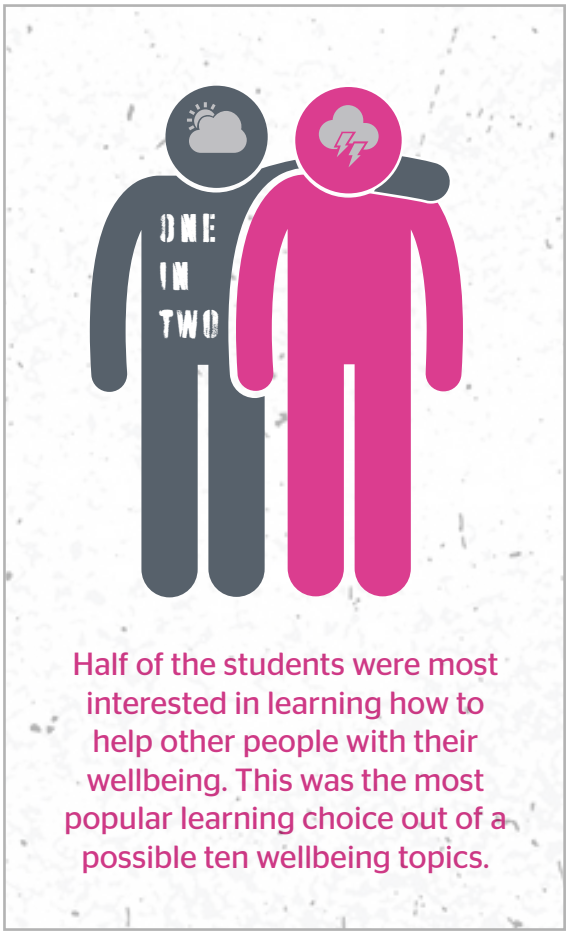
Students who would like to learn about mental health

***Figure:*** *The wellbeing scores of students and whether they want to learn about mental health.*

## Interest in different areas of wellbeing

Students were provided with a list of ten wellbeing topics and were asked to select the ones they would like to learn about.

- On average, students were more interested in learning how to help others wellbeing than how to look after their own. The most popular topic was 'How to help others with their mental health and wellbeing' with 1 in 2 selecting this option.
- Of the options for specific disorders, (eg. eating disorders, depression), anxiety was the most popular topic, with 46% expressing an interest in learning about it.
- Interest in most topics peaked between Year 8 and Year 11. Students in Year 12 and Year 13 were the least interested overall.
- Learning how to handle school stress was most popular amongst Year 11 students.




Half of the students were most interested in learning how to help other people with their wellbeing. This was the most popular learning choice out of a possible ten wellbeing topics.

| | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 |
|---|---|---|---|---|---|---|---|
| General mental health & wellbeing | 39% | 47% | 49% | 49% | 48% | 43% | 46% |
| How to manage my own mental health | 41% | 48% | 52% | 53% | 54% | 45% | 47% |
| How to help others with their wellbeing | 49% | 52% | 55% | 53% | 54% | 45% | 45% |
| Understanding and managing stress in school/college | 40% | 44% | 49% | 50% | 52% | 43% | 45% |
| Depression | 42% | 48% | 50% | 47% | 46% | 33% | 37% |
| Anxiety | 45% | 51% | 54% | 51% | 49% | 37% | 39% |
| Self-harm | 38% | 42% | 42% | 38% | 37% | 23% | 24% |
| Eating disorders | 28% | 35% | 39% | 35% | 34% | 23% | 24% |
| Body image | 33% | 41% | 46% | 43% | 41% | 31% | 30% |
| LGBTQ+ | 25% | 28% | 29% | 26% | 27% | 19% | 20% |

***Table:*** *The percentage of students in each year group that want to learn about each mental health and emotional wellbeing topic.*

## Gender differences

There were notable differences between the level of interest boys and girls had in many topics. Girls consistently expressed more interest than boys on all topics, at every age group.

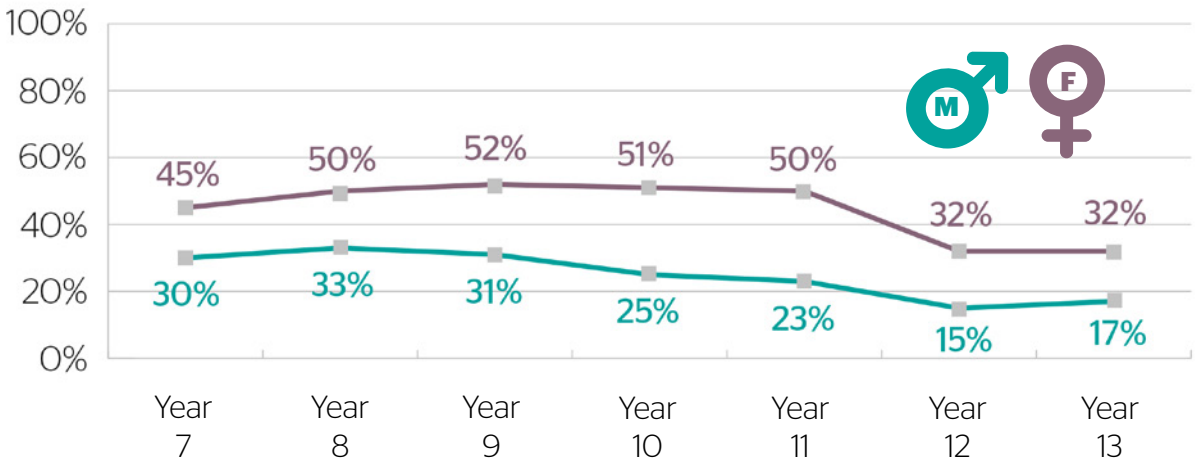
### *Self-harm*




Girls are most interested in learning about self-harm in Year 9, whereas boys are most interested in Year 8.

Across all age groups girls are far more interested in learning about self-harm than boys. The largest gender difference is seen in Year 11, where girls are **more than twice as likely** than boys to want to learn about it.

Between Year 8 and Year 11 **more than half** of girls would like to learn about self-harm.




***Graph:*** *The percentage of male and female students who wanted to learn about self-harm and their year group.*




**Female** students were twice as likely to say they wanted to learn about self-harm in year 11.

### Link to self-harming behaviours

Students who expressed an interest in learning about the topic of self-harm were more likely to report having self-harmed.

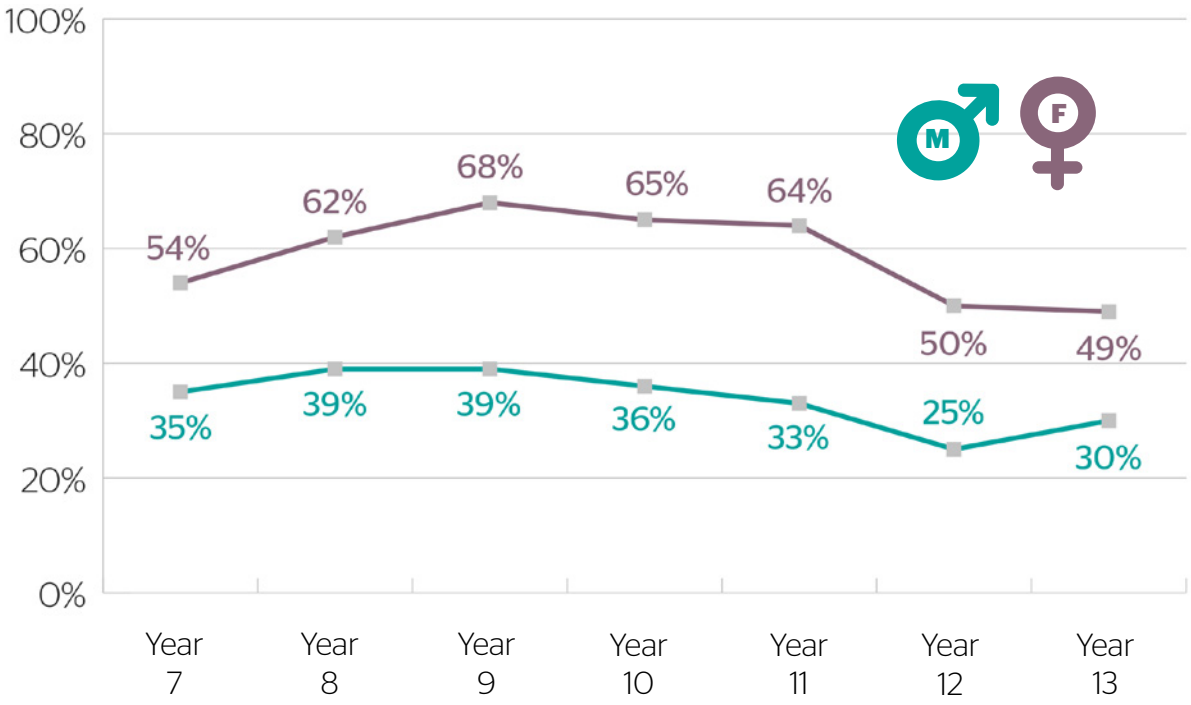


## *Anxiety*

Of the options to learn about specific disorders, anxiety was the most popular topic, with 46% expressing an interest in learning about it.

More than half of girls would like to learn about anxiety, at all age groups. Their interest is highest in Year 9 where almost 7 in 10 said they would like to learn about it.




***Graph:*** *The percentage of male and female students who wanted to learn about anxiety and their year group at school or college.*

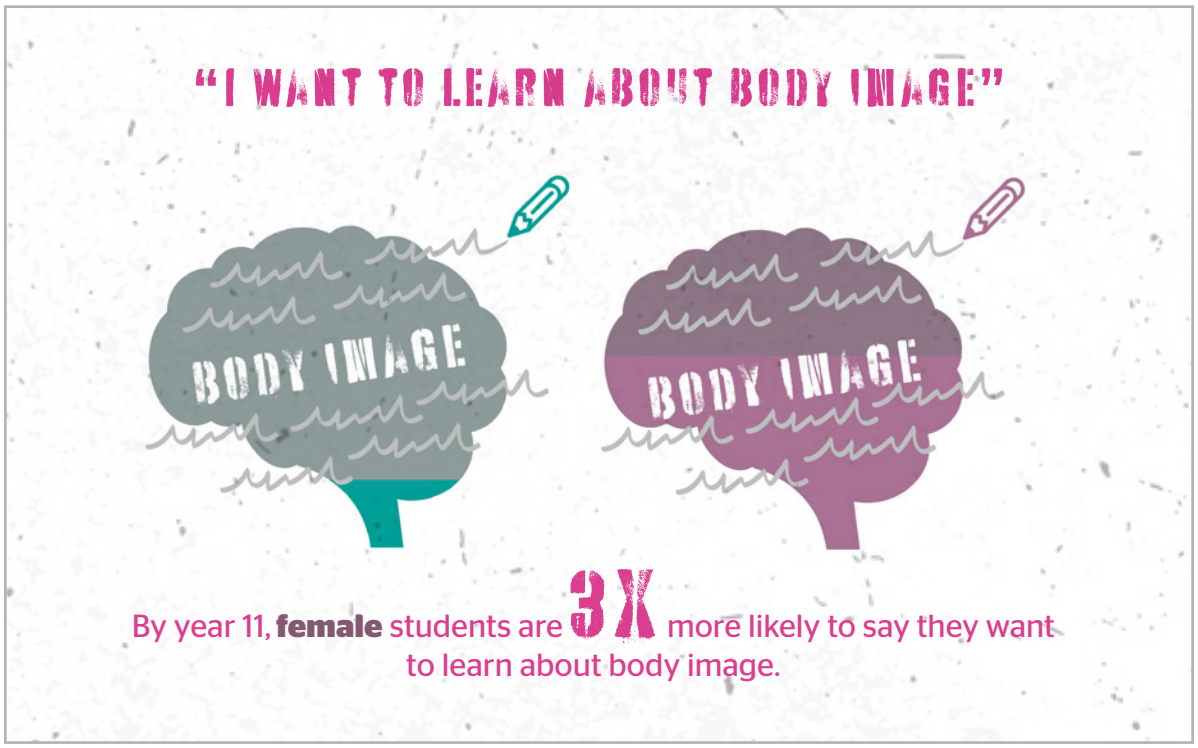


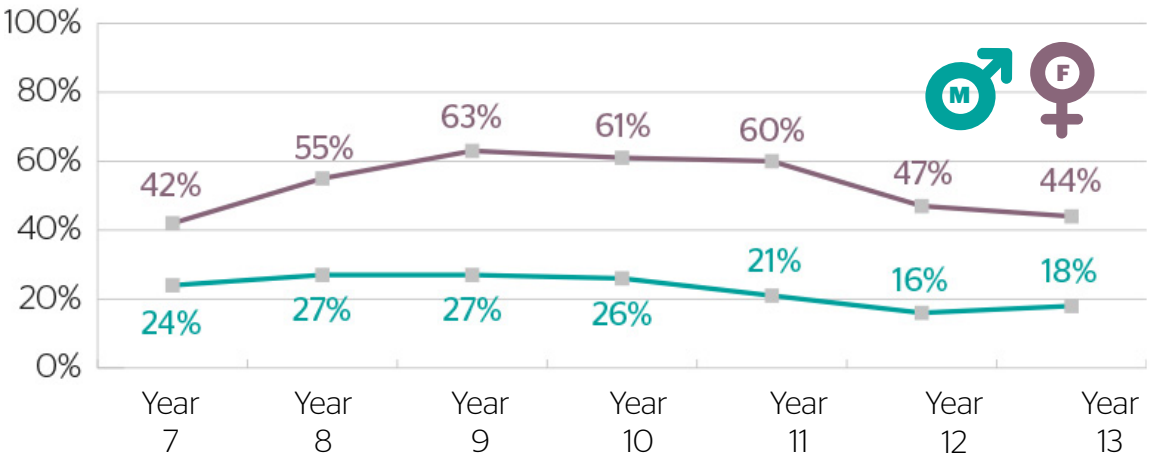
## *Body image*

The largest difference between boys and girls was in wanting to learn about body image.

The gap in interest consistently grows from Year 7 to Year 11, reaching the point where girls are three times more likely than boys to want to learn about it.



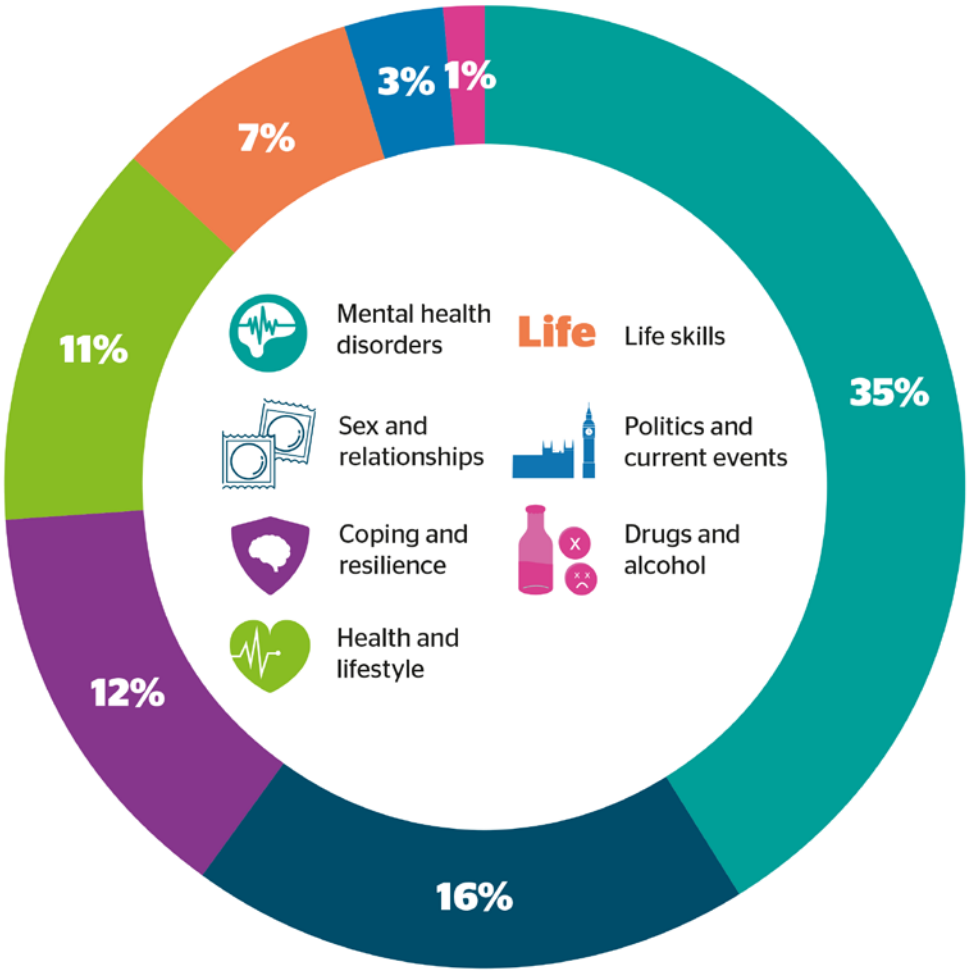




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who wanted to learn about body image and their year group at school or college.*

# I'd also like to learn about...

The survey also gave students a free-text option to tell us about other topics they would like to learn about. 707 young people responded.




***Graph:*** *Students responses to the question "Is there anything else that you would like to learn about?".*

## Mental Health Disorders

Around 1 in 5 (21%) specified mental health illnesses which they would like to know more about. The most commonly mentioned was autism and ADHD, followed closely by anxiety and depression. 17 young people said that they would like to understand more about suicide.

- *"I want to learn more about male suicide rates." – Boy, 16*
- *"If a friend calls you or messages you thinking about suicide, how to stop them from doing it." – Boy, 18*

A further 44 want to learn how to support friends or family who have mental health difficulties:

- *"How to deal with mental health issues within your family." – Girl, 18*
- *"How to deal with people who hate themselves or have depression as I feel so helpless when they rely on me and I don't know how to make them happy." – Boy, 16*



## Sex and Relationships

16% (110) would like to learn more about sex and relationships. Most commonly mentioned was general 'sex education', however some also raised specific topics such as abuse and consent.

- *"Sex education, because school doesn't really tell young people about it." – Boy, 14*
- *"Being pressured into doing something you don't want to do." – Girl, 11*
- *"How to have a healthy relationship." – Girl, 12*



## Coping and resilience

12% would like to learn about how to cope with difficult situations. None of the young people used the phrase 'resilience', instead talking about 'coping' or 'learning how to stay calm'.

- *"How to deal with emotional outbursts you can't control." – Girl, 15*
- *"How to keep a positive mind for exams without being stressed/ worried." – Boy, 15*
- *"Ways to maintain calm even in rough situations." – Boy, 14*

18 specifically mentioned that they want to get better at controlling their anger:

- *"How to properly control my anger at important times." – Boy, 11*
- *"How to deal with my anger." – Boy, 12*

Life

## Life skills

11% would like to learn more life skills, particularly how to get a job, look after money and pay bills. Learning how to build confidence was also frequently mentioned.

- *"What I'll need to know to be a successful adult; e.g taxes, how to pay mortgages." – Girl, 13*
- *"How to feel more confident and not feel so stressed and anxious." – Girl, 12*



## Health and Lifestyle

7% would like to learn about topics relating to health and lifestyle. 24 would like to learn more about diet, exercise and body image, and 14 felt there needs to be more education around what it's like to have a disability.

- *"How to lose weight healthily." – Girl, 13*
- *"Meeting others with disabilities, learning how to deal with life with a disability." – Girl, 17*



## Politics and current events

3% (19) would like to learn more about current affairs. Most referred to issues such as racism, sexism, climate change and Brexit.

- *"Social inequalities e.g. racism, sexism." – Girl, 18*
- *"Both sides to everything we cover, for example, hearing the argument against climate change, and the argument for." – Girl, 14*



## Drugs and alcohol

1% would like to receive better education around drugs and alcohol use:

- *"Actual drug education, not just weed is bad!!!!!" – Boy 17*

# SELF-ESTEEM

# How we measure self-esteem

The 2018 survey asked students to rate their own level of self-esteem. It found that **16%** of males and **37%** of females rated their self-esteem as low or very low.

In this year's survey (2019), instead of asking students to identify their own level of self-esteem, the survey used the Rosenberg self-esteem scale.

The scale measures self-esteem using a series of ten statements with respondents indicating the extent to which they agree or disagree with each statement.

The possible scores range from 0 – 30, with **a higher score indicating higher self-esteem**. Scores sit within either a low, normal or high range.

**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.



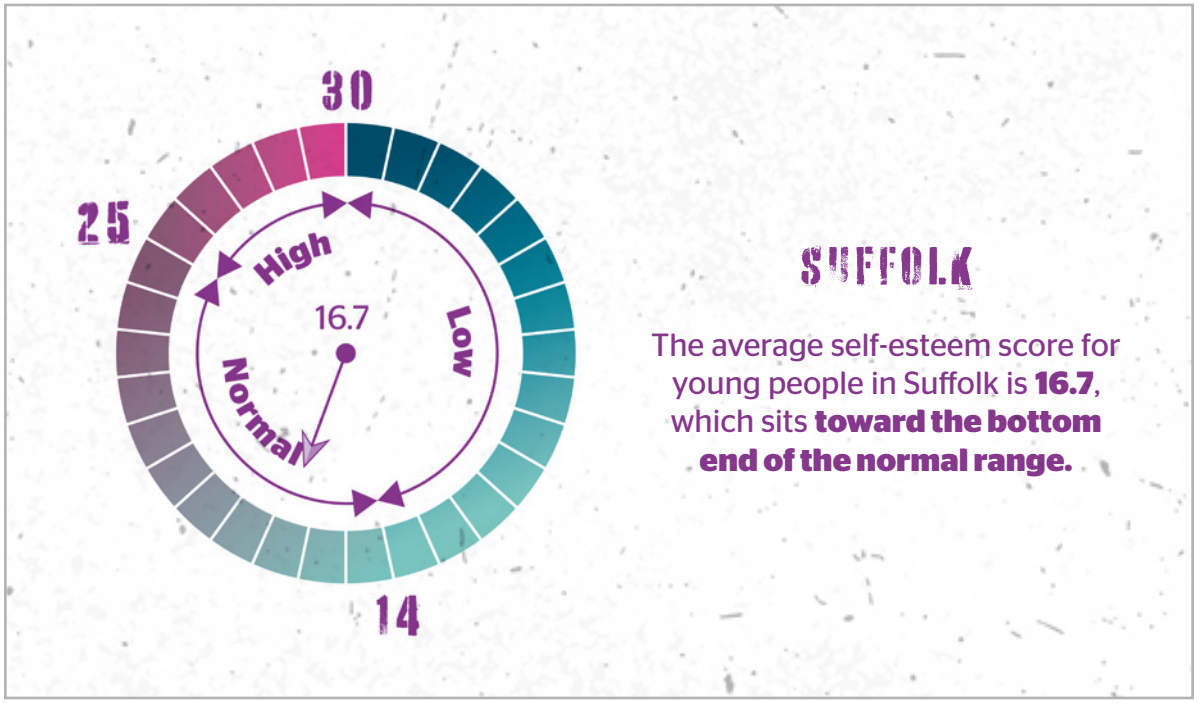

**11,859**

**Young people completed the self-esteem scale.**

| Score | Indicates |
|---|---|
| 0 - 14 | Low self-esteem |
| 15 - 25 | Normal range |
| 26 - 30 | High self-esteem |

***Figure:*** *We will use the self-esteem dial throughout this section to indicate levels of self-esteem amongst the 2019 sample. It is not possible to compare our results with previous samples because this is the first time we have used this particular measure.*

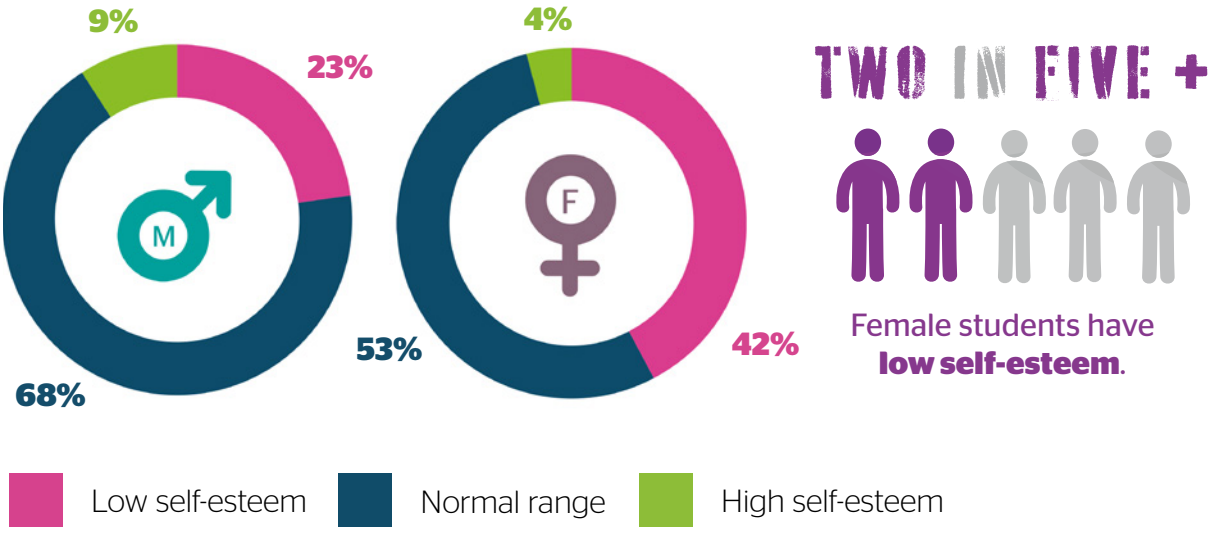
# Levels of self-esteem




## Gender differences

23% of boys and 42% of girls scored in the low self-esteem range.

Boys were twice as likely as girls to score in the high self-esteem range. On average, boys score 2.7 points higher than girls.




***Graph:*** *The percentage of* ***male*** *or* ***female*** *students with a low, normal or high self-esteem score.*

The Suffolk average self-esteem score is 16.7. which sits towards the bottom of the 'normal' range. NHS research has found that the average self-esteem score for young people in England aged 11 to 19, is 21. Boys and girls in Suffolk both had a mean self-esteem score that was lower than this national average.

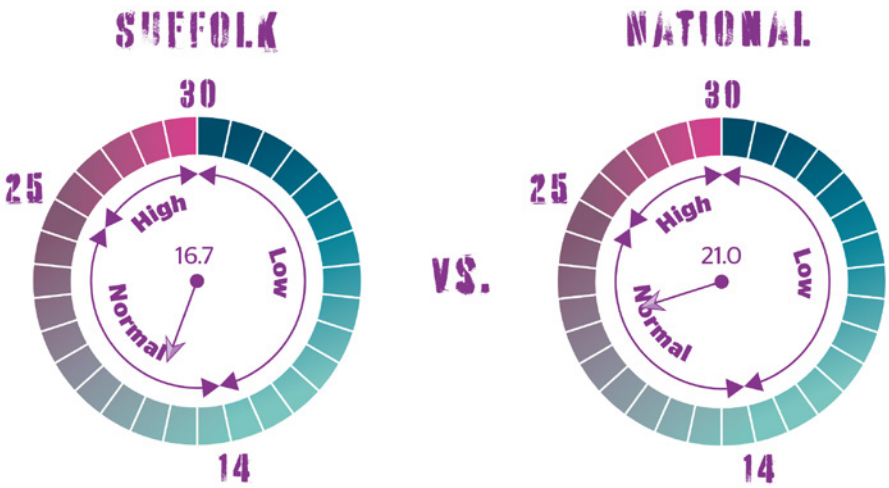
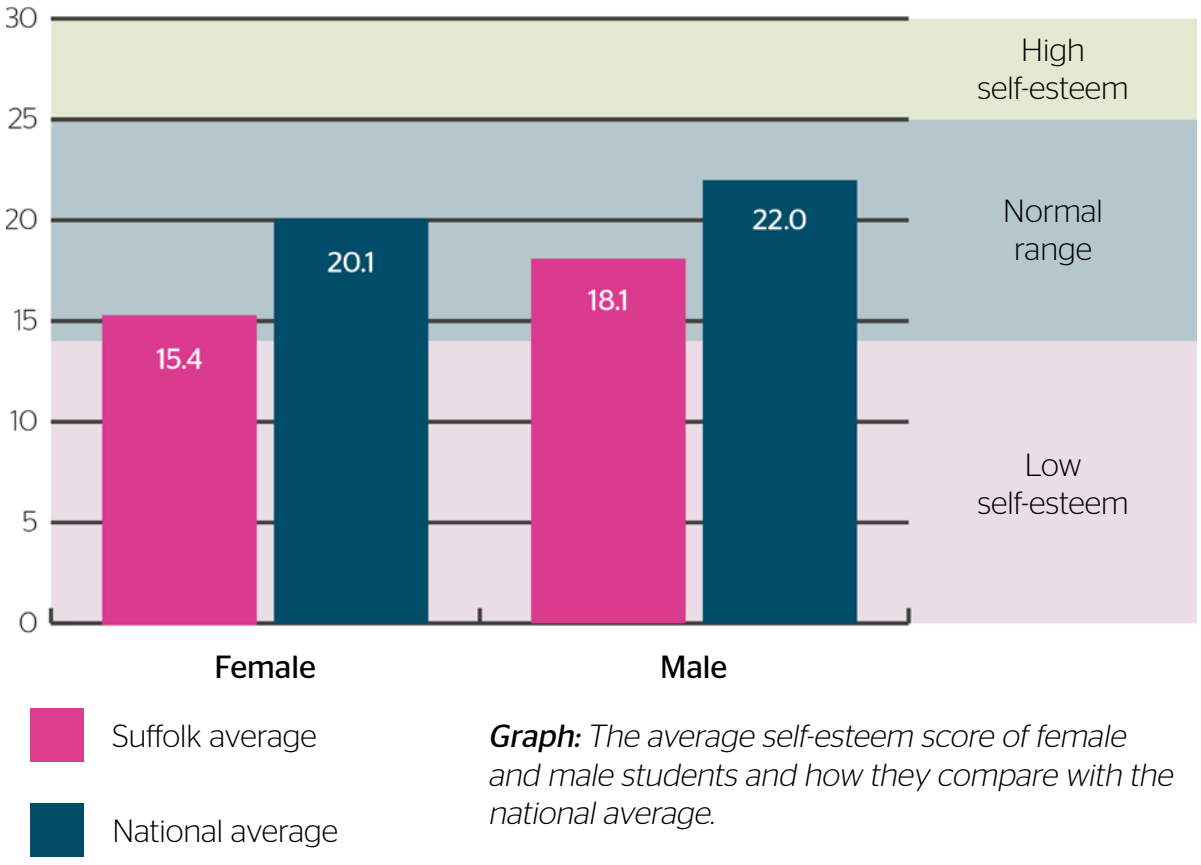


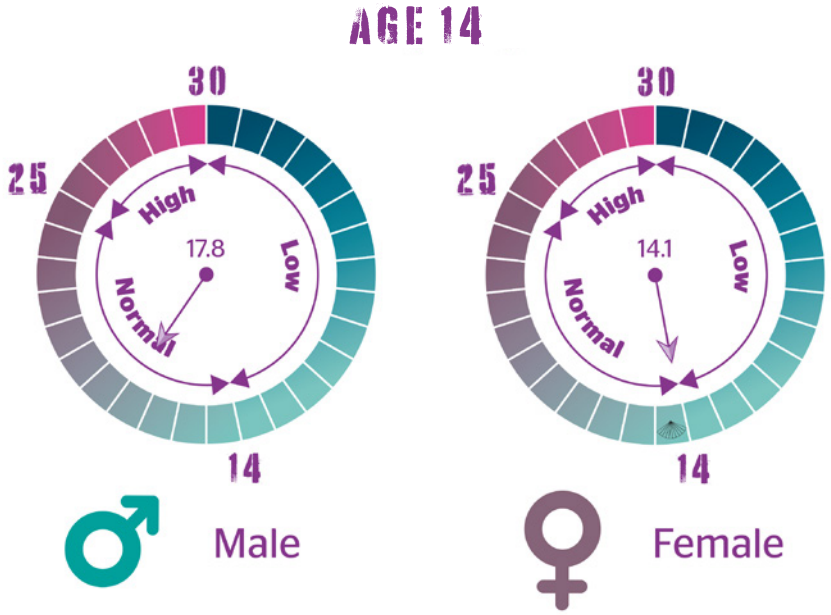

***Figure:*** *The Suffolk average self-esteem score is more than* ***four points lower*** *than the national average taken from NHS research in 2017.*



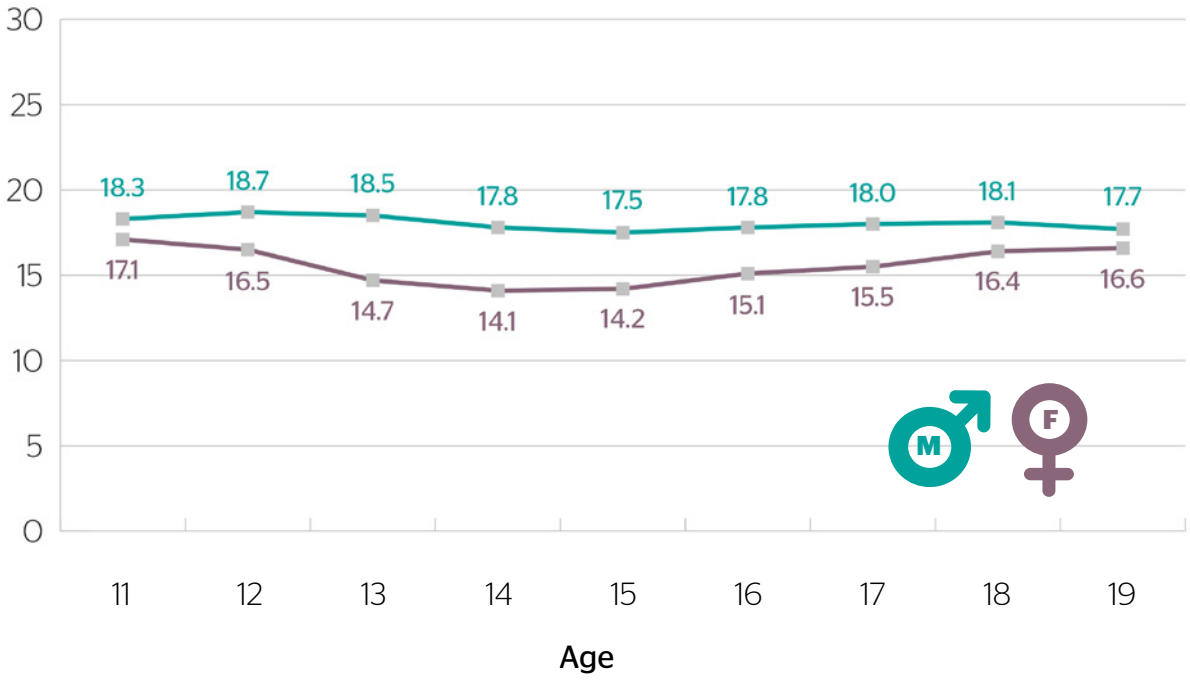

***Graph:*** *The average self-esteem score of female and male students and how they compare with the national average.*

## Age differences

On average, boy's self-esteem scores were lowest at age 15, and girls were lowest at age 14. Girls consistently reported lower average self-esteem scores than boys, at all ages. The gap was widest at ages 13 and 14.




***Graph:*** *Self-esteem scores of* ***male*** *and* ***female*** *students at age 14. The gap between scores was largest at this age (3.7 points).*




***Graph:*** *The average self-esteem scores of* ***male*** *and* ***female*** *students and their age.*

## Responses to each statement

Of the ten items on the Rosenberg self-esteem scale, five are positively worded, and five are negatively worded.

Boys were more likely than girls to agree with the positive statements and less likely than girls to agree with the negative statements.

| Positively worded statements | Males | Female | Overall |
|---|---|---|---|
| I feel that I am a person of worth, at least on an equal plane with others. | 81% | 72% | 77% |
| I feel that I have a number of good qualities. | 82% | 69% | 76% |
| I am able to do things as well as most people. | 78% | 66% | 72% |
| I take a positive attitude toward myself. | 75% | 55% | 65% |
| On the whole, I am satisfied with myself. | 69% | 50% | 60% |

***Table:*** *The percentage of students who agreed or strongly agreed with each positive statement on the Rosenberg Self-esteem Scale.*

| Negatively worded statements | Males | Female | Overall |
|---|---|---|---|
| All in all, I am inclined to feel that I am a failure. | 26% | 37% | 31% |
| I feel I do not have much to be proud of. | 32% | 41% | 37% |
| I wish I could have more respect for myself. | 50% | 68% | 59% |
| I certainly feel useless at times. | 52% | 68% | 60% |
| At times I think that I am no good at all. | 41% | 61% | 51% |

***Table:*** *The percentage of students who agreed or strongly agreed with each negative statement on the Rosenberg Self-esteem Scale.*



**4 in 10**
female students agreed with *"I feel I do not have much to be proud of".*

**3 in 5**
students agreed with *"I certainly feel useless at times".*

**3 in 4**
male students agreed with *"I take a positive attitude towards myself".*

**1 in 2**
female students agreed with *"On the whole, I am satisfied with myself".*

***Figure:*** *Insights regarding the numbers of students that agreed with specific statements used within the Rosenberg Self-esteem Scale.*

## Self-esteem and wellbeing scores

The results showed a positive correlation between self-esteem scores and wellbeing scores. The higher the self-esteem score, the higher the average wellbeing score. Students with low self-esteem were more likely to report low wellbeing, compared to students with high self-esteem




***Figure:*** *Self-esteem score plotted against average wellbeing score.*

## Ethnicity

- Male BAME students had a lower average self-esteem score than White British males.
- Female BAME students had higher average self-esteem score than White British females.

### Highest female scores

| | |
|---|---|
| Black - African | 17.7 |
| Asian - Indian | 17.5 |

### Highest male scores

| | |
|---|---|
| Asian - Indian | 19.5 |
| Mixed - White and Black Caribbean | 19.5 |

### Lowest female scores

| | |
|---|---|
| Black - Caribbean | 13.6 |
| Portuguese | 14.4 |

### Lowest male scores

| | |
|---|---|
| Arab | 15.5 |
| Mixed - White and Asian | 16.3 |

***Tables:*** *The highest and lowest self-esteem scores of male and female BAME students.*

### Low self-esteem

#### Male

| Ethnicity | % with low self-esteem | Total responses |
|---|---|---|
| Arab | 36% | 11 |
| Mixed - White and Asian | 35% | 43 |
| Polish | 33% | 78 |

***Tables:*** *Ethnic groups where males have the lowest self-esteem.*

#### Female

| Ethnicity | % with low self-esteem | Total responses |
|---|---|---|
| Asian - Chinese | 55% | 11 |
| Asian - Pakistani | 53% | 15 |
| Asian - Other | 50% | 42 |

***Tables:*** *Ethnic groups where females have the lowest self-esteem.*

### High self-esteem

#### Male

| Ethnicity | % with high self-esteem | Total responses |
|---|---|---|
| Black - Caribbean | 21% | 19 |
| Black - Other | 19% | 16 |
| Romanian | 14% | 22 |

***Tables:*** *Ethnic groups where males have the highest self-esteem.*

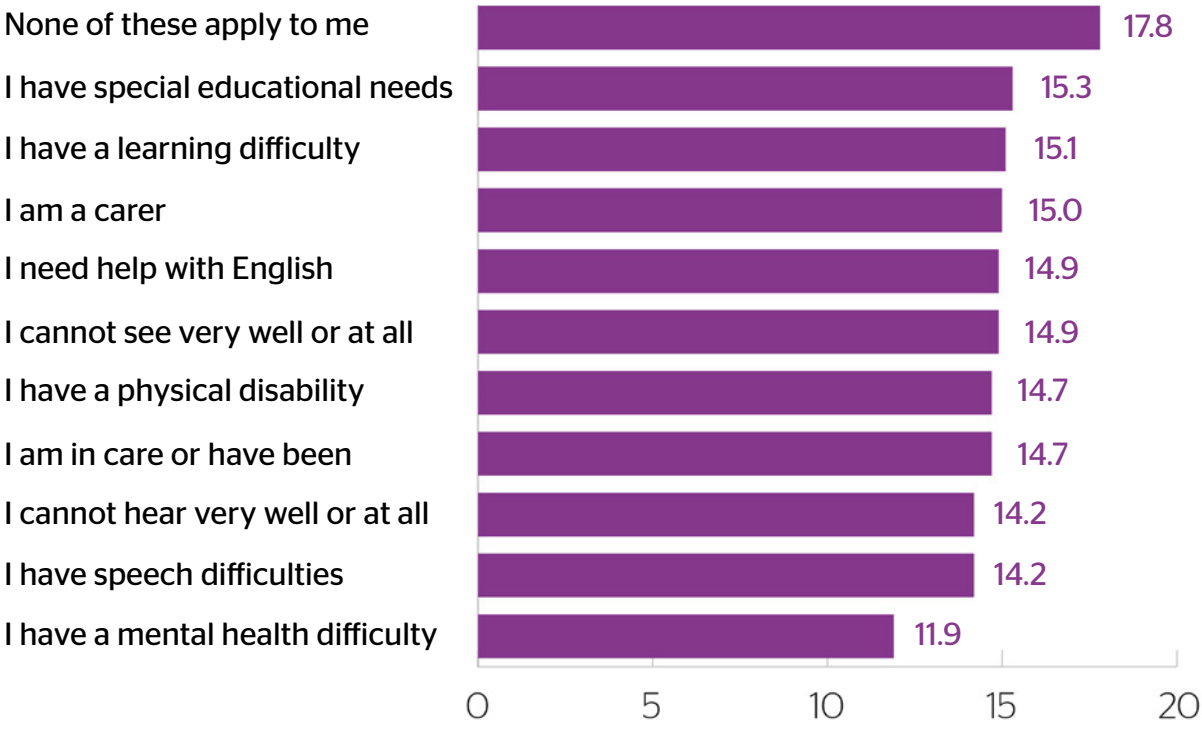
#### Female

| Ethnicity | % with high self-esteem | Total responses |
|---|---|---|
| Asian - Indian | 11% | 35 |
| Black - African | 11% | 38 |
| White - Traveller | 10% | 20 |

***Tables:*** *Ethnic groups where females have the highest self-esteem.*

## Additional needs

Students with additional needs reported lower average self-esteem scores than students who don't have additional needs. Those with a mental health difficulty had the lowest average self-esteem score.




***Graph:*** *The average self-esteem scores of students who have additional needs.*

## Self-harm

The results showed an association between low self-esteem and self-harm.

Students who had self-harmed, on average had lower self-esteem. Those who had self-harmed had an average self-esteem score of 12.2, compared to 18.6 for those who had not self-harmed. Students who reported that they currently self-harm had an even lower average self-esteem score of 9.8.

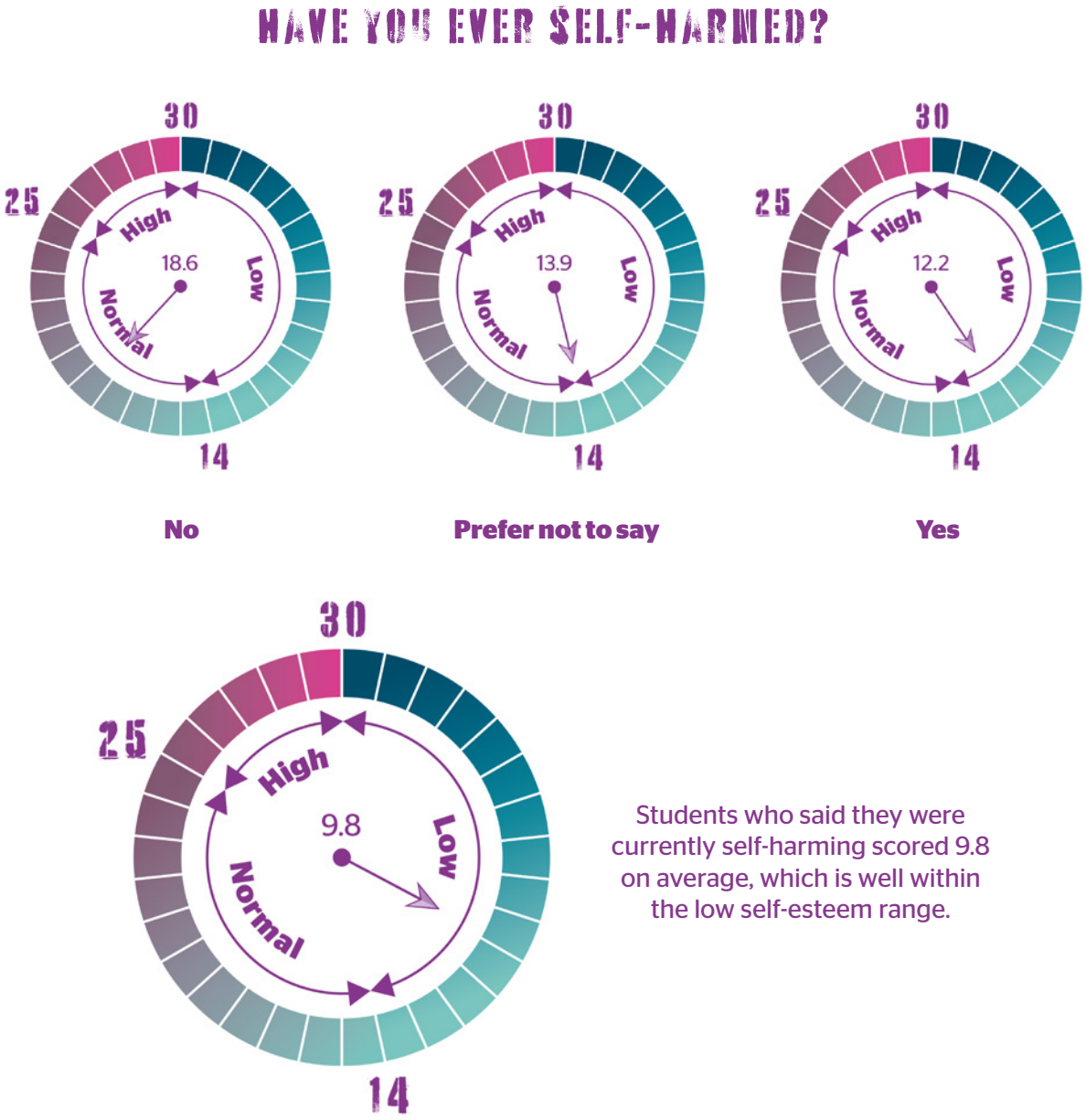
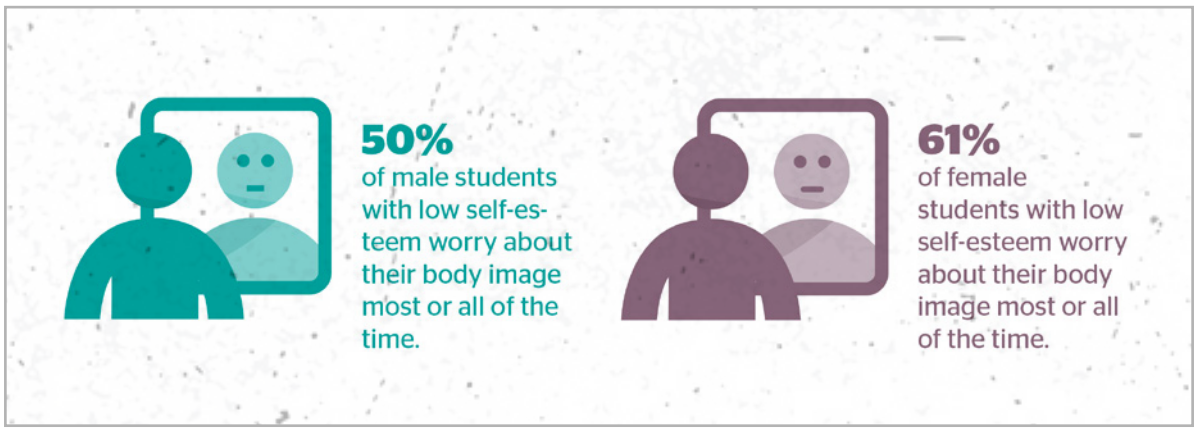



***Figure:*** *The average self-esteem score of students and their responses to the question "Have you ever self-harmed?".*

## Body image

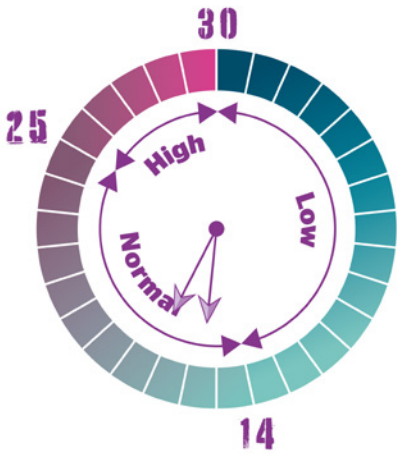
Boys and girls who reported often worrying about their body image were more likely to have lower self-esteem than their peers who do not worry about their body image.

This association was strongest amongst girls. Those who reported worrying about their body most of the time or all of the time were more than three times as likely to have low self-esteem than those who do not worry.




## Screen time

Students who reported spending seven or more hours a day using a screen had a lower average self-esteem score than those who spend less time using a screen.




Students who spent more time using a screen (7+ hours) had lower self-esteem (**15.5**) than those who used a screen for less than seven hours (**17.3**).

## Online bullying

There was also an association between online bullying and low self-esteem.

Of those with low self-esteem, **1 in 5 (21%)** had been bullied online within the last 2 months. Of those with high self-esteem, only **4%** had.





# SELF-HARM

# Have you ever self-harmed?

## What is self-harm?

Prior to responding to the question "Have you self-harmed?", we offered the following definition to all students.

"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 and eating too much."

The survey asked, 'Have you ever self-harmed?' and gave the options of 'Yes', 'No' and 'I'd prefer not to say'. 10,308 young people responded to this question.

**10,308**

Young people responded to questions about self-harming.

13% of boys and 22% of girls said they had self-harmed. A further 11% of boys and 19% of girls said they would rather not say. This leaves three quarters of boys (75%) and 2 in 3 girls (66%) who definitively said 'No', they had not self-harmed.

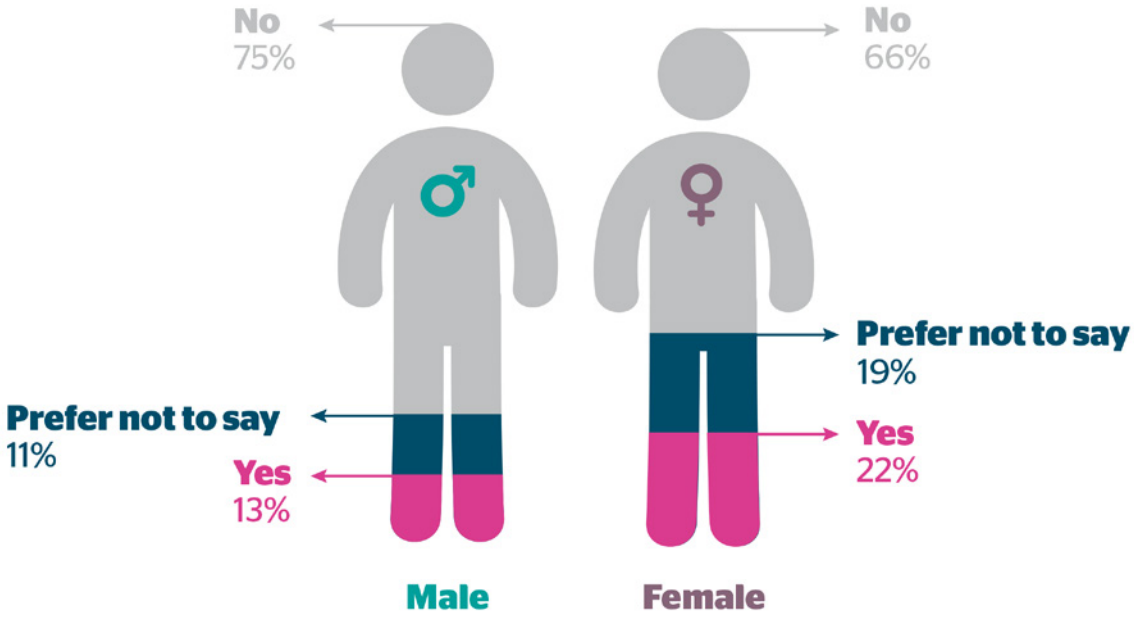
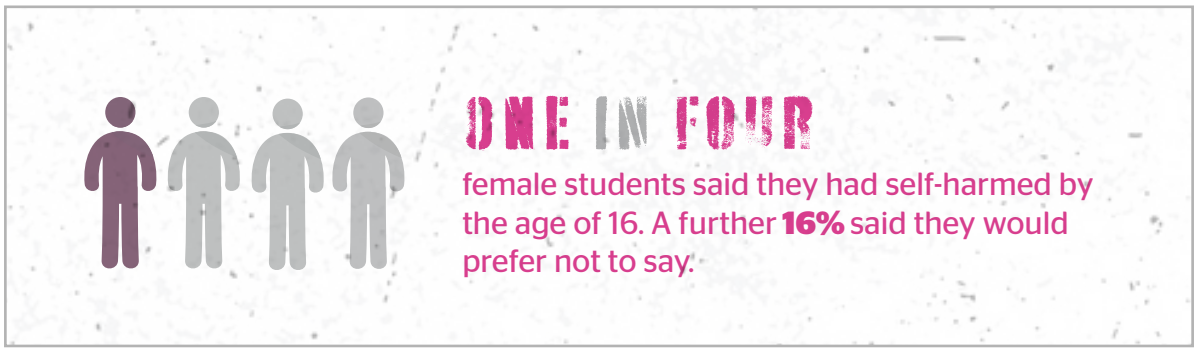
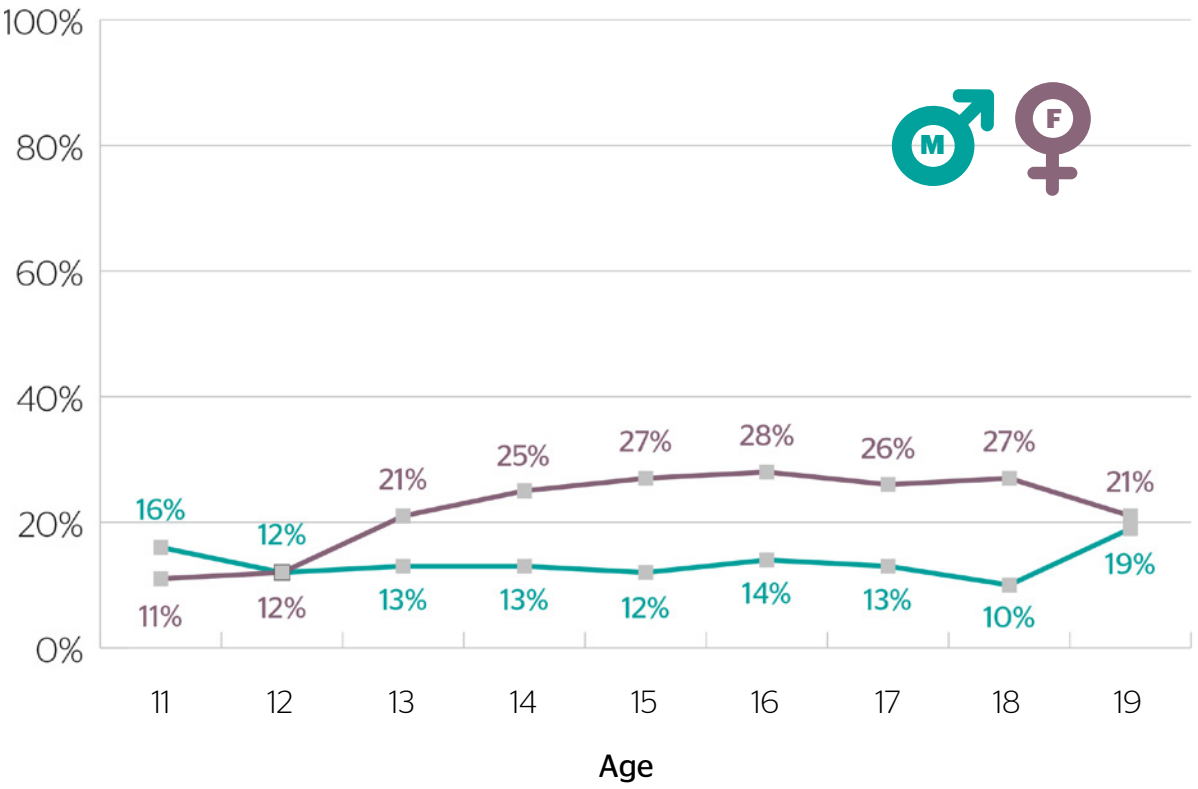



***Figure:*** *Male and female students responses to the question "Have you ever self-harmed?".*

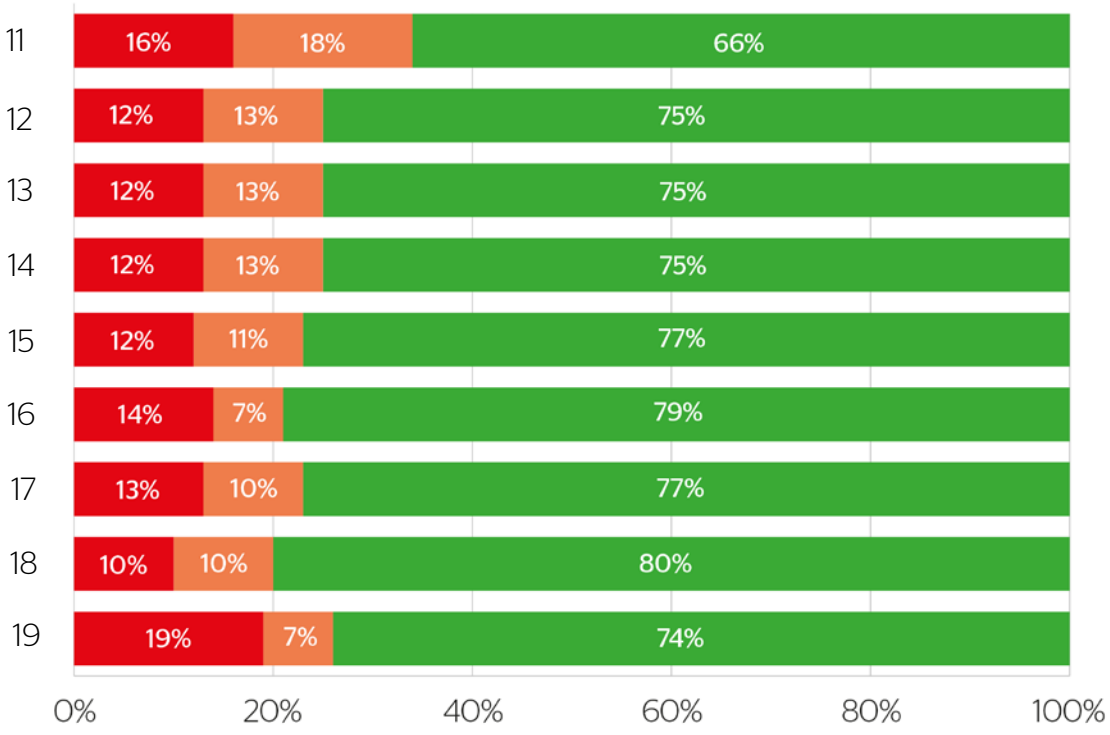
Reported self-harm amongst boys remained consistent between ages 11 and 19, whereas the reported prevalence amongst girls increased year on year from age 11 to age 16. By age 16 more than 1 in 4 girls (28%) said they had self-harmed, and a further 16% said 'I'd prefer not to say'.



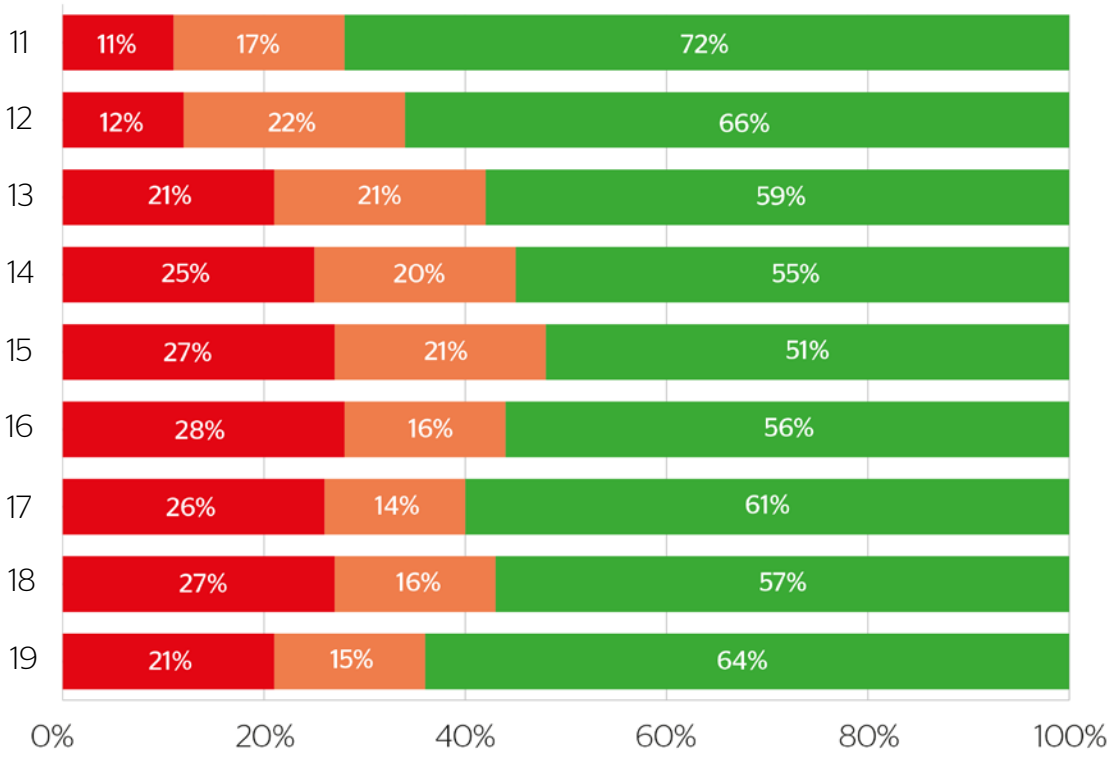




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who answered 'Yes' to the question 'Have you ever self-harmed?'.*

The following charts show the differences in reported self-harm between ages for male and female students.




***Graph:* Male** *responses to the question 'Have you ever self-harmed?' and their age.*




***Graph:* Female** *responses to the question 'Have you ever self-harmed?' and their age.*

Yes Prefer not to say No

# 2018 and 2019 self-harm data

## How to interpret the 2018 and 2019 dataset

Whilst the prevalence of reported self-harm is higher in 2019 than in 2018, it is not possible to infer that there has been an increase in self-harming behaviour across the Suffolk population. This is because the students who took part in 2019 were different to the students who took part in 2018.

The results from each year simply provide a snapshot of each student population, which are inclusive of 5,140 responses in 2018 and 10,308 responses in 2019.

| | Yes | | No | | Prefer not to say | |
|---|---|---|---|---|---|---|
| **Age** | **2018** | **2019** | **2018** | **2019** | **2018** | **2019** |
| 11 | 7% | 16% | 84% | 66% | 9% | 18% |
| 12 | 10% | 12% | 76% | 74% | 14% | 13% |
| 13 | 11% | 13% | 77% | 74% | 12% | 12% |
| 14 | 8% | 13% | 81% | 75% | 11% | 12% |
| 15 | 10% | 12% | 84% | 77% | 6% | 11% |
| 16 | 10% | 14% | 83% | 79% | 7% | 7% |
| 17 | 13% | 13% | 81% | 77% | 6% | 10% |
| 18 | 8% | 10% | 84% | 80% | 8% | 10% |
| 19 | 0% | 19% | 100% | 74% | 0% | 7% |
| **Overall** | **10%** | **13%** | **80%** | **76%** | **11%** | **11%** |

| | Yes | | No | | Prefer not to say | |
|---|---|---|---|---|---|---|
| **Age** | **2018** | **2019** | **2018** | **2019** | **2018** | **2019** |
| 11 | 6% | 11% | 78% | 72% | 16% | 17% |
| 12 | 11% | 12% | 76% | 66% | 13% | 22% |
| 13 | 15% | 21% | 64% | 59% | 20% | 21% |
| 14 | 19% | 25% | 62% | 55% | 19% | 20% |
| 15 | 22% | 27% | 59% | 51% | 19% | 21% |
| 16 | 25% | 28% | 67% | 56% | 8% | 16% |
| 17 | 22% | 26% | 65% | 61% | 13% | 14% |
| 18 | 28% | 27% | 62% | 57% | 10% | 16% |
| 19 | 27% | 21% | 67% | 64% | 7% | 15% |
| **Overall** | **17%** | **22%** | **66%** | **59%** | **17%** | **19%** |

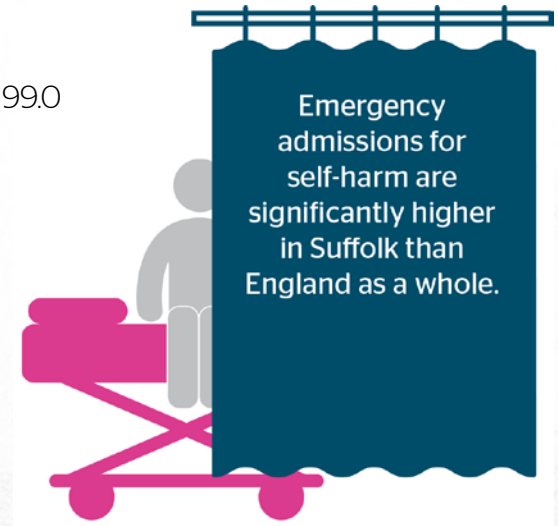
*Tables: **Male** and **female** responses to the question 'Have you ever self-harmed?' - A comparrison between the 2018 sample and the 2019 sample of students.*

## A&E admissions for self-harm

Public Health Suffolk data shows that 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.

in 2017/18 the rate in Suffolk was significantly higher than England (199.0 admissions per 100,000 residents compared to 185.5 admissions per 100,000 residents). The highest levels of self-harm in Suffolk are seen in Ipswich and among younger women aged 16-24 years old.

**Public Health Suffolk – State of Suffolk (August 2019)**




**“I have self-harmed multiple times over hours and hours of being depressed** on my arms and legs and occasionally my back”

Boy (age 13)

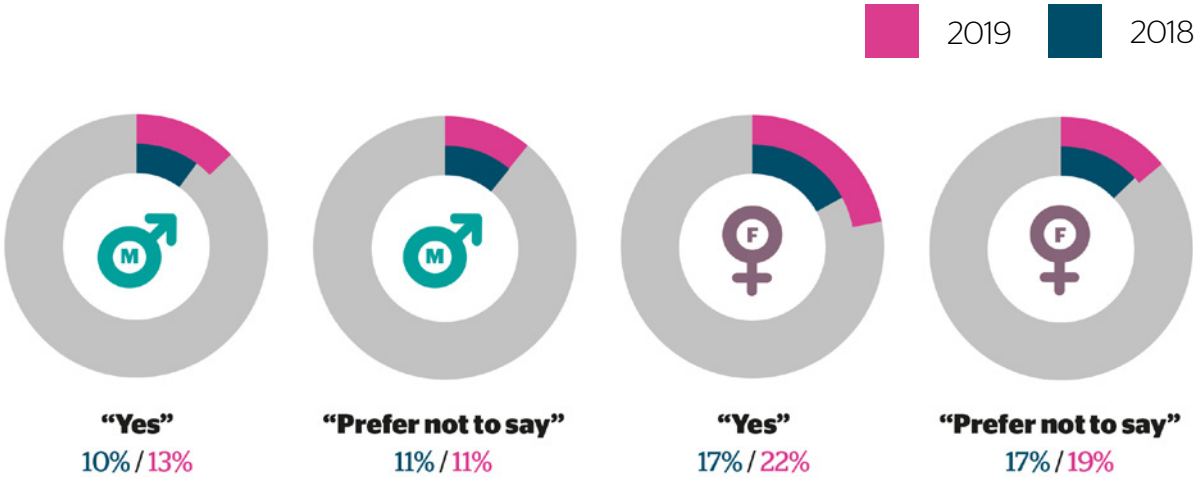
“My self-harm scars make me feel particularly worthless.”

“A few years ago, I was self-harming and when my parents found out, **my mother told me I was attention seeking and being dramatic.**”

Girl (age 16)

## Gender differences

The 2018 and 2019 datasets can be used to observe consistency of the gender difference in reported self-harm.



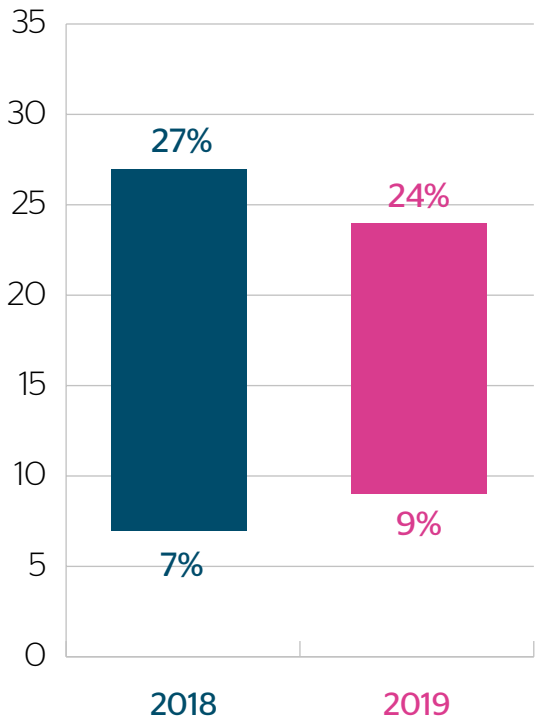

***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who answered 'Yes' or "Prefer not to say" to the question 'Have you ever self-harmed?'.*

It is not possible to determine whether there has been an increase in reported self-harm across the Suffolk population of female or male students. With that considered, the results do indicate a consistent gender difference in the prevalence of self-harm.

As indicated in the figure above, there is a higher proportion of female students in both the 2018 and 2019 'My Health, Our Future' survey samples who answered "yes" or "prefer not to say" to the question "Have you ever self-harmed?".

## Variation between schools

The overall percentage of students who said that they had self-harmed, varied between schools from 9% to 24%. This reflects a similar range to the data from 2018. The school with the highest percentage of their students who had self-harmed was 27%, and the lowest was 7%.




***Graph:*** *The highest and lowest overall percentage of students at each school, who said they had self-harmed in* ***2018*** *and* ***2019****.*

# Feelings about self-harm

The survey did not ask young people about why they had self-harmed, or how they felt about it, however many chose to mention it as part of a response to other questions. Most mentions of self-harming came from girls, under the age of 15. Some of the young peoples' thoughts and feelings about self-harm are illustrated in the following quotes.

- *"I wish I could talk to someone that could help me with my trauma I find it easier to draw so I want them to be ok with me using paper more than speaking. I'm scared of myself some of the time and I have thoughts of self-harm." - Girl, age 14*
- *"My mum always makes me feel stupid about the reasons why I'm upset and if I was to talk about self-harm, she'd say it was for attention." - Girl, age 15*
- *"A few years ago I was self-harming and when my parents found out, my mother told me I was attention seeking and being dramatic" - Girl, age 16*
- *"I self-harm, suffer from depression and anxiety. I haven't been eating recently." - Girl, age 13*
- *"I am a depressed teen who feels worthless. I self-harm because I hate myself." - Girl, age 13*
- *"I want to learn how to stop self-harming." - Girl, age 12*
- *"I used to self-harm quite a lot and I didn't really know how to cope I felt so low and upset and just didn't want to be in the world anymore." - Girl, age 13*
- *"I was being bullied and didn't seek any help at the time then I self-harm." - Girl, age 12*



“I am very insecure about my scars and the way I look so in lessons **without any coverage over my wrists I find myself being very quiet, insecure and not confident** as I am just trying to not let anyone see my wrists.”

Girl (age 12)




“I was going through a difficult time of being bullied online and **I was being called some very horrible names and it got to me** so I started to hurt myself and didn’t tell my mum”

“I self-harmed because of the bullying, flashbacks, and because of what happened to me.”

Girl (age 13)

“My self-harm scars **make me feel particularly worthless.**”

Girl (age 13)

- *"I go see the school nurse and tell her about my problems with self-harming." - Girl, age 12*
- *"I feel that I am always alone ever since my foster sister died I take it out on myself like self-harm." - Girl, age 13*
- *"I attempted to get help with constantly feeling useless and considering suicide which ultimately didn't help at all. still think regularly about committing suicide but have come to accept that I won't." - Male, age 19*
- *"I feel bad when I see things like self-harm on social media." - Girl, age 15*
- *"I have self-harmed multiple times over hours and hours of being depressed on my arms and legs and occasionally my back." - Boy, age 13*

> "I had Instagram but **I deleted it due to all the negative things I was coming across such as self-harm pages where people show self-injury and it was really triggering** to see on there."
>
> Boy (age 17)

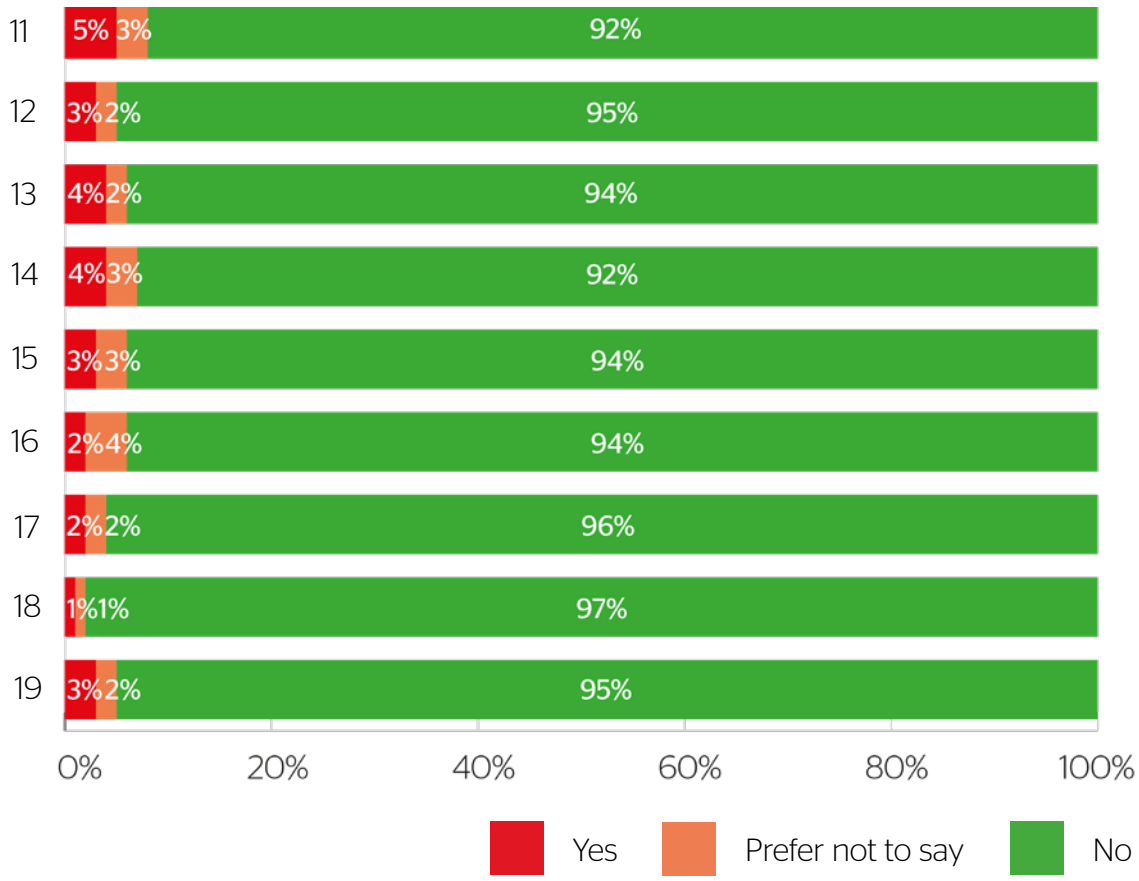
- *"My mum found out about me self-harming and forced me to go into counselling. To be honest, it didn't make much of a difference. It just made me feel worse about myself." - Girl, age 13*
- *"I throw up, starve, and overall punish my body for not looking as perfect as the model's on Instagram." - Girl, age 13*

# Do you currently self-harm?

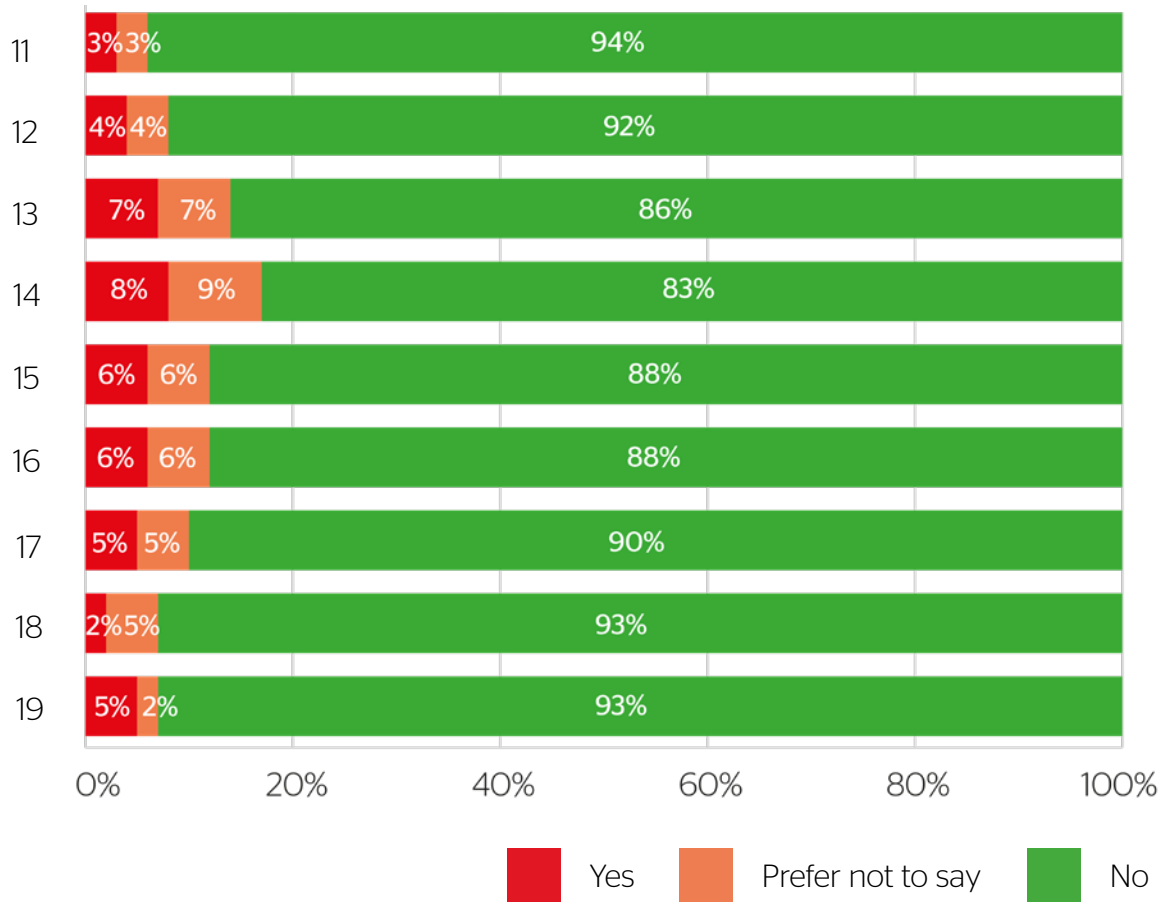
To distinguish between students who have self-harmed in the past, and those who are current self-harmers, the survey asked, 'Do you currently self-harm?'. 10,308 students responded. This question was a new addition to the 2019 survey.

Overall, 3% of boys and 5% of girls said that they currently self-harm. Boys aged 11 were most likely to say they currently self-harm (5%), whereas girls aged 14 were most likely to (8%).




***Graph:** **Male** responses to the question 'Have you ever self-harmed?' and their age.*

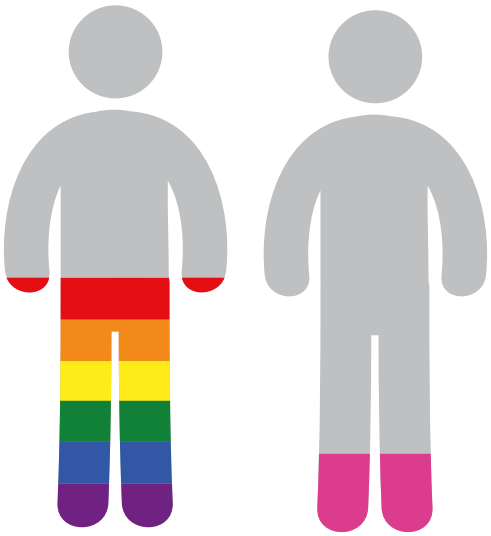



***Graph:*** ***Female*** *responses to the question 'Have you ever self-harmed?' and their age.*

## Sexuality and self-harm

Students who didn't identify as being straight were more likely to report a history of self-harm than those who did identify as straight (48% compared to 15%).

Those who identify as bisexual were most likely to have self-harmed. LGBTQ*+ young people were almost five times as likely than their peers to say that they currently self-harm (14% compared to 3%).



Students who did not identify as being "straight" were much more likely to say they have self-harmed in the past. **48%** reported previous self-harming.

## Variation in reported self-harm between schools

The overall percentage of students who reported self-harming at each school/college, varied between 3% and 8% of their student population.

## Ethnicity

Girls of all ethnicities reported a higher rate of self-harm than boys of the same ethnicity, except for those belonging to the 'Portuguese' group - 28% of boys in this group had self-harmed, compared to 17% of girls (81 students identified as Portuguese in the survey).

### *Highest %*

Students in the 'Arab' ethnic group were most likely to have self-harmed, with 2 in 5 saying they had done so. Those in the 'Romanian' and 'Pakistani' ethnic groups also had a high rate of reported self-harm.

| Ethnicity | Percentage | Total responses |
|---|---|---|
| Arab | 43% | 14 |
| Romanian | 30% | 37 |
| Asian - Pakistani | 24% | 34 |

### *Lowest %*

Students belonging to the 'Asian – Chinese' ethnic group had the lowest levels of self-harm, with none reporting ever having self-harmed. However, these students were one of the most likely to choose the answer 'I'd prefer not to say' . 1 in 4 (25%) choose that option, suggesting the actual rate of self-harm is likely to be higher amongst this group.

Young people belonging to the 'Indian' and 'Bangladeshi' ethnic groups also reported low levels of self-harm.

| Ethnicity | Percentage | Total responses |
|---|---|---|
| Asian - Indian | 4% | 51 |
| Asian - Bangladeshi | 4% | 52 |
| Asian - Chinese | 0% | 25 |

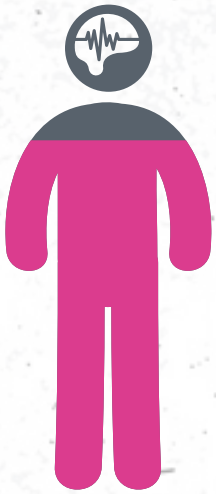
## Additional needs

Students with additional needs were more likely than their peers to report having self-harmed.

### Poor mental health

Those with poor mental health were most likely to have self-harmed (48%), and a further quarter (24%) answered with 'I'd rather not say'.

Girls with a mental health difficulty were more likely to have self-harmed than boys with a mental health difficulty (52% of girls had, compared to 40% of boys)



**Almost 3 in 4** young people with a mental health difficulty reported self-harm or preferred not to say.

### Children in care

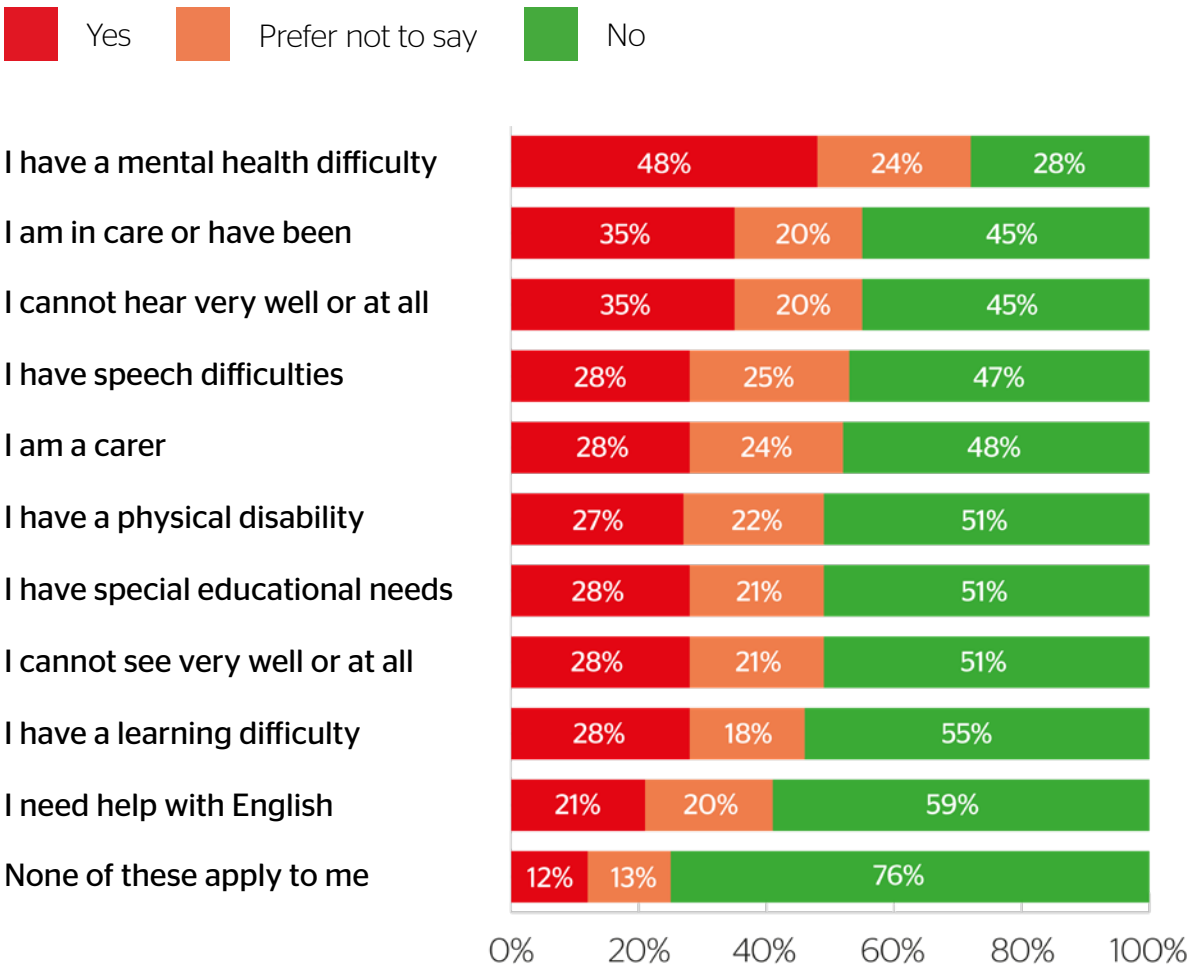
Children in care also showed high levels of self-harm, with more than 1 in 3 (35%) saying they had done so.





### Speech difficulties

Students with speech difficulties were most likely to choose the option 'I'd prefer not to say'. 25% of 375 students selected this option.




***Graph:*** *The percentage of students who responded to the question "Have you ever self-harmed?" and whether or not they have additional needs.*

## Wellbeing

The results showed an association between self-harming and low wellbeing. The average wellbeing score of students who had self-harmed, was 10 points lower than those who had not self-harmed.




***Figure:*** *The average wellbeing score of students and their responses to the question "have you ever self-harmed?".*

## Low self-esteem

The results also showed an association between self-harming and low self-esteem.

Students who had self-harmed, on average had lower self-esteem. Those who had self-harmed had an average self-esteem score of 12.2, compared to 18.6 for those who had not self-harmed. Students who reported that they currently self-harm had an even lower average self-esteem score of 9.8.

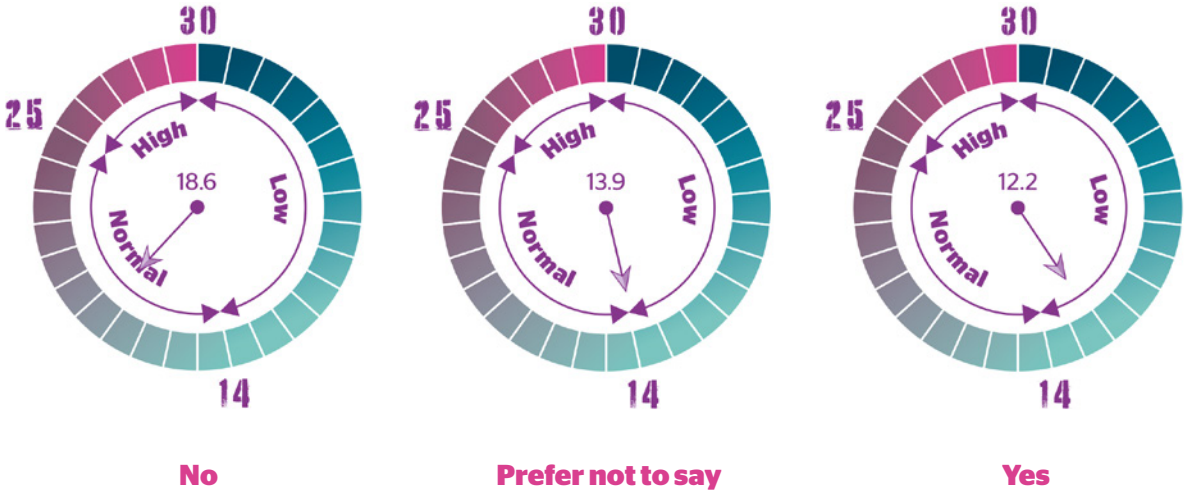



***Figure:*** *The average self-esteem score of students and their responses to the question "have you ever self-harmed?".*

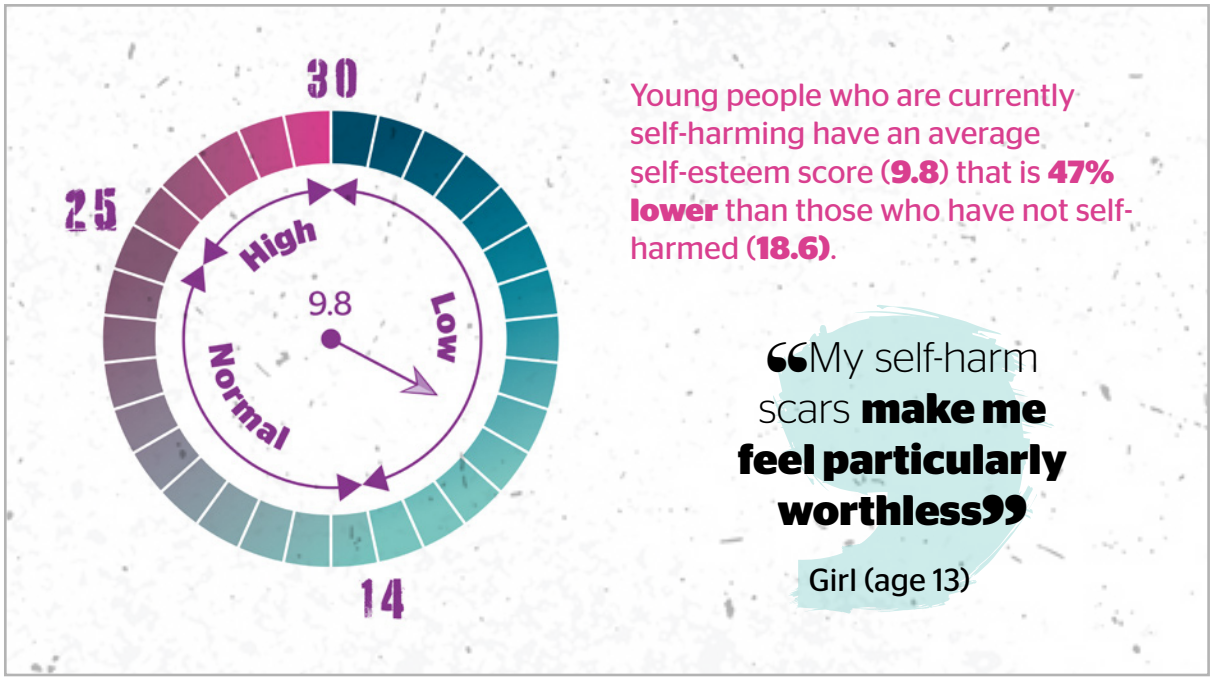


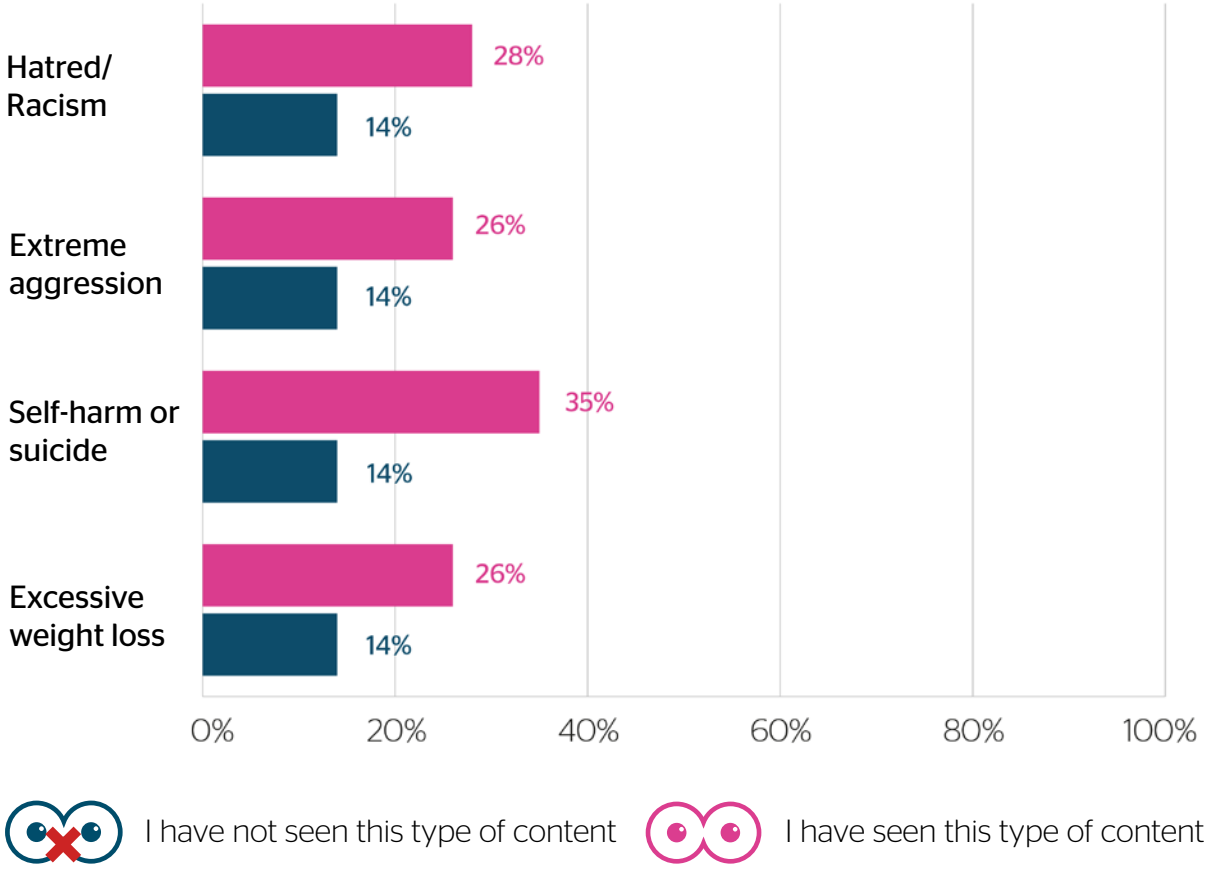

***Figure:*** *The average self-esteem score of students who said they are currently self-harming.*

## Viewing harmful online content

Students were asked whether they had seen four key types of harmful content online shown in the graph below.

Those who had seen any of this content were more likely to have self-harmed. The strongest association was seen in those who had viewed content which encouraged self-harm or suicide. Of those who had not seen it, 14% had self-harmed. Of those who had seen this type of content, 35% had self-harmed.

This raises the question of whether young people who have self-harmed were more likely to seek out this content, or whether viewing this content was more likely to cause self-harming behaviour.




***Graph:*** *The percentage of students who have self-harmed and the types of harmful content they have seen.*

Students who had seen online content which encourages *self-harm or suicidal behaviour* were **more than twice as likely** to report having self-harmed, than those who hadn't seen that type of content.

## Getting help to stop

Students who said they had self-harmed (either in the past or currently) were asked whether they knew where to go for help and support to stop self-harming. 3,376 responded.

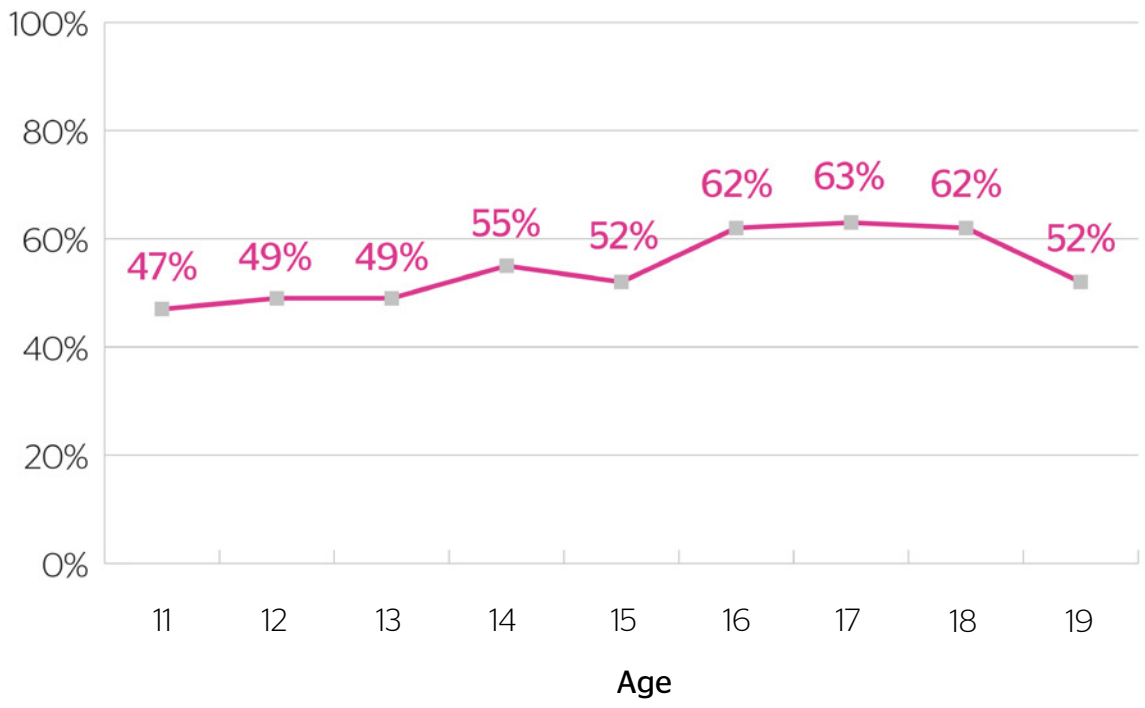
### Knowing where to go

Just over half (54%) said that they did know where to go, however this varied with age. 46% do not know where to go for help. Students who said that they currently self-harm, were even less likely to know where to go. 49% said they do not know.

Overall, knowledge increased with age. Older students were more likely to know where to go than younger students.




Almost half of young people who currently self-harm, do not know where to go for help to stop (**49%**)




***Graph:*** *Young people who have self-harmed and the percentage who do know where to go for help to stop self-harming.*

## Support from parents and services

Young people who currently self-harm were half as likely as their peers to say they would go to their parents for support with their emotional wellbeing. Only 36% would go to their parents, compared to 80% of students who have never self-harmed.

Those who currently self-harm were also less likely to feel comfortable approaching mental health services. 58% of young people who currently self-harm, said they would not feel comfortable going to mental health services for support with their emotional wellbeing, compared to 48% of those who have never self-harmed.








# BODY IMAGE

Young people were asked to rate the extent to which they worry about their body image on a five-point scale, ranging from "Never", to "All of the time". 10,884 students answered this question.

## Gender differences in body worries

1 in 5 boys and 3 in 5 girls report worrying about their body image most of the time or all the time.

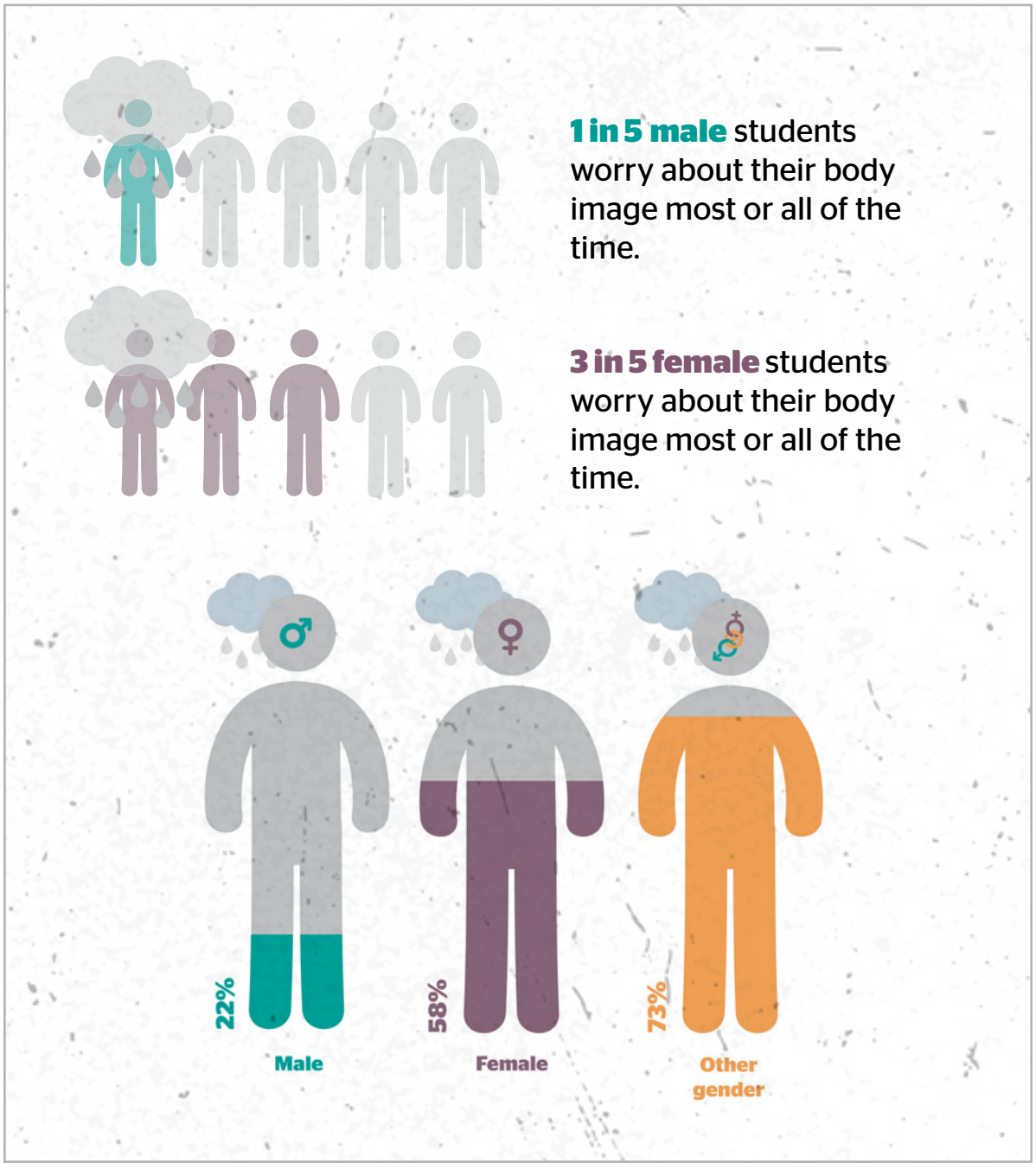


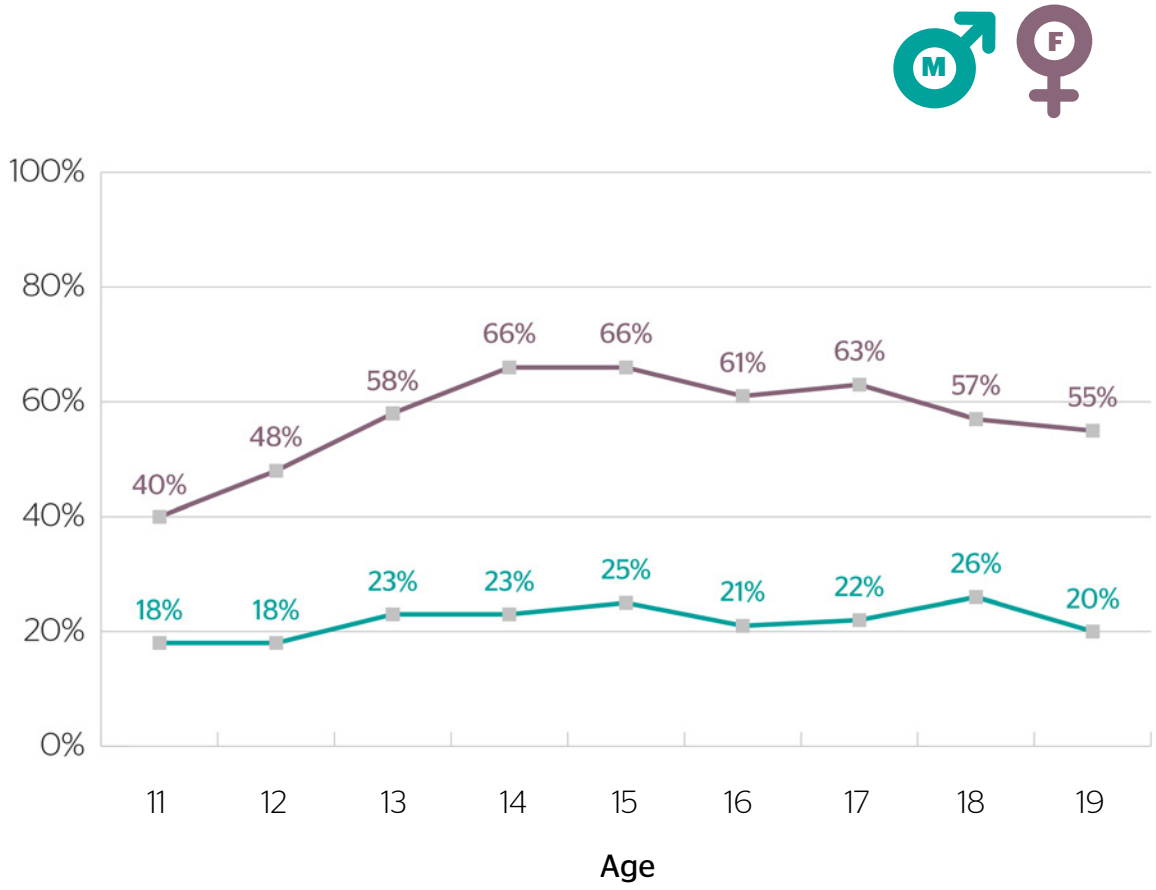

***Figure:*** *The percentage of male, female and other gender students who worry about their body image most of the time or all of the time.*

Boys were more likely than girls to report never worrying about how they look. 21% of boys said they never worry about their body image, compared to only 5% of girls.




## Body image and age

Boys and girls aged 15 were most likely to report body image worries, however girls consistently reported higher worries than boys in all age groups.

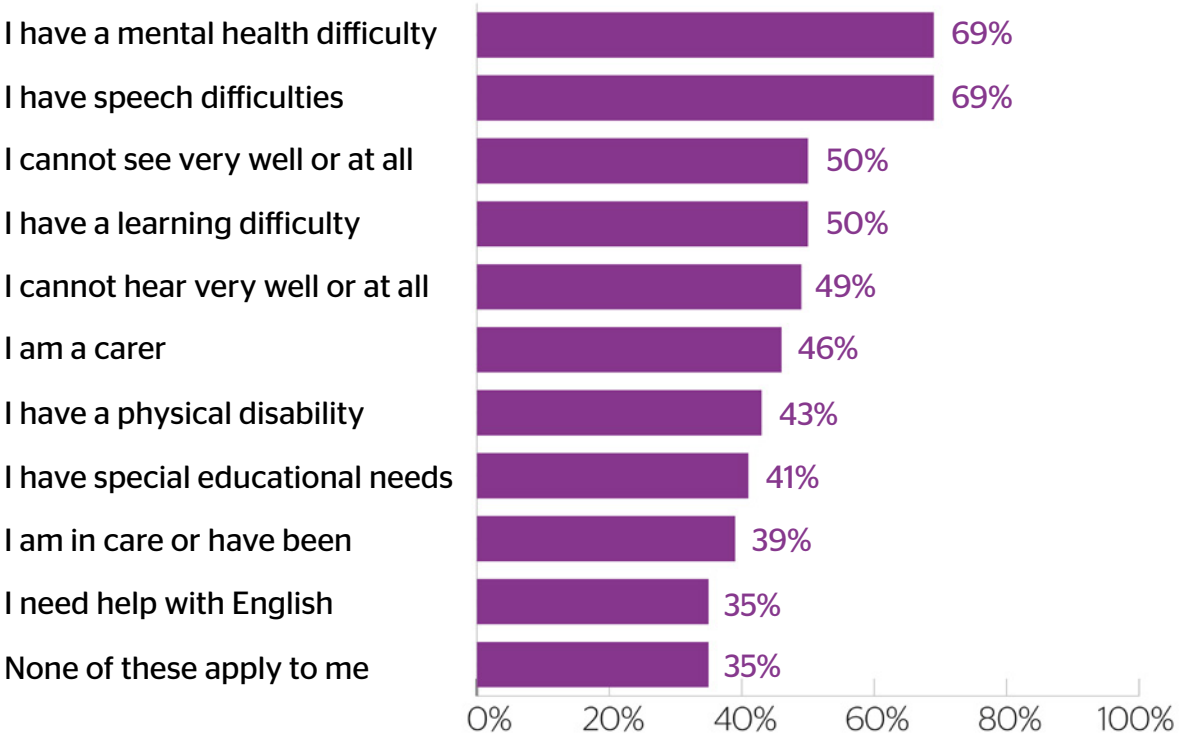



***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who worry about their body image most or all of the time and their age.*




## Additional needs

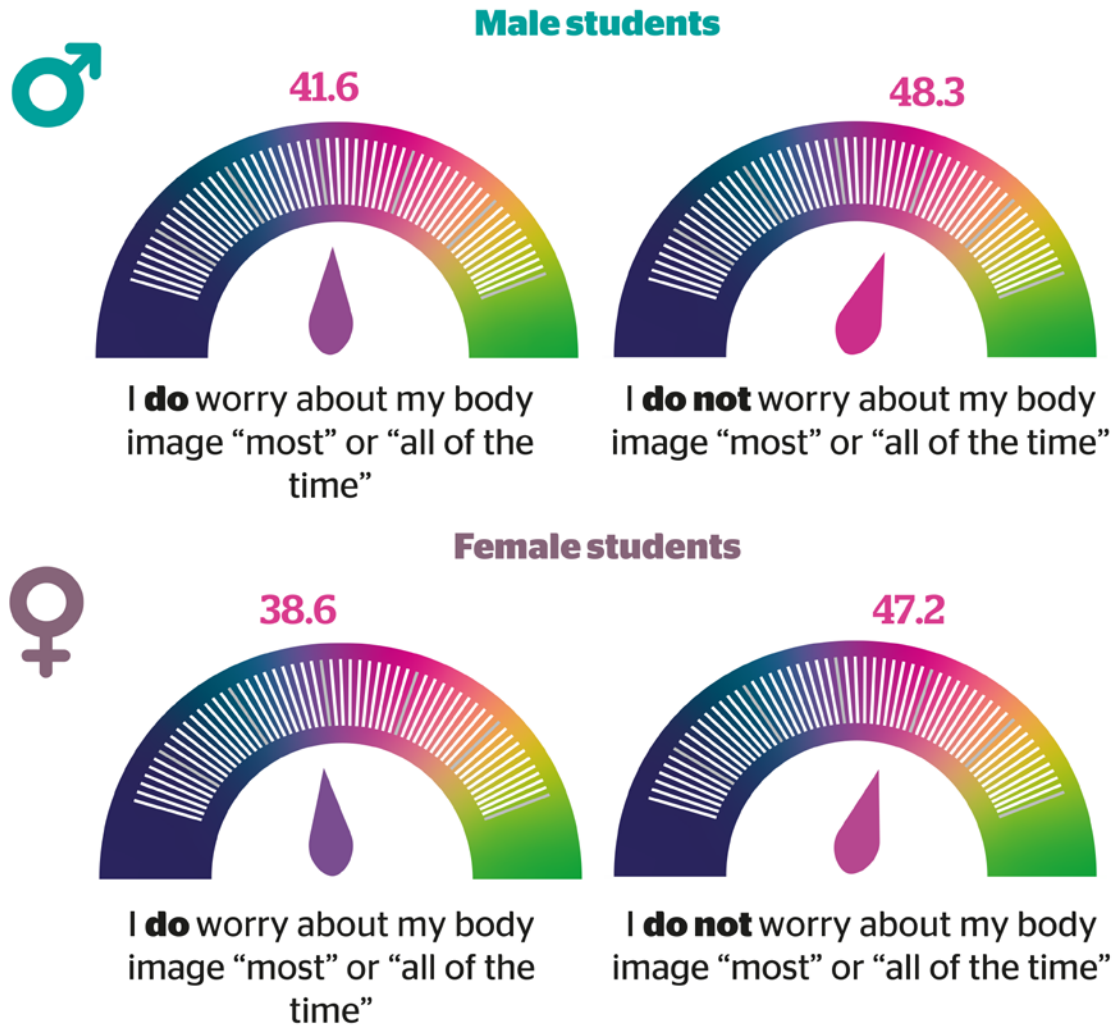
Students with one or more additional needs were more likely to worry about their body than their peers. Those with a mental health difficulty or speech difficulties were most likely to worry.




***Graph:*** *The percentage of students with additional needs who worry about their body image "most" or "all of the time".*

## Body worries and wellbeing scores

Students who worry about their body image reported a lower average wellbeing score than those who don't worry about their body image.




***Graph:*** *The wellbeing scores of* ***male*** *and* ***female*** *students. A comparison between those students who worry about their body image "most" or "all of the time" and those who do not.*

## Learning about eating disorders

Students who reported worrying about their body image, were more likely to say they wanted to learn about eating disorders at school/college. Of those who don't worry about their body, 23% would like to learn about eating disorders, compared to 43% of those who do worry about their body image.

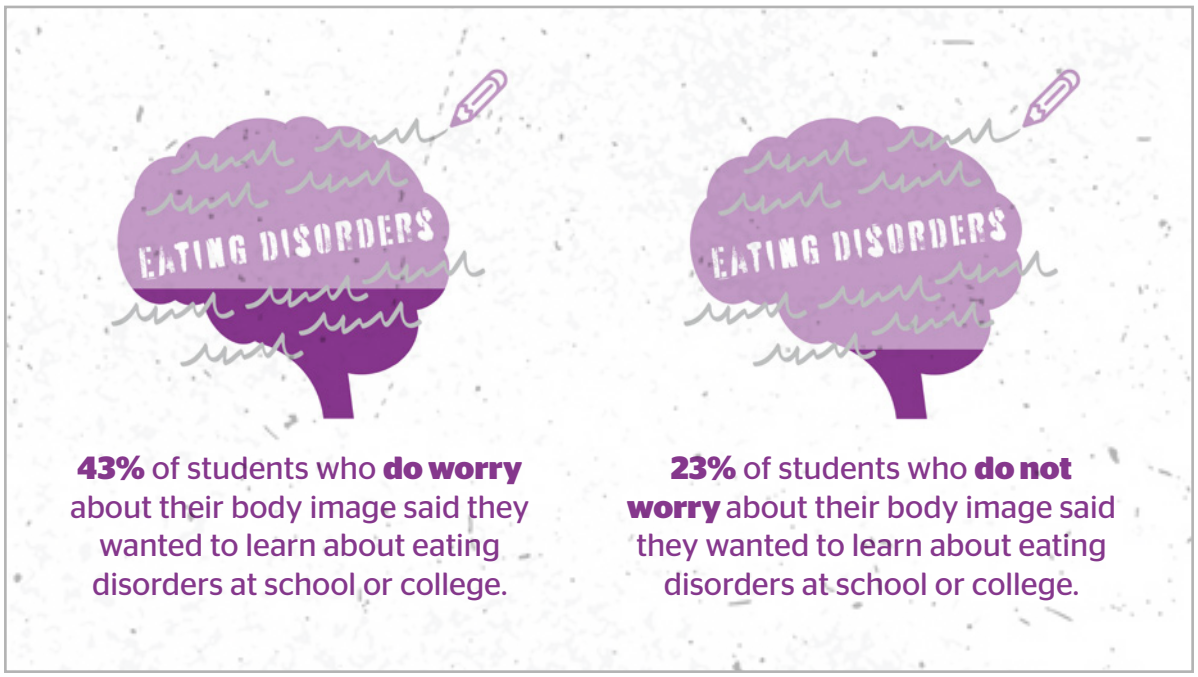



***Figure:*** *The percentage of students who want to learn about eating disorders at school or college and whether or not they worry about their body image.*

## Online content

Students were asked whether they had seen content online that encourages people to be excessively skinny or thin. The results found that students who worry about their body image were more likely to have seen this type of content. This association was strongest amongst girls. Of those girls who worry about their body image - 54% had seen this content online, compared to 30% of those who do not worry about their body image.



## Ethnicity

The percentage of students who worry about their body image varies between different ethnic groups. Boys and girls of Black – Caribbean ethnicity were amongst those most likely to worry about their body image. Boys and girls of Black – African ethnicity were amongst the least likely.

### Male

**Highest**

| Ethnicity | Percentage | Total responses |
|---|---|---|
| Mixed - White and Asian | 42% | 38 |
| White - Traveller | 37% | 41 |
| Black - Caribbean | 32% | 19 |

**Lowest**

| Ethnicity | Percentage | Total responses |
|---|---|---|
| Black - Other | 13% | 15 |
| Mixed - Other | 13% | 38 |
| Black - African | 3% | 32 |

### Female

**Highest**

| Ethnicity | Percentage | Total responses |
|---|---|---|
| Black - Caribbean | 73% | 15 |
| White - Irish | 73% | 40 |
| Asian - Chinese | 70% | 10 |

**Lowest**

| Ethnicity | Percentage | Total responses |
|---|---|---|
| Black - African | 47% | 34 |
| Asian - Indian | 42% | 31 |
| Asian - Bangladeshi | 39% | 23 |

## What aspect of your body do you worry about?

Students who said they worried about their body image were asked which aspects they worry about. They could select multiple answers.

Both boys and girls were most likely to say they worry about their body shape or size (7 in 10 girls and 3 in 10 boys). The second biggest worry for boys was not having enough muscles, whereas for girls it was their facial features.

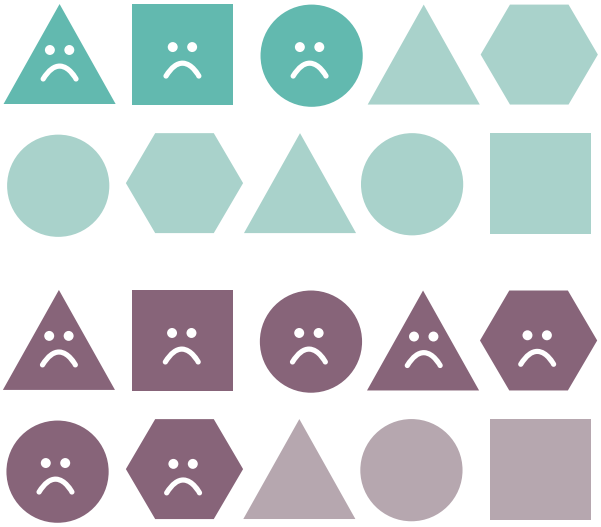
Girls were four times more likely than boys to worry about their skin colour and twice as likely to worry about their hair.

### Skin colour worries

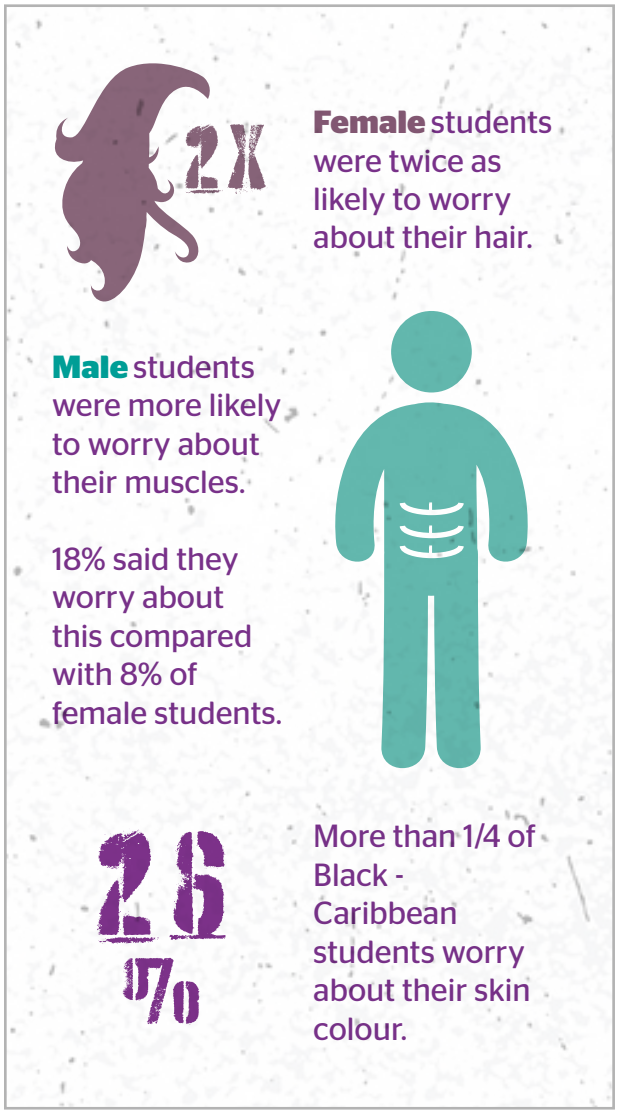
Students belonging to a Black or Asian ethnic group were more likely to say they worried about the colour of their skin than those belonging to a White or Mixed ethnic group. More than a quarter of Black Caribbean students say they worry about their skin colour.

| | Male | Female |
|---|---|---|
| Skin condition | 13% | 37% |
| Skin colour | 3% | 13% |
| Hair colour or condition | 8% | 16% |
| Not having muscles | 18% | 8% |
| Body shape or size | 31% | 70% |
| Facial features | 15% | 48% |

***Table:*** *The percentage of students who worry about each aspect of their body.*



**3 in 10 male** students and **7 in 10 female** students said they worry about their body shape or size.



| Ethnicity | Percentage | Total responses |
|---|---|---|
| Black - Caribbean | 26% | 34 |
| Asian - Pakistani | 22% | 36 |
| Black - African | 20% | 66 |
| Asian - Chinese | 19% | 26 |

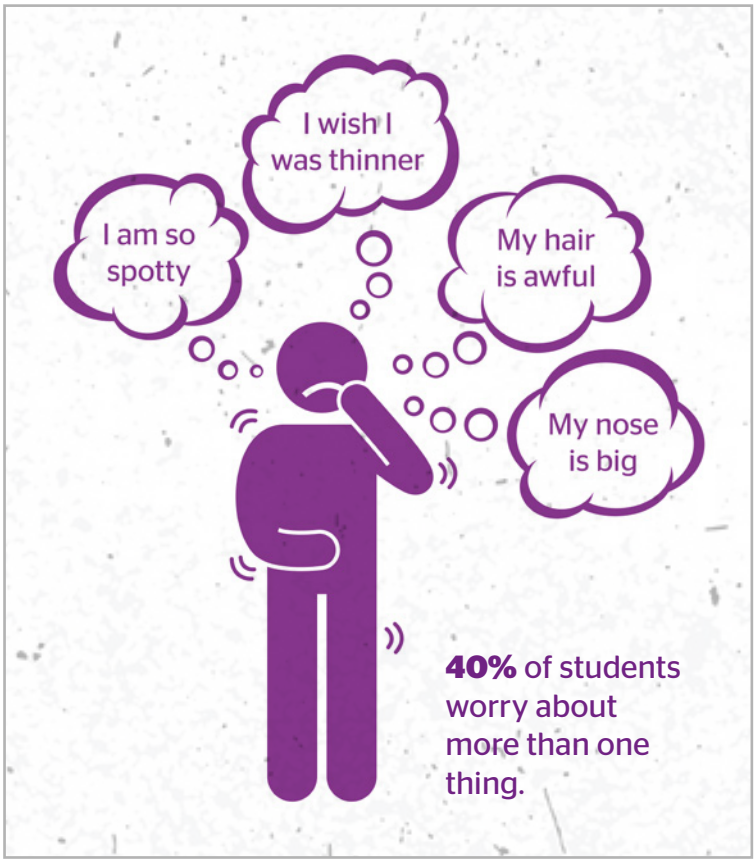
***Table:*** *The percentage of students who worry about their skin colour by ethnicity.*

## Multiple body worries

**22%** of young people only worry about one aspect of their body, but **40%** worry about multiple things.

| Worries | Percentage |
|---|---|
| 0 | 38% |
| 1 | 22% |
| 2 | 18% |
| 3 | 13% |
| 4 | 5% |
| 5 | 3% |
| 6 | 1% |

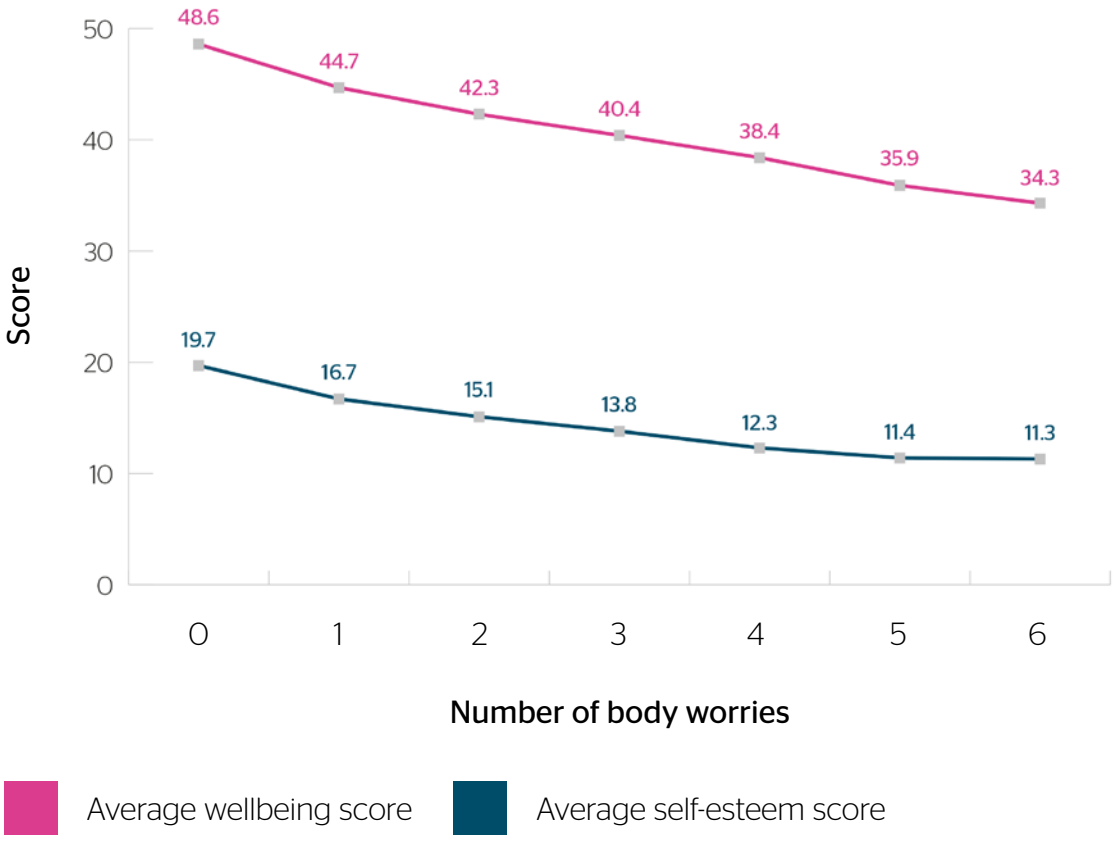
***Table:*** *The percentage of students who worry about more than one aspect of their body.*



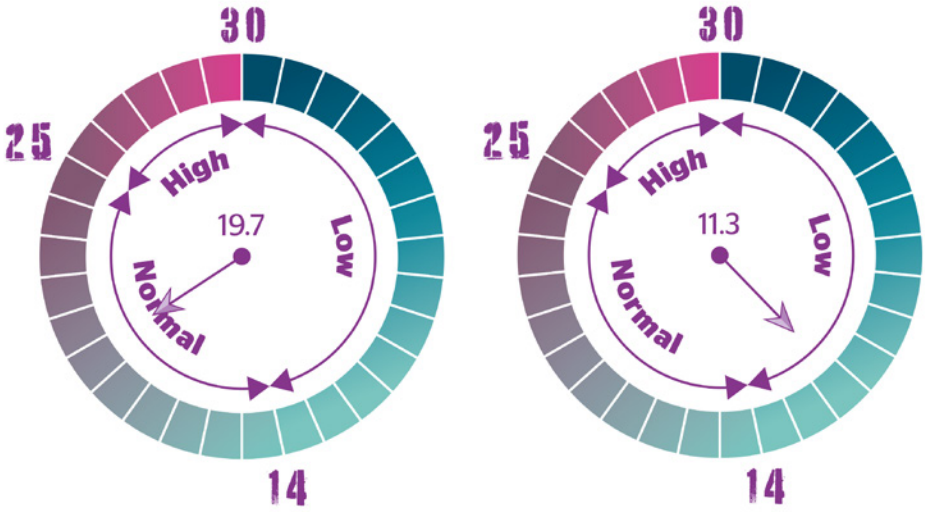

## Wellbeing and self-esteem

There was an association between body image worries, wellbeing scores and self-esteem scores.

Students who worried about multiple aspects of their body were more likely to have a low wellbeing score and a low self-esteem score. With each additional worry, the average scores became lower. Lower scores indicate lower wellbeing and self-esteem.




***Graph:*** *The average wellbeing score and average self-esteem scores of students and the number of worries they have about different aspects of their body.*



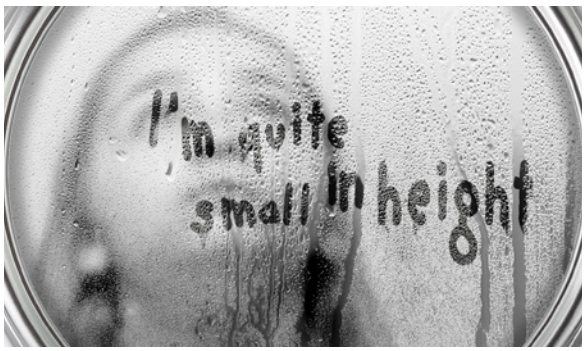

Students who have **no worries** about their body image.

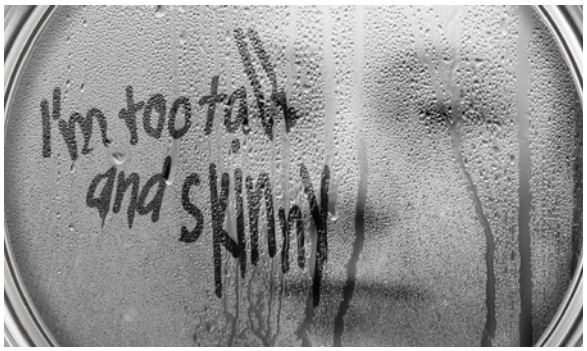
Students who have **six or more worries** about their body image.

***Figure:*** *The average self esteem scores of students who have no worries about their body image and six or more worries about their body image. Students who worry about multiple aspects of their body have an average self-esteem score within the low range of the scale, indicating poor self esteem.*

## Mirror images

Quotes from young people reveal that some of the features they hate - others wish they had.




"I worry about having **fat thighs.**"

Girl (age 13)

"I feel like **my legs are thin.**"

Girl (age 14)

| Body aspect | Quote 1 | Quote 2 |
|---|---|---|
| Curves | "My body **not having the curves everyone else seems to have...** the constant reminder of people around me having those gorgeous features make me feel, well, not good enough." (Girl, 13) | "I worry that people are always looking at me and that people don't give my personality a chance and **only want me for my curvy body shape.**" (Girl, 14) |
| Chest size | "In a relationship I feel **they're only with me for my breasts.**" (Girl 15) | "Boys won't like me cause **I'm flat chested.**" (Female, 14) |
| Height | "I am not happy with my body shape because **I am quite small and if I do not grow then I think people will laugh at me."** (Girl, 12) | "**I hate being so tall.** People don't think that every day I hear at least 3 people say, "why are you so tall?" or "you're so big"." (Girl, 12) |
| Weight | "**I am very thin & under-weight** but can't seem to put weight on." (Girl 16) | "**I am so fat.** I need some bum lifts and boob jobs." (Girl, 14) |

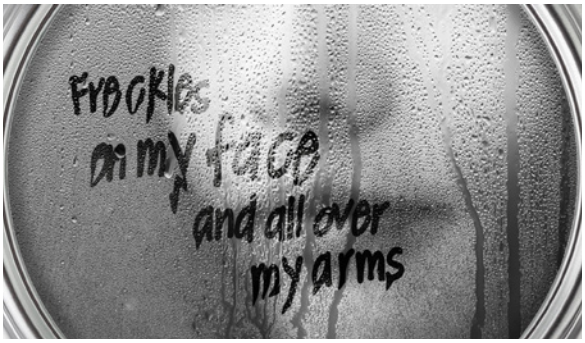
| | | |
|---|---|---|
| Strength | **“I’m too strong.”** (Girl, 13) | **“Not having enough strength** in my arms.” (Girl, 14) |
| Facial hair | **“I can’t grow a beard.”** (Boy, 17) | **“My beard gets too long.”** (Boy, 17) |
| Arm size | **“I have skinny arms.”** (Girl, 13) | **“My arms are too chubby.”** (Girl, 13) |
| Freckles | **“Freckles on my face** and all over my arms.” (Girl, 17) | **“I would like freckles.”** (Girl, 12) |
| Eyebrows | **“I have no eyebrows.”** (Boy, 13) | **“People make fun of my eyebrows**, I do pluck them it just grows too fast.” (Boy, 12) |
| Skin colour | **“I would like to have slightly darker skin** as I see myself as too pale.” (Girl, 13) | **“My darker skin tone doesn’t help me fit in** as others with paler complexion look better than me.” (Girl, 13) |
| Leg size | **“I worry about having fat thighs.”** (Girl, 13), | “I feel like **my legs are thin.”** (Girl, 14) |

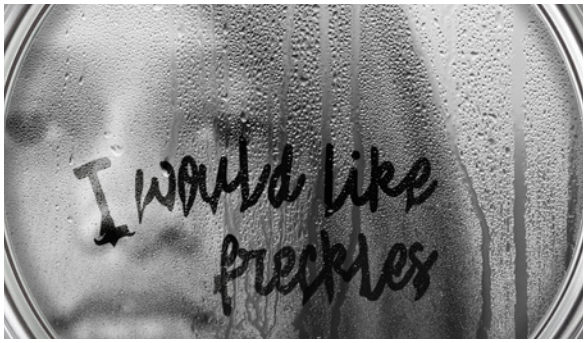
“In a relationship I feel **they’re only with me for my breasts.”**

Girl (age 15)

“Boys won’t like me cause **I’m flat chested.”**

Girl (age 14)



"I currently struggle with depression, anxiety, OCD, stress, insomnia and anorexia. **I despise how I look** for the most part."

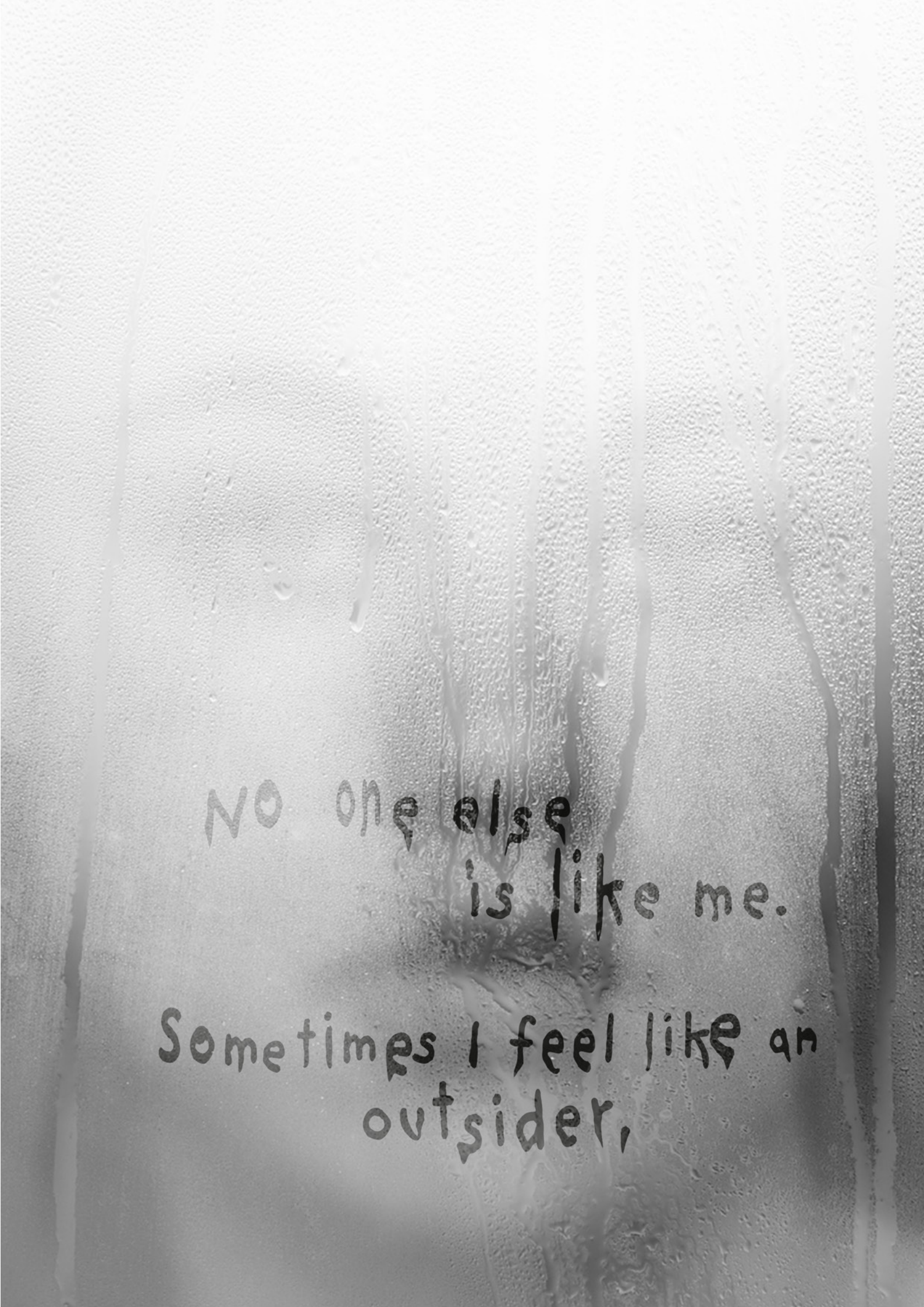
"I have acne and I feel that **makes me look bad or disgusting** towards others and I hate that."

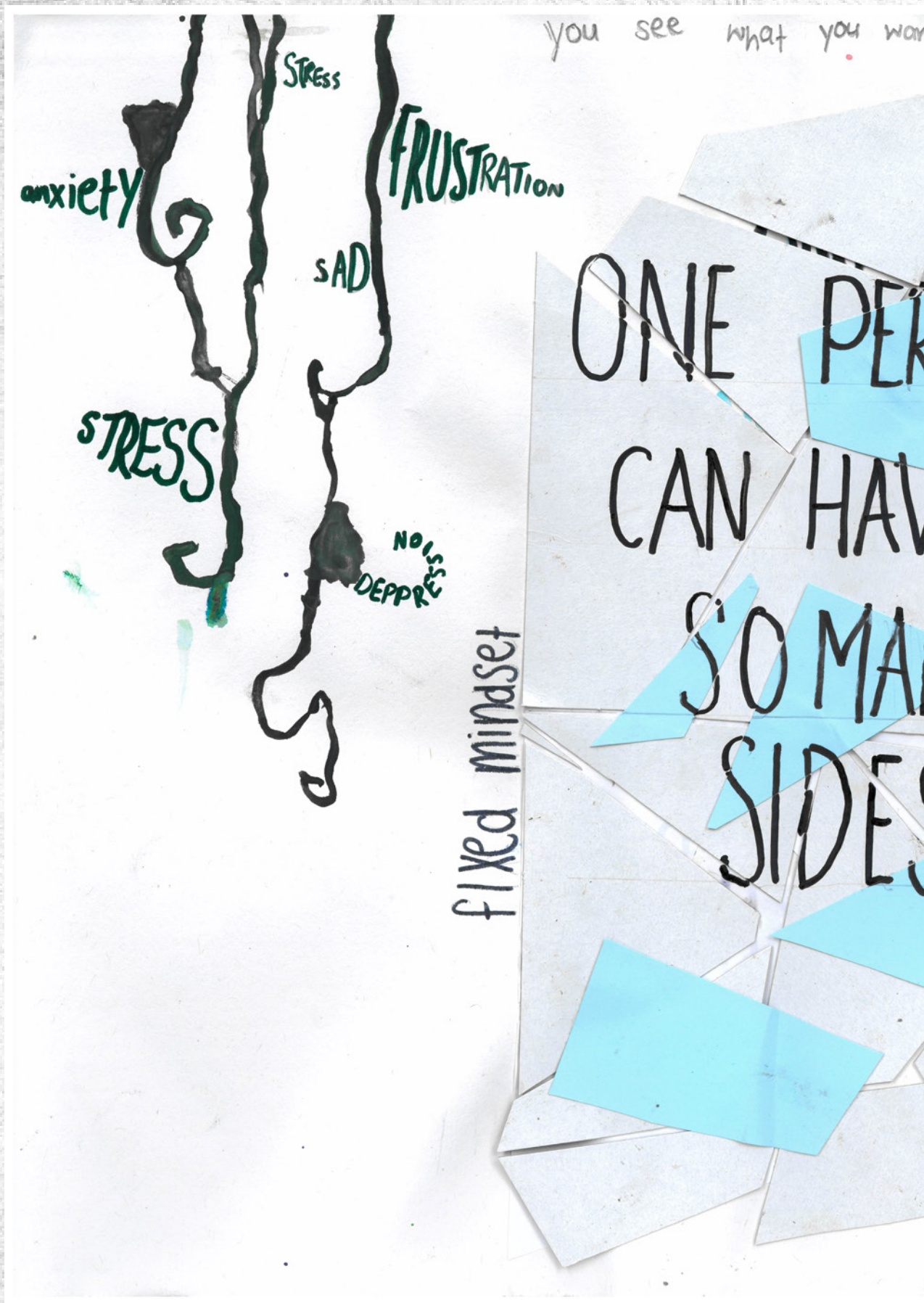
**"I worry that I'm not going to be pretty** like other people in the town."

"Girls at school who have perfect makeup and hair and perfect figures, and **it makes you feel like you are constantly being judged** for the way you look."

"I am only 13... with the constant reminder of people around me having those gorgeous features **make me feel, well, not good enough.**"

**"I throw up, starve, and overall punish my body for not looking as perfect as the models on Instagram...** I can never bring myself to smile at the scale I stand on every night, as my body will never meet my high standards."


No one else
is like me.
Sometimes I feel like an
outsider.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RESILIENCE

This year, questions about resilience were piloted in a new section of the survey. The questions were trialled with a group of students in Year 12 and Year 13.

Resilience was measured using the Brief Resilience Scale (BRS). The scale contains six statements and students must indicate to what extent they agree or disagree with each.

Their scores are then categorised into low, normal and high resilience.

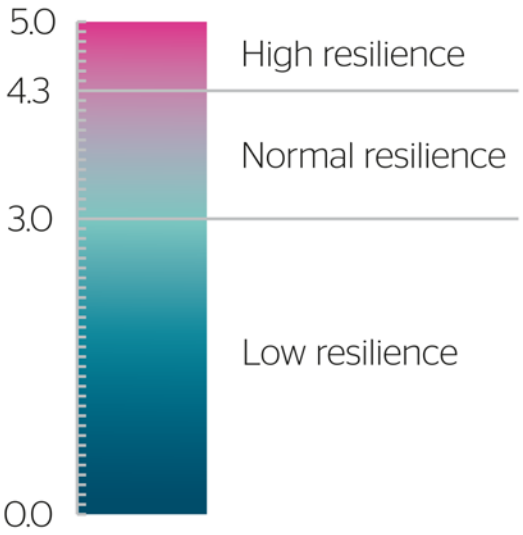
## Results by statement

The table below shows the percentage of students who agreed with each statement. Three statements are positively worded, and three are negatively worded.

Boys were more likely than girls to agree with the positive statements, and less likely than girls to agree with the negative statements.

**1,075**

Young people aged 16 to 19 completed the resilience scale.



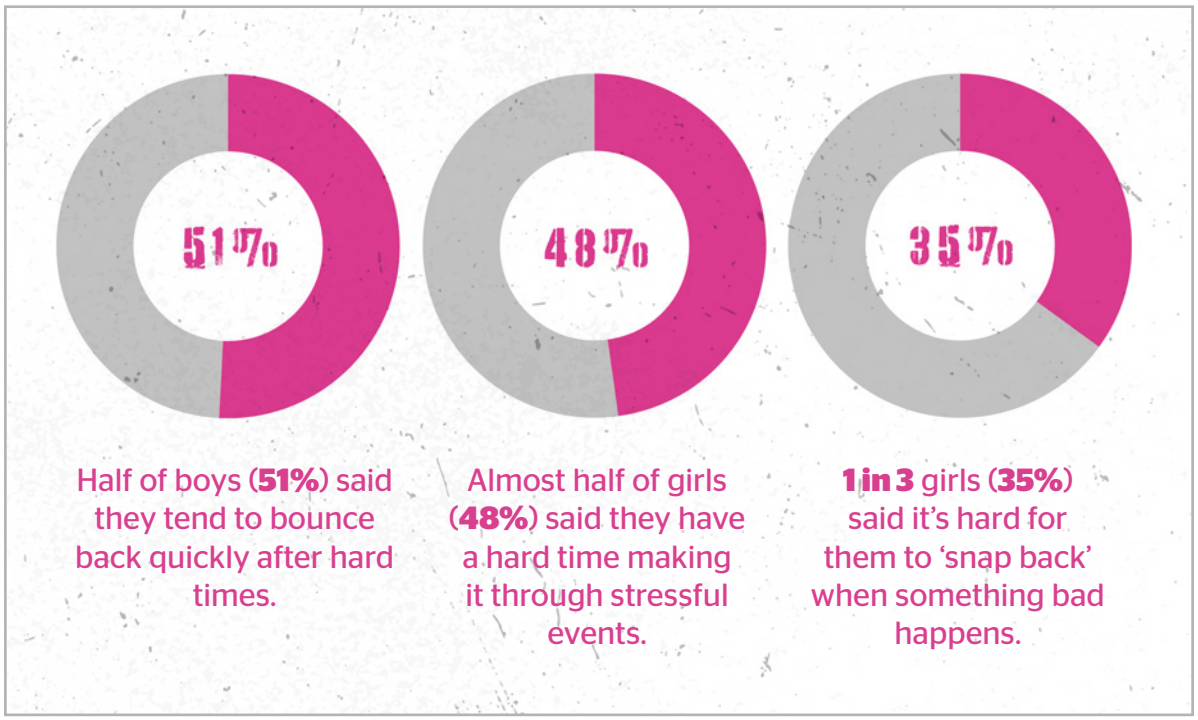

On average, boys scored within normal levels of resilience whereas girls scored on the threshold between low and normal resilience.

### Positive statements

| Statement | Male | Female |
|---|---|---|
| I tend to bounce back quickly after hard times | 51% | 37% |
| It does not take me long to recover from a stressful event | 50% | 32% |
| I usually come through difficult times with little trouble | 41% | 37% |

### Negative statements

| Statement | Male | Female |
|---|---|---|
| I have a hard time making it through stressful events. | 27% | 48% |
| It is hard for me to snap back when something bad happens. | 19% | 25% |
| I tend to take a long time to get over setbacks in my life. | 21% | 30% |




## Average resilience score by year group

Scores on the Resilience Scale can range from 1 (low resilience) to 5 (high resilience).

| | Male | Category | Female | Category |
|---|---|---|---|---|
| Year 12 | 3.3 | Normal | 2.9 | Low |
| Year 13 | 3.3 | Normal | 3.0 | Normal |
| Overall | **3.3** | **Normal** | **2.9** | **Low** |

## The percentage of students with low, normal and high resilience

Girls were much more likely to report a low resilience score than boys were. (43% compared to 24%). Only 2% of girls reported a high resilience score, compared to 8% of boys.

| Resilience | Male | Female |
|---|---|---|
| **Low** | 24% | 43% |
| **Normal** | 68% | 55% |
| **High** | 8% | 2% |

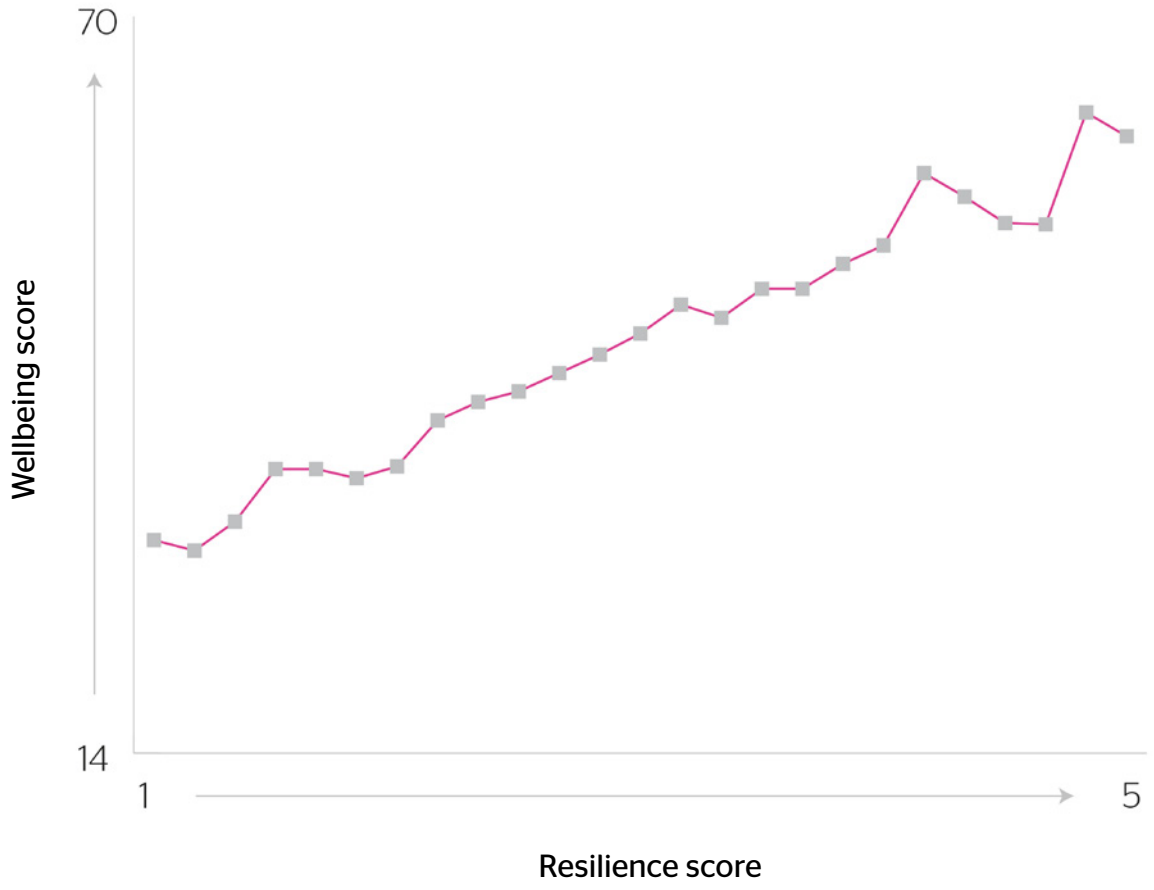
***Tables:*** *The average resilience scale score of male and female students (above) and the percentage of male and female students who score within the low, normal or high ranges of resilience (left).*

## Resilience and wellbeing

There was a positive association between resilience score and wellbeing scores. As resilience scores increased, average wellbeing scores also showed an upwards trend.

| Resilience | Male | Female |
|---|---|---|
| **Low** | 41.2 | 39.9 |
| **Normal** | 50.2 | 46.9 |
| **High** | 58.8 | 51.0 |

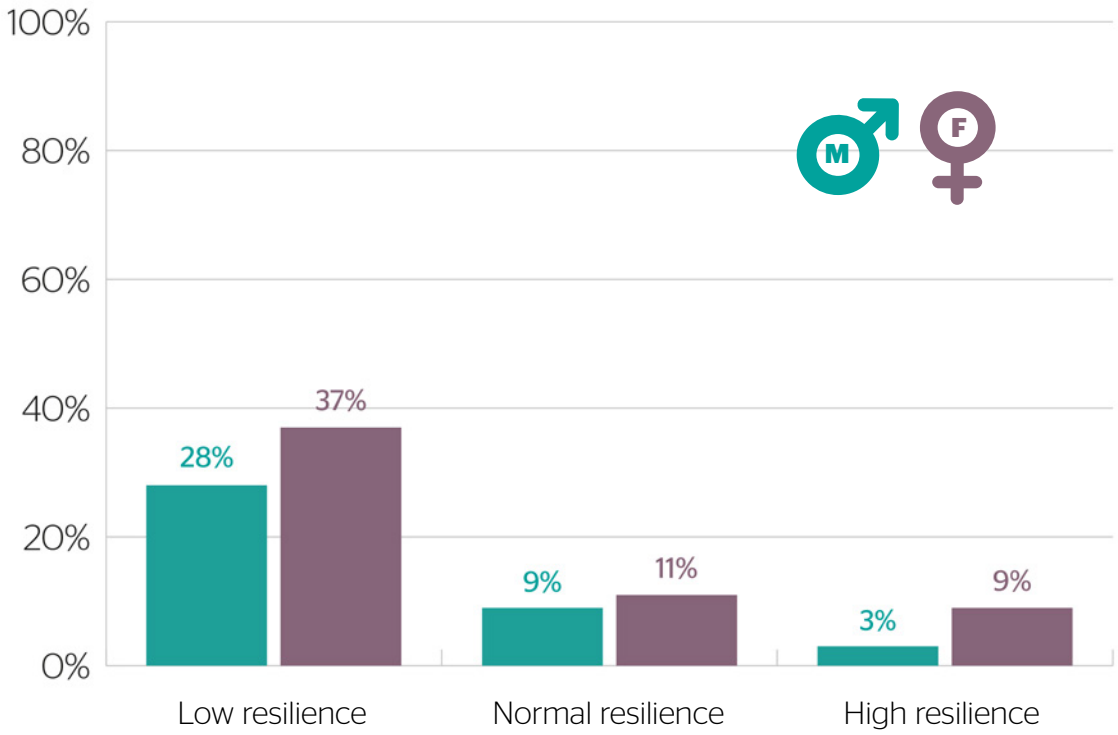
***Table:*** *The average wellbeing score of students who score within the low, normal or high ranges of resilience.*




***Graph:*** *Resilience score plotted against average wellbeing score.*

## Self-harm

There was also an association between resilience and prevalence of reported self-harm. Students with a low resilience score were three times more likely to have self-harmed than those with a resilience score which sat in the normal category. More than 1 in 3 girls with low resilience said they had self-harmed.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who have self-harmed in each resilience category (low, normal or high resilience).*

## Additional needs

Students with additional needs reported lower average resilience scores than their peers. Those with mental health difficulties and those with special educational needs had the lowest resilience scores.

| Statement | Average score | Resilience category |
|---|---|---|
| None of these apply to me | 3.2 | Normal |
| I need help with English | 3.2 | Normal |
| I cannot see very well or at all | 3.2 | Normal |
| I am in care or have been | 3.1 | Normal |
| I am a carer | 3.0 | Normal |
| I have a physical disability | 3.0 | Normal |
| I have learning difficulties | 3.0 | Normal |
| I have speech difficulties | 3.0 | Low |
| I cannot hear very well or at all | 2.9 | Low |
| I have other special educational needs | 2.6 | Low |
| I have a mental health difficulty | 2.5 | Low |

***Table:*** *The additional needs of students, their average resilience score and resilience category.*

# DRUGS AND ALCOHOL

# Alcohol

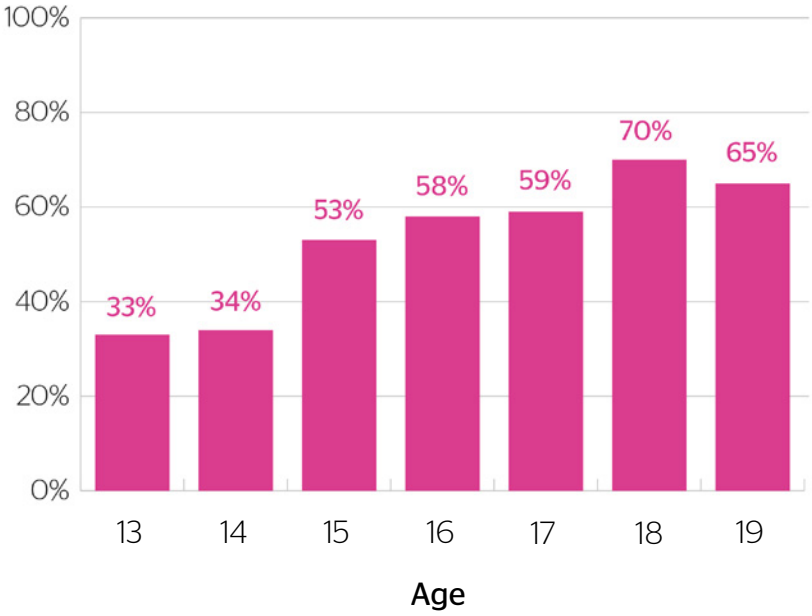
Students in Year 9 and upwards (aged between 13 and 19), were asked how much alcohol they had consumed over the past four weeks. 4,482 young people answered this question.

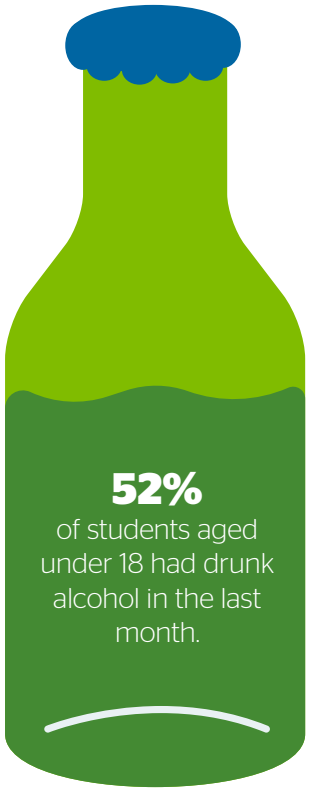
Overall, 56% of young people had drunk alcohol over the last month, and there was no difference between boys and girls.

52% of students under the age of 18 had drunk alcohol in the last month. Of those aged 13 to 14, 1 in 3 (33%) had.

**4,482**

**Young people in year 9+ answered questions about alcohol.**




***Graph:*** *The percentage of students who had drunk alcohol in the past four weeks and their age.*



## Wellbeing and mental health

Students who had drunk alcohol in the last four weeks had a lower average wellbeing score than those who had not. They were also more likely to report having an existing mental health difficulty or experiencing poor mental health within the last year (3 in 5 compared to 2 in 5 reported a current mental health issue).

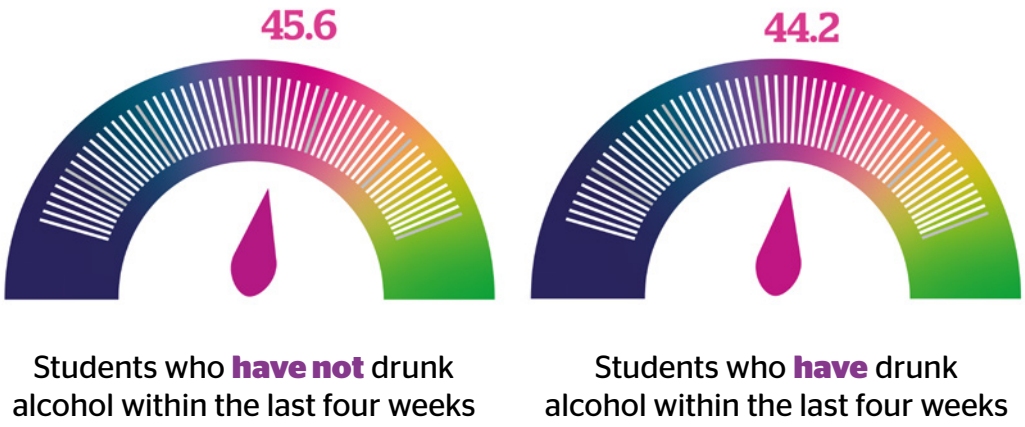



***Figure:*** *The average wellbeing scores of students who have or have not drunk alcohol within the last four weeks.*

## Family life

Students who said that their family was a cause of stress were more likely to have drunk alcohol recently.

- Amongst students who said their family is not a cause of stress, 51% had drunk alcohol
- Amongst students who said their family is a cause of stress, 64% had drunk alcohol

Young people who had drunk alcohol in the last month were also less likely to say that they would go to their parents if they needed help with their mental health. Only 64% would go to their parents, compared to 71% of students who had not drunk alcohol.

## Ethnicity

On average, White British students were more likely to have drunk alcohol than those belonging to BAME groups. More than half of White British respondents had drunk alcohol in the last four weeks (57%), compared to 45% of BAME respondents.

When looking at individual ethnic groups, students of Polish ethnicity were most likely to have drunk alcohol (66%). Young people of Asian ethnicity were least likely to have drunk alcohol, especially those belonging to the Indian and Bangladeshi communities.

***Highest %***

| Ethnicity | Percentage | Total responses |
|---|---|---|
| Polish | 66% | 50 |
| Mixed - White and Black Caribbean | 63% | 51 |
| Black - Caribbean | 62% | 21 |
| Mixed - White and Black African | 59% | 37 |

***Lowest %***

| Ethnicity | Percentage | Total responses |
|---|---|---|
| Asian - Chinese | 20% | 10 |
| Asian - Bangladeshi | 13% | 23 |
| Asian - Indian | 11% | 19 |

***Tables:*** *The percentage of students who have drunk alcohol in the last four weeks and their ethnicity.*

## Regret

Students who had drunk alcohol, were asked 'Have you ever done something after drinking alcohol which you have later regretted?' 40% of girls and 36% of boys said that they had. 2,488 young people responded to this question.

Boys in Year 12 (ages 16-17) were most likely to say they regret doing something when drunk. Girls were most likely to feel regret earlier on, in Year 11 (ages 15-16).



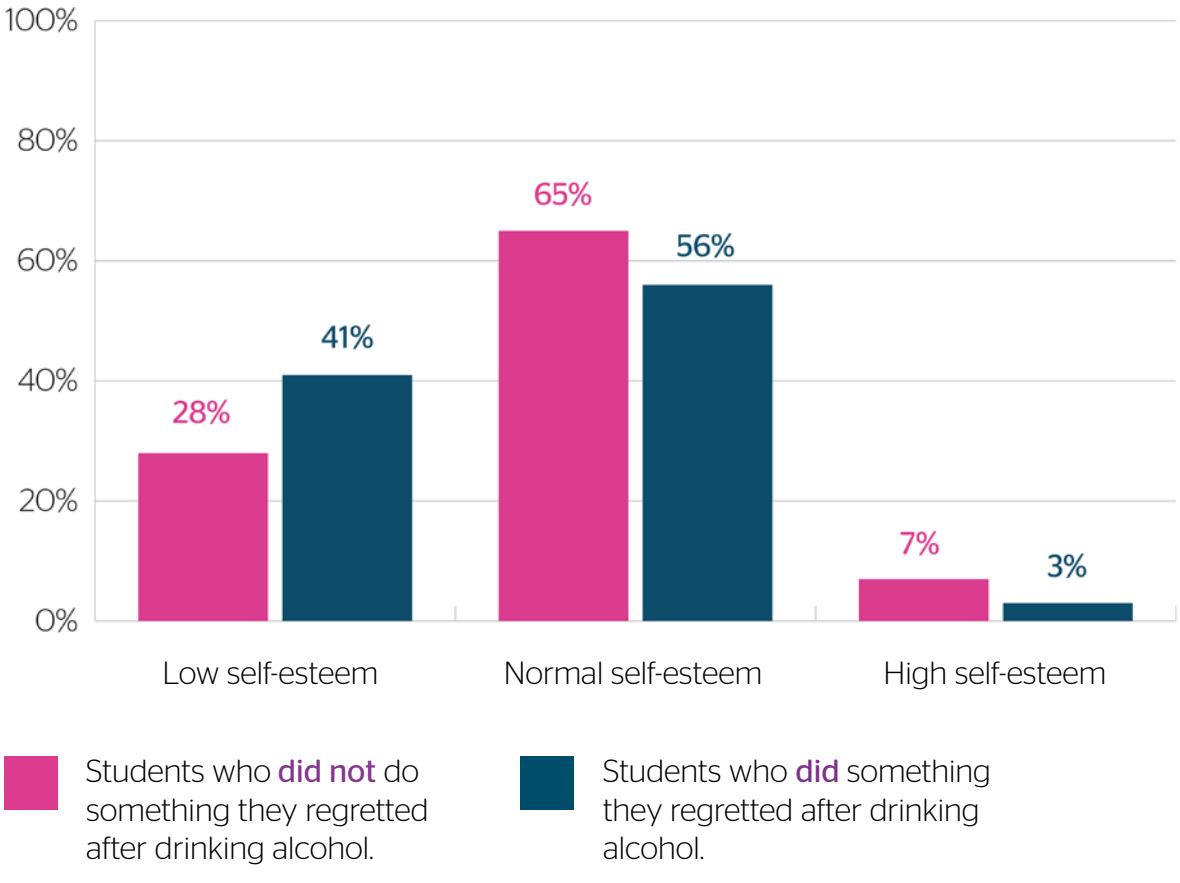

**40%** of female students and **36%** of male students said they had done something they regret after drinking alcohol.

## Self-esteem

Regretting behaviour when drunk can be an indicator of excessive or irresponsible drinking.

On average, students who did something which they later regretted after drinking alcohol had a lower self-esteem score than their peers who had drunk alcohol but didn't regret their behaviour and were more likely to have low self-esteem.




***Graph:*** *The percentage of students with low, normal or high self-esteem and whether or not they have done something they regretted after drinking alcohol.*

## Number of alcoholic drinks

Whilst a majority of young people reported drinking alcohol recently (**56%**), most had consumed fewer than six drinks (**53%**).

The number of alcoholic drinks consumed in the last four weeks, increased with age. Of students aged between 13 and 16, **1 in 10** had drunk 10 or more alcoholic drinks. Of those aged 17 and over, this had increased to almost **1 in 4 (23%).**

| | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|
| 1-2 | 52% | 44% | 36% | 31% | 26% | 21% | 28% |
| 3-5 | 26% | 27% | 25% | 26% | 25% | 19% | 14% |
| 6-9 | 9% | 14% | 18% | 19% | 19% | 17% | 20% |
| 10-19 | 6% | 8% | 9% | 12% | 16% | 21% | 14% |
| 20-39 | 0% | 3% | 6% | 7% | 7% | 15% | 12% |
| 40 or more | 8% | 5% | 4% | 5% | 7% | 7% | 12% |

***Table:*** *The number of alcoholic drinks students said they had consumed within the previous four weeks and their age.*

# Drugs

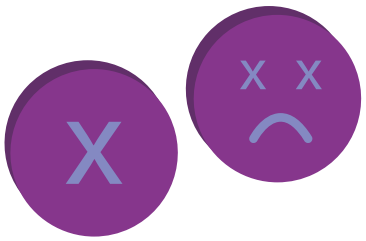
## In the last 12 months, have you used drugs other than those required for medical reasons?

Students who were in Year 9 or above, were asked whether they had used drugs within the last year. 4,477 students responded to this question.

Overall, 16% said they had (736 students). Boys were more likely than girls to say they had done so.

**4,477**

**Young people responded to questions about taking drugs.**



**736 (16%)** young people said they had taken drugs, Male students were more likely to say they had done so.



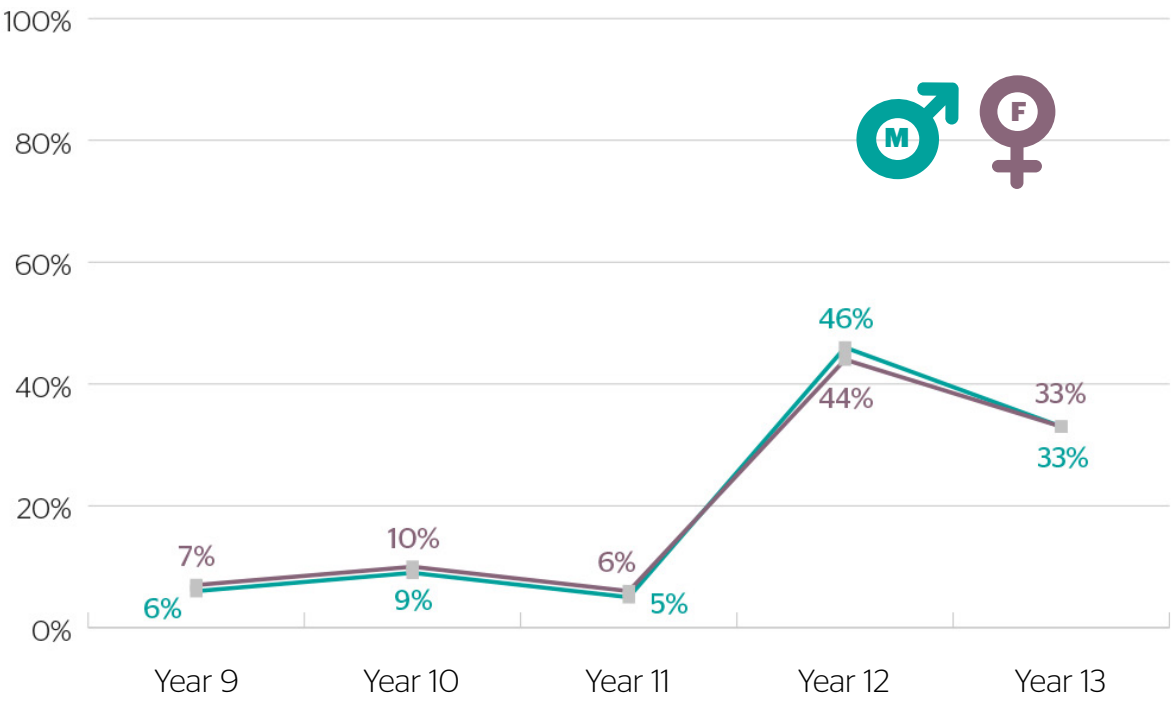

***Figure:*** *The percentage of* ***male*** *and* ***female*** *students who say they have taken drugs other than those required for medical reasons.*

Year 12s were six- times more likely than Year 11s to have used drugs in the last year. The graph below shows a stark difference between Year 11s and Year 12s.

In Year 11, 1 in 20 (6%) had used drugs, compared to almost 10 in 20 in Year 12 (45%).




***Figure:*** *The difference between year 11 students who said they had taken drugs and year 12 students who said they had taken drugs.*




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they have taken drugs other than those for medical reasons and their year group.*

## School differences

### Year 9s, 10s & 11s

There were large differences in reported drug use between the different schools. The school with the lowest proportion of Year 9s, Year 10s and Year 11s who had taken drugs was 7%, and the highest was 13%. At one school, 18% of Year 9 girls had used drugs in the last 12 months, but in several others, it was 0%.

### Year 12 and Year 13s

Like the younger cohort, the percentage of Year 12s and Year 13s who had taken drugs varied between different educational establishments.

The school/college with the lowest percentage had 15% of students reporting drug use in the last year, compared to 31% at the school/college with the highest reported drug use.

## Ethnicity

Overall, 16% of young people had used drugs in the last year. There were no differences in reported drug use when comparing students belonging to a BAME group to students belonging to a White British or White Other ethnic group. However, there were differences between individual ethnicities.

### Highest reported use

- Students belonging to the White and Black Caribbean, or White and Black African ethnic groups were most likely to report using drugs in the last year. More than a quarter (27%) reported doing so.
- Almost 1 in 4 young people belonging to the Traveller community had used drugs (23%).

### Lowest reported use

- Students from eight ethnic groups reported no drug use at all. These included 'Arab', 'Chinese', 'Bulgarian' and 'Turkish'.

## Drugs and wellbeing

Students who had used drugs in the last year had an average wellbeing score almost four points lower than those who had not.

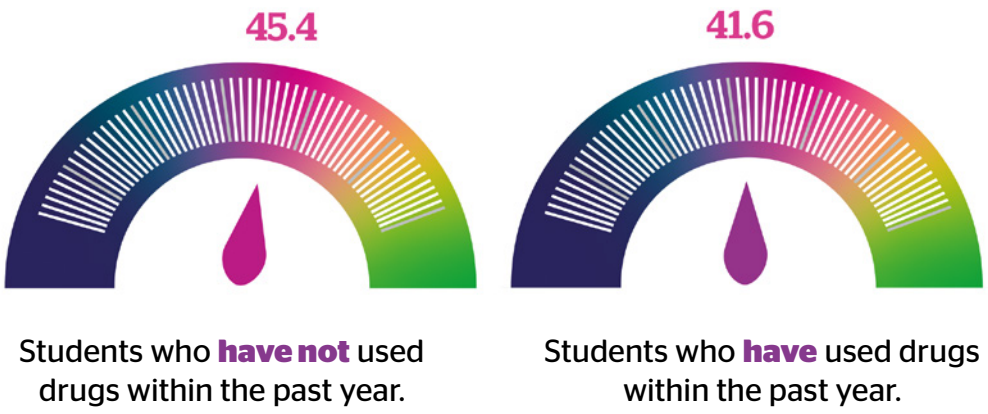


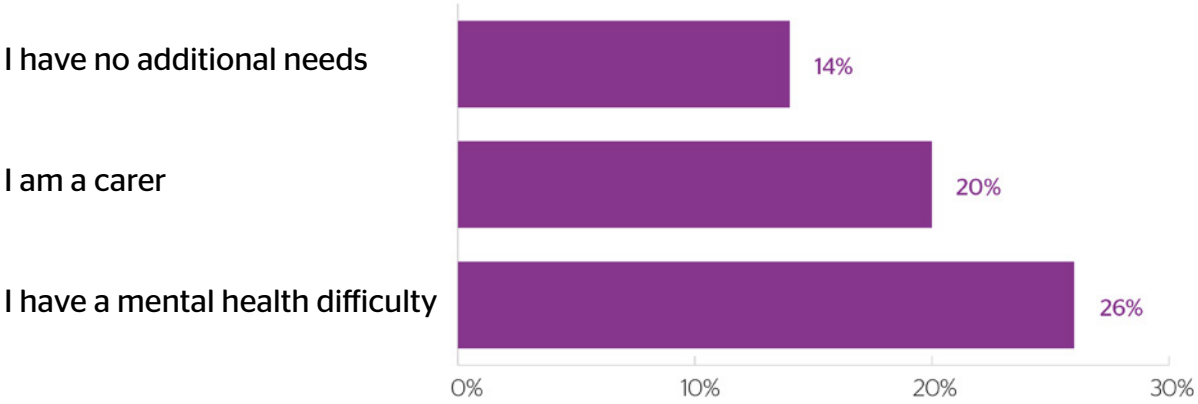

***Figure:*** *The average wellbeing scores of students who have or have not taken drugs within the last year.*

## Additional needs and mental health

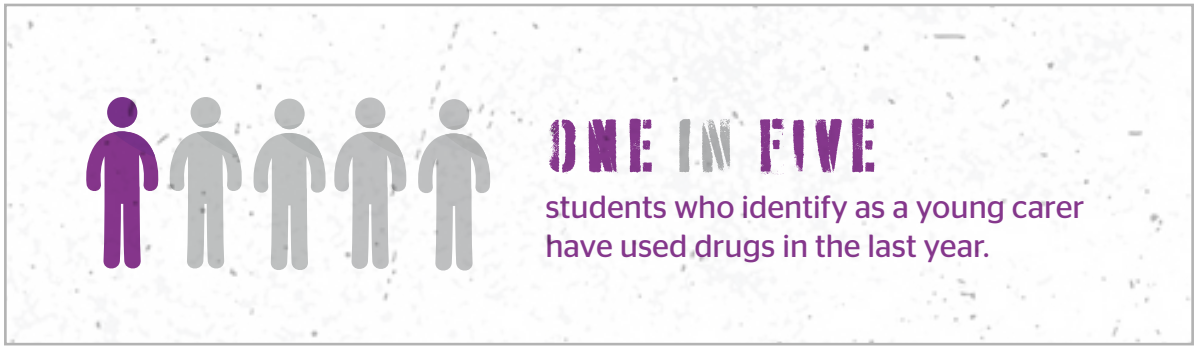
Young people with additional needs were more likely to report having used drugs in the last year. 19% of young people with additional needs had used drugs, compared to 14% of their peers.

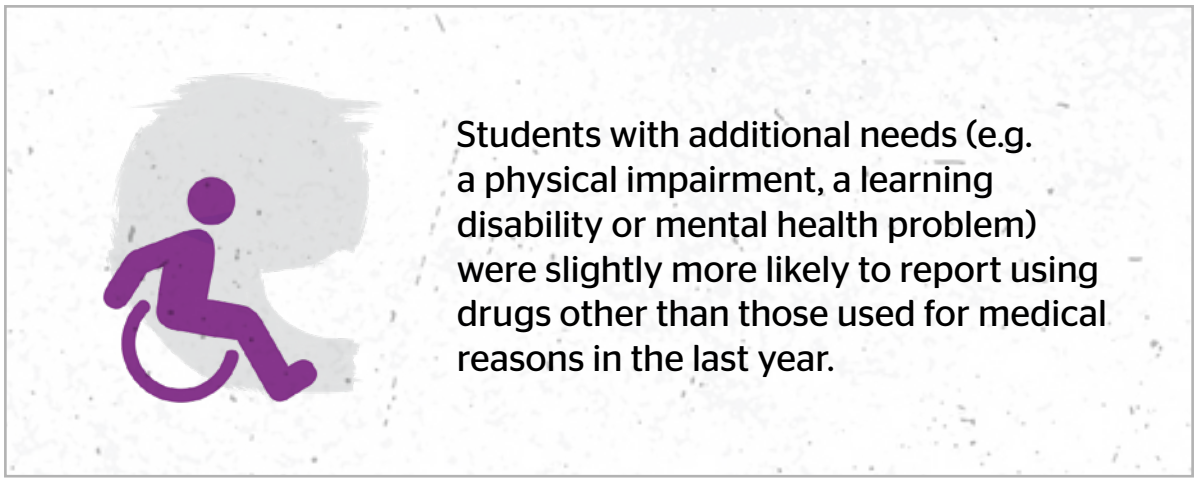
- Students with a mental health difficulty were much more likely to have used drugs – more than a quarter reported that they had (26%).
- 1 in 5 students who identify as young carers had used drugs (20%).

Young people who had used drugs were also much less likely to say that they would go to their parents if they needed help with their mental health. Only 52% would go to their parents, compared to 70% of students who hadn't taken drugs.




***Graph:*** *The percentage of students who said they had taken drugs within the last year and whether they are a carer or have a mental health difficulty.*



## Types of drugs

Students who had used drugs were asked to specify which type(s) they had tried.

Of the 736 of Year 9 to Year 13s who had used drugs, the majority (84%) had tried cannabis. This equates to 14% of the overall Year 9 to Year 13 student population. Around 1 in 5 who had used drugs, had tried either ecstasy or cocaine.

17 students described using controlled drugs. This included use of unprescribed prescription drugs such as Xanax, codeine and other forms of benzodiazepines/opioids.

Boys were more likely than girls to report using all drug types.



**14%** of young people said they had used cannabis in the last year. 84% of those who said they had used drugs had tried this type of drug.

| | Male | Female |
|---|---|---|
| Cannabis | 15% | 12% |
| Spice | 4% | 3% |
| Solvents | 4% | 3% |
| Speed | 4% | 3% |
| Cocaine | 3% | 2% |
| Ecstasy | 3% | 1% |
| Poppers | 2% | 1% |
| LSD | 2% | 1% |
| Mushrooms | 2% | 1% |
| Ketamin | 1% | 0.2% |
| 2CB | 0.3% | 0.0% |
| Other controlled drugs | 0.3% | 0.1% |

***Table:*** *The percentage of* ***male*** *and* ***female*** *students who have tried each type of drug.*

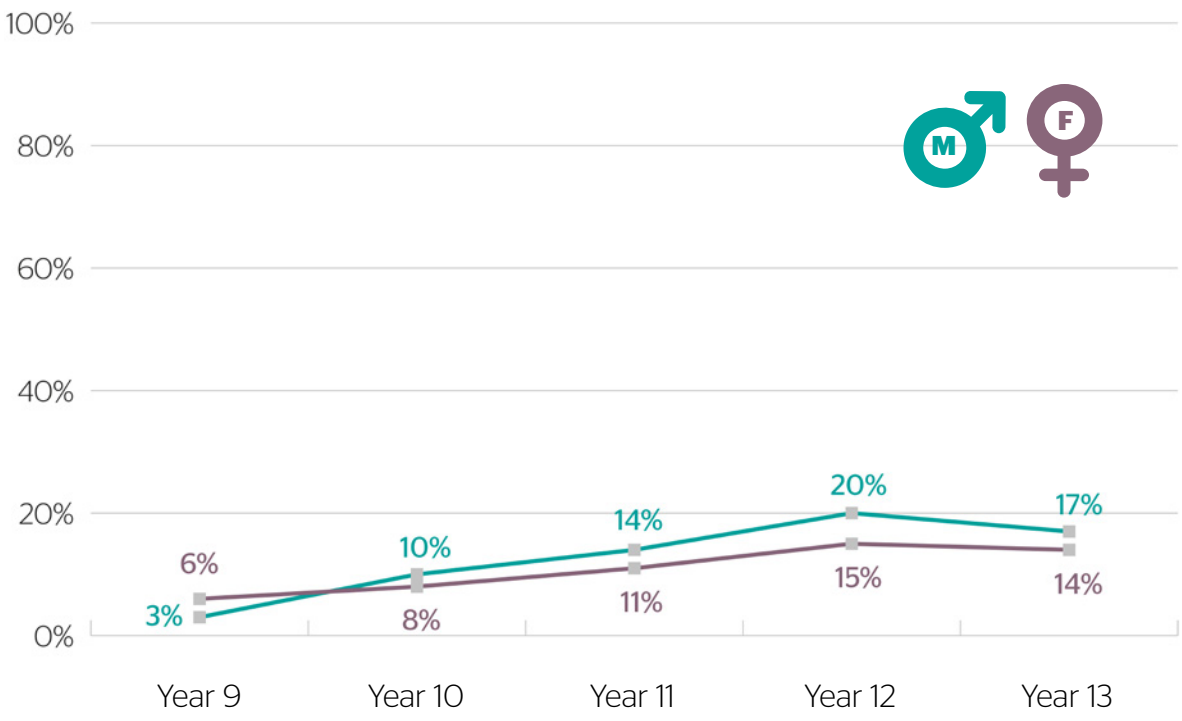


## Cannabis

Cannabis use was highest amongst boys and girls in Year 12. 1 in 5 boys (20%) in this year group had used cannabis in the last year.

Girls in Year 9 were twice as likely to have tried cannabis than boys in the same year group. This was an exception to older year groups, where boys consistently reported higher use than girls.

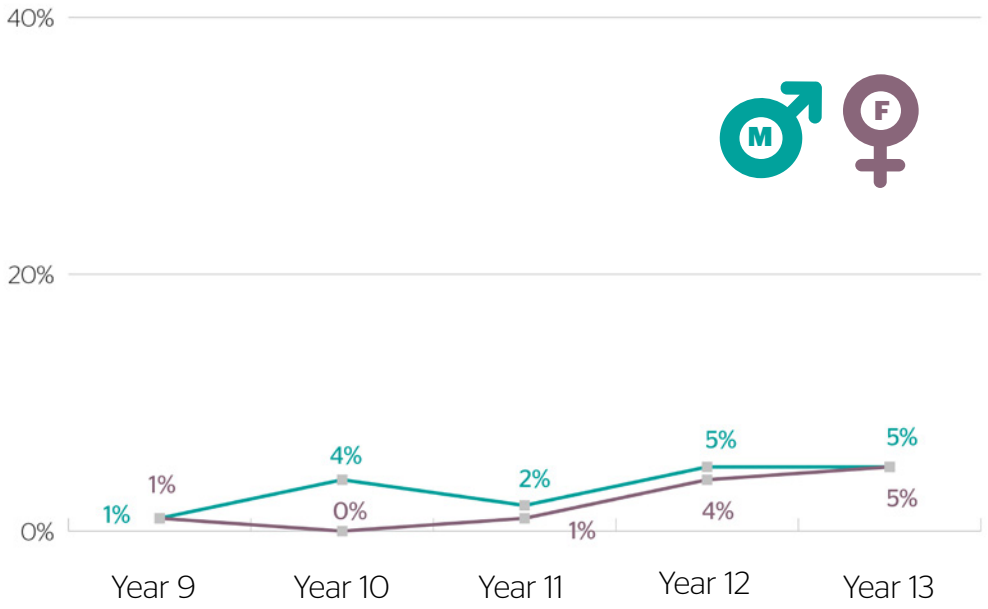



***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they had tried cannabis*

## Cocaine

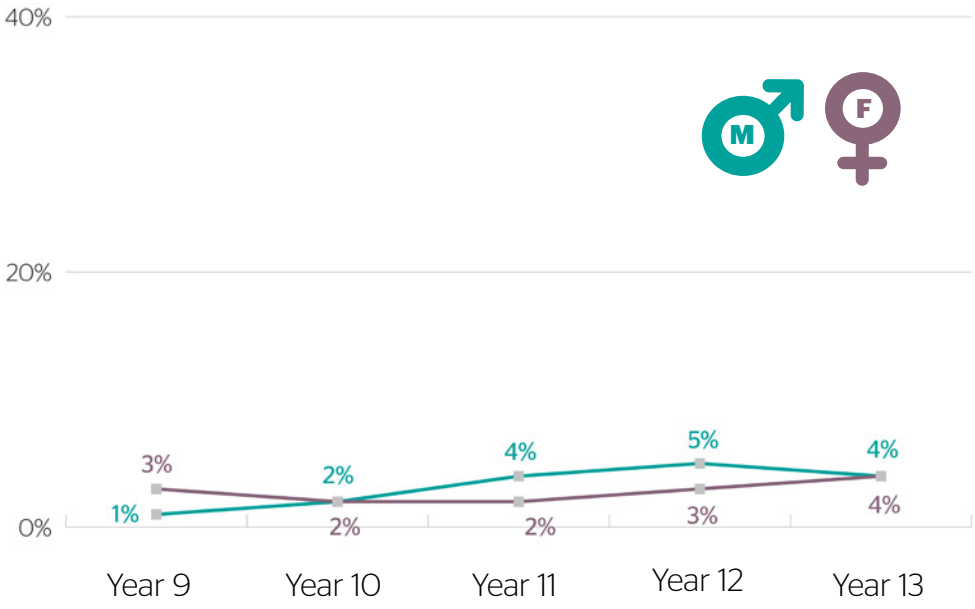
Students in Year 12 and Year 13 were most likely to report using cocaine (5%), however 4% of boys in Year 10 also reported doing so.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they had tried cocaine.*

## Solvents

Solvent abuse was also highest amongst Year 12s and Year 13s. Whilst overall use was higher amongst boys, use by Year 9 girls was three times higher than Year 9 boys.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they had tried solvents.*

# ONLINE ACTIVITY

To explore the relationship between online activity and wellbeing, the survey asked questions about a wide range of online behaviours.

## Using social media

The survey asked "How long do you spend on social media on an average school or college day?" 11,031 young people responded to the question.

**11,031**

Young people responded to questions about using social media.

Students were most likely to say they spend between two and three hours using social media each day. Usage is highest amongst students age 15, where almost half (48%) said they use social media for more than four hours a day. This is higher than in 2018, where only 40% of 15-year olds reported this.

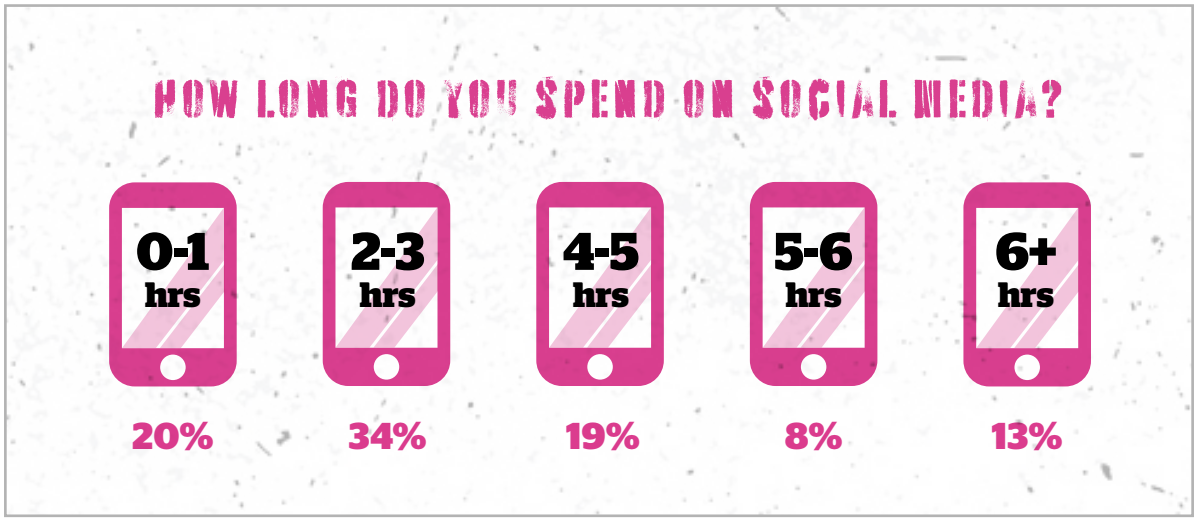
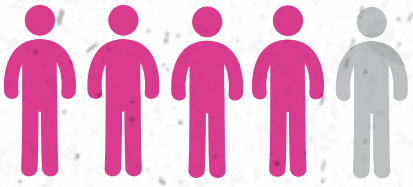



***Figure:*** *The average amount of time students say they spend on social media each day.*

### Social media use amongst 11- & 12-year olds

Whilst many social media platforms require users to be aged 13 or over, this rule can be bypassed by entering a false date of birth. Despite the age requirements, 85% of 11-year olds and 88% of 12-year olds said they use social media.

> **"I only have Snapchat** where I only friend people I am actually friends with." - Girl (age 12)



**FOUR IN FIVE**

11 and 12 year olds said they have a social media account despite the age limitations (usually 13) for using the platforms.

“Watching YouTube and seeing my friends and texting on Instagram **makes me feel better from times when I feel bad** about myself or if I am sad.”

Boy (age 12)

“On Instagram people rate others and the outcome is almost always rubbish. I **feel the age ratings on apps don’t matter anymore** and progressively they become more and more vital.”

Girl (age 12)

## Social media use and wellbeing scores

Students who use social media for less than one hour a day, reported higher average wellbeing scores than those who do not use social media at all. Students using it for longer have lower average wellbeing scores, except those who reported using social media for two to three hours per day.

This suggests that using social media for short periods is more closely linked to higher wellbeing than abstaining entirely from social media. However, using social media for longer periods of time was associated with poorer wellbeing – average wellbeing scores decreased with each additional hour spent on social media.

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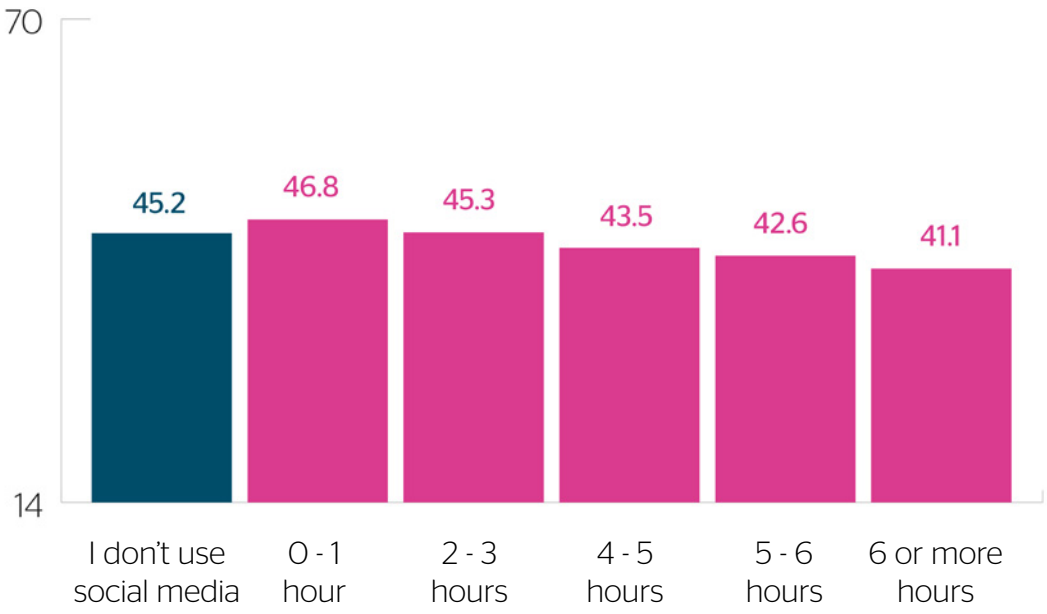
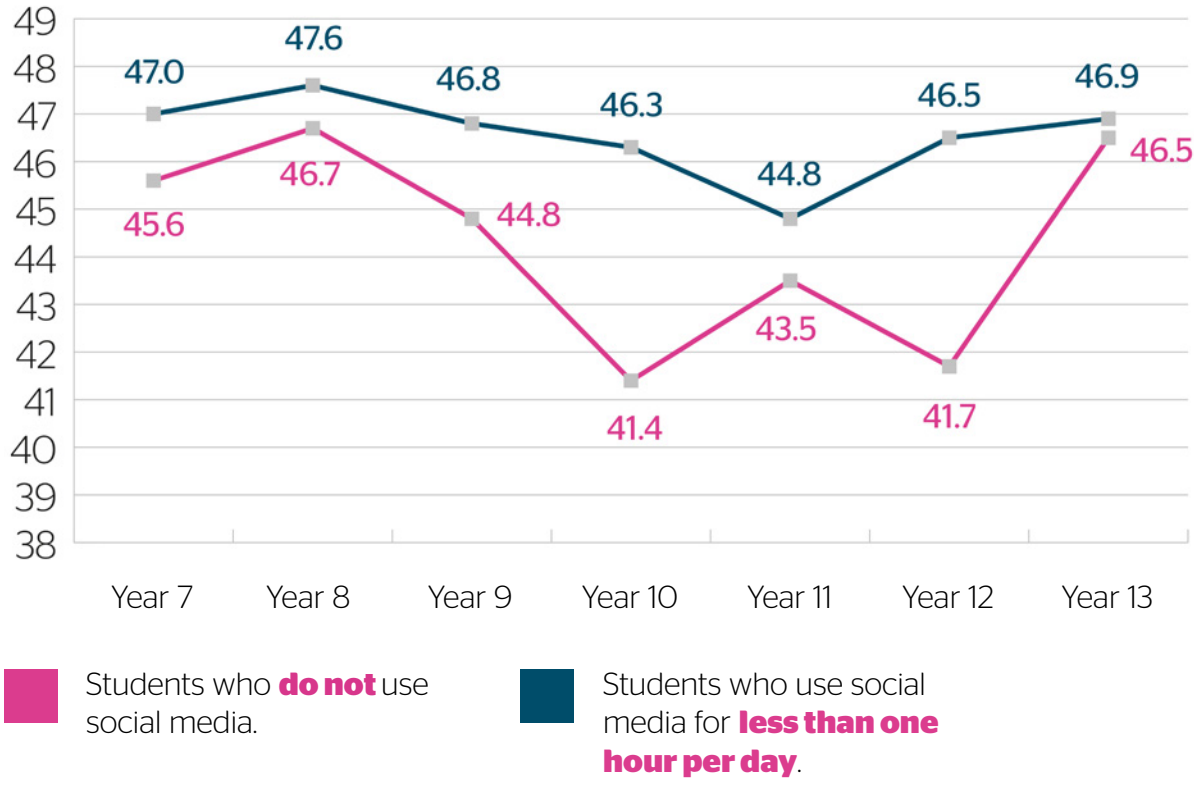



***Graph:*** *The average wellbeing score of students and the length of time they say they spend using social media each day.*

When looking at this data for each year group, the gap in average wellbeing scores was greatest in Year 10 and Year 12. This suggests that not using social media in Year 10 and Year 12 was more closely associated with poorer wellbeing than compared to other Year groups.




***Graph:*** *The average wellbeing score of social media abstainers and low usage users and their year group.*

## How does social media make you feel?

Students who said they used social media were asked how it made them feel. 7,007 responded. Their comments were analysed and placed in one of three categories: Positive feelings, Mixed/Neutral feelings, or Negative feelings.

The table below shows the percentage of comments in each category, along with examples of the types of emotions students reported. Only a small percentage of students spoke exclusively about negative feelings or consequences associated with social media use. However, many expressed mixed feelings or gave both good and bad experiences.

| Positive | Mixed/Neutral | Negative |
|---|---|---|
| 57% | 36% | 7% |
| Fun. **Good.** Happy. Amused. Content. **Excited**. Inspired. **Sociable.** Relaxed. **Connected.** Entertained. **Confident.** Creative. **Curious.** Calm. **Funny.** Distracted. **Exhilarated.** Intrigued. **Endorphin rush.** Normal. **Cheerful.** Chilled. **Community.** Famous. **Escape.** Interaction. **Positive**. Safe. **Friends.** People like me. **Satisfied.** In touch. **Self-esteem boost.** Express my feelings. **Occupied.** Memes. **Creating content.** Motivated. **Educational.** | These comments showed positive and negative feelings, or feelings of indifference. | **Bullied.** Strangers. **Bored.** Pressured. **Nervous.** Upset. **Self-conscious.** Uncreative. **Lonely.** Low self-confidence. **Comparisons.** Feeling inferior. **Body image.** Downward spiral. **Empty.** Mindlessly scrolling. Hateful. **Guilt.** Demoralised. **Harmful content.** Addicted. **Fake.** Terrible. Unsatisfied. **Bad mood.** Unsafe. **Hate my body.** Detached. **Overthinking.** Insecure. **Drained of energy.** Upset. **Jealous.** Sensitive. **Inferior.** Horrible. **Tension. Obsessed.** FOMO. **Overwhelmed.** Stressed. **Anxious.** Ugly. **Stressed.** Worried. |

***Table:*** *Common words found within the positive, neutral and negative comments students made about their use of social media.*



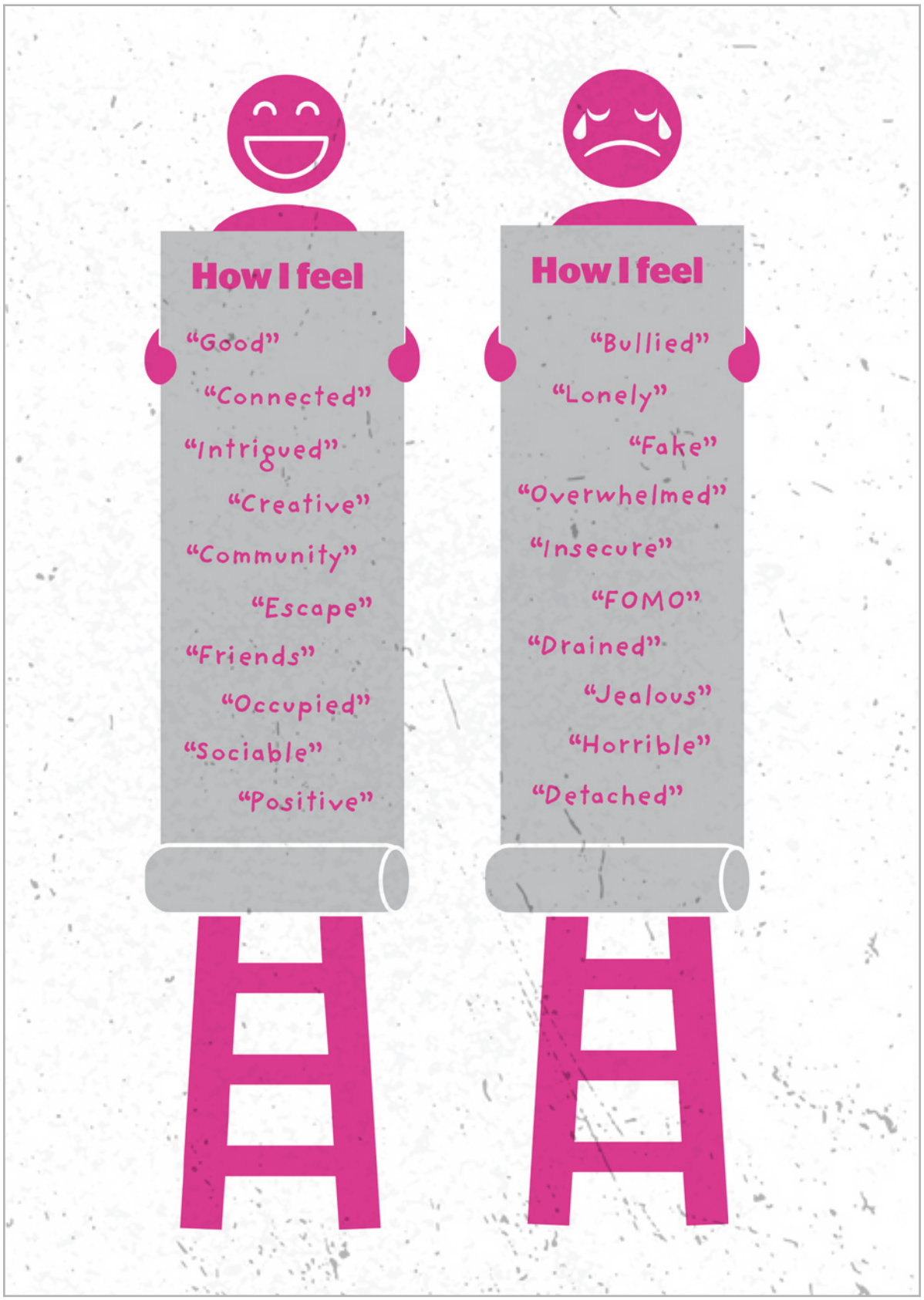



***Figure:*** *Common words found within the positive (left) or negative (right) comments students made about using social media.*

## Wellbeing and feelings about social media

| Feelings about social media | Average Wellbeing Score |
|---|---|
| Positive | 45.4 |
| Neutral/Mixed | 44.0 |
| Negative | 42.8 |

Those who had positive feelings had a higher average wellbeing score.

***Table:*** *The average wellbeing score of students and the sentiment of their comments about using social media.*

## Positive experiences with social media

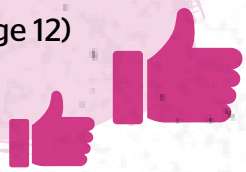
57% discussed an exclusively positive experience.

These young people tended to demonstrate a healthy and proactive approach to their social media consumption. For example, by curating their feeds to ensure they only see positive content, following accounts which promote creativity or hobbies, using their accounts to promote their own achievements, and blocking abusive or harmful content. Being able to connect with friends of like-minded peers was also strongly valued.

However, some positives identified by young people may not necessarily be 'healthy' positives. For example – feeling good due to getting 'lots of likes' could suggest a reliance on social media for self-esteem. For others, social media helps them to 'escape' from school or day to day life, which may not be a long-term solution.

"I FEEL VERY GREAT BECAUSE I GOT 220 SOMETHING LIKES ON MY NEW POST."

Boy (age 12)



“**I feel quite happy because I get to communicate with my friends and family who live far away from me** and I feel a little bit safe because most of my accounts on my social medias are private and I only follow the people I know for sure.”

Girl (age 13)

“Social media is **a great way of expressing the aspects of my life I repress**...”

Girl (age 15)

“**It boosts my confidence** because I feel like I’m sort of making new acquaintances.”

Girl (age 13)

“I am Polish. **I feel good using social media because I can speak to my family** in the different country.”

Girl (age 17)

“I enjoy using social media as **it allows me to get my graphic designs seen** by others.”

Girl (age 17)

“...**I can find people who have similar traits** to my own and **I can also meet a variety of other people.** I can also find peoples original content and enjoy it.”

Boy (age 14)

## Mixed or neutral experiences with social media

36% showed positive and negative feelings, or feelings of indifference. These young people tended to be cautious about the use of social media - acknowledging the benefits (e.g. connectivity, friendship, support), whilst also recognising the problems (e.g. strangers, addiction, conflict, bullying, comparisons).

"To me it's just a form of entertainment, to see how people portray and create an image of themselves on the internet, when in real life, they could be completely different. **I don't feel any joy, or sadness, when using it."**

Girl (age 13)

"Sometimes bleak about the future, **sometimes I'll see a wholesome post and it cheers me up.** It varies, there's no distinct feeling."

Boy (age 18)

**"Sometimes lonely and worthless but other times inspired**, encouraged and supported."

Girl (age 19)

"Well social media can be useful because it brings people together. **Instead of travelling distances to meet up with your friends you can spend time chatting online.** but there are times when even those closest to you can verbally attack you with what they are typing, they see it as joking, but **words can seriously hurt a person's self-esteem."**

Boy (age 16)

"I can easily talk to people that make me feel good about myself like my friends, **but it's highly addictive therefore meaning it acts as a distraction."**

Girl (age 17)

"Good as **it allows me to post about my sports and achievements** but under pressure to live up to 'expectations'".

Girl (age 17)

"Social media entertains me when i am bored, but **sometimes social media causes hassle and makes me feel mixed emotions."**

Girl (age 12)

## Negative experiences with social media

Only **7%** percentage of students spoke exclusively about negative feelings or consequences associated with social media use.

These tended to focus on making comparisons between themselves and people on social media and feeling inferior. In some cases, young people talked about this leading to feeling depressed, restricting food intake, lowering self-esteem or triggering self-harm behaviours.

Most comparisons focused on body image (looks/body shape), however some also drew comparisons between ability, money and confidence. Some also talked about previous experiences with bullying, abuse, or where social media had damaged a relationship.

"I hate it. **It always makes me feel worst after, my self-esteem is much worst as well as I feel like there is a standard that a normal girl can't live up too.** My photos have to be perfect as they will be out there forever."

Girl (age 16)



**“My little sister has had an extremely bad experience with social media** (peer-pressure, child predators, child pornography).”

Girl (age 16)

“I am frequently on the explore page. **There's always someone (I feel at least) who has a better life than me** whether its money, family, confidence or even the perfect body .”

Girl (age 14)

“I have had comments which sent me on a downward spiral... to the point **my mum was thinking of getting me sectioned due to my reaction** which involved self-harm and wanted to end my life.”

Girl (age 17)

“My girlfriend is very insecure... **when I like pictures on Instagram she gets very angry... I always feel as though I have to second guess what I'm allowed to do,** which brings down my mood very often.”

Boy (age 19)

“Some days, I go on social media see **hate comments** on my posts and feel bad about myself which then **causes me to become depressed for the rest of the day.”**

Boy (age 15)

# Screen time

Students were asked 'Within the last two weeks, how many hours a day have you typically spent looking at an electronic screen on a school or college day?'. 10,967 responded.

Screen time includes watching TV or DVDs; playing computer games; Xbox, PlayStation, using smartphones, tablets and computers for school/college work, emailing, tweeting, chatting, surfing the internet.

Most young people (57%) said they spend between three to six hours a day using a screen. 31% spend over seven hours.



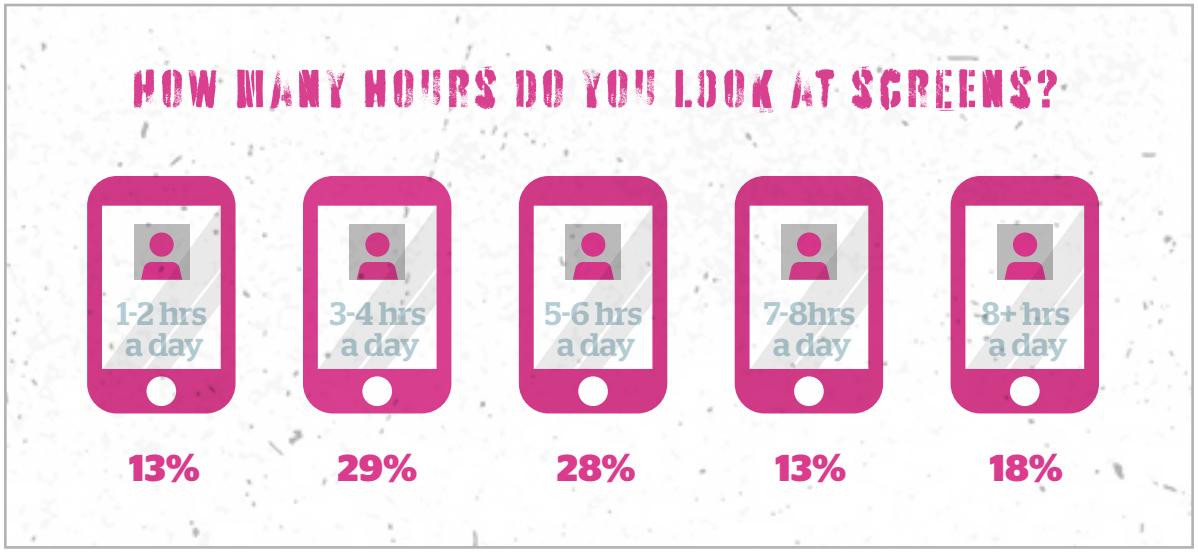
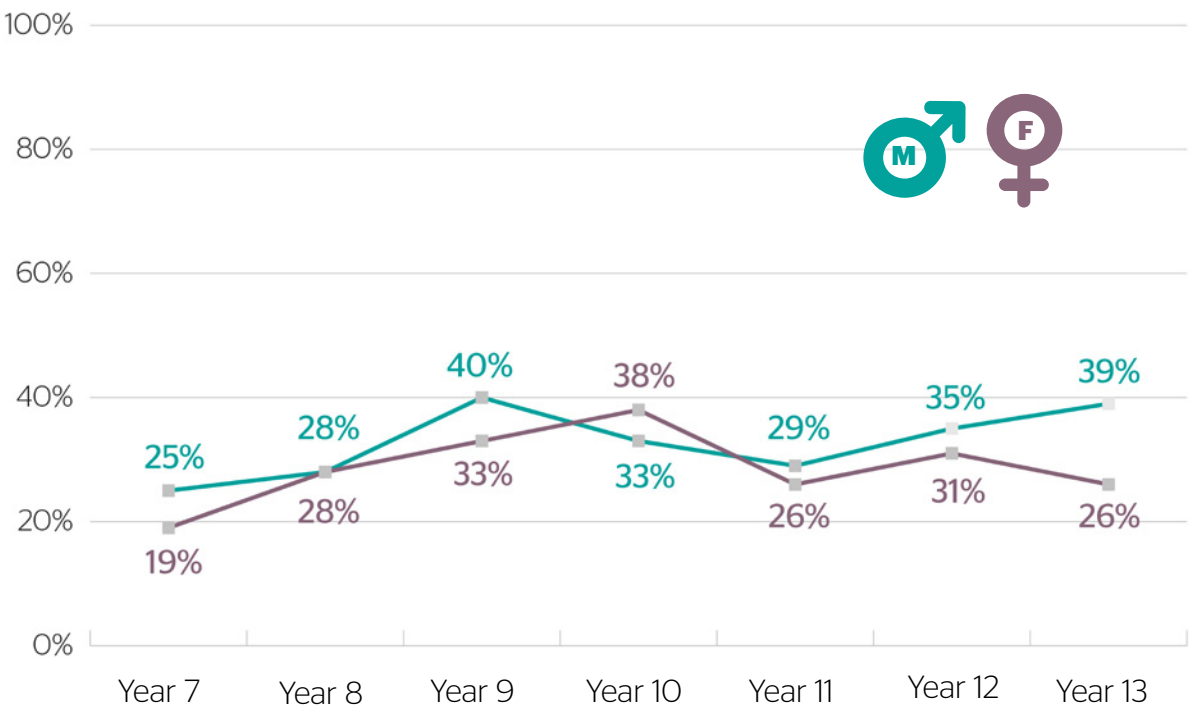




***Figure:*** *The percentage of students who said they look at screens for each period of time.*

## Gender differences in screen use

Boys reported spending more time using a screen than girls. 33% of boys spend more than seven hours a day on a screen, compared to 28% of girls.

Boys in Year 9 use screens the most, with 2 in 5 spending seven or more hours a day looking at one.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who spend more than seven hours per day using a screen.*

## Screen time and sleep

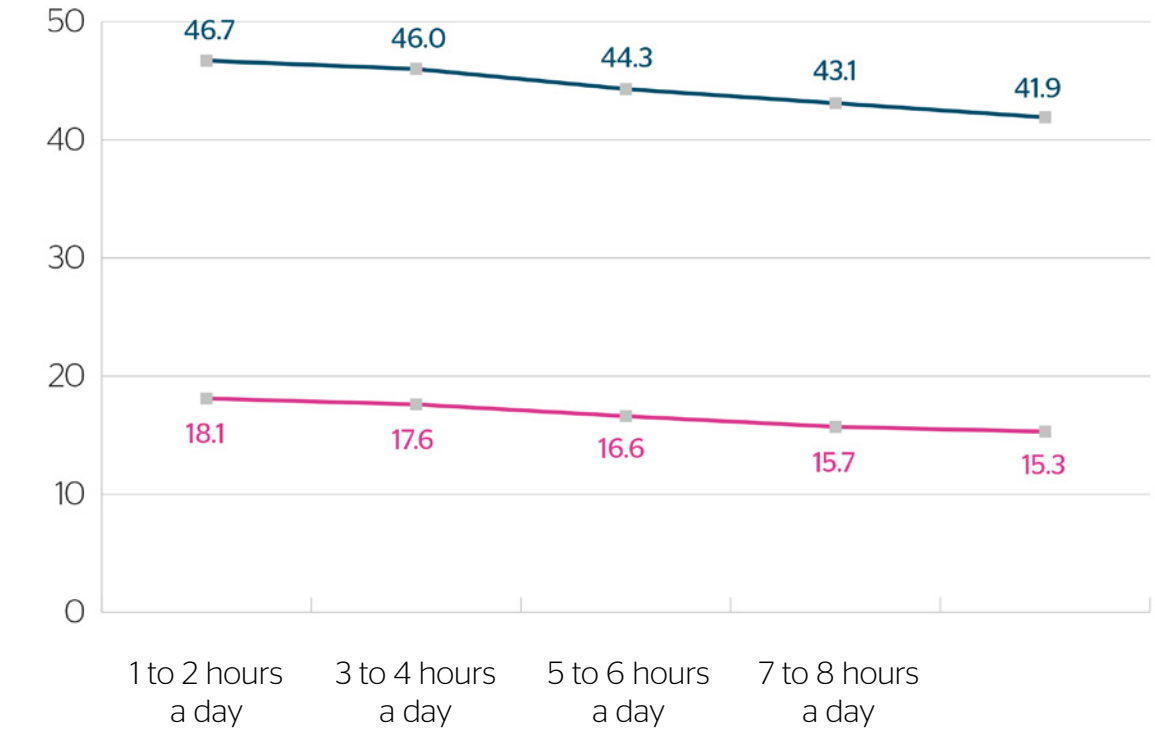
High screen use was associated with lack of sleep.

- Of those who spend less than seven hours a day using a screen, 9% get under seven hours sleep.
- Of those who spend seven or more hours using a screen, 24% get under seven hours sleep.




## Screen time, self-esteem and wellbeing

Increases in reported screen use was associated with a decrease in average self-esteem and wellbeing scores.




***Graph:*** *The average wellbeing score and average self-esteem score of students plotted against the amount of time they spend using a screen each day.*

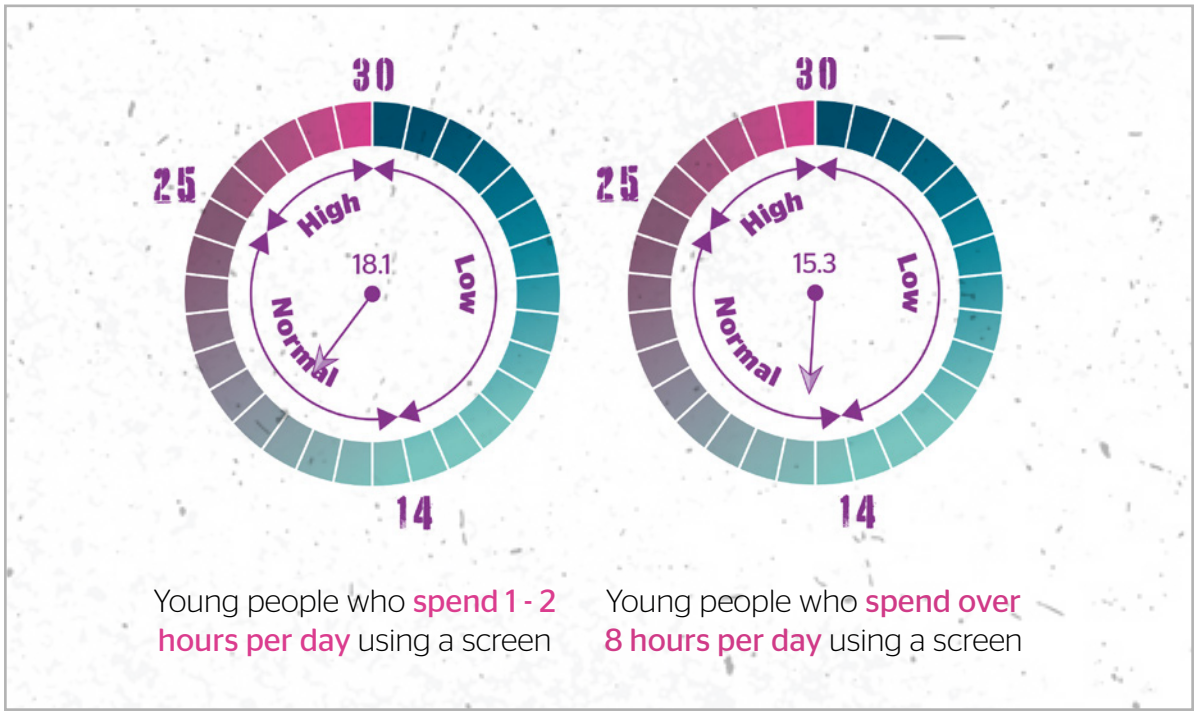
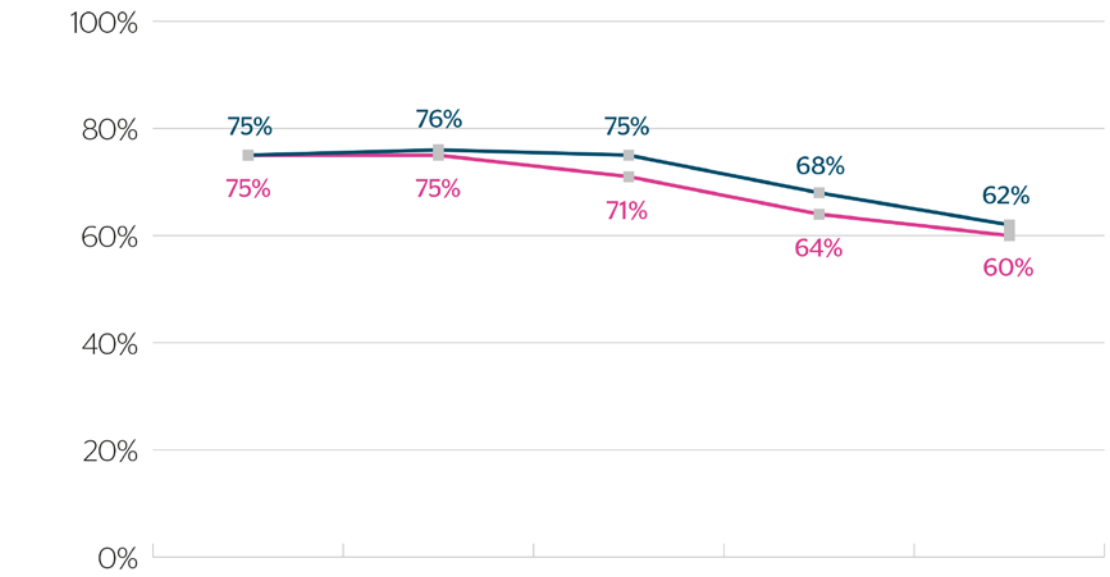



***Figure:*** *The average self-esteem score of students and whether they spend 1 - 2 hours or over 8 hours using a screen each day.*

## Screen time and parental support

The results also suggested an association between screen use and the parent-child relationship. Students who spent longer using a screen, were less likely to say that their parents were important for support with their mental health, and less likely say that they would go to them for support.




***Graph:*** *The percentage of students that feel their parents are important for support, and that would ask their parents for support, plotted against the amount of time they spend using a screen each day.*

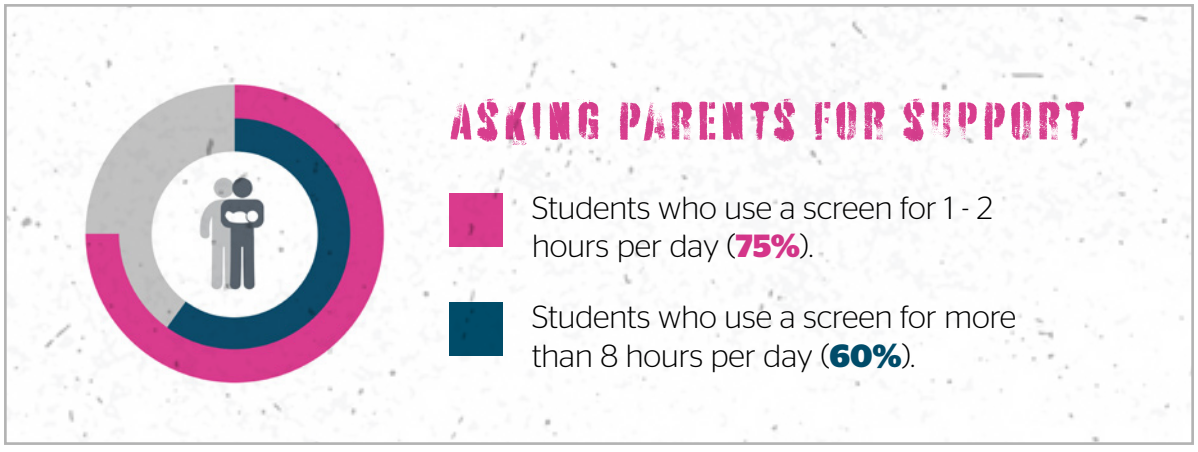



***Figure:*** *The percentage of students who said they would ask their parents for support with their mental health and screen time.*

# Being bullied online

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

**10,849**

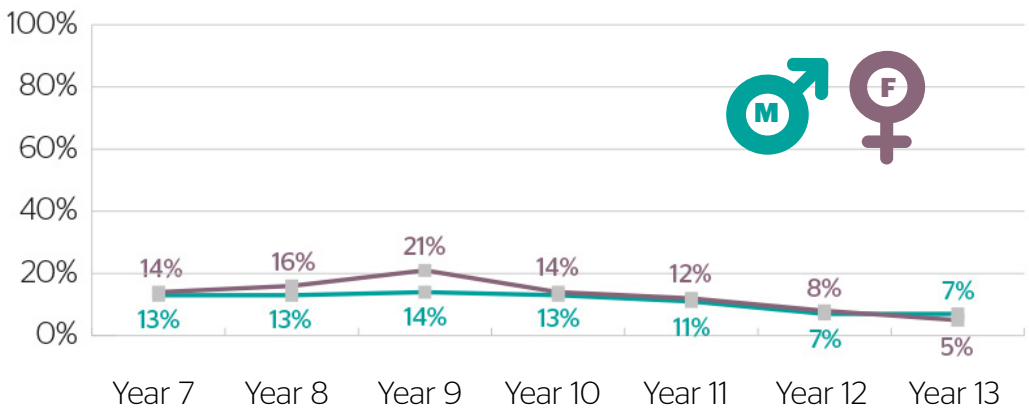
Young people responded to questions about being bullied online.

10,849 students responded to this question. 13% of girls and 11% of boys said they had been bullied online within the last two months. Overall 12% had.

Online bullying was the only topic in the survey where prevalence decreased with age. Only 6% of Year 13s had been bullied online, compared to 13% of Year 7s.

Reported prevalence amongst boys and girls was broadly similar, except for Year 9 students, where girls were more likely to report being bullied online (21% compared to 14%). Across all year groups, the Year 9 students were also most likely to have been bullied online.



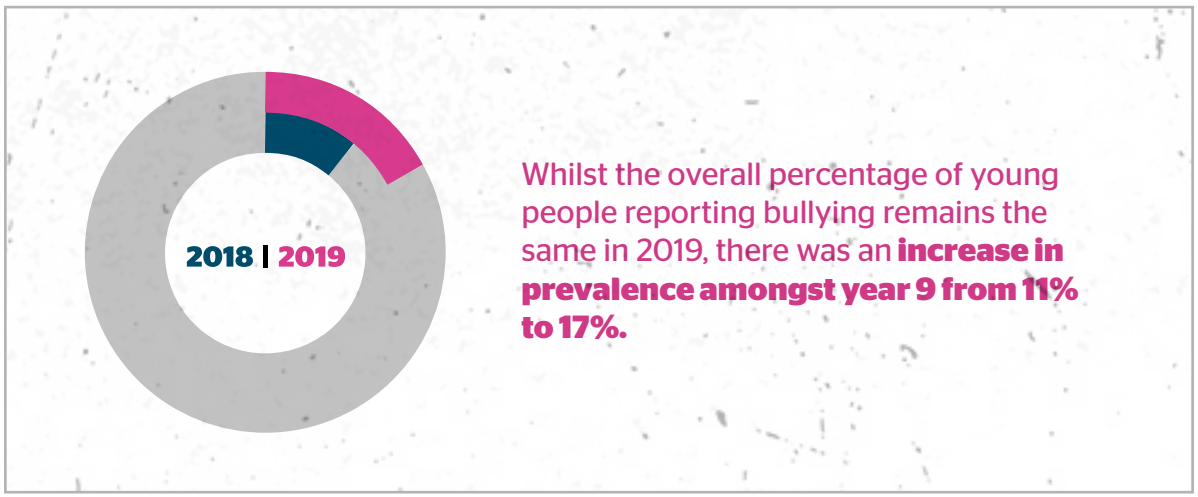

***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they had been bullied in the last two months and their school year.*

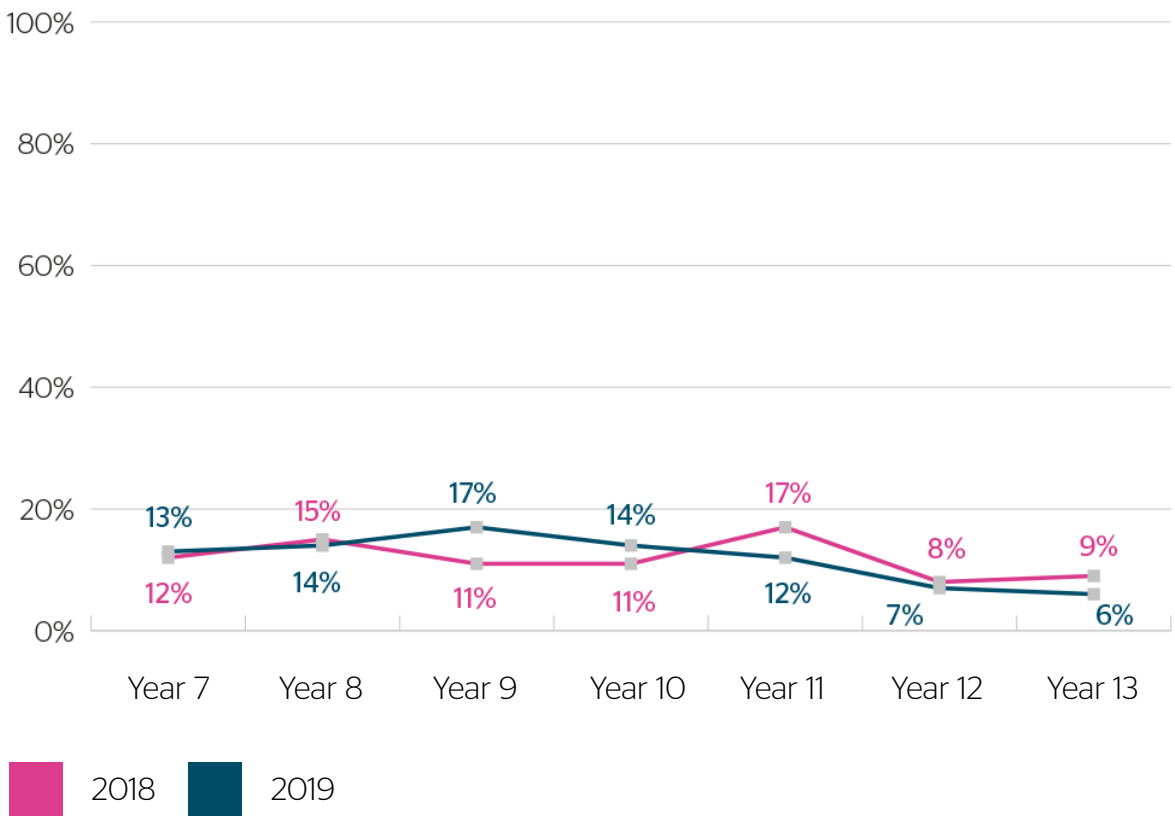


## Prevalence

The percentage of young people who had been bullied online remained the same as 2018 (12%), however, there were differences between year groups.

The biggest difference was amongst students in Year 9, where in 2018, 11% had been bullied online, compared to 17% in 2019.

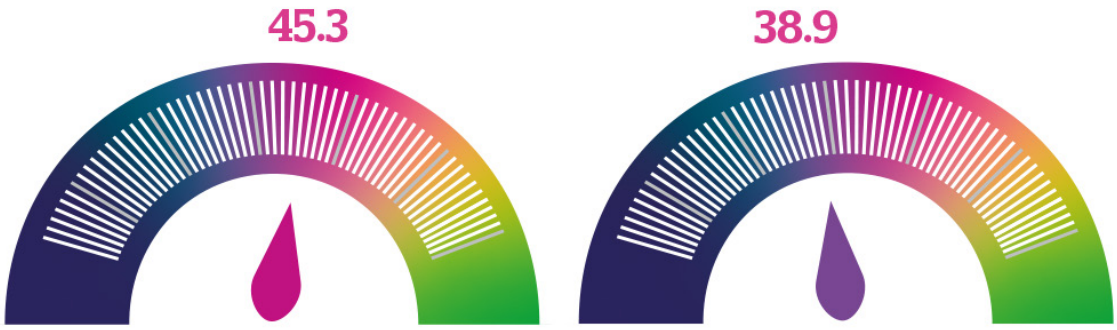



***Graph:*** *The percentage of students reporting having been bullied online in the last two months in 2018 and in 2019.*

## Wellbeing scores

Students who had been bullied online in the last two months had a lower average wellbeing score than those who had not.




Students who **have not** been bullied online in the last two months

Students who **have** been bullied online in the last two months

***Figure:*** *The average wellbeing scores of students who have or have not been bullied in the last two months.*

## Ethnicity

There were no differences in rates of online bullying between students who were White British and students belonging to other ethnicities. However, students belonging to some ethnic groups were more likely to have been bullied online.

- 26% of Romanian students and 24% of Black – Caribbean students had been bullied online within the last two months.
- Portuguese students reported the lowest levels, with only 4% saying they had been bullied online. Pakistani and Bangladeshi students also reported low levels (5%)

## Did you tell anyone you had been bullied?

Students who said that they had been bullied online, were asked whether they told anyone. 1,045 responded to this question.

Overall, most young people (55%) did not tell anyone. However, girls were more likely to have told someone than boys - 1 in 2 girls told someone (50%), compared to 2 in 5 boys (40%).

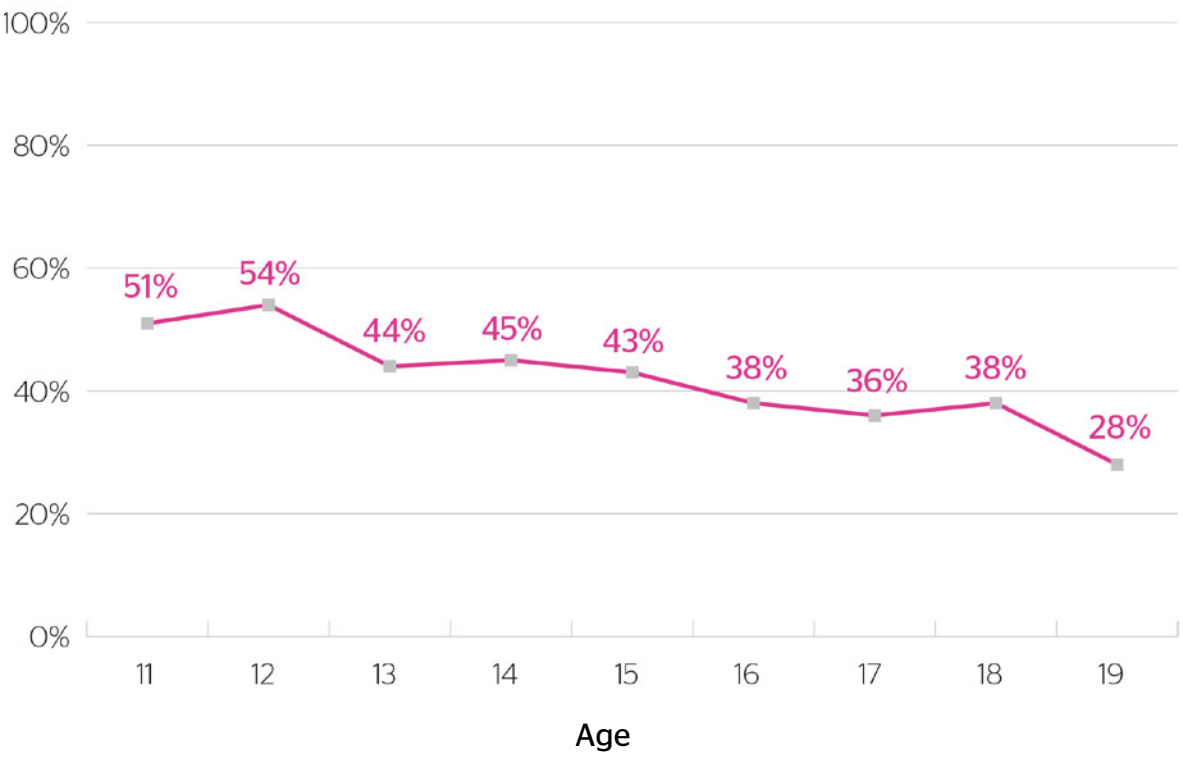





Younger students were more likely to have told someone they had been bullied than older students.

54% of 12-year olds had told someone, compared to 28% of 19-year olds.




***Graph:*** *The percentage of bullied students who had told someone about the bullying and their age.*

## Wellbeing

Students who had told someone they had been bullied online had a higher average wellbeing score than those who had not told anyone.

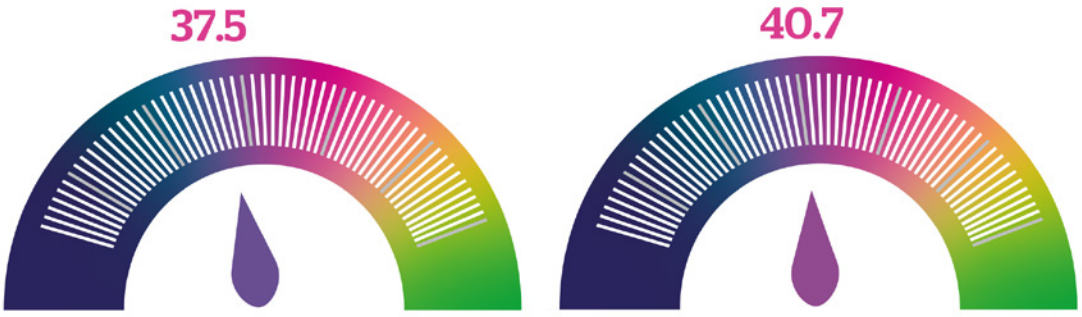
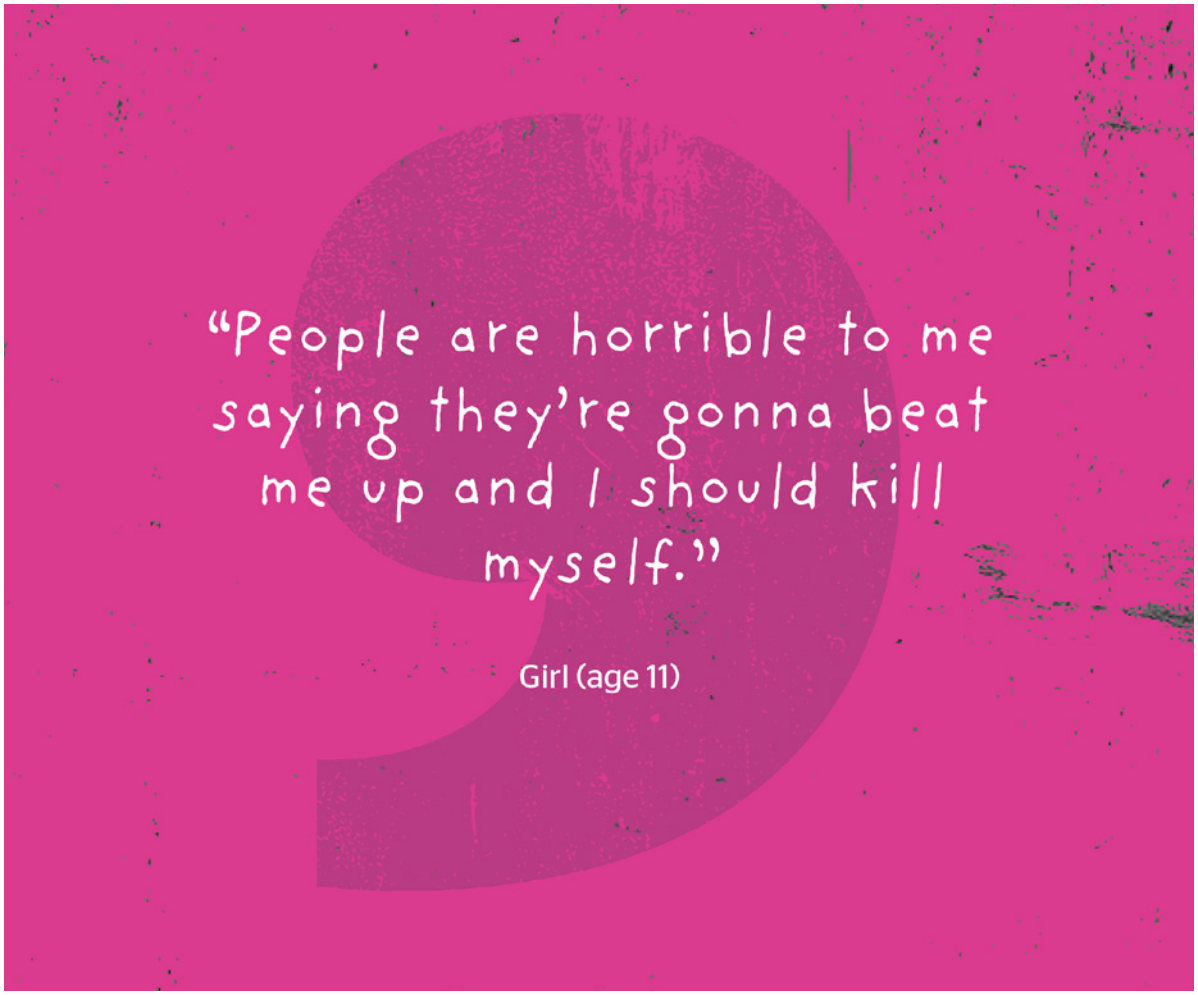



***Figure:*** *The average wellbeing scores of students who did or did not tell someone they were being bullied online.*



**“Sometimes you can get bullied about your looks** that is what I don’t like about social media.”

Girl (age 12)

“When I get cyberbullied by people, **it makes me feel unsafe.”**

Boy (age 15)

“Bullying is a big part of social media and **it can ruin people’s lives.”**

Girl (age 13)

“I know someone that on social media was a real bully and was treating me, but at school when I spoke to them they got scared of me instead, **he was pretending to be all big and scary when he’s not, social media gave him power.”**

Girl (age 13)

“In the past I have been bullied in Instagram and **I feel like I have to be a different person as how I look.”**

Girl (age 13)

“I feel bad when **people are telling me to kill myself.”**

Girl (age 15)

# Harmful material online

Students were asked to indicate whether they had seen four key types of online harmful content. 11,859 responded to the question.

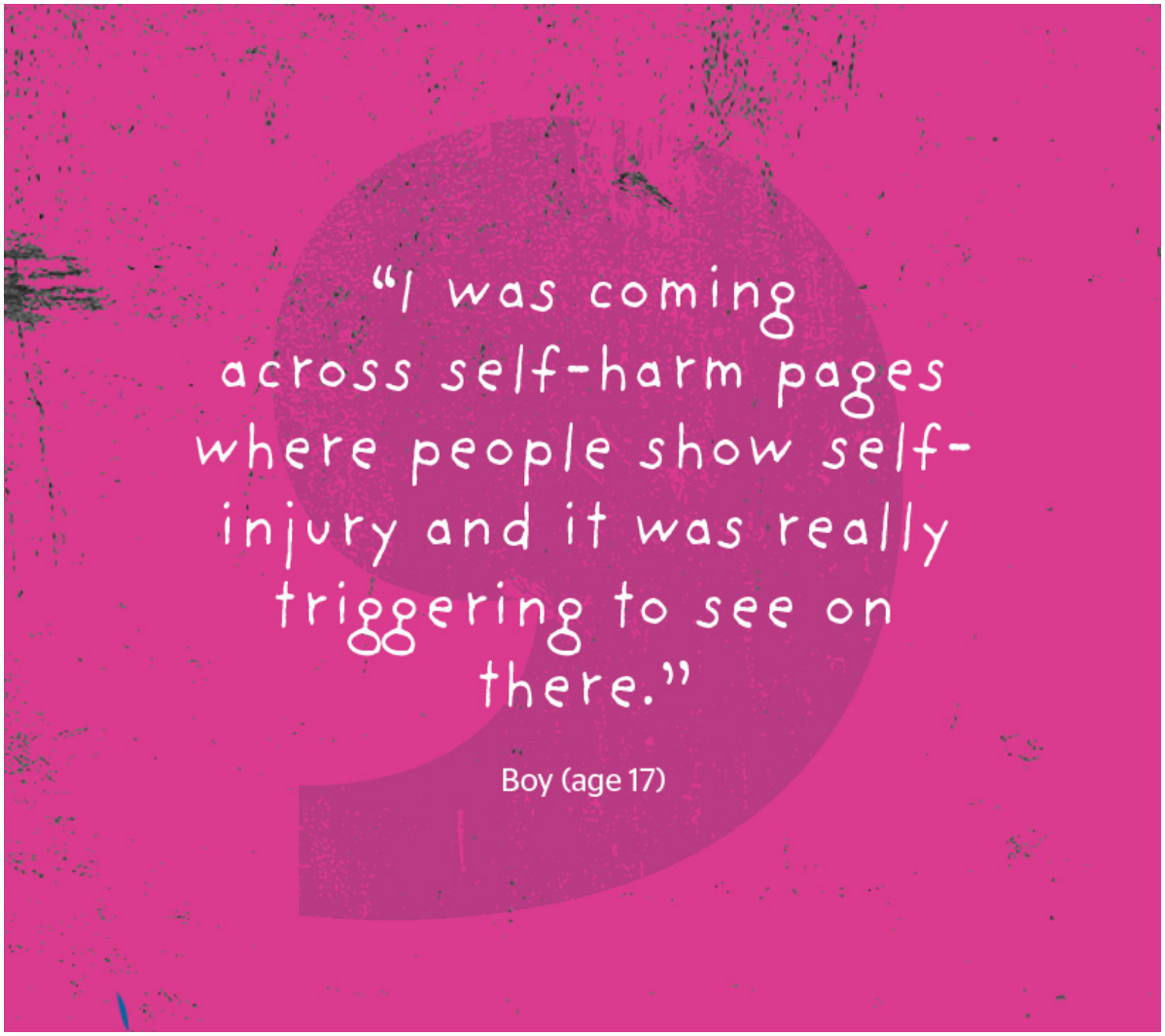
**11,859**

Young people responded to questions about viewing harmful content online.

The content types were:

- Excessive thinness: Content which encourages people to be very thin.
- Self harm: Content which encourages people to self-harm or talk about suicide.
- Aggression: Content showing extreme violence and aggression against others.
- Hatred: Content which encourages hatred, extremist or racist views.

The results do not distinguish whether students actively sought out this content or had unintentionally seen it.



## Exposure to harmful content

More than half of students (57%) had seen at least one type of harmful content online. 43% had not seen any, however this decreased with age.

| Number of content types seen | Percentage of students |
|---|---|
| 0 | 43% |
| 1 | 30% |
| 2 | 12% |
| 3 | 7% |
| 4 | 8% |

***Table:*** *The percentage of students that had seen harmful content online and how many of the types they had viewed.*

## Young people with additional needs

Young people with additional needs were more likely than their peers to have seen harmful content:

- I have a mental health difficulty: 71%
- I need help with English: 65%
- I'm a carer: 64%
- I have learning difficulties: 60%
- None of these apply to me: 54%

## Analysis of each content type

Boys were most likely to report having seen extreme violence and aggression against others (29%)., whereas girls were most likely to have seen content which encourages excessive thinness (40%). Overall, girls were more likely to have seen each of the four types of content than boys were.

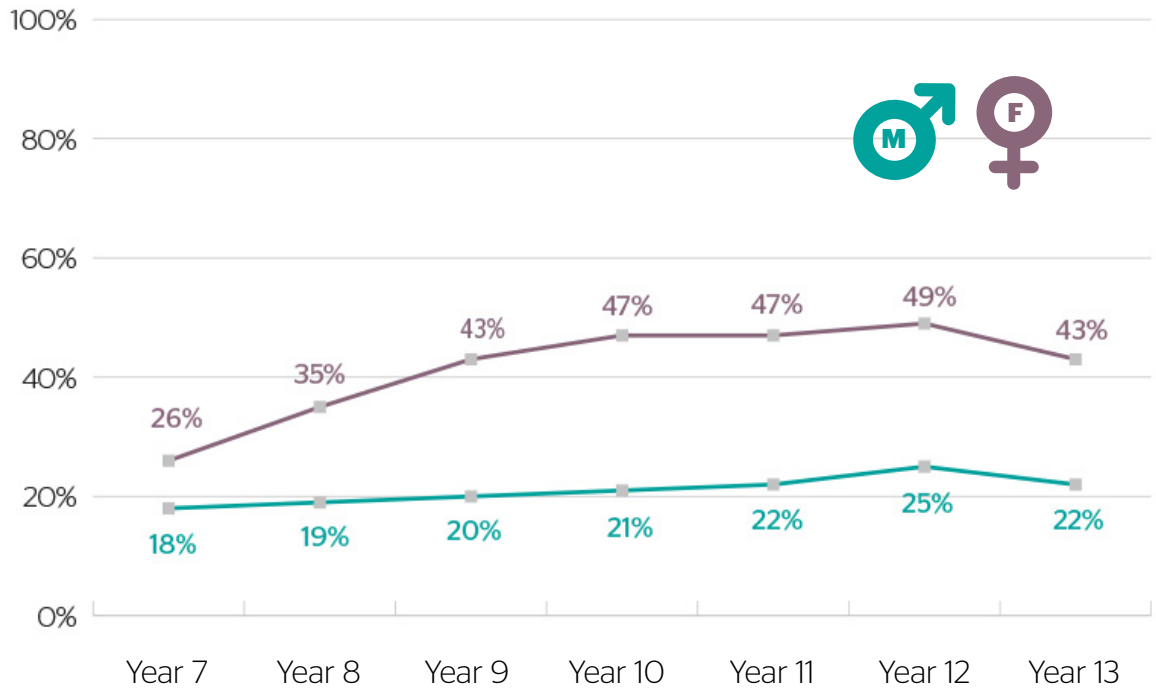


Male students were the most likely to have seen **extreme violence or aggression** against other people online.

Female students were most likely to have viewed content that encourages people to be excessively thin.

## Excessive thinness

Girls were twice as likely than boys to have seen content which encourages excessive thinness. Almost half of Year 12 girls (49%) had seen it.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they had seen content online that encourages people to be excessively thin.*

## Self-harm or suicide

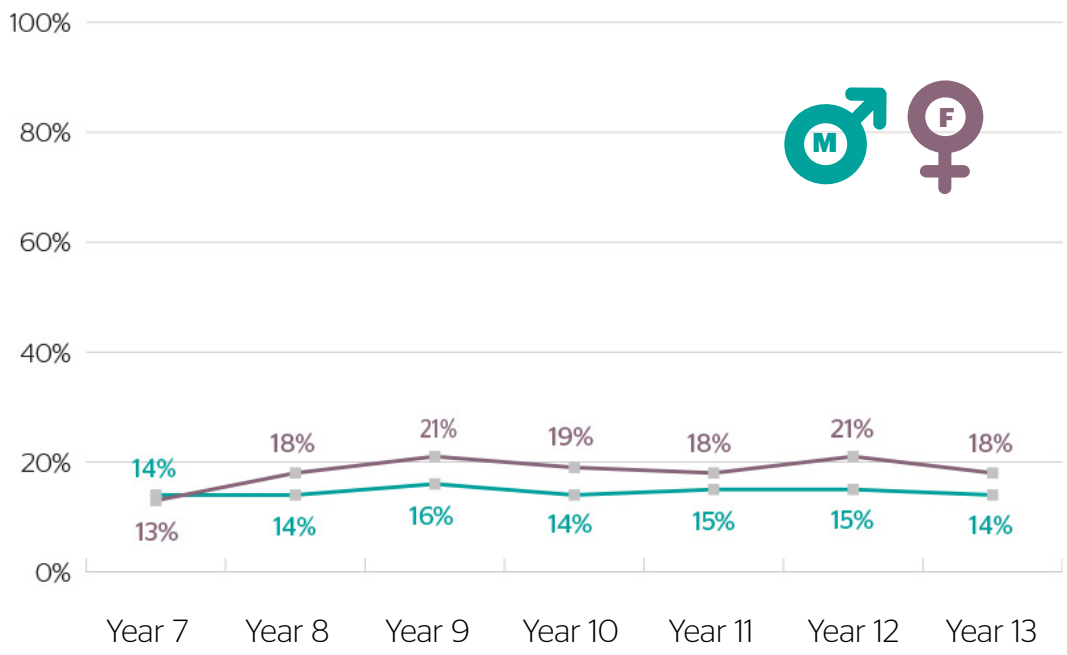
Overall, 15% of boys and 18% of girls had seen content around self-harm or suicide.

Students who had seen it were more than twice as likely to report having self-harmed, than those who hadn't seen that type of content. Of those who had not seen it, 14% had self-harmed. Of those who had seen this type of content, 35% had self-harmed.

This raises the question of whether young people who have self-harmed were more likely to seek out this content, or whether viewing this content was more likely to cause self-harming behaviour.

Students who had seen online content which encourages *self-harm or suicidal behaviour* were **more than twice as likely** to report having self-harmed, than those who hadn't seen that type of content.

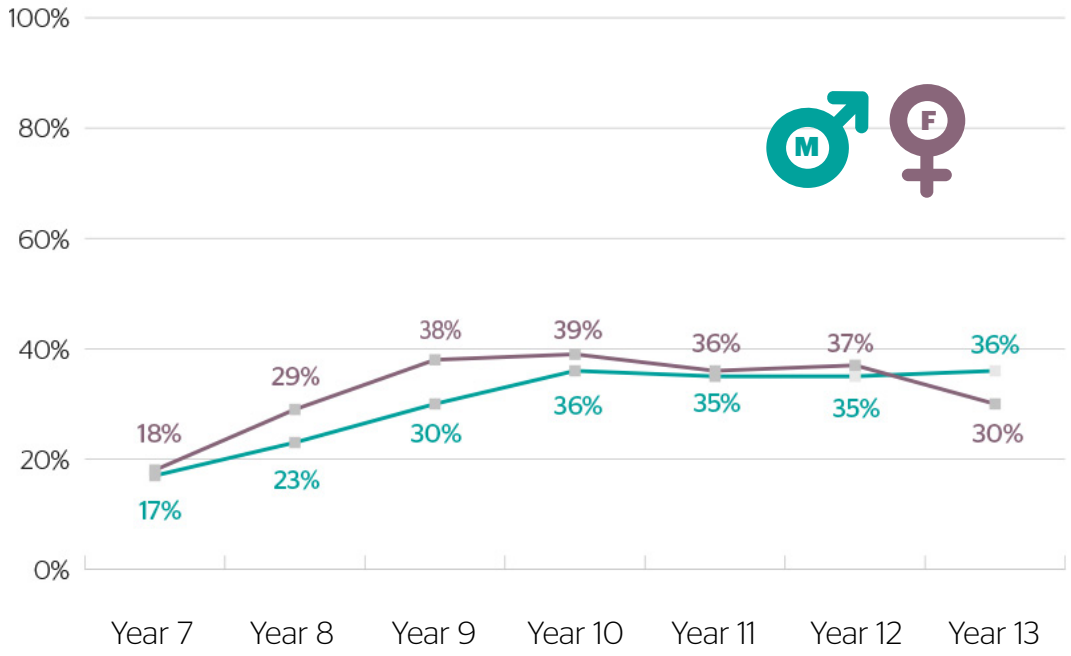
Of those who had seen this type of content, **35%** had self-harmed.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they had seen content online that features self-harm or suicide.*

## Extreme violence or aggression

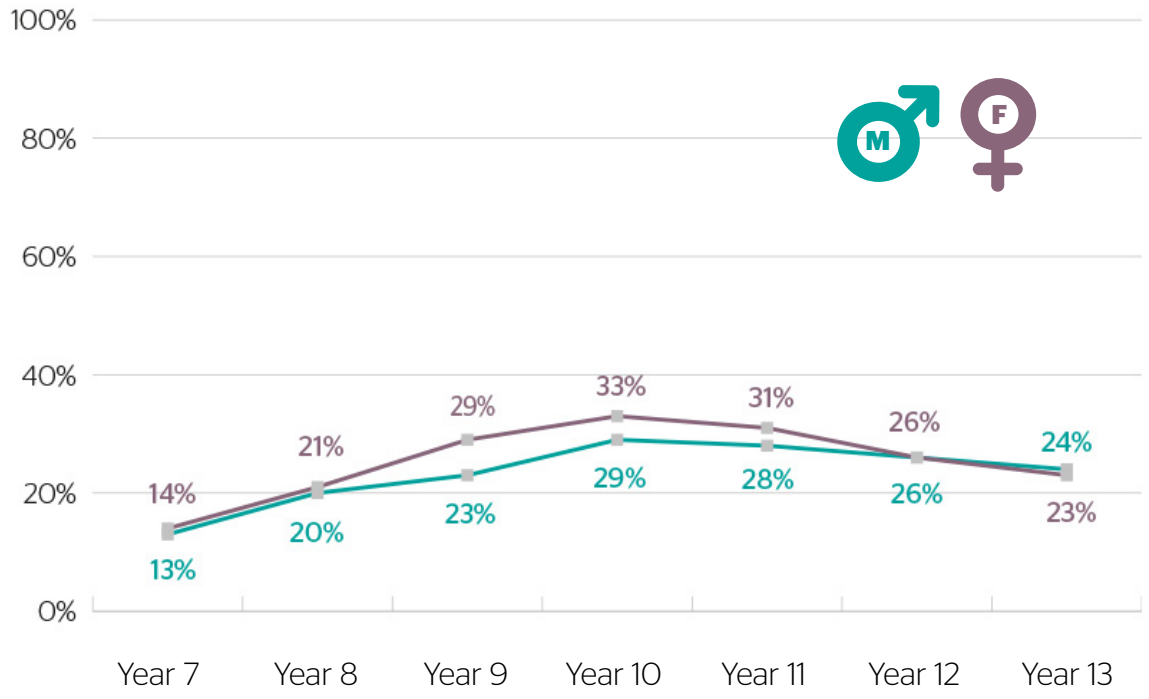
The percentage of students in Year 9 who have seen extreme violence or aggression online, is double the percentage of Year 7s who have (34% compared to 17%).




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they had seen content online that features extreme violence or aggression.*

## Hatred, extremist or racist views

Students in Year 10 were most likely to report having seen content which displays hatred, extremist or racist views.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they had seen content online that features hatred, extremist or racist views.*

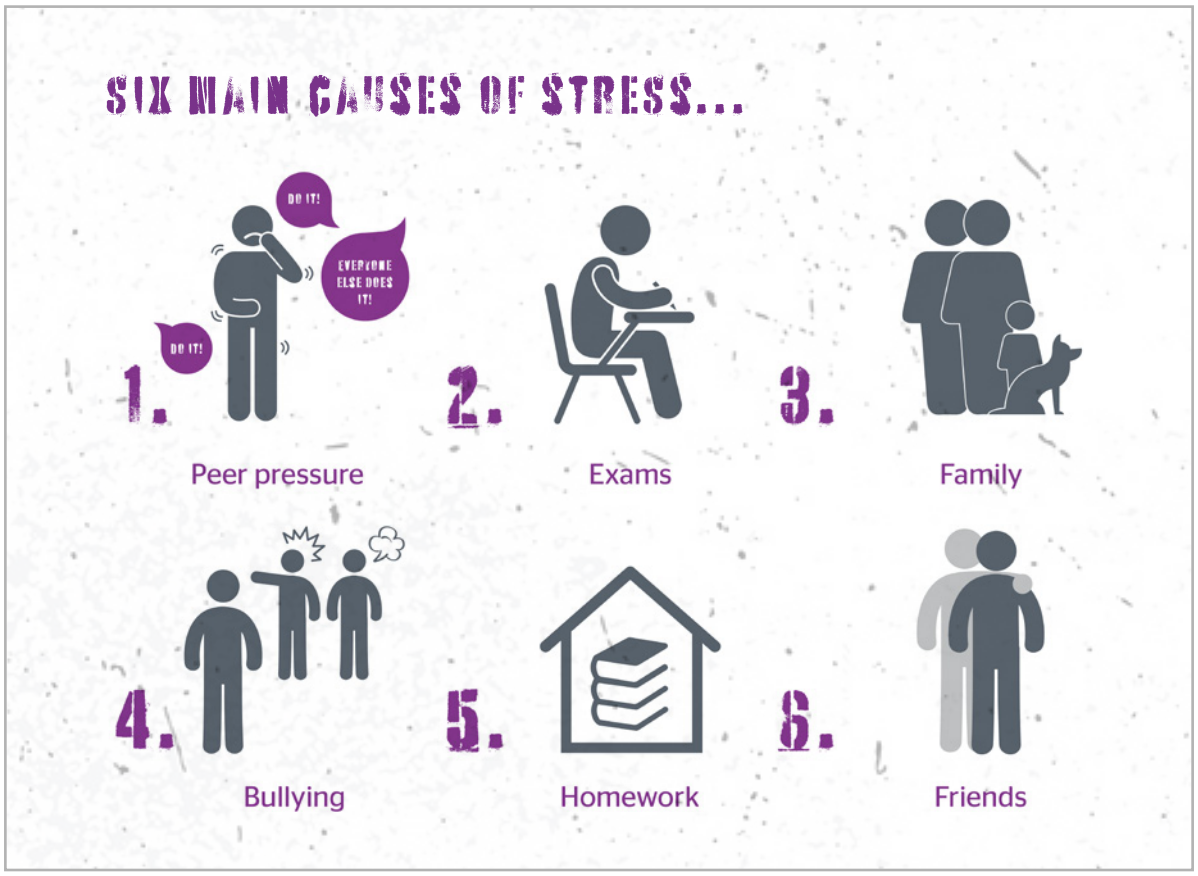
# WHAT MAKES YOU FEEL STRESSED?

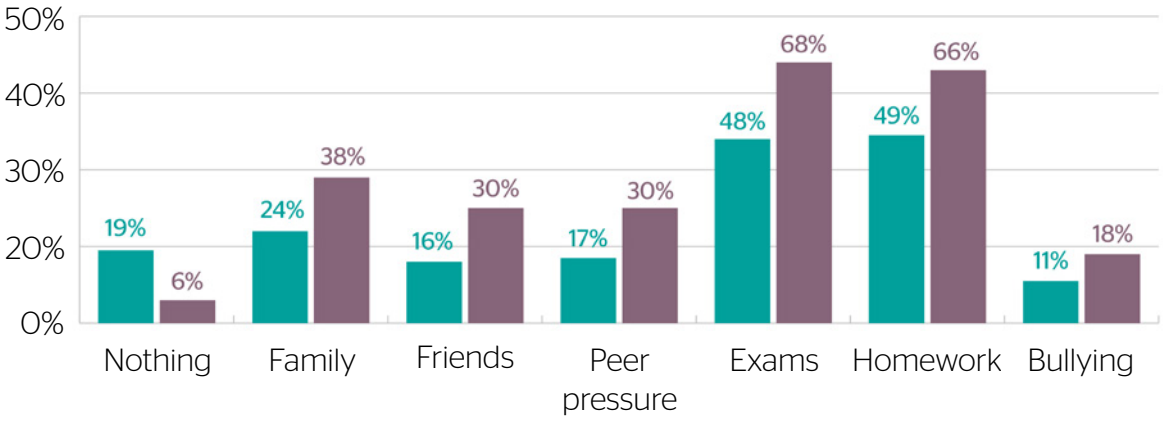
# What makes you feel stressed?

Students were asked to select the things that cause them stress. The available options were taken from the most commonly mentioned causes of stress from last year's survey. 10,768 students responded to this question. The biggest cause of stress for both boys and girls were exams and homework.

**10,768**

**Young people responded to questions about stress.**

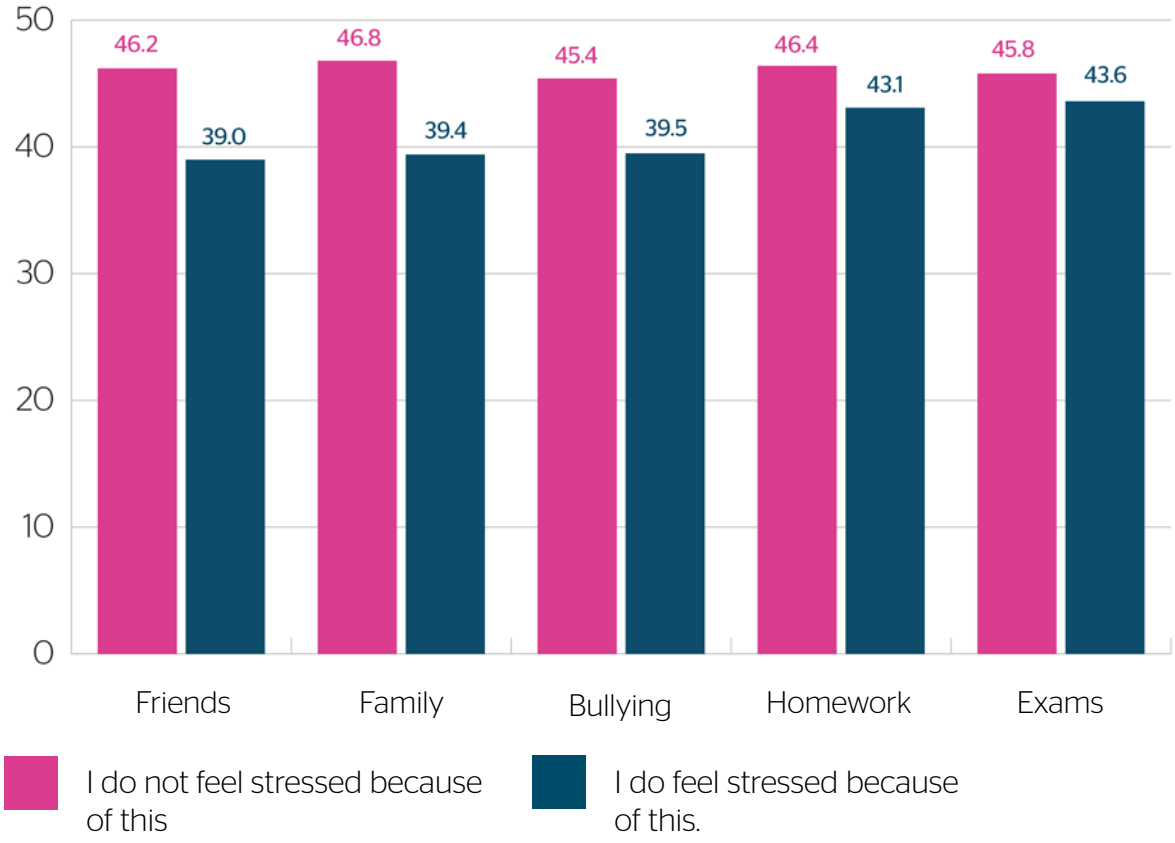



***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said each category causes them stress.*

## Wellbeing, self-esteem and resilience

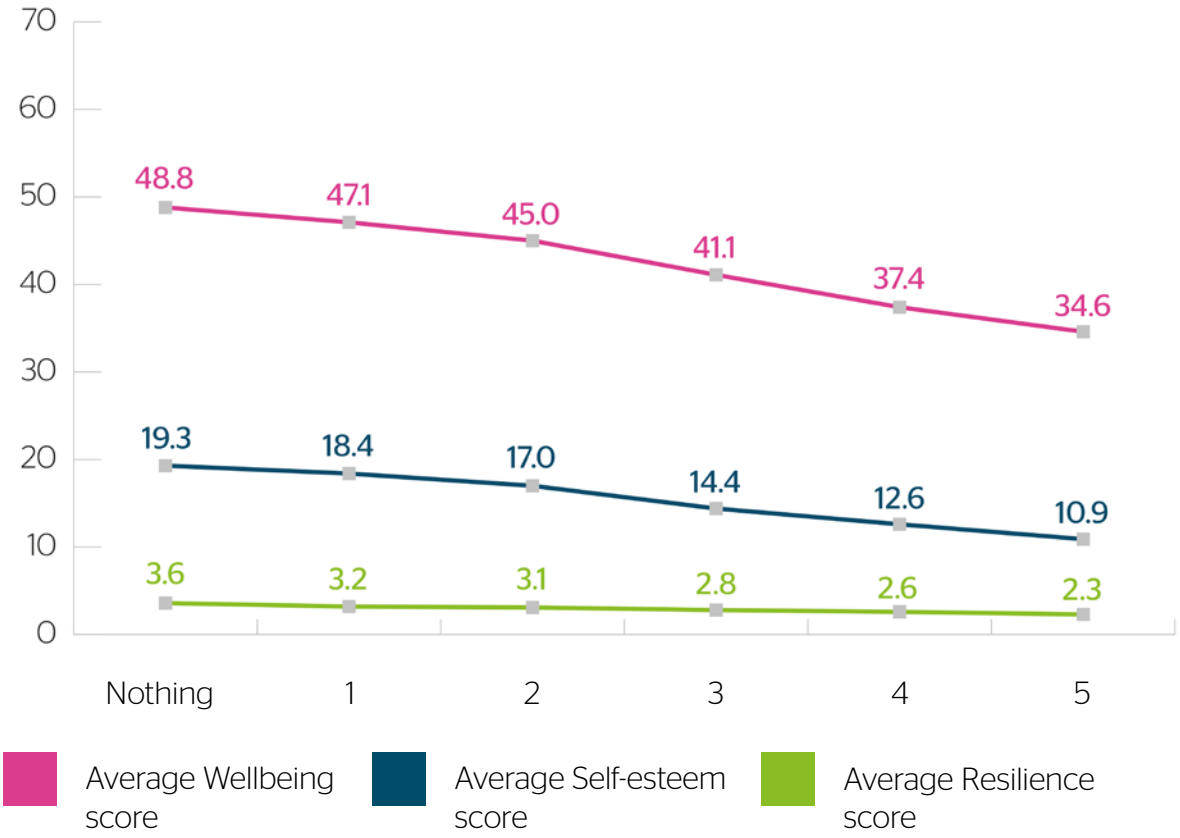
Students who said that each area was a source of stress for them, had a lower average wellbeing score than those who did not say that area was a source of stress.




***Graph:*** *The average wellbeing scores of students who* ***do*** *or* ***do not*** *report feeling stressed about each category.*



The data also showed that as the number of reported stresses increased, average wellbeing, self-esteem and resilience scores consistently decreased. Students who said that nothing makes them feel stressed had the highest wellbeing, self-esteem and resilience.




***Graph:*** *The average wellbeing, self-esteem and resilience scores of students and the number of stresses they have.*

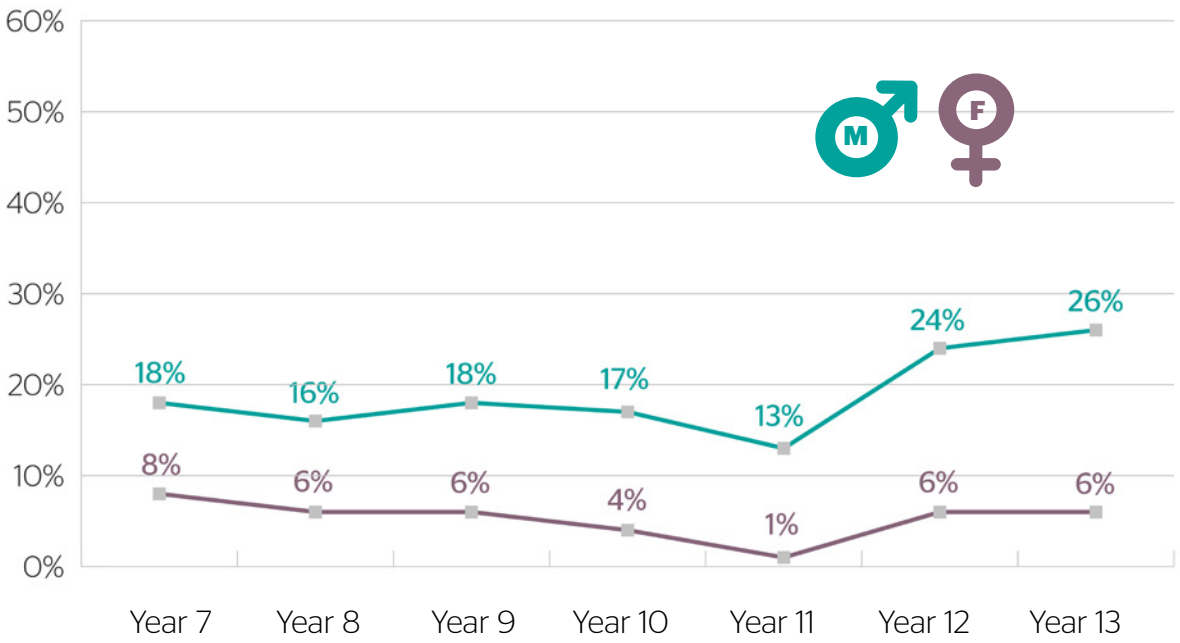
## "Nothing causes me stress"

Overall, **13%** of young people said that nothing made them feel stressed. However, boys were much more likely than girls to say this.

Year 11s were least likely to say nothing caused them stress - only **1%** of Year 11 girls agreed with this statement.



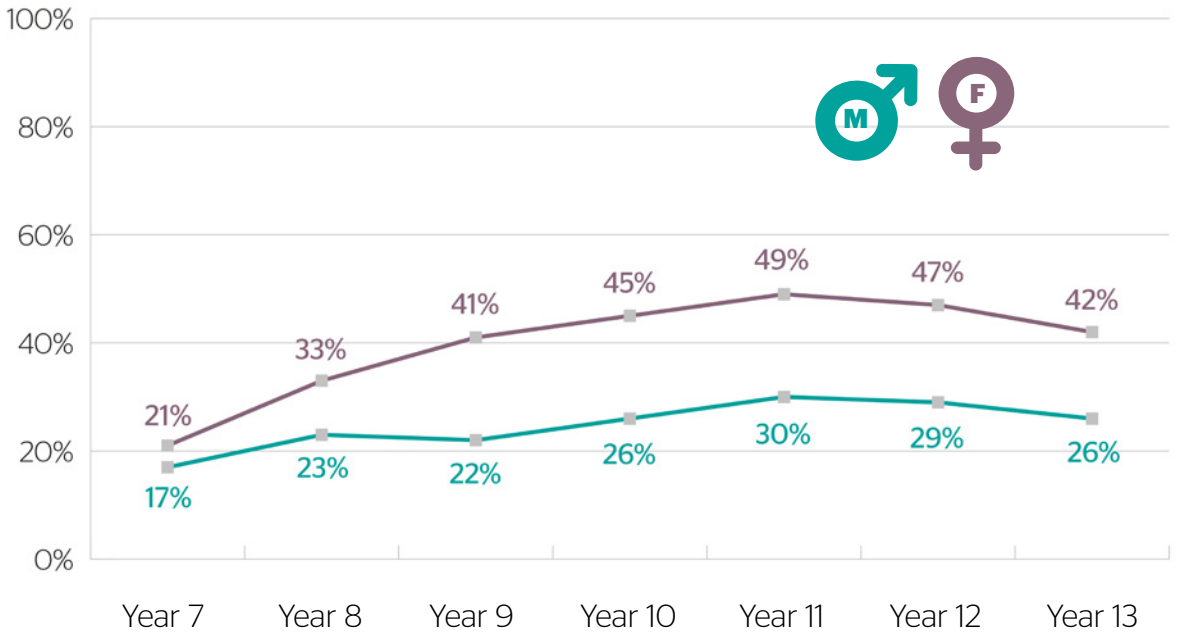

***Figure:*** *The percentage of* ***male*** *and* ***female*** *students who say nothing causes them stress.*




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said nothing is causing them stress and their year group.*

## "My family makes me feel stressed"

Stress caused by family increased between Year 7 and Year 11, before declining. Almost half of girls in Year 11 (49%) said that their family causes them stress.

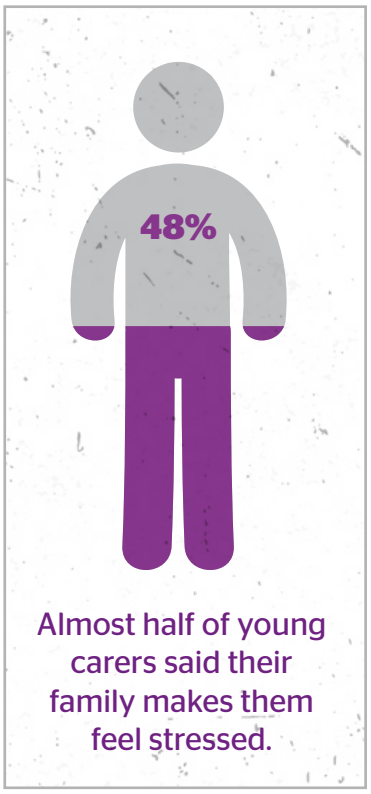



***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said their family causes them stress and their year group.*

## Family stress and support from parents

There was an association between family stress and parental support. Students who said that their family causes them to feel stressed were:

- Less likely to say that they would go to their parents for support (47% compared to 80%)
- Less likely to say that their parents were an important source of support for their emotional wellbeing (55% compared to 80%)
- More likely to say that a barrier to seeking wellbeing support was 'I'd be scared my parents would find out' (41% compared to 14%)




Almost half of young carers said their family makes them feel stressed.

## Family stress and additional needs

Students with additional needs were more likely to say their family causes them stress than students who don't have an additional need. 25% of students who do not have an additional need said their family is a cause of stress. This compares to:

- 56% of students who are experiencing a mental health difficulty.
- 48% of young carers.
- 41% of students who are or have been in care.

"My dad because **he didn't care about us when I had a car crash.**"

Girl (age 12)

# WHAT MAKES YOU FEEL STRESSED?

"Sometimes **I have had really big arguments at home** about my mum's boyfriend, and last year my nan passed away, so I am really upset and stressed over that as well."

Girl (age 14)

"**Sometimes mum and dad argue about things** sometimes money and things like that."

Boy (age 11)

"**My little sister however she has autism** so she can't help it."

Girl (age 12)

"My grandad went missing and he was found, but dead. And **that comes to me and I sometimes need support to keep calm.**"

Boy (age 11)

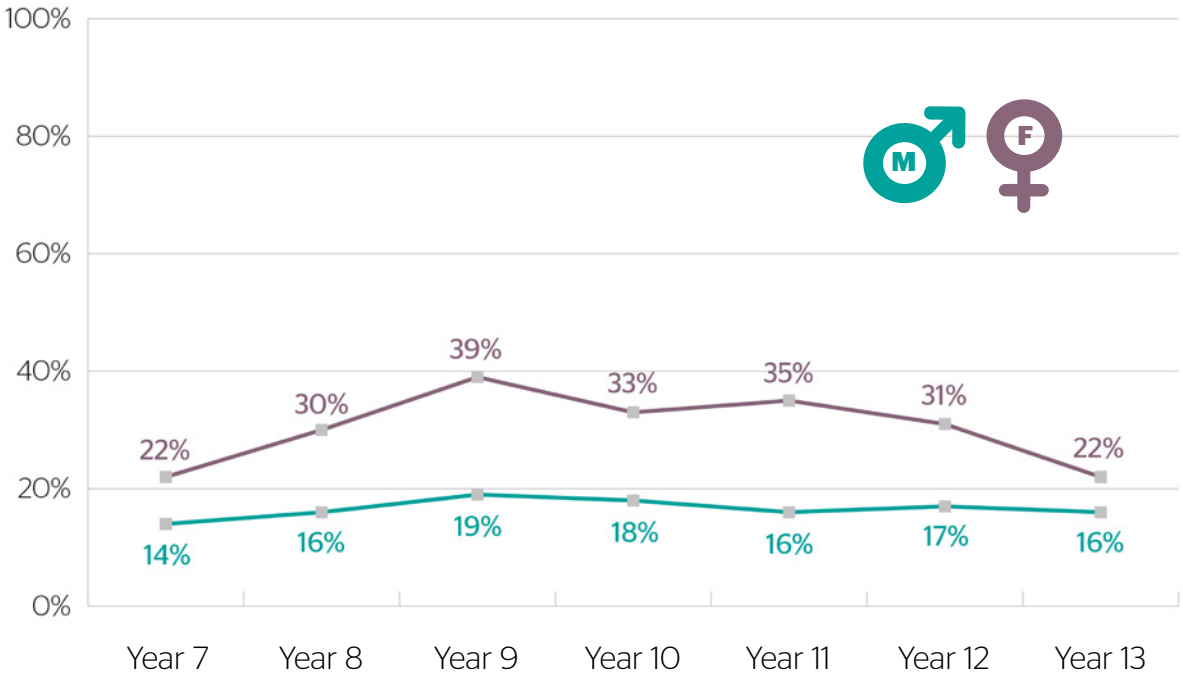
"**My mums and bros and dads illnesses** and my mums mental health issues."

Girl (age 13)

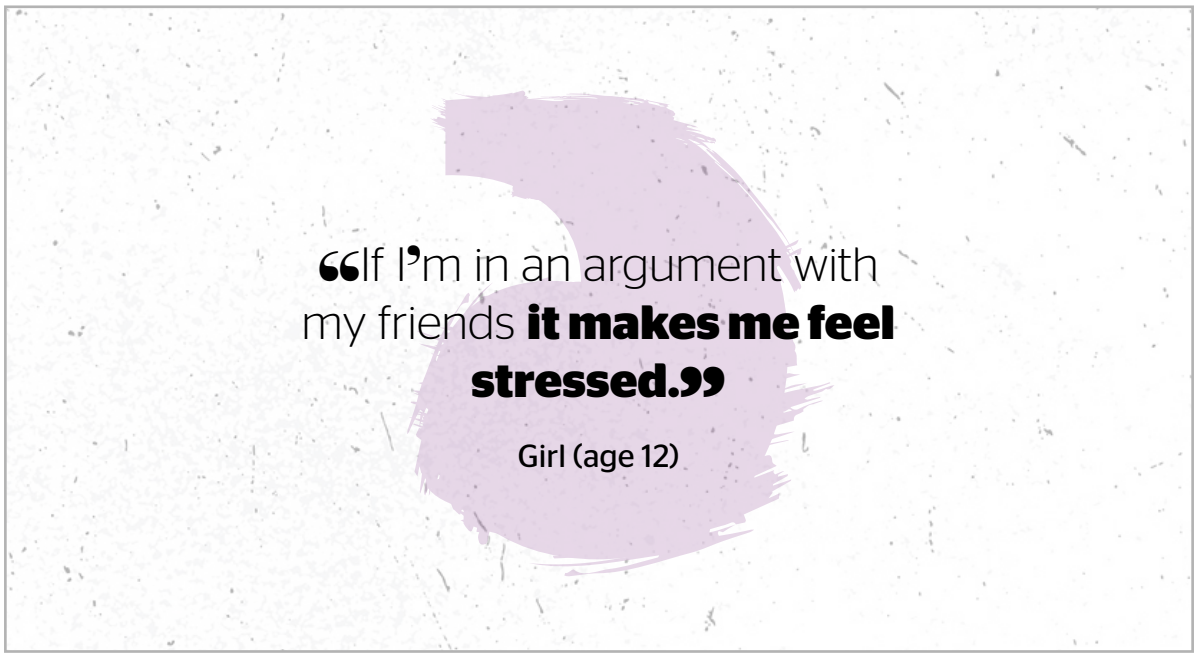


## “My friends make me feel stressed”

Stress relating to friends remained consistent across all age groups amongst boys but increased sharply amongst girls between Year 7 and Year 9.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said their friends cause them stress and their year group.*



# WHAT MAKES YOU FEEL STRESSED?

"**Playing Xbox with friends being better then everyone** then being called a swet for having 2x the amount of hours on the game than them."

Boy (age 14)

"Missing my friends and the inability to make other friends because **they mostly don't like me.**"

Boy (age 16)

"I also stress and worry about **if my friends are okay.**"

Girl (age 12)

"I'm having a really hard time with friendship relation issues and **I'm scared I will be left alone.**"

Girl (age 12)

"Having to be **the 'confident' one** in my friend group."

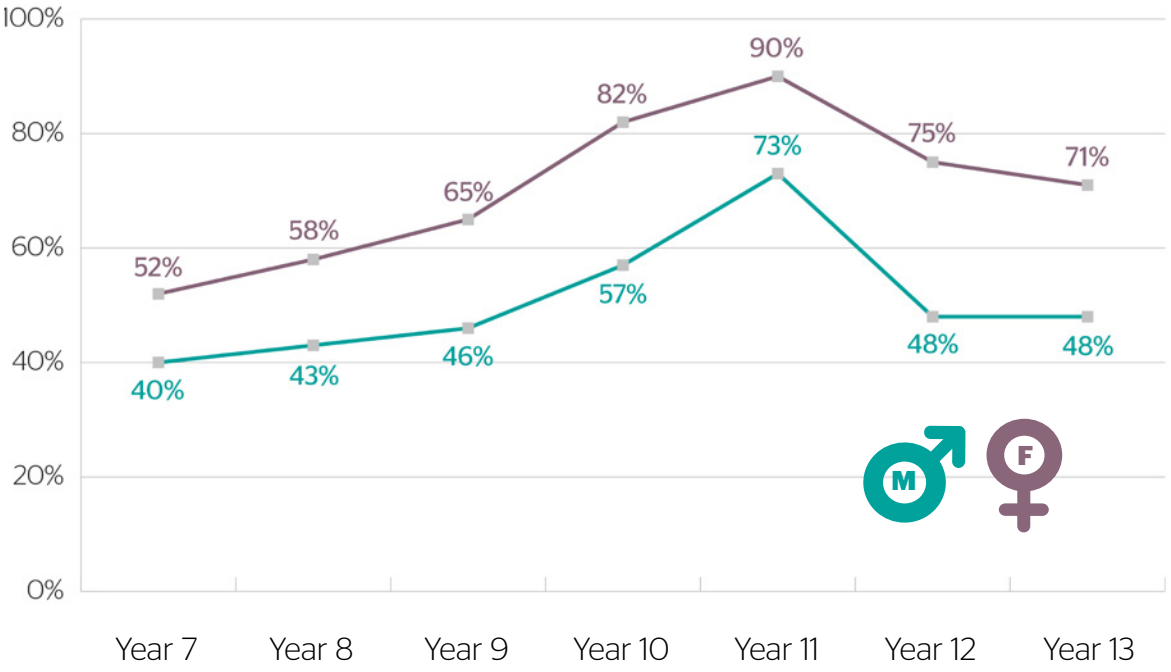
Girl (age 13)

"My girlfriend lives in Nottingham and because of this we can't really see each other. **She is seeing another boy on Saturday and that worries me.**"

Boy (age 13)

## “Exams make me feel stressed”

Year 11s were most likely to say that exams make them feel stressed. However, even amongst Year 7s and Year 8s, almost half said they feel stressed about exams. At all ages, girls were more likely to feel stressed about exams than boys.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said exams cause them stress and their year group.*

**“People who achieve high grades and complain about it worries me** that what I am getting is not high enough.”

**Girl (age 16)**

# WHAT MAKES YOU FEEL STRESSED?

"It's all like is this for our GCSEs?... we had a teacher change for maths and that just messed everything up for me. I've literally learnt nothing. **We've never been taught how to revise or what to do.**"

Girl (age 13)

"I am stressed about exam because **I am worried about getting a poor mark.**"

Girl (age 12)

"**When I am in bottom set maths** when I need maths in GCSE."

Boy (age 12)

"**Constantly being told that GCSEs will decide your future** when they don't."

Boy (age 14)

"**The build up to an exam** gets me stressed."

Boy (age 14)

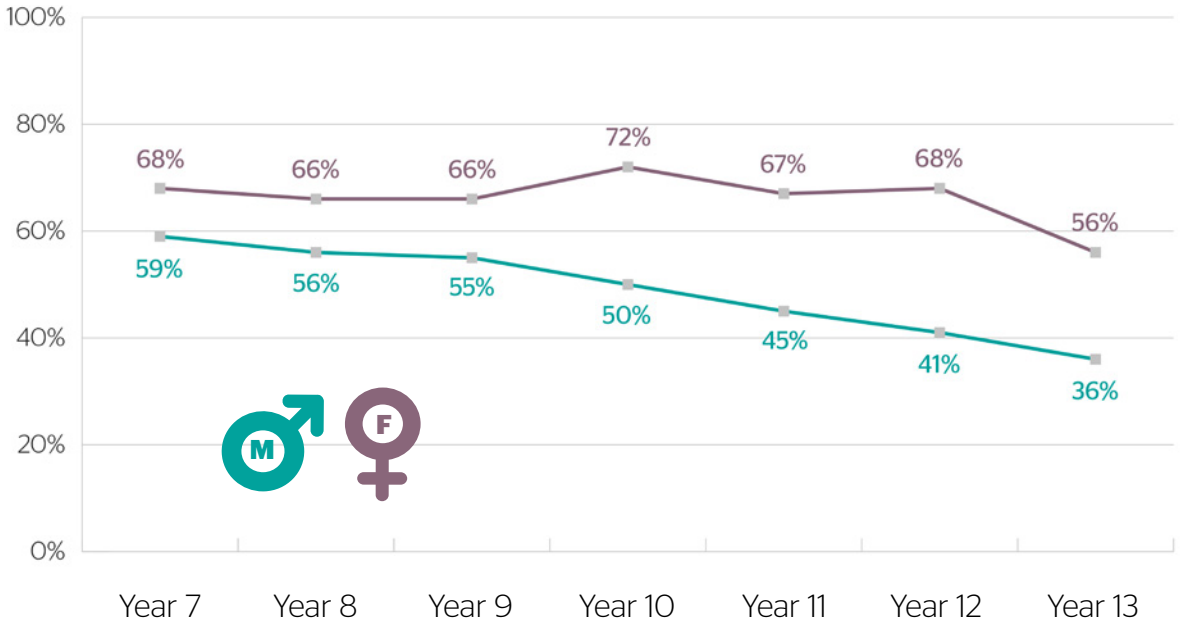
"**Some exam subjects that I find difficult** can sometimes make me a bit stressed when I think about them."

Girl (age 12)

## "Homework makes me feel stressed"

Like the gender differences around experiencing exam stress, boys were also less likely to feel stressed about homework than girls.

Boys were most likely to worry about homework in Year 7 (59%) whereas girls were most likely to worry about homework in Year 10 (72%).




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said homework causes them stress and their year group.*

"I wish homework could be banned, because **I'd prefer to spend more time with family and friends.**"

Boy (age 15)

# WHAT MAKES YOU FEEL STRESSED?

"Teachers not understanding you have a life outside of school and getting so much homework that **you can't balance your social life and homework at the same time.**"

Girl (age 16)

"School really stresses me out, and so does homework. **Sometimes it makes me just not want to go or come or be there.**"

Girl (age 11)

**"Homework makes me want to die."**

Boy (age 15)

"School makes me feel stressed because **we get pressured into finishing homework on time** when we get given too much to do."

Boy (age 13)

**"Homework stresses me out** and makes me sad : ( "

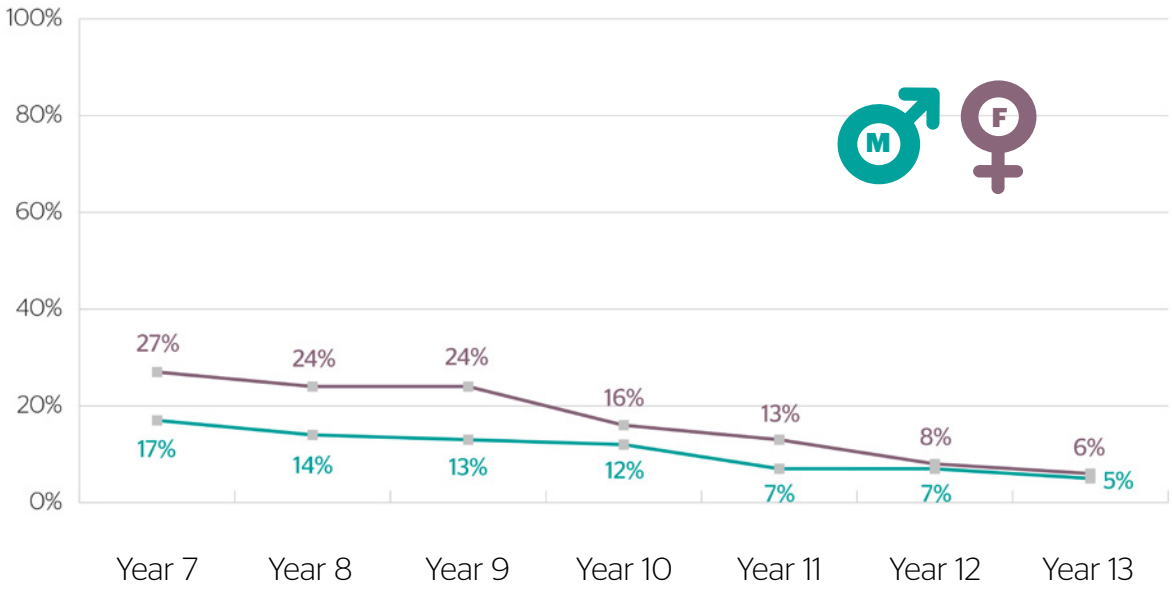
Boy (age 13)

"Because of family life **it's hard to do homework as I can't concentrate.**"

Boy (age 13)

## "Being bullied makes me feel stressed"

Stress caused by bullying was the only type of stress which became less common with age.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said being bullied causes them stress and their year group.*

This decrease in stress caused by bullying closely mirrors the reported prevalence of online bullying, which also declined with age.




***Graph:*** *The percentage of students who said being bullied causes them stress plotted against those students who reported being bullied online within the last two months.*

# WHAT MAKES YOU FEEL STRESSED?

"**My friend's brothers bully me** because I don't play things like x boxes and they swear at me all the time."

Girl (age 12)

"I often get comments saying that I stink from family members. **I've been bullied in the past, a lot of it was because I'm too nerdy** and quite small."

Girl (age 18)

"**I remember most of the time how much bullied I was in Romania** and it make me feel unsafe, unsure, ashamed."

Girl (age 14)

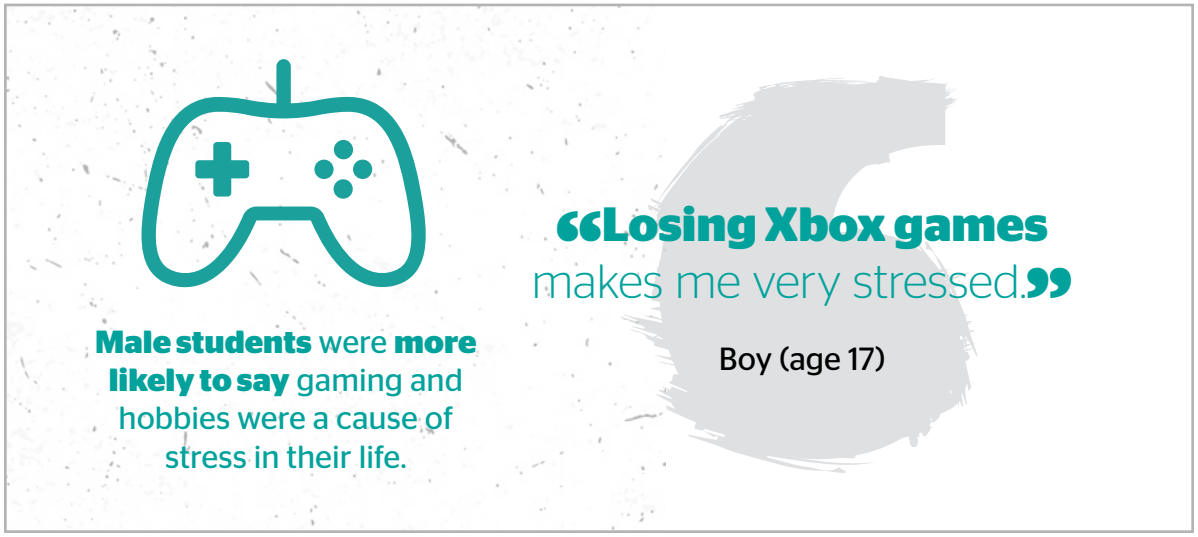
"**Being bullied online.**"

Boy (age 15)

"Since I am a diabetic, **I hate being called a druggy because I take insulin & people making fun of my autism.**"

Girl (age 14)

## Does anything else cause stress?




Students also had the option to share further information about anything else that made them feel stressed. Their responses were analysed and put into categories. 699 boys and 775 girls provided a response. Some of their quotes are included within the table below.

## Boys

The majority (45%) of boys described stress associated with school or college, and the pressure to do well in exams. Boys were less likely than girls to talk about stress linked to family, friends or relationships, however those who did, discussed family difficulties, or stress relating to a girlfriend or partner. Whilst, overall, boys reported lower levels of stress than girls across all areas, they were over three times more likely than girls to feel stressed about a hobby or playing games online.

| | | |
|---|---|---|
| School or work | 45% | “I sometimes feel bad about my work and if it is not good enough.” – **Boy, 12**<br><br>“Not learning enough in lessons because other students mess around and disrupt me.” – **Boy, 13** |
| Family, friends or relationships | 24% | “I don’t not like my family, I just get stressed and I feel I am constantly being told stuff to do.” – **Boy, 11**<br><br>“Relationships with dating people cause me loads of stress and sadness.” – **Boy, 12**<br><br>“I suppose my relationship stresses me out.” – **Boy, 18** |

| | | |
|---|---|---|
| Social activities | 13% | “1 vs 1 in football - when the striker runs at me and I have the whole team relying on me.” **- Boy, 12**<br><br>“Video games when the game goes wrong, so I have limited myself to a short time a day.” **- Boy, 14**<br><br>“Losing Xbox games makes me very stressed.” **- Boy, 17** |
| The future | 9% | “Not knowing what I am doing or not knowing what the future is..” **- Boy, 15**<br><br>“The current political climate and narrative being pushed.” **- Boy, 16**<br><br>“The impending climate crisis  Lack of certainty about the future.” **- Boy, 17** |
| Mental Health or wellbeing | 7% | “My mind tells me sad things and I feel like I am being judged about my body.” **- Boy, 12**<br><br>“My mental health issues make me stressed.” **- Boy, 17**<br><br>“An irrational feeling of pressure from day to day life.” **- Boy, 18** |
| Bullying | 2% | “People who walk past me and say stuff about me.” **- Boy, 13** |

## Girls

Like boys, girls were also most likely to refer to stress linked to school or college pressures (40%). Compared to boys however, girls were more likely to feel stress due to family, friends and relationships, and were twice as likely to feel stressed about their mental health or wellbeing.



Female students were more likely to say relationships were a cause of stress in their life.

| | | |
|---|---|---|
| School or work | 40% | “I am shortlisted for head girl and have had to make videos and campaign for this alongside all of my school clubs, I don’t really get a break.” – **Girl, 11**<br><br>“I feel sometimes that school is quite hard to cope with because you have to do so much for 5 days and then only have 2 days to recover.” – **Girl, 12** |
| Family, friends or relationships | 33% | “Not learning enough in lessons because other students mess around and disrupt me.” **– Girl, 11**<br><br>“Never knowing when my boyfriend is going to kick off and get himself arrested.” **– Girl, 15**<br><br>“Missing my friends and the inability to make other friends because they mostly don’t like me.” **– Girl, 16** |
| Mental health or well-being | 14% | “Sometimes eating out because I worry that I won’t be able to eat all my food or that I’ll be sick.” **– Girl, 11**<br><br>“My anxiety makes me stressed out and makes me have panic attacks.” **– Girl, 12**<br><br>“Stuff I’ve been through coming back in my mind causing me to have a mental breakdown.” **– Girl, 14**<br><br>“I feel anxiety every day of my life no matter what it can start from when I wake up, when I get to college, when I talk to someone.” **– Girl, 16** |
| The future | 7% | “I worry about what’s going to happen in my future, I sometimes have anxiety attacks which make me worry more.” **– Girl, 12**<br><br>“I can get very worried for the future, like not being able to be a mother.” **- Girl, 13**<br><br>“The future, what I am going to do and become.” – **Girl, 17** |
| Social activities | 4% | “Running competitions because I sprint and I always get worried that I will let my team down or do badly.” **– Girl, 12**<br><br>“I play quite a bit of sports and sometimes I can feel a little stressed when I am not having much luck scoring points and I can sometimes feel like I might be letting my team down.” **– Girl, 13** |

| | | |
|---|---|---|
| Bullying | 2% | “People sometimes don’t say nice things about me.” – **Girl, 12** |

## LGBTQ+ young people

Some students also shared the stress they experience relating to their sexuality or gender:

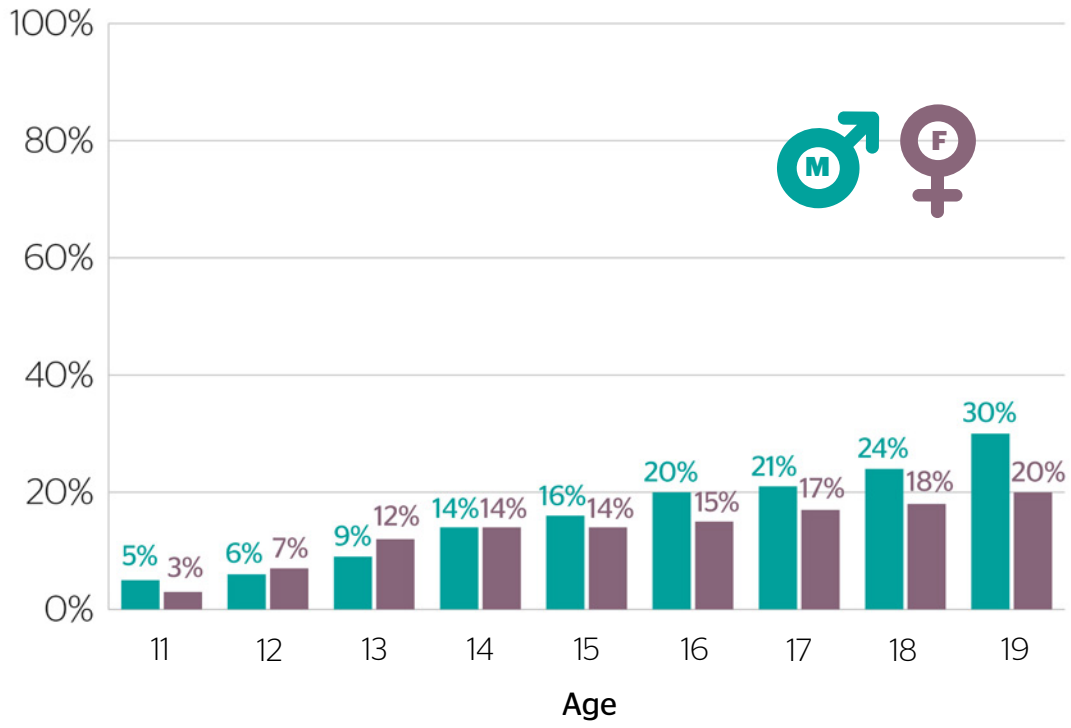
| |
|---|
| “I’m stressed about coming out as bisexual to my family.” |
| “I’m bi haven’t told anyone yet.” |
| “I’m pretty sure I’m transgender but scared to tell anyone and it’s on my mind all the time.” |
| “Me deciding about changing my gender recently and my sexuality.” |
| “The fact I have to wait 6 years to be seen at a gender identity clinic and I don’t think I can live with my body for that long.” |
| “There is little to no support around LGBT things there are like a couple of posters but it’s still really bad.” |


SLEEP

# How much sleep do you get?

Students were asked what time they went to sleep on a school/college day, and what time they woke up. The duration of sleep was calculated based on their answers. 10,236 students responded.

- 86% got seven or more hours of sleep on a school/college night, with the majority getting between eight to nine hours each night (53%)
- 14% of students got less than seven hours sleep each night, however this increased with age. From the age of 15, boys reported getting less sleep than girls, with the gender gap consistently increasing as they got older.




***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who said they get less than seven hours sleep and their age.*

**Most students** said they **get more than seven hours sleep each night** (86%). However, the average amount of sleep reported decreases as young people get older.

## When do you go to bed?

Students were more likely to go to bed later as they got older.

Most 11-year olds (40%) go to bed around 9pm, whereas most 19-year olds (29%) go to bed around midnight. Whilst younger students were more likely to go to bed earlier, many still reported going to bed after midnight. 1 in 10 Year 7 students, said they go to bed around midnight or after midnight.

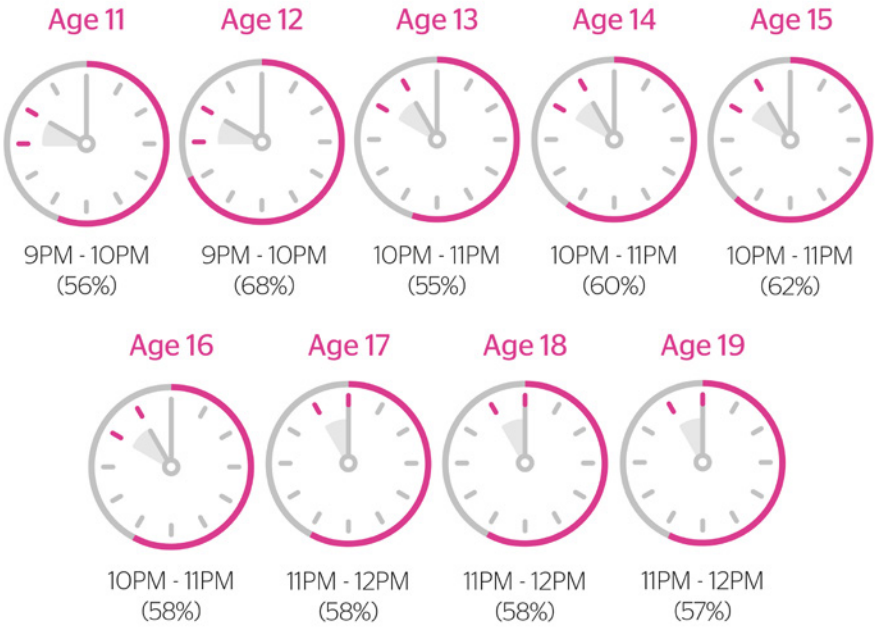



***Figure:*** *The hours students were more likely to record as the time they generally go to sleep each night.*

| | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|---|---|
| Around 8pm | 17% | 10% | 4% | 2% | 1% | 1% | 1% | 1% | 0% |
| Around 9pm | 40% | 35% | 20% | 13% | 6% | 5% | 4% | 4% | 3% |
| Around 10pm | 26% | 32% | 35% | 33% | 30% | 24% | 20% | 18% | 14% |
| Around 11pm | 8% | 10% | 20% | 27% | 32% | 34% | 33% | 33% | 28% |
| Around midnight | 6% | 7% | 11% | 13% | 19% | 23% | 25% | 25% | 29% |
| Around 1am | 2% | 2% | 4% | 7% | 7% | 6% | 11% | 11% | 12% |
| Around 2am | 1% | 3% | 5% | 5% | 6% | 7% | 6% | 9% | 13% |

***Table:*** *The percentage of students who report going to bed at each time.*

“I want to go to sleep early **but I want to be up to date with all things my friends are talking about.**”

Girl (age 12)

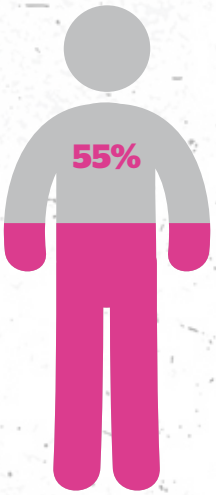
**“I can’t sleep without feeling as though I’ve done enough in the day** so I stay up late.”

Girl (age 14)

**“I just watch YouTube** and fall asleep after 4-5 hours : ) : ).”

**20%** of 13 year olds go to bed around or after **midnight**.

More than **half of 19-year olds** go to bed around or after midnight.

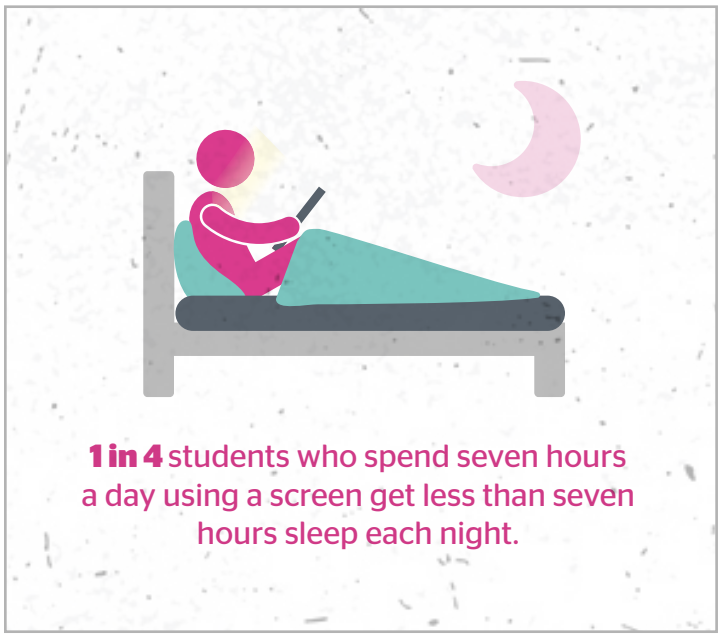


## Screen time and social media

### Screen time

High screen use was associated with lack of sleep.

- Of those who spend less than seven hours a day using a screen, 9% get under seven hours sleep.
- Of those who spend seven or more hours using a screen, 24% get under seven hours sleep.

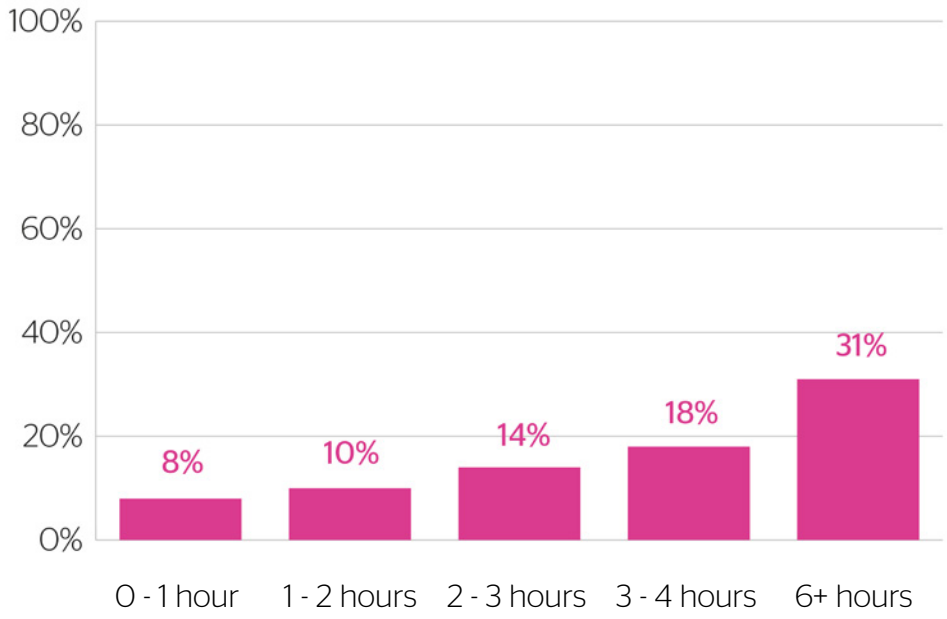


**1 in 4** students who spend seven hours a day using a screen get less than seven hours sleep each night.

### Social media

Social media use was also associated with low levels of sleep.

31% of students who use social media for more than six hours a day get less than 7 hours sleep a night, compared to 8% of those who use social media for under one hour.




***Graph:*** *The percentage of students who said they get less than seven hours sleep and the amount of time they spend using social media each day.*

“When I see things I don’t like, such as animals dying and things like that **I just get really upset and I sometimes lose sleep over it.**”

Girl (age 12)



“Social media helps me de-stress, but the downside is that **when I’m on it too much, I can’t really sleep.**”

Girl (age 13)

“**I think I use social media too much.** It gives me more stress and less sleep which effects my school life.”

Girl (age 14)

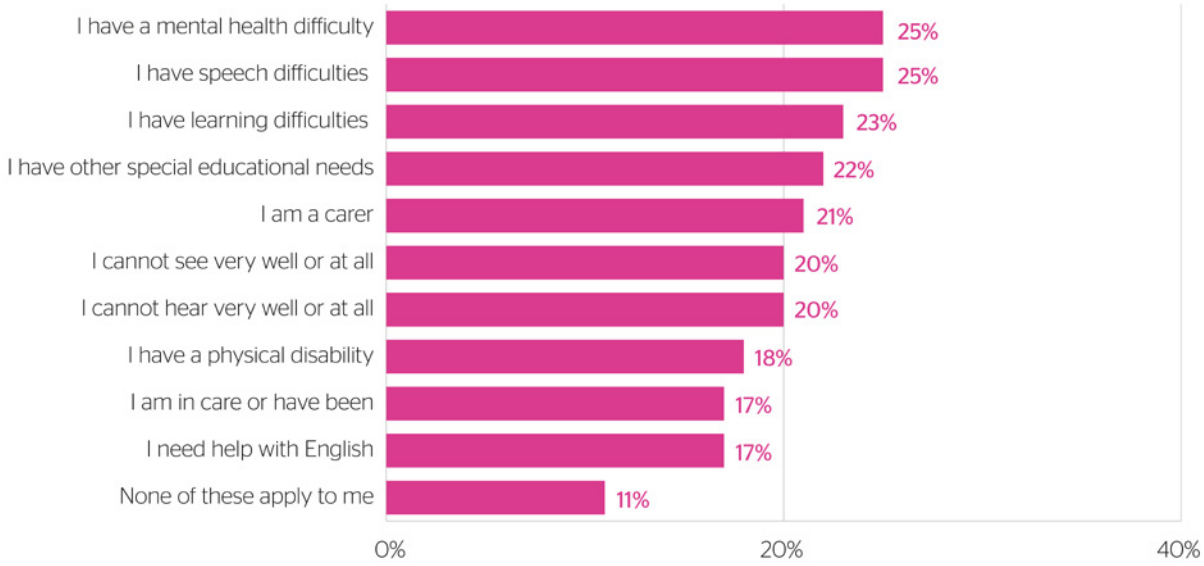
“My mum comes and wakes me up at 6:45 as she doesn’t like me having my phone with me in the mornings as **she’s seen me have an awful panic attack before due to my phone and social media.**”

Girl (age 12)

## Additional needs

Of those students who do not have an additional need, only 1 in 10 (11%) get less than seven hours, compared to 2 in 10 (20%) of those with an additional need.

Students with additional needs were more likely to get less sleep. 1 in 4 students with a mental health difficulty or speech difficulties get less than seven hours.




***Graph:*** *The percentage of students with additional needs who get less than seven hours sleep.*

"When my mum got rid of me when I was 11 I haven't seen her and **I feel really upset and I can't sleep because I'm worried what's going on and I'm worried I won't be able to see her** or my brothers and sisters again."

**Girl (age 12)**

"Sometimes **I oversleep because I don't want to wake up** because I'm scared to."

**Girl (age 14)**

## Sleep and wellbeing

Students who got less than seven hours sleep a night had a lower average wellbeing score than those who got seven or more hours.

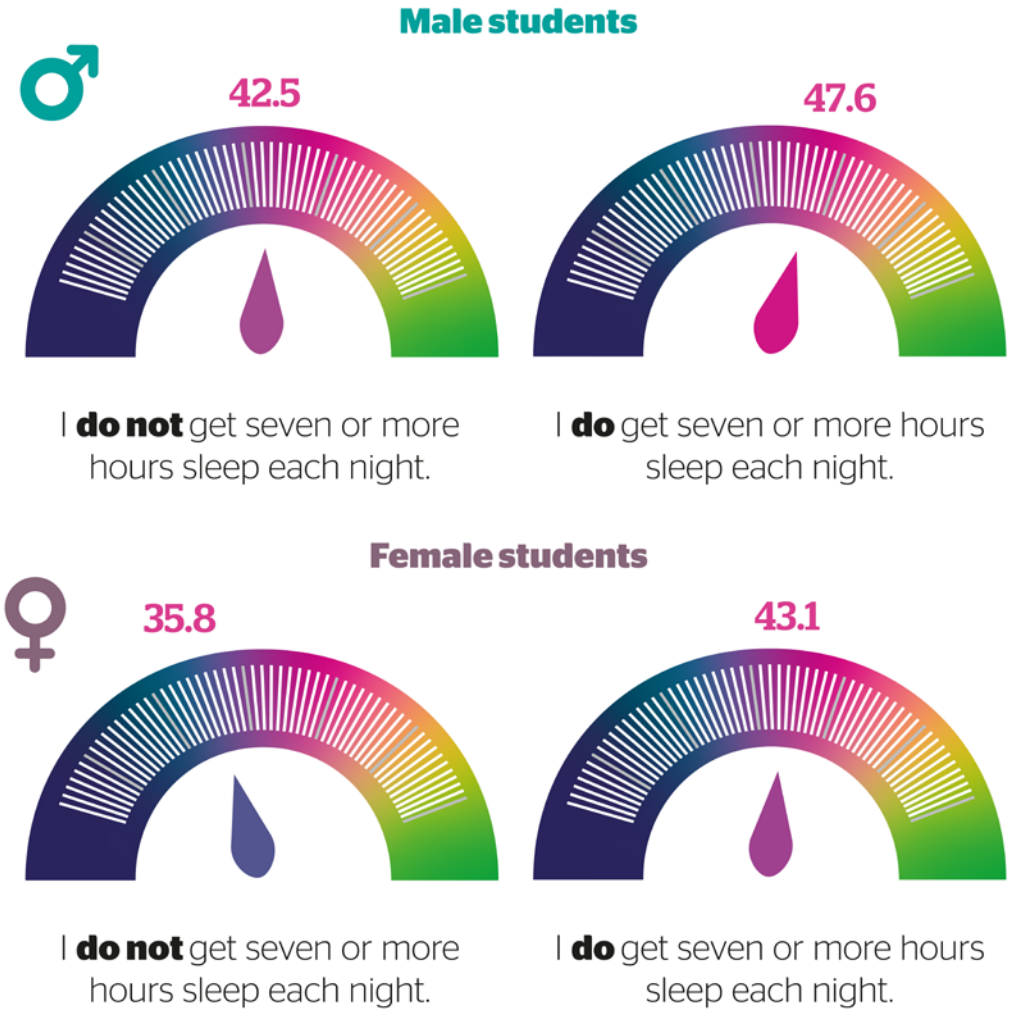



***Figure:*** *The average wellbeing score of* ***male*** *and* ***female*** *students and whether or not they get seven or more hours sleep each night.*

“When someone in my class has been ill, **I stress that I’m going to get ill and it stops me from sleeping.**”

Girl (age 13)



“When I couldn’t fall asleep I told my parents about **my constant worrying of the future, and thinking that the world is falling to chaos** because of the human race and all of our mistakes to the environment.”

Girl (age 13)



“I have a lot of anxiety of people coming through my window at sleep time and now **have to double check all doors are locked before I go to sleep.** I cannot sleep with my windows open any more due to worrying about people coming in my window.”

Girl (age 13)





# SEXUAL HEALTH

# Who would you talk to if you were worried?

Students who were in Year 9 or above, were asked about their preferences when seeking support for their sexual health.

**4,404**

**Young people responded to this question.**

## "Sexual health doesn't apply to me"

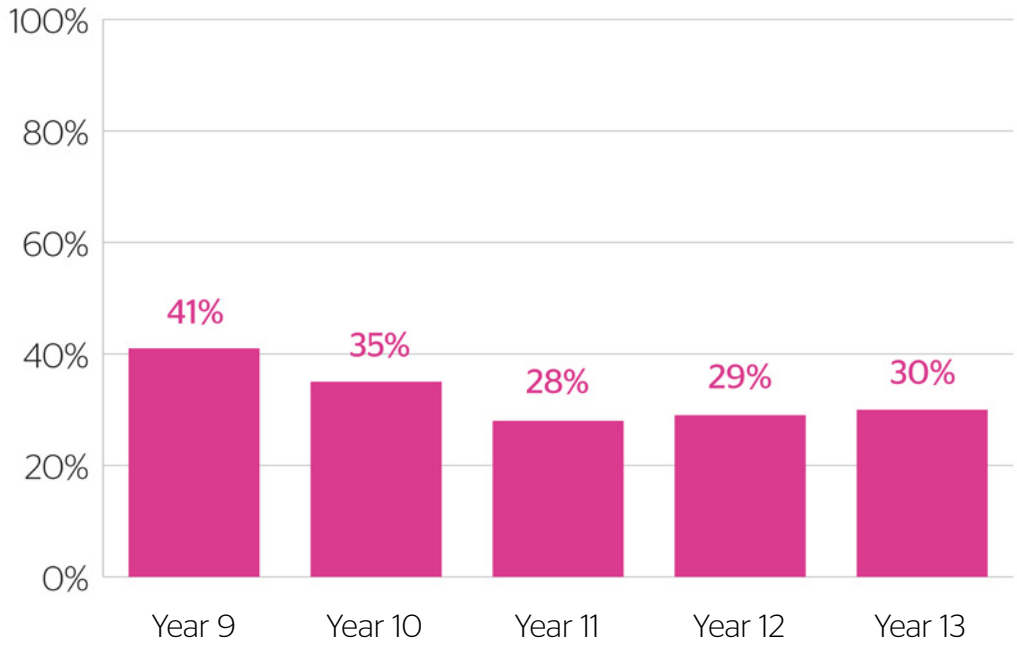
Students had an option to say that they felt sexual health did not apply to them. Overall, **32%** chose this option, however the younger students were more likely to say this.



Almost half of 13-year olds said it didn't apply to them (**49%**), compared to **29%** of students aged 16 and over.

Across all age groups, students who said that sexual health did not apply to them were also less likely to have drunk alcohol recently. The largest difference was amongst 19-year olds, where **41%** of those who said sexual health did not apply to them, had consumed alcohol recently, compared to **77%** of their peers.

Compared to students who identified as straight, students who did not identify as straight were more likely to say that sexual health did not apply to them.



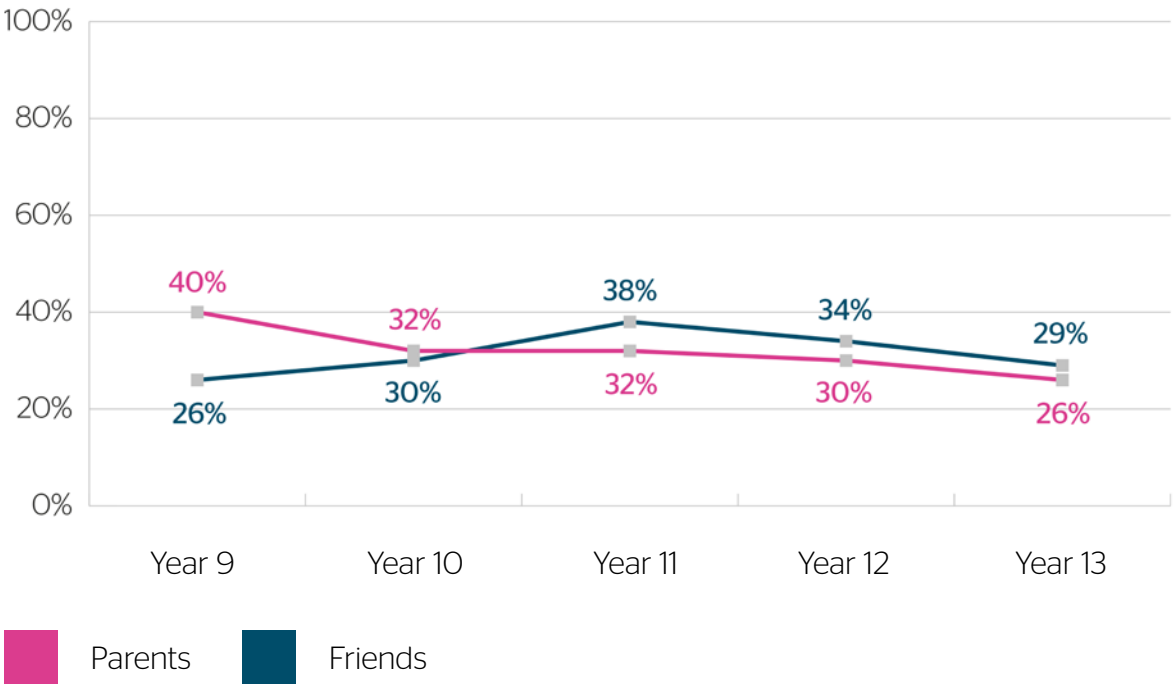

***Graph:*** *The percentage of students who said questions about sexual health do not apply to them and their year group.*

## Parents and friends

Most young people said they would talk to either their friends (31%) or their parents (31%) about sexual health, with the preferred choice switching with age.

Students in Year 9 and Year 10 would prefer to speak to their parents, whereas those in Year 11 and above would prefer to speak to their friends. The preference for speaking to parents declines from 40% (Year 9) to 26% (Year 13).




***Graph:*** *The percentage of students who said they would talk to their parents or friends if they were worried about their sexual health and their year group.*

## Lesbian, gay and bisexual (LGB) young people

Compared to students who identify as being straight, students who identify as LGB (lesbian, gay, bisexual) were less likely to speak to their parents about their sexual health.

- The biggest difference was in Year 11, where only 20% of LGB students would speak to their parents, compared to 33% of their peers.
- LGB students were more likely to speak to their friends instead.

LGB students were also more likely to go to a sexual health clinic than their peers. 33% of LGB students in Year 9 would go to a sexual health clinic, compared to 12% of non-LGBT peers.



LGB students in year 9 were **13% less likely** to say they would talk to their parents about their sexual health if they were worried.

### SEXUAL HEALTH CLINICS




Lesbian, gay or bisexual students said they were **more likely to go to a sexual health clinic** if they were worried. **33%** of LGB students in year 9 said they would go to a clinic compared with **12%** of non-LGB peers.

**"I'M STRESSED ABOUT COMING OUT** as bisexual to my family.**"**

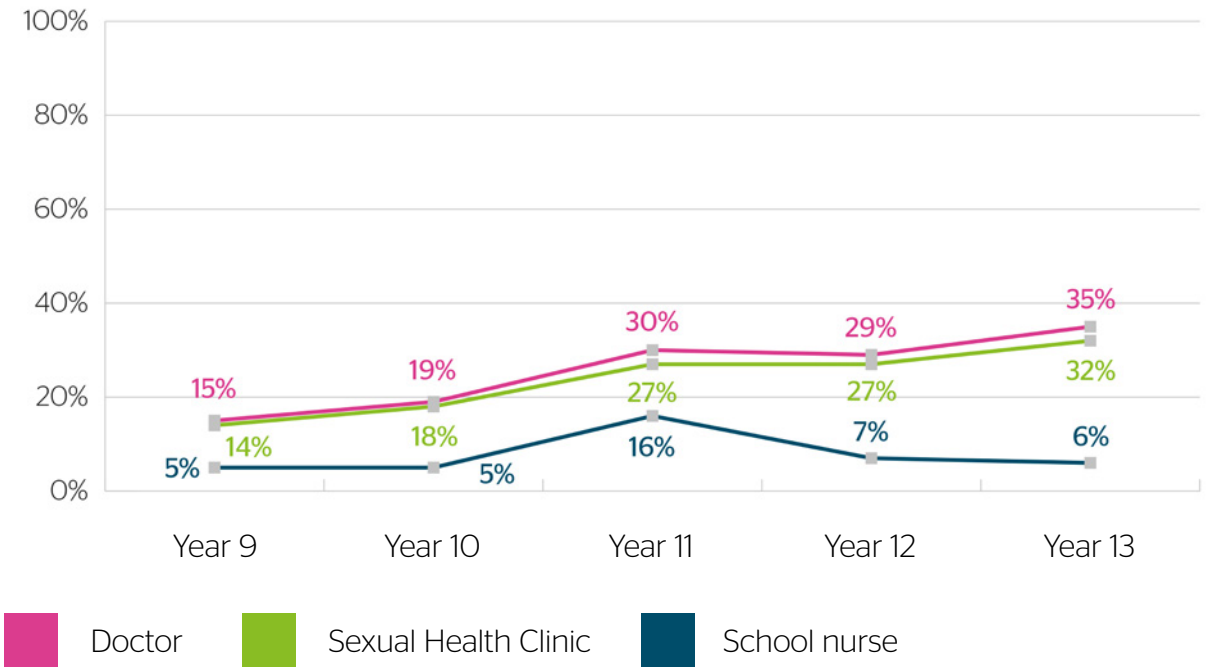
## Services

Older students were more likely to go to their doctor or sexual health clinic. Amongst Year 13s, the doctor or clinic is the preferred option, ahead of parents and friends.

Speaking to the school nurse about sexual health was the least preferred option at all ages, however Year 11s were the most likely to.

Older students were **more likely to say they would talk to a doctor or sexual health clinic** instead of their parents or friends.




***Graph:*** *The percentage of students who said they would talk to the school nurse, doctor or a sexual health clinic if they were worried about their sexual health.*

**"No one knows the school nurse that we are supposed to go** to so that's why a lot of people don't feel comfortable."

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

Students who were in Year 9 or above, were asked about how they would like to find out information about sexual health.

**4,356**

Young people responded to this question.

- Most young people said that they don't want information about sexual health (38%). Young people who do not identify as being straight were more likely to want information about sexual health.
- Of those who did want information about sexual health, most would prefer to get this information in lessons.
- Students indicated that they would prefer to get information from a website than their school nurse. Phone-based sources of information (an app or telephone helpline) were the least preferred source of information.



**Most (38%)** of the young people who answered this question said they **did not want information about sexual health.**

| | | |
|---|---|---|
| 1 | I don't want information about sexual health | 38% |
| 2 | Lessons | 31% |
| 3 | Websites | 25% |
| 4 | Sexual Health Clinic | 22% |
| 5 | Leaflets | 14% |
| 6 | Videos | 13% |
| 7 | School/College Nurse | 11% |
| 8 | Apps | 10% |
| 9 | Telephone helpline | 4% |

Just **10%** said they would look for information on an app.

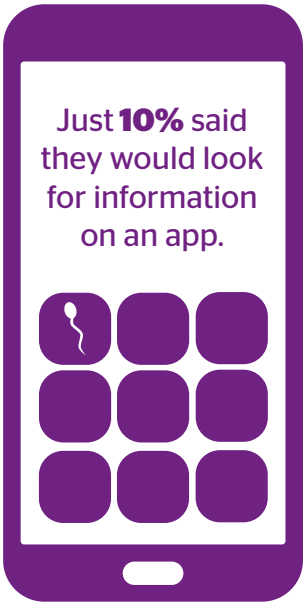
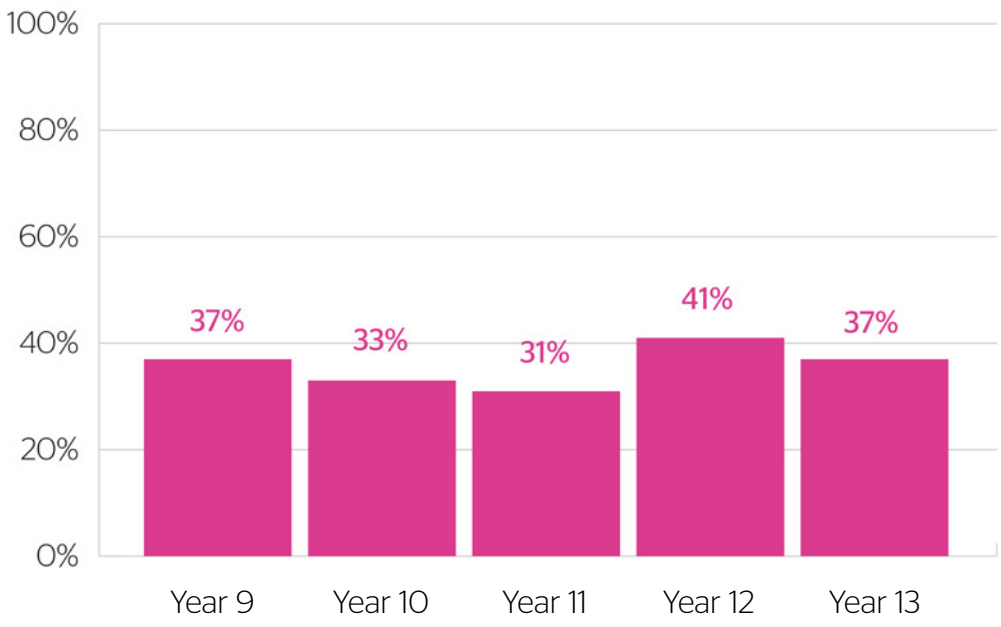


***Table:*** *The percentage who chose each source of information about sexual health.*

## "I don't want to find out information about sexual health"

Older students were more likely to say that they did not want to receive information about sexual health. 2 in 5 16 and 17-year olds (40%) do not want information about sexual health. Boys were more likely than girls to say this across all year groups, and this gap increased with age.



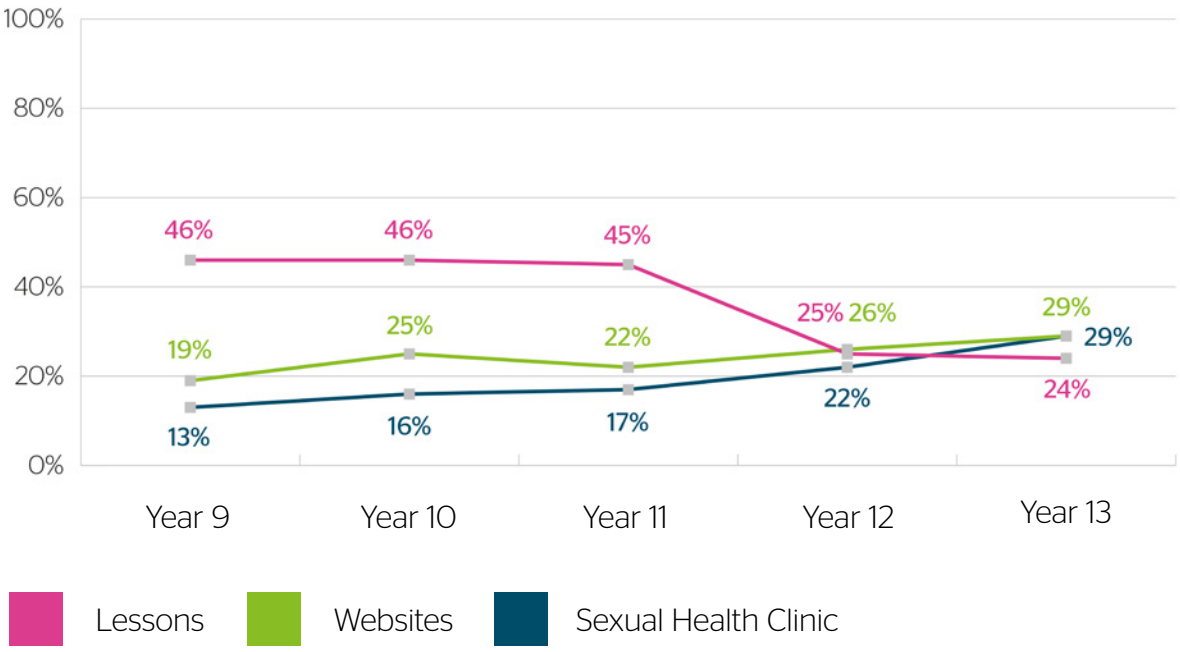




***Graph:*** *The percentage of students who said they do not want information about sexual health.*

## Top three sources of information about sexual health

Overall, students indicated that they want to learn about sexual health in lesson time, followed by getting information online, or from a sexual health clinic.

The preference for lessons decreases sharply in Year 12 and Year 13, whilst the preference towards websites or a sexual health clinic increases. Girls were more likely than boys to select each source of information, across all age groups.




***Graph:*** *The percentage of students who chose each source of information about sexual health and their year group.*

## Lesbian, gay and bisexual (LGB) young people

Students who identified as LGB were more likely to want more information in general, particularly from a younger age:

- 32% of Year 9s who don't identify as straight would like information from a sexual health clinic, compared to 12% of their peers.
- 37% of Year 9s who don't identify as straight would like information from websites, compared to 19% of their peers.

Students who did not identify as straight were also more likely to want information from a school nurse:

- 29% of Year 9s who don't identify as straight would like information from a school nurse, compared to 8% of their peers.

# LGBTQ*+ YOUNG PEOPLE IN FOCUS

Within the 2019 'My Health, Our Future' survey demographics questions, **11,950** young people aged between 11 and 19 were asked what their sexuality and gender identity was. A list of the most commonly reported types was given, followed by a free text box for those who wanted to provide a different answer. There was also an option to say 'This doesn't apply to me' and 'I'd prefer not to say'.

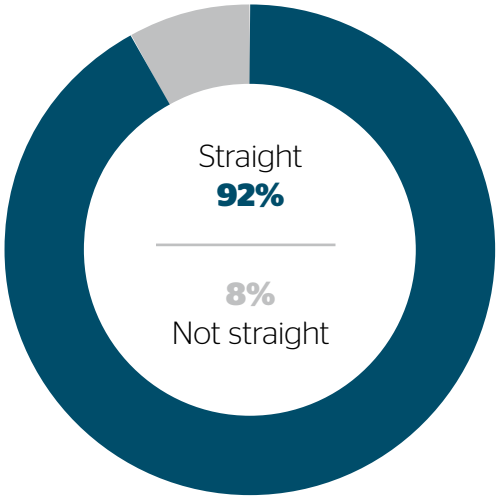
This section explores the wellbeing of students in Suffolk who don't identify as being male or female, or whose sexuality is not heterosexual.

## Sexuality

When asked about their sexuality, **10%** of young people said that the question did not apply to them, and **5%** didn't want to disclose. Of those who gave their sexuality, **8%** identified as a sexuality other than straight.

| Sexuality | Percentage |
|---|---|
| Bisexual | 5% |
| Gay | 2% |
| Other sexuality | 1% |

***Table:*** *The percentage of students who do not identify as straight.*




***Graph:*** *The sexuality of students.*

Young people who didn't identify as gay or bisexual, were asked how they would describe their sexuality. The top three answers were **pansexual (55), asexual (26)**, and those who were **unsure (26)**.

Other responses by students included:

| | |
|---|---|
| Straight | Gay |
| Bisexual | Lesbian |
| Pansexual | Omnisexual |
| I'm unsure | Heteroflexible |
| Queer | Holosexual |
| Asexual | Demisexual |
| Confused | Polysexual |
| Questioning | Bicurious |
| Biromantic | Homoflexible |

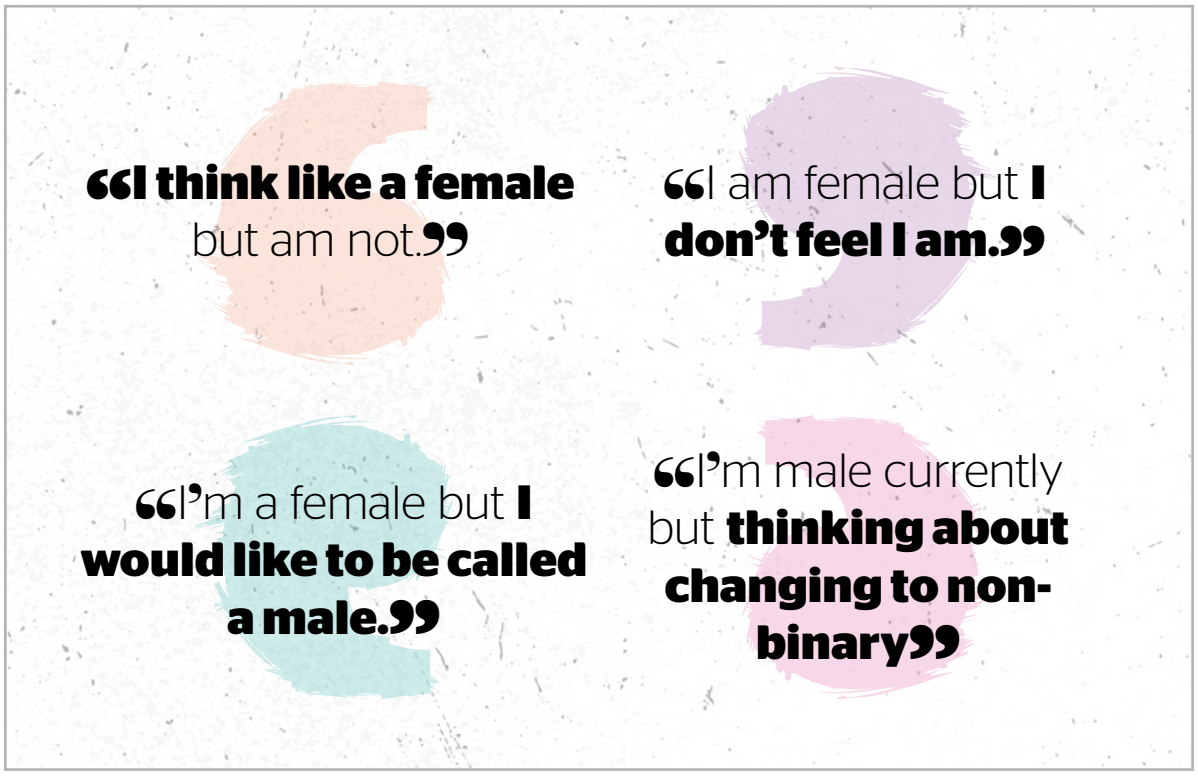
***Table:*** *Students responses about their sexuality.*

## Gender identity

Of the **11,950** students who completed the survey, **0.8% (91)** identified as a gender other than male or female. The main gender identities reported were:

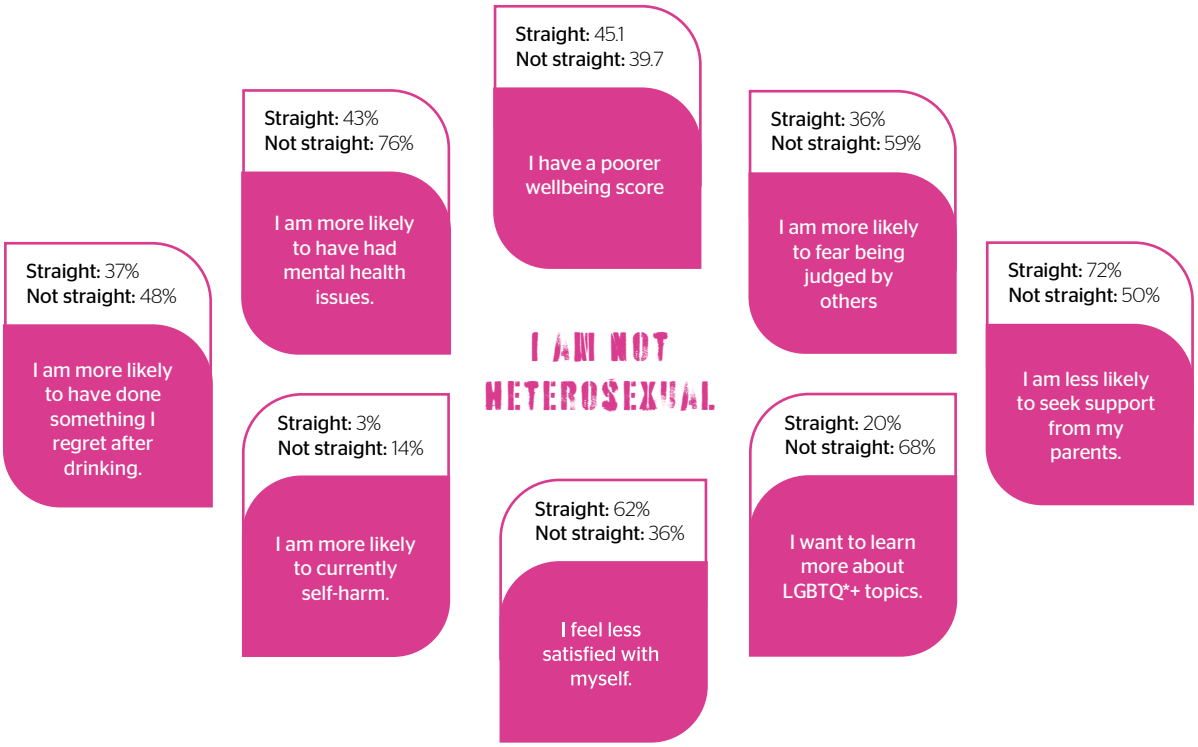
| Other genders | Number |
|---|---|
| Non-binary | 14 |
| Transgender | 19 |
| *Transgender (female to male)* | 11 |
| *Transgender (male to female)* | 5 |
| Genderfluid | 3 |
| Gender neutral | 2 |

***Table:*** *Other gender identities.*





# Non-Heterosexual young people




## Wellbeing

Non-straight students, had a lower average wellbeing score than those who do identify as being straight. Of the 14 statements in the wellbeing scale, non-straight young people were least likely to agree with the statement 'I've been feeling good about myself' and 'I've had energy to spare'. Males who are bisexual had a lower average wellbeing score than males who are gay.

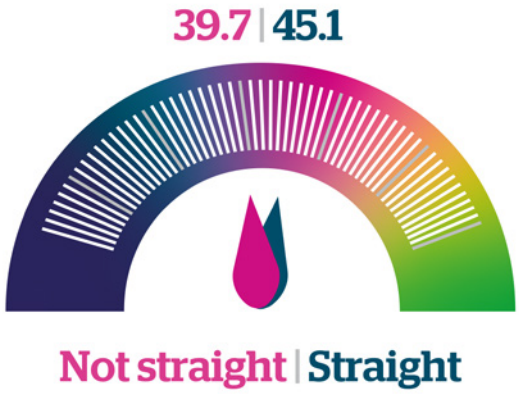



***Figure:*** *LGBTQ*+ students have a wellbeing score that is 5.4 points lower than students who identify as being straight.*

## Mental health

Non-straight students were more likely to have experienced poor mental health in the last 12 months. Of these students, those who identify as bisexual were the most likely to report this.

## LGBTQ*+ education

Young people who didn't identify as straight were more than three times as likely than

their peers to say they would like to learn more about LGBT topics at school. They were also more likely to say that their school/college gives them information about mental health but not on the topics they would like to learn about.




**LGBTQ*+ students were more likely to say their school or college does not teach them about topics that are relevant to them.**

## Self-esteem

On average, non-straight students had a lower self-esteem score than those who are straight. Non-straight students were more likely to report feeling like a failure, feeling useless at times, and like they do not have much to be proud of.

They were also less likely to agree with the positive self-esteem statements, such as feeling they have good qualities, and are a person of worth.

## Self-harm

Non-straight students were more likely to report having previously self-harmed. Bisexual students reported the highest rate of self-harm (50%), compared to gay students (42%) and those identifying with another sexuality (46%). Students who said that sexuality 'didn't apply to them' had the lowest reported rates of self-harm (12%).




**LGBTQ*+ students have an average self-esteem score (13.1) that is four points lower than those students who identify as being straight (17.1). Their score sits within the low self-esteem range.**

## Alcohol and drugs

There was little difference in alcohol consumption between straight and non-straight students, however non-straight students were more likely to say they regret having done something when drunk. Non-straight students were more likely to have consumed drugs in the past year than straight students, with **1 in 5** having used cannabis.

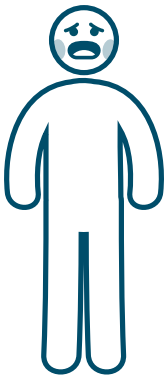
## Seeking support

Non-straight students were less likely to say they would go to either their parents or support services if they needed help with their emotional wellbeing. In particular, gay students were the least likely to feel comfortable asking their parents for help.

Non-straight students were no more or less likely than their peers to say they would seek support from school staff.

## Being judged

One of the biggest barriers to seeking support for non-straight students was the fear of being judged by other people. Compared to their peers, they were also more likely to worry that their parents would find out, and more likely to feel embarrassed.



Feeling **embarrassed** was a common reason students gave for not seeking support with their mental health.



Students who are LGBTQ*+ were **more** likely to feel this way or be fearful that their parents would find out.

**“Social media is a great way of expressing the aspects of my life I repress** e.g. my sexuality.**”**

“My family told me that **if I were to not be straight my nan would have a heart attack.”**

“I’m bi but **haven’t told anyone yet.”””**

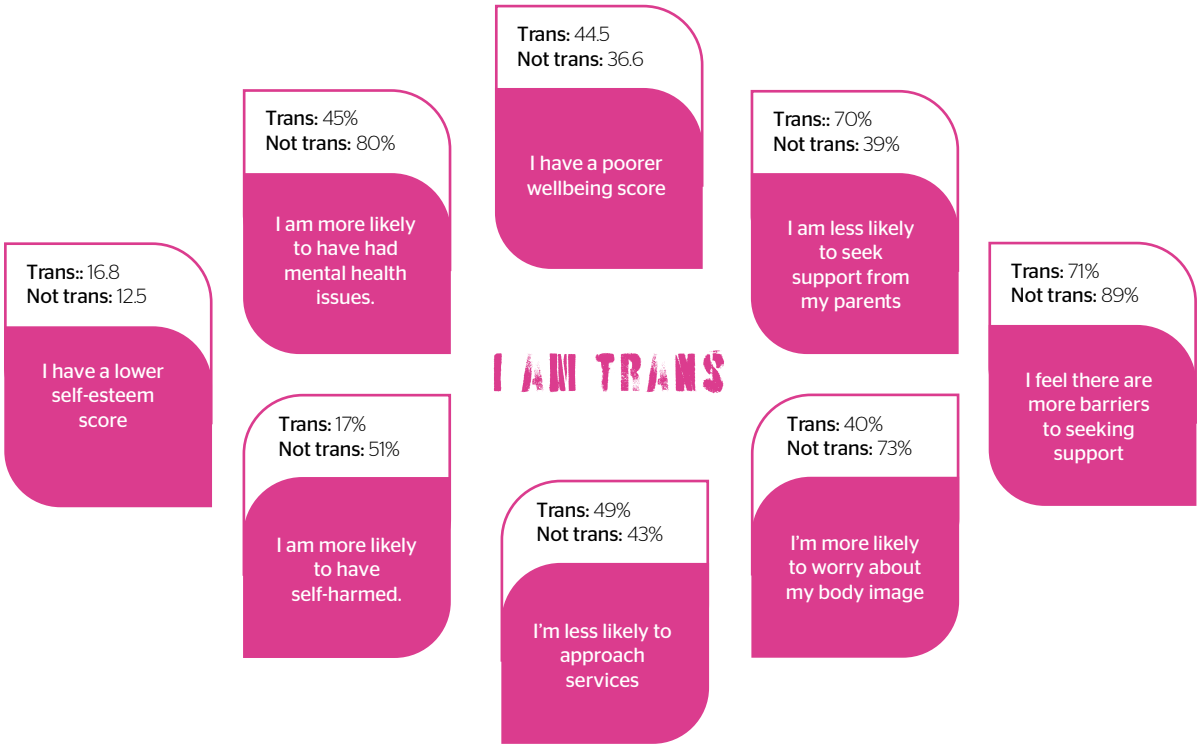
“I self-harmed because of the bullying,...**I also got judged about my sexuality.”**

# Trans young people

**Trans** is "an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, nongender and bi-gender.

**Cisgender** is "Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people."

These definitions were taken from the Stonewall online Glossary of Terms.




## Wellbeing

Trans young people had an average wellbeing score almost eight points lower than their peers. These students were most likely to disagree with the statement 'I've been feeling useful', I've been feeling good about myself' and 'I've been feeling optimistic about the future'. Almost half (**48%**) said they never, or rarely felt optimistic about the future.

Transgender students who had transitioned from female to male (11 students), had an average wellbeing score almost four points higher than those who had transitioned from male to female (five students).

## Seeking support

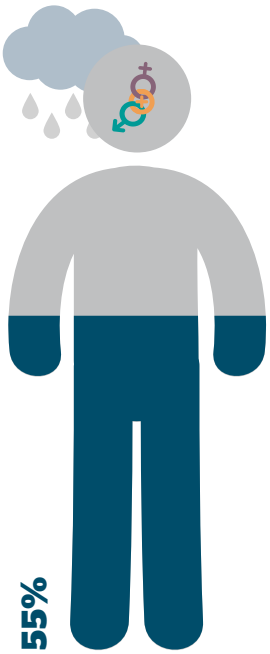
Cisgender students were twice as likely to say they would go to their parents for support than trans students.

Trans students were also less likely to feel comfortable going to school/college staff or support services.

## Barriers to seeking support

Trans students were more likely than their peers to feel that there are barriers to seeking support. The biggest barrier was feeling embarrassed about their mental health; however, this was no different to female students.

Trans students were however much more likely than male or female students to fear that their parents would find out. They were also more likely to say that not being able to travel to services independently was also a significant barrier.




**55%** of trans students said they worry about their body image most or all of the time. They were more likely to worry about their body shape or size.

## Body image

Trans students were almost twice as likely to worry about their body image most or all of the time, compared to their peers. More than half (**55%**) said they worry about it all of the time. In particular, they are most likely to worry about their body shape, size and facial features.

## Mental health

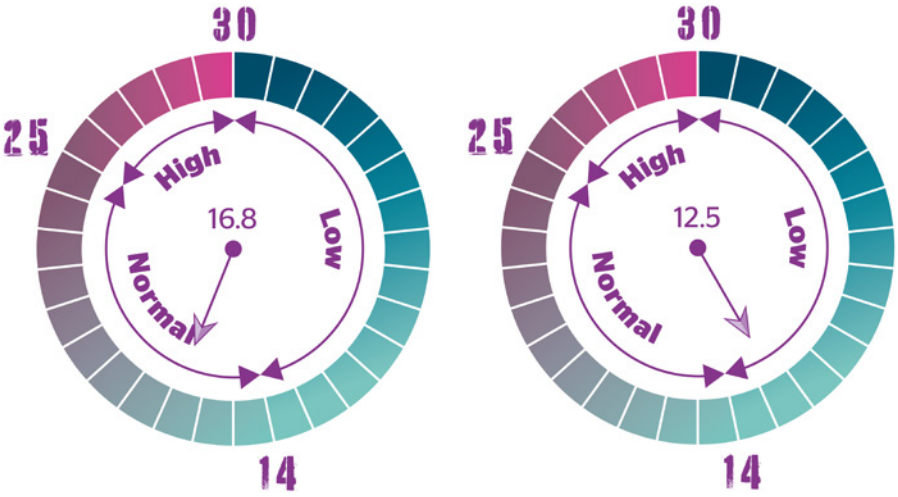
Trans students were almost twice as likely as their peers to have experienced poor mental health in the past year. However, they were more likely than cisgender students to have sought support for this mental health difficulty.

## Self harm

More than half of trans young people said they have self-harmed, and one in five currently self-harm. This rate of self-harm is much higher than the rate reported by cisgender students. However, non-binary students were more likely to say they knew where to go to for help to stop.

## Self-esteem

On average, trans students had a self-esteem score over four points lower than cisgender students. Only **29%** said that they were satisfied with themselves, and almost half feel that they do not have good qualities.




Trans students have an average self-esteem score that is 4.3 points lower than cisgender students. Their score sits within the low self-esteem range.

"I have to wait 6 years to be seen at a gender identity clinic and **I don't think I can live with my body for that long.**"

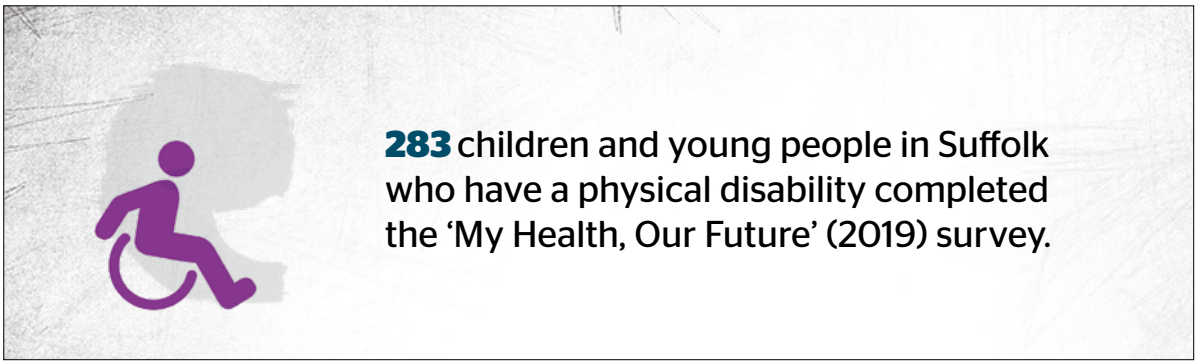
"I'm pretty sure I'm transgender but scared to tell anyone and **it's on my mind all the time.**"

**"I'm stressed about deciding about changing my gender** recently and my sexuality."

# YOUNG PEOPLE WITH A PHYSICAL DISABILITY IN FOCUS

## Demographics

Of the **11,950** young people who completed the survey, **283 (2%)** said that they have a physical disability.




| Geographic area | Number |
|---|---|
| East Suffolk | 117 |
| West Suffolk | 116 |
| Waveney | 50 |
| ***Total*** | ***283*** |

***Table:*** *The total number of students who said they have a physical disability in each geographical area.*

## Additional needs

**70%** of young people with a disability reported an additional need - compared to **30%** of their peers. They were five times as likely to have lived in care, and three times as likely to be a carer for someone else. They were also much more likely to report having a sensory impairment.

| | I do not have a physical disability | I have a physical disability |
|---|---|---|
| I have a mental health difficulty | 12% | 37% |
| I am in care or have been | 2% | 10% |
| I am a carer | 4% | 13% |
| I cannot see very well or at all | 5% | 23% |
| I cannot hear very well or at all | 2% | 14% |
| I have speech difficulties | 3% | 13% |
| I need help with English | 7% | 23% |

***Table:*** *The percentage of students with and without a physical disability and other additional needs.*

## Wellbeing

Young people with a physical disability had a lower average wellbeing score than young people without a disability. This was true for both boys and girls.

Those with a disability were least likely to agree with the statements 'I've had energy to spare' and 'I've been feeling confident'. **22%** of students with a physical disability said they felt confident 'None of the time' compared with **10%** of those students with no disability.

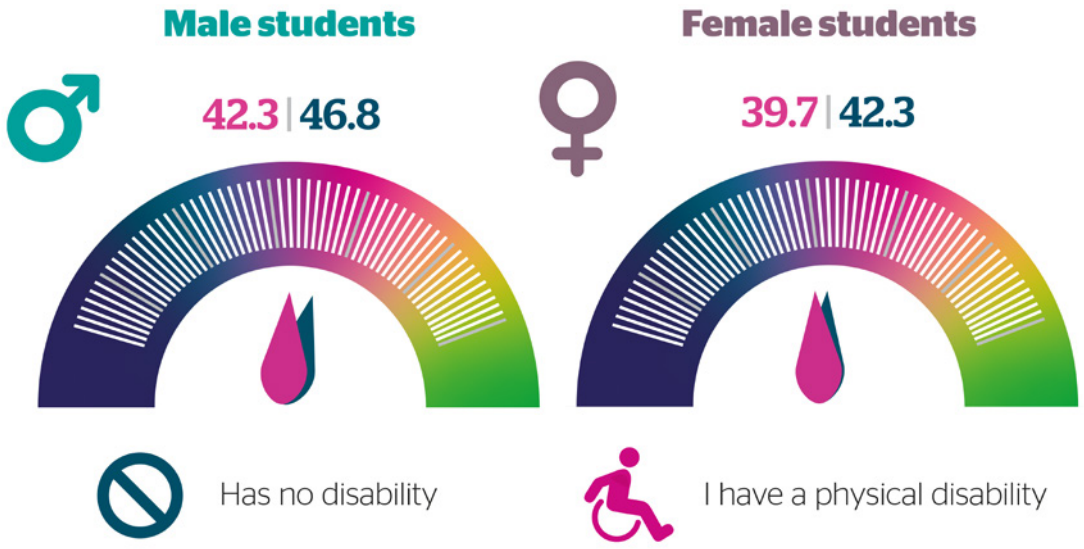



***Figure:*** *The average wellbeing scores of* ***male*** *and* ***female*** *students and whether or not they have a physical disability.*



## Mental Health

**37%** of young people with a disability reported having an existing mental health difficulty compared to only **12%** of their peers.

Furthermore, **61%** of young people with a disability said they had experienced poor mental health within the last 12 months.

Compared to their peers, young people with a disability are more likely to have experienced historic or current mental health issues. However, they were also much more likely to have asked for help. **57%** of those with a disability who had experienced poor mental health, said they had asked for support, compared to **44%** of their peers.

**“At the moment if I have a problem about my disease that’s making me upset** I just try to think of other things.”

Girl (age 13)

**“I get stressed having to go to the hospital** to have blood tests and more.”

Boy (age 12)

“I had a disease in my spine and **sometimes felt very anxious and sad about it** but the hospital helped.”

Girl (age 14)

**“I’d like to learn about disabilities** - meeting others with disabilities, learning how to deal with life with a disability.”

Girl (age 17)

## Asking for support

The survey asked 'Would you feel comfortable going to your parents, your school/college, and mental health services for support with your wellbeing?'.

Overall, young people with a disability were less likely than their peers to say they would feel comfortable going to their parents and mental health services. They were slightly more likely than their peers to feel comfortable asking their school or college (33% compared to 31%).

When asked what the barriers to seeking support would be, young people with a disability were more likely than their peers to say they wouldn't know where to start and wouldn't be able to travel there alone. They were also more concerned about their parents finding out.



Not being able to travel to support was a barrier for **30%** of students who have a disability, compared to **17%** of those students who do not have a disability.

| Barrier to getting support | I do not have a physical disability | I have a physical disability |
|---|---|---|
| I wouldn't know where to begin | 17% | 29% |
| I wouldn't be able to travel there on my own | 17% | 30% |
| I'd be anxious about what would happen next | 26% | 41% |
| I'd be scared my parents would find out | 33% | 44% |
| I'd be scared of being judged by other people | 47% | 37% |

***Table:*** *The percentage of students with and without a physical disability who chose different barriers to support.*

**"It's difficult enough accurately describing how you feel without having to use sign language** to communicate it or them taking over what you are saying."

Girl (age 14)

## Body image

49% of young people with a physical disability said they worry about their body image most or all of the time, compared to 40% of young people who don't have a physical disability.

- “Being a teenager girl in a wheelchair **I often feel that it doesn't even matter what I look like because people will only see the wheelchair** and not care about the rest.” – Girl, 17
- “My genetic disorder can make **my hands and feet look deformed or odd.**” – Boy, 15
- “I suffer with **Scoliosis and so that makes my stomach stick out and makes me feel fat.**” – Girl, 13
- “**I worry about my back because I have scoliosis** and my rib cage is sticking out of my body.” – Girl, 12



# YOUNG CARERS IN FOCUS

This section looks at the wellbeing of young carers in Suffolk. It discusses the findings from two separate projects completed in 2019.

**657**

responses from young carers

## Suffolk Family Carers – Young Carers Survey

A survey was designed for Suffolk Family Carers (SFC) to measure the wellbeing of the young people they support. The survey was broadly similar to the 2019 My Health Our Future survey, however some questions were added or adapted for use with young carers.

Suffolk Family Carers distributed the survey to their young carers aged 11 to 18 by email and through young carer clubs within schools. The survey was launched during August and September 2019.

192 young people who are supported by Suffolk Family Carers responded. The Suffolk Family Carers survey findings represent the wellbeing of Young Carers who are supported by the charity.

| Gender | Number |
|---|---|
| Male | 73 |
| Female | 117 |
| Other gender | 2 |
| ***Total*** | ***192*** |

***Table:*** *The total number of students who responded to the Suffolk Family Carers Young Carers Survey and their gender.*

## 'My Health, Our Future' 2019 Survey

11,950 young people responded to the 2019 'My Health, Our Future' survey, of which 465 (4%) self-identified as a young carer.

It is not clear whether these 465 young carers are registered with Suffolk Family Carers, are getting support elsewhere, or have not disclosed their role as a young carer to anyone.

| Gender | Number |
|---|---|
| Male | 198 |
| Female | 263 |
| Other gender | 4 |
| ***Total*** | ***465*** |

***Table:*** *The total number of students who responded to the 'My Health, Our Future' 2019 survey, identify as a young carer and their gender.*

## Wellbeing

### 'My Health, Our Future' 2019 survey

The Suffolk average wellbeing score for children who did not identify as a young carer was 42.5 for females, and 46.8 for males.

Within this survey, both male (44.9) and female (38.5) young carers reported a lower average wellbeing score than their peers.

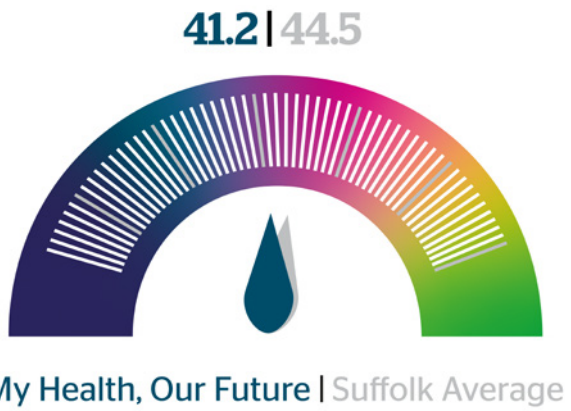



***Figure:*** *The average wellbeing scores of young carers who took part in the 'My Health, Our Future' survey, compared to the Suffolk average.*

### Suffolk Family Carers – Young Carers Survey

Compared to the Suffolk average for non-young carers, male young carers had lower average wellbeing scores (45.9). Female young carers had higher average wellbeing scores (45).

Both male and female young carers supported by Suffolk Family Carers had higher average wellbeing scores than the young carers in the 'My Health, Our Future' 2019 survey.

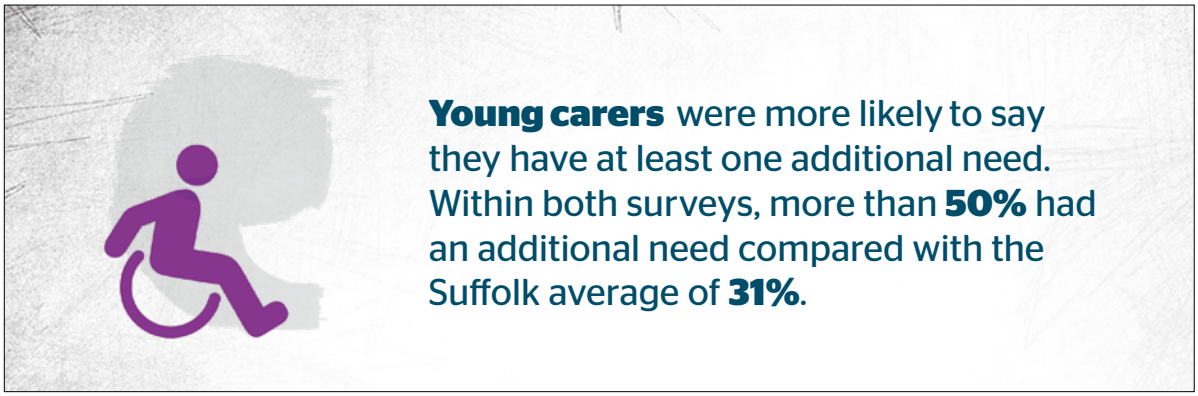
## Additional needs

### 'My Health, Our Future' 2019 survey

69% of young carers reported having at least one additional need, which is higher than the Suffolk average of 31%.

### Suffolk Family Carers – Young Carers Survey

53% reported having at least one additional need. In particular, they were more likely to report having learning difficulties or special educational needs.



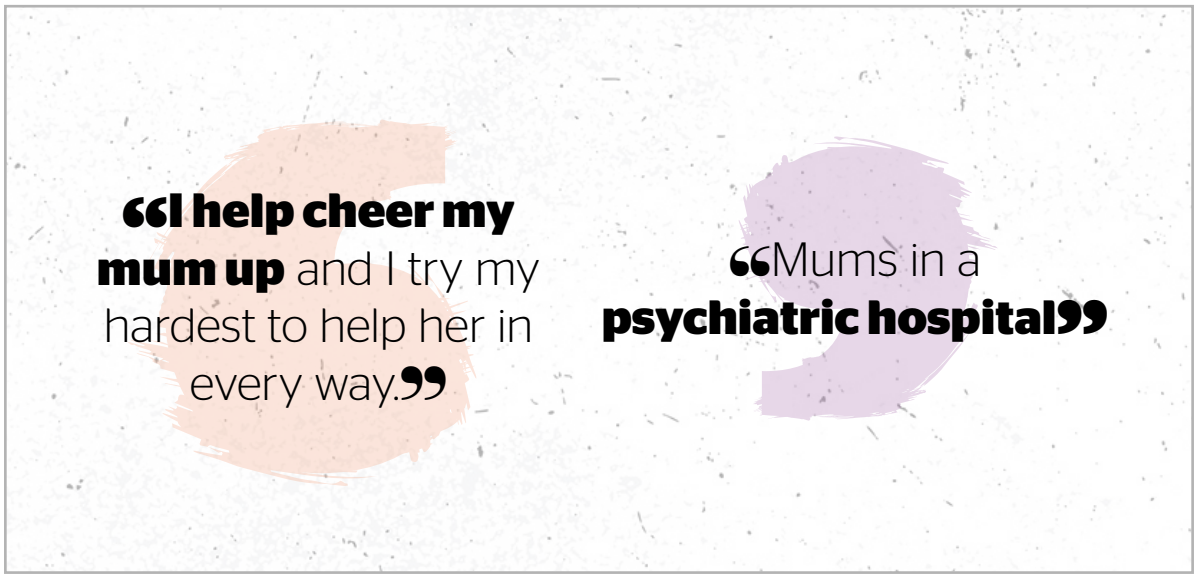
## Being a young carer

### Suffolk Family Carers – Young Carers Survey

The Suffolk Family Carers survey included specific questions that explored who the young person cares for, and what their needs are.

- 95% identify as being a young carer. Boys under 13 were least likely to identify in this way. 1 in 10 said their school or college do not know they are a young carer - of these 1 in 3 were in Year 7.
- Most young carers said that their mum needs support (56%), however boys were more likely than girls to have a dad that needs support.
- Over 1 in 5 (22%) have more than one family member who needs care.
- Over half of the young carers said their family member(s) need help doing jobs around the house, such as cooking, cleaning and buying food. Almost half need help with their mental health and 1 in 3 need help looking after younger brothers and sisters.
- Average wellbeing scores were lowest amongst those young carers whose family members need the most help.



> “When mum has a bad day she sleeps and **I watch my little brother and I do what needs to be done.**”

## Mental Health issues

### ‘My Health, Our Future’ 2019 survey

Within the ‘My Health, Our Future’ 2019 survey, both male and female young carers reported a higher prevalence of poor mental health than non-carers (44% of boys and 73% of girls).

The prevalence of poor mental health within the last year for children who did not identify as a young carer was 34% for males and 54% for females.

However, of those students who had experienced poor mental health, young carers were more likely to have asked for help than their peers. (52% had asked for help compared to 44% of non-carers).



**‘My Health, Our Future’:**
**44%** of **male** young carers and **73%** of **female** young carers say they have experienced poor mental health. This is higher than students who are not carers. However, young carers were **more likely to have asked for help**.

### Suffolk Family Carers – Young Carers Survey

Of the young carers who Suffolk Family Carers support, 5 in 10 boys (52%) and 6 in 10 girls (61%), said they had experienced poor mental health within the last year. This is higher than the Suffolk average for both genders. These young carers were also more likely to have asked for help (57% compared to 44%).

Of those young carers who had not sought support for their mental health difficulties, the main reasons were due to a lack of confidence about opening up, and the feeling that there is no support or nobody who could help.

Young carers were also more likely to say they had not asked for support because they did not want to be a burden on their family.

## Support from parents

### 'My Health, Our Future' 2019 survey

63% of young carers said they would go to their parents for support with their emotional wellbeing, compared to 70% of their peers.

23% said it was because they didn't want to be a burden, compared to 18% of non-carers.

### Suffolk Family Carers – Young Carers Survey

Within the Suffolk Family Carers survey, 68% of the young carers said they would feel comfortable speaking to their parents if they needed support with their mental health. This is also slightly lower than the Suffolk average for non-carers (70%).

Experience of mental health difficulties within the family was frequently given as a reason for why they would feel comfortable speaking to their mum, dad, or guardian. The most common reason for not wanting to was because they don't want to be a burden on their parents.



## Family stress

### 'My Health, Our Future' 2019 survey

Young carers were more likely to say that their family was a cause of stress (48% compared to 30%). Female young carers were more likely than male young carers to feel this way (58% compared to 36% respectively).

### Suffolk Family Carers – Young Carers Survey

Young carers supported by Suffolk Family Carers were also more likely to say their family was a cause of stress than non-young carers were (53% of boys and 64% of girls).

This survey also split 'My family' into three sub-options – mum, dad and siblings. 49% of girls said their siblings were a cause of stress, compared to 35% of boys, and 41% of girls said their mum was a cause of stress, compared to 25% of boys.

## Bullying

### 'My Health, Our Future' 2019 survey

22% of young carers said they had been bullied online within the last two months. They were almost twice as likely to report this compared to non-young carers (12%).

### Suffolk Family Carers – Young Carers Survey

Rates of being a victim of online bullying were also similar among young carers supported by Suffolk Family Carers.

Overall 23% said they had been bullied online within the last two months. 1 in 4 girls (25%) said they had been, compared to just over 1 in 10 (13%) girls who are not young carers.




Young carers were **almost twice as likely** to say they had been bullied online.

## Sleep

### ‘My Health, Our Future’ 2019 survey

21% of young carers reported getting less than seven hours sleep a night, compared to 13% of non-young carers

### Suffolk Family Carers – Young Carers Survey

The Suffolk Family Carers survey also asked additional questions about disturbed sleep. Almost 1 in 4 young carers (24%) say their sleep is disturbed at least three nights a week. Often this disturbance is caused by other family members.



## Comparison of surveys

Results from the two surveys illustrate that young carers fare worse on almost every measure than their peers. The consistencies between the two surveys strengthen this evidence. However, comparing the two survey results also presents some differences.

- **Wellbeing:** Overall, young carers had poorer wellbeing than their peers, however young carers supported by Suffolk Family Carers had a higher average wellbeing score than young carers identified within the 'My Health, Our Future' 2019 Survey (who may or may not receive support relating to their caring role).
- **Mental health:** When it came to prevalence of poor mental health in the last year, boys who are supported by Suffolk Family Carers were more likely to report poor mental health, whereas girls were less likely.
- **Additional needs:** Young carers supported by Suffolk Family Carers were less likely to report having an additional need.
- **Parental support:** Young carers supported by Suffolk Family Carers were more likely to say they would feel comfortable approaching their parents for support with their emotional wellbeing than those who responded to the 'My Health, Our Future' survey.



# GYPSY, TRAVELLER OR IRISH TRAVELLER YOUNG PEOPLE IN FOCUS

## Demographics

The survey asked the question 'Please select which ethnicity best applies to you', and 'Gypsy, Traveller or Irish Traveller' was given as one of the available options.

In total, 79 young people (0.7%) selected this response.

**79**

**Gypsy, Traveller or Irish Traveller young people responded to the survey.**

| Geographic area | Number |
|---|---|
| East Suffolk | 31 |
| West Suffolk | 41 |
| Waveney | 7 |
| ***Total*** | ***79*** |

The Gypsy, Roma, Traveller communities are distinct cultural entities, and include:

- English Gypsies
- Irish Travellers
- European Roma Gypsies

## Additional needs

Gypsy, Traveller or Irish Traveller young people were more likely to report having an additional need. **52%** had an additional need compared to **32%** of their peers. In particular they were three times more likely to have a learning difficulty (**22%**) or other special educational needs (**10%**). **16%** said that they need help with English.

| | Travellers | Non-Travellers |
|---|---|---|
| I have a physical disability | 9% | 2% |
| I have a mental health difficulty | 22% | 13% |
| I am in care or have been | 4% | 2% |
| I am a carer | 8% | 4% |
| I cannot see very well or at all | 8% | 6% |
| I cannot hear very well or at all | 6% | 2% |
| I have speech difficulties | 9% | 3% |
| I have a learning disability | 22% | 7% |
| I need help with English | 16% | 7% |
| I have other special educational needs | 10% | 3% |

***Table:*** *The percentage of Travellers who have additional needs compared with those students who do not identify as a Traveller.*

## Wellbeing

Gypsy, Traveller or Irish Traveller young people had lower average wellbeing scores than their non-traveller peers. This was true for both genders, particularly males.

| Gender | Traveller | Non-Traveller |
|---|---|---|
| Male | 43.5 | 46.7 |
| Female | 41.3 | 42.3 |
| **Overall** | **42.2** | **44.5** |

***Table:*** *The average wellbeing score of students who do or do not identify as being a Traveller and their gender.*

## Mental health

Gypsy, Traveller or Irish Traveller young people were also more likely to report having experienced poor mental health in the last 12 months. **52%** of Traveller males and **60%** of traveller females had, compared to **34%** and **55%** respectively.



**52%** of **male** and **60%** of **female** Gypsy, Traveller or Irish Traveller students say they have experienced poor mental health. They were **more likely** to say they would go to their parents for support with their mental health.

## Seeking support

Gypsy, Traveller or Irish Traveller young people were more likely to say that they would go to their parents for support with their emotional wellbeing. **78%** of travellers would, compared to **70%** of their peers.

Gypsy, Traveller or Irish Traveller young people were less likely than their peers to say that they would go to their school/college for support. **21%** would, compared to **31%** of non-travellers.

## Barriers to support

Gypsy, Traveller or Irish Traveller young people were more likely to say that nothing would stop them from seeking support. **34%** said nothing would stop them, compared to **29%** of non-travellers. They were also less likely to feel embarrassed about seeking help, and less likely to fear being judged by others.

Compared to their peers, they were more likely to say a barrier to seeking help would be that they wouldn't be able to travel there alone (**35%** compared to **18%** of their peers).

**“I miss my dad but I know that I can’t see him** without somebody being there and I have my social worker there for me.”

**“I got referred to mental health team after my suicide attempt.** I’m now on anti-depressants and having weekly support by a care worker.”

**“I am very close to both parents** and they are always there for me.”

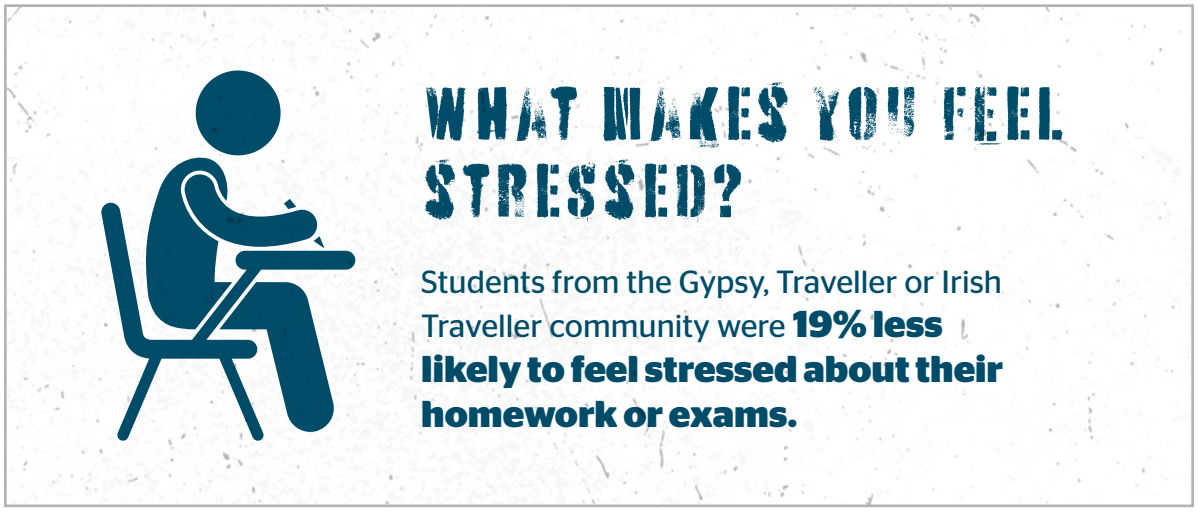
## “I AM NOTHING TO EVERYONE.”

Boy (age 17)

## Stress

### What makes you feel stressed?

13% of Gypsy, Traveller or Irish Traveller young people said that 'nothing' makes them feel stressed, compared to 11% of non-traveller young people. They were also less likely to feel stressed about homework and exams than their peers (33% compared to 52%).




## Self-esteem

Gypsy, Traveller or Irish Traveller young people had lower average self-esteem scores than their peers. This was true for both males and females.

| Gender | Traveller | Non-Traveller |
|---|---|---|
| Male | 17.1 | 18.1 |
| Female | 15.2 | 15.4 |

**Table:** The average self-esteem score of students who do or do not identify as being a Traveller and their gender.

"I FEEL LIKE I AM NOT WORTH THE TIME."

Boy (age 14)

"I WORRY THAT I AM A GYPSY."

Girl (age 13)

## Self-harm

Gypsy, Traveller or Irish Traveller young people reported a higher rate of previous and current self-harming.

### Have you ever self-harmed?

17% of Gypsy, Traveller or Irish Traveller males said they had self-harmed, and 19% said they would rather not say. Fewer Gypsy, Traveller or Irish Traveller females had self-harmed (16%), however a higher percentage said they would rather not say (32%).

### Do you currently self-harm?

Gypsy, Traveller or Irish Traveller young people reported a higher rate of current self-harming. 14% of males and 16% of females said they currently self-harm, compared to 3% of non-traveller males and 5% of non-traveller females.

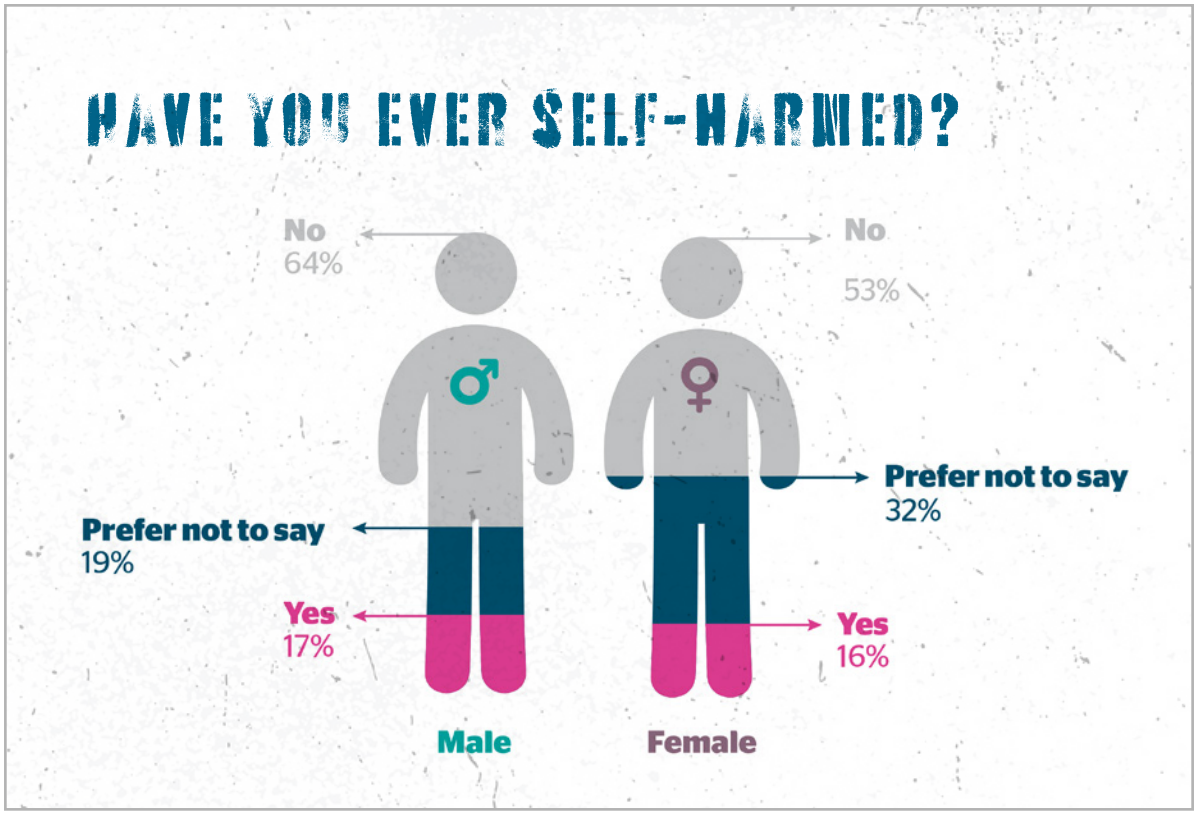



***Figure:*** *The percentage of students from the Gypsy, Traveller or Irish Traveller community who say they have self-harmed.*

# CHILDREN IN CARE IN FOCUS

## Demographics

This report explores the wellbeing of those young people in Suffolk who are living in care or have lived in care in the past. 'Children in care' or being a 'looked after child' can include living with foster parents, living in a children's home, or living in other council provided residential settings.

For the purposes of this report, the terminology 'children in care' will be used.

Of the **11,950** young people who completed the survey, **207 (2%)** said that they were in care or had been. The responses came from young people across the county:



**207**

**young people said they were in care or they had been.**

| Geographic area | Number |
|---|---|
| East Suffolk | 88 |
| West Suffolk | 83 |
| Waveney | 36 |
| *Total* | *207* |

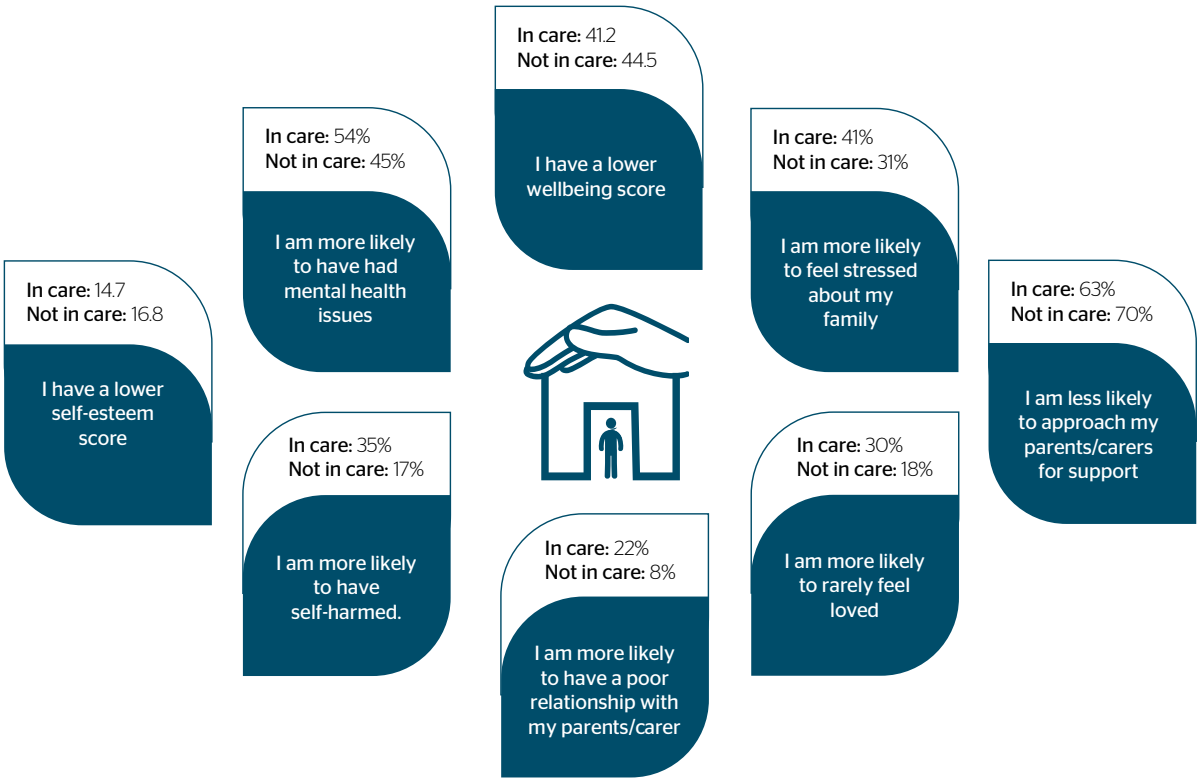
**150** were aged 11 to 15, and **57** were aged 16 and over.

There were more boys in care **(122)** than girls **(81)**, and **14%** of children in care belong to an ethnic minority background (compared to **12%** of the overall survey responses).

**68%** also reported having an additional need – such as needing help with English, having a mental health difficulty, or having a disability. In particular, children in care were more likely to report having learning difficulties (**29%** compared to **7%**) or a physical disability (**14%** compared to **2%**).



# Children in care




## Wellbeing

Children in care had an average wellbeing score three points lower than their peers who are not in care. Children in care were most likely to disagree with the statements 'I've been feeling good about myself' and 'I've been feeling useful'.

**30%** said they never or rarely felt loved, compared to **18%** of their peers.




## Poor mental health

Those in care were more likely to report having experienced poor mental health in the last 12 months. However, they were more likely than their peers who were not in care to have sought support for this mental health difficulty.

Children in care were also more likely report having a current mental health issue – with almost **1 in 3** saying this.



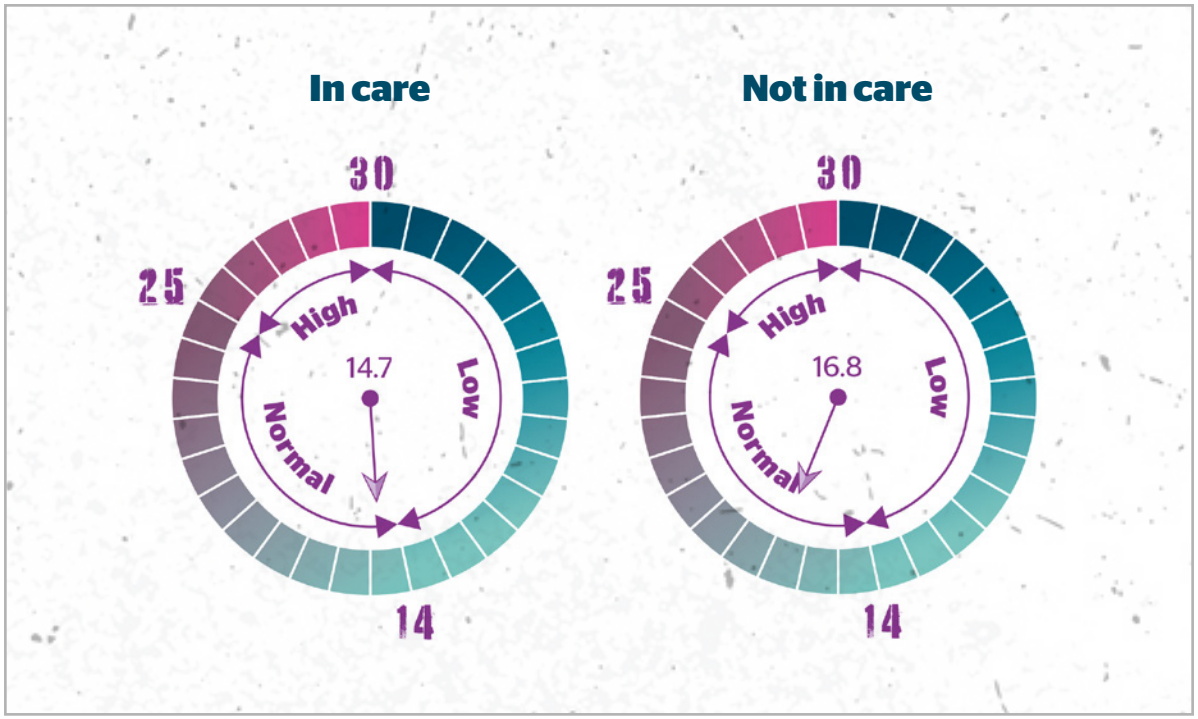




***Figure:*** *The average self-esteem score of students who are in care compared to their peers.*

## Parent/carer support

Children in care were less likely than their peers to say they would go to their parents/carers if they needed support with their emotional wellbeing.

Those who said they would not go to their parent/carers were asked why. They were most likely to say it was because they feel unable to open up (40%). The second most common reason was because they feel they have a poor relationship with their parent/carers.

22% of children in care reported a poor relationship being a barrier to seeking parent/carer support, compared to only 8% of their peers. They were also more likely to report 'family' as a cause of stress.

## School and college support

Whilst they are less likely than their peers to go to their parents for emotional support, children in care were more likely than their peers to say they would go to their school or college for support.

## Self-esteem

On average, children in care had a self-esteem score over two points lower than children who are not in care. **2 in 5** agreed with the statement 'I am inclined to feel that I am a failure' and only half agreed with the statement 'I am able to do things as well as most people'

## Self-harm

Children in care were twice as likely as their peers to say that they have self-harmed. **1 in 3** children in care have self-harmed and **14%** currently self-harm.

"I live with my grandma and **she doesn't understand a lot of the things I say.**"

"**I'm scared to open up to my mum, because I didn't live with her.** I'm not very close with my mum at all."

"I miss my dad but **I know that I can't see him without somebody being there** and I have my social worker there for me."

"**I experienced lack of trust** with an old foster carer."

“My dad abused me and **I have been thinking and getting scared about it.**”



“I’m getting help at the moment but **they can’t help most of the time because I don’t have a stable home** or my own house.”

**“My mum abused me** so I went to live with my dad 9 months ago.”

“It will be 2 years on my birthday since I haven't seen my mum and **I feel really upset and I can’t sleep because I'm worried what’s going on and I'm worried I won't be able to see her** or my brothers and sisters again.”

“When my mum got rid of me I didn’t see her for 2 years. **I didn’t know what was going on at the time as I was only 8.**”

“I’m adopted and **it doesn’t help that they might not help with it** and might judge me.”

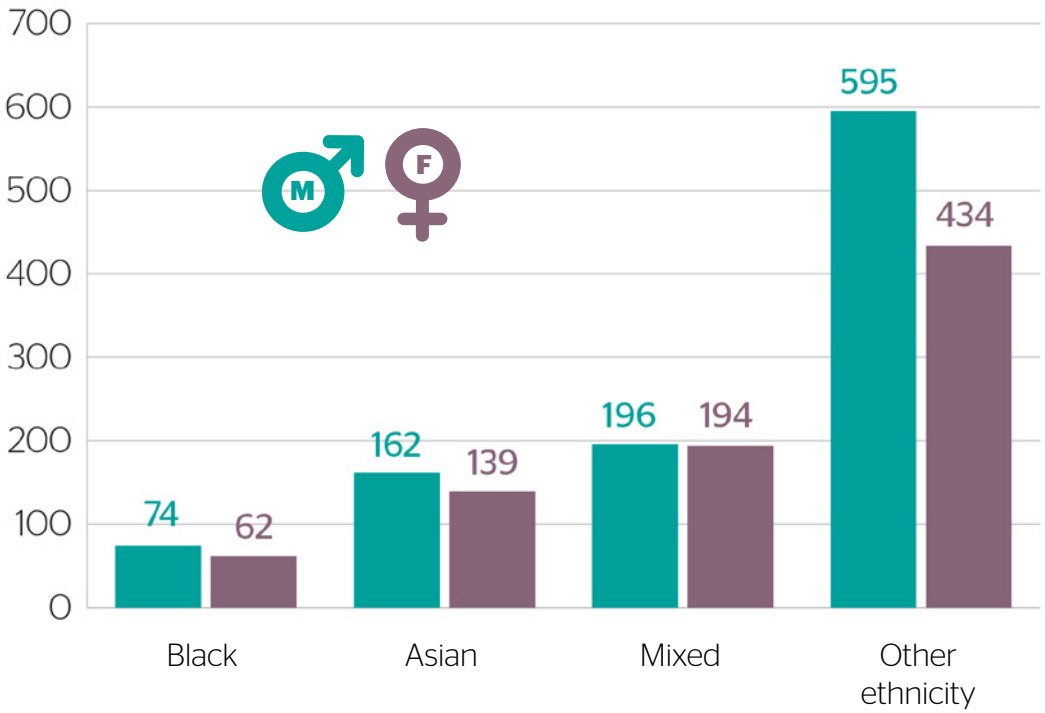
# ETHNIC MINORITIES IN FOCUS

## Demographics

Young people in Suffolk are part of a diverse range of ethnic groups. Of the young people who took part in the 2019 survey, **10,072 (84%)** were White British and **450 (4%)** were from a 'White – Other' background. **1,428 (12%)** were from another ethnicity. Of these **1.428**, **71** young people identified with an ethnic group not included in the list of options.

| Ethnicity | No. | % |
|---|---|---|
| White British | 10,072 | 84.3% |
| White - Other | 450 | 3.8% |
| Polish | 150 | 1.3% |
| White - Irish | 116 | 1.0% |
| Mixed - White & Black Caribbean | 108 | 0.9% |
| Mixed - Other | 98 | 0.8% |
| Asian - Other | 97 | 0.8% |
| Mixed - White & Black African | 94 | 0.8% |
| Mixed - White & Asian | 93 | 0.8% |
| Portuguese | 91 | 0.8% |
| White - Traveller | 79 | 0.7% |
| Black - African | 73 | 0.6% |
| Other ethnic group | 71 | 0.6% |
| Asian - Indian | 68 | 0.6% |
| Asian - Bangladeshi | 64 | 0.5% |
| Asian - Pakistani | 44 | 0.4% |
| Romanian | 43 | 0.4% |
| Black - Caribbean | 39 | 0.3% |
| Asian - Chinese | 30 | 0.3% |
| Black - Other | 24 | 0.2% |
| Arab | 16 | 0.1% |
| Lithuanian | 11 | 0.09% |
| Turkish | 9 | 0.08% |
| Bulgarian | 4 | 0.03% |
| Latvian | 3 | 0.03% |
| Hungarian | 3 | 0.03% |

***Table:*** *The ethnicity of students participating in the 'My Health, Our Future' survey 2019.*



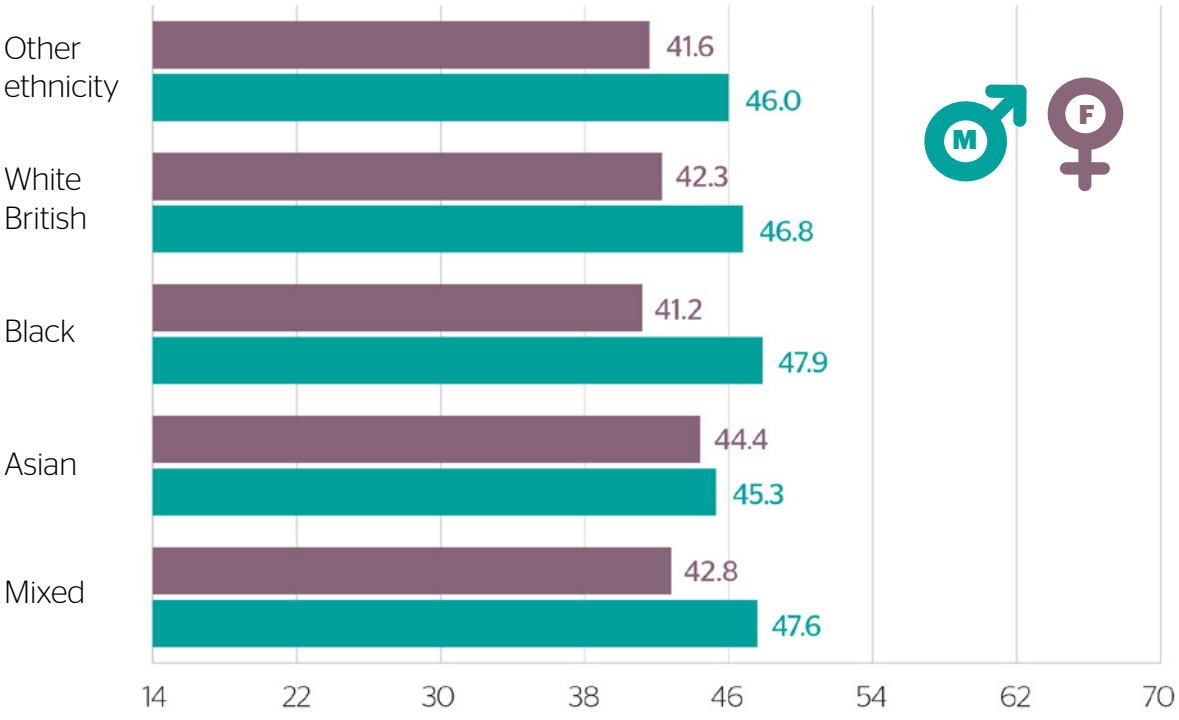

***Graph:*** *The number of* ***male*** *and* ***female*** *students who identify as belonging to each minority ethnic group.*

"I WISH MY FRIENDS FROM NIGERIA CAN COME AND VISIT FOR A WHILE"

## Wellbeing

Overall, there was no difference in the average wellbeing score of White British students compared with students belonging to an ethnic minority, however wellbeing scores varied between Black, Asian and mixed ethnic groups:

- Amongst boys, Black males had the highest average wellbeing score whereas Asian males had the lowest average wellbeing score.
- Amongst girls, Mixed females had the highest average wellbeing score and Black females had the lowest average wellbeing score.
- The largest gender difference was found amongst the Black ethnic group, where the average male wellbeing score was 6 points higher than the female average wellbeing score.

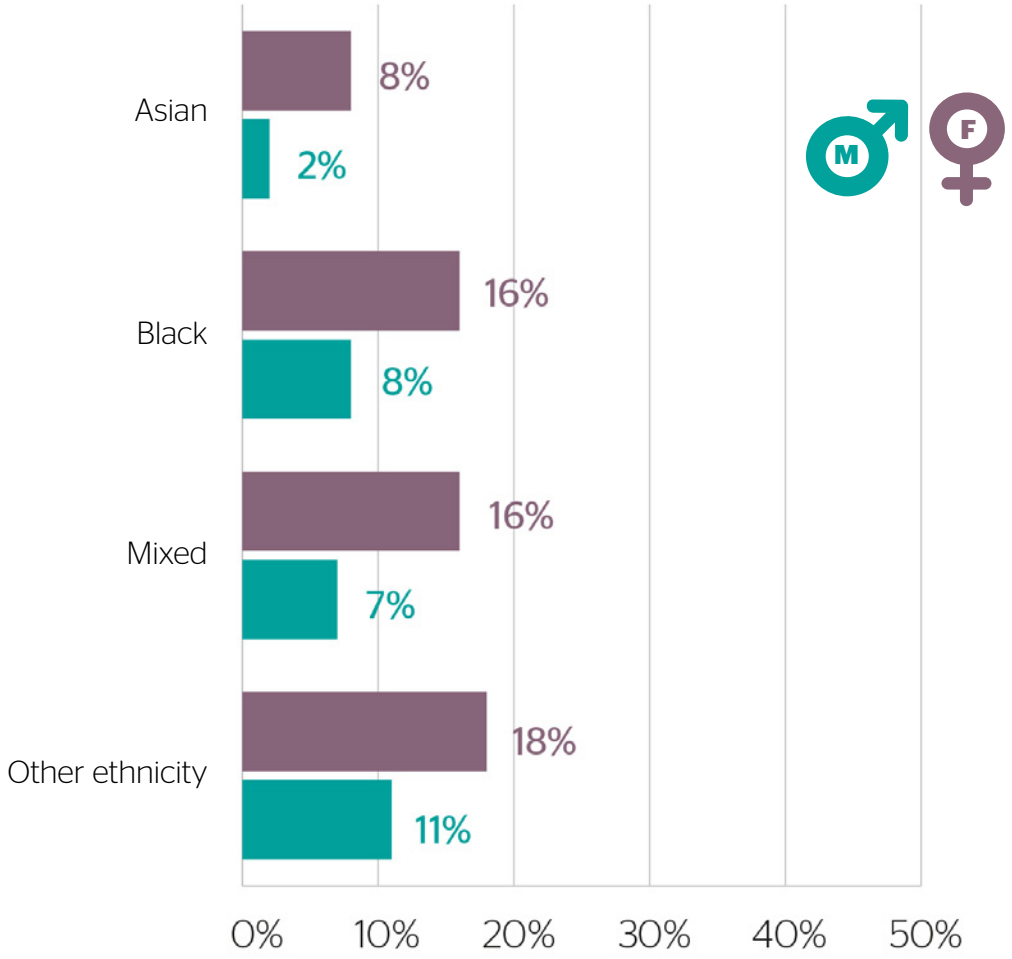



***Graph:*** *The average wellbeing score of* ***male*** *and* ***female*** *students split by ethnic group.*

The results for each individual ethnic group (where the response rate was above 10), also reveals:

- Young people in the 'Arab', 'Black – other' and 'Traveller' ethnic groups reported the lowest wellbeing scores.
- Amongst most ethnic groups, girls had lower average wellbeing scores than boys. The exception to this were the 'Bangladeshi' and 'Chinese' ethnic groups, where males had a lower average wellbeing score.

Students belonging to an Asian ethic group were on average less likely to report having an existing mental health issue. Across all ethnicities, females were more likely than males to report having a mental health issue.



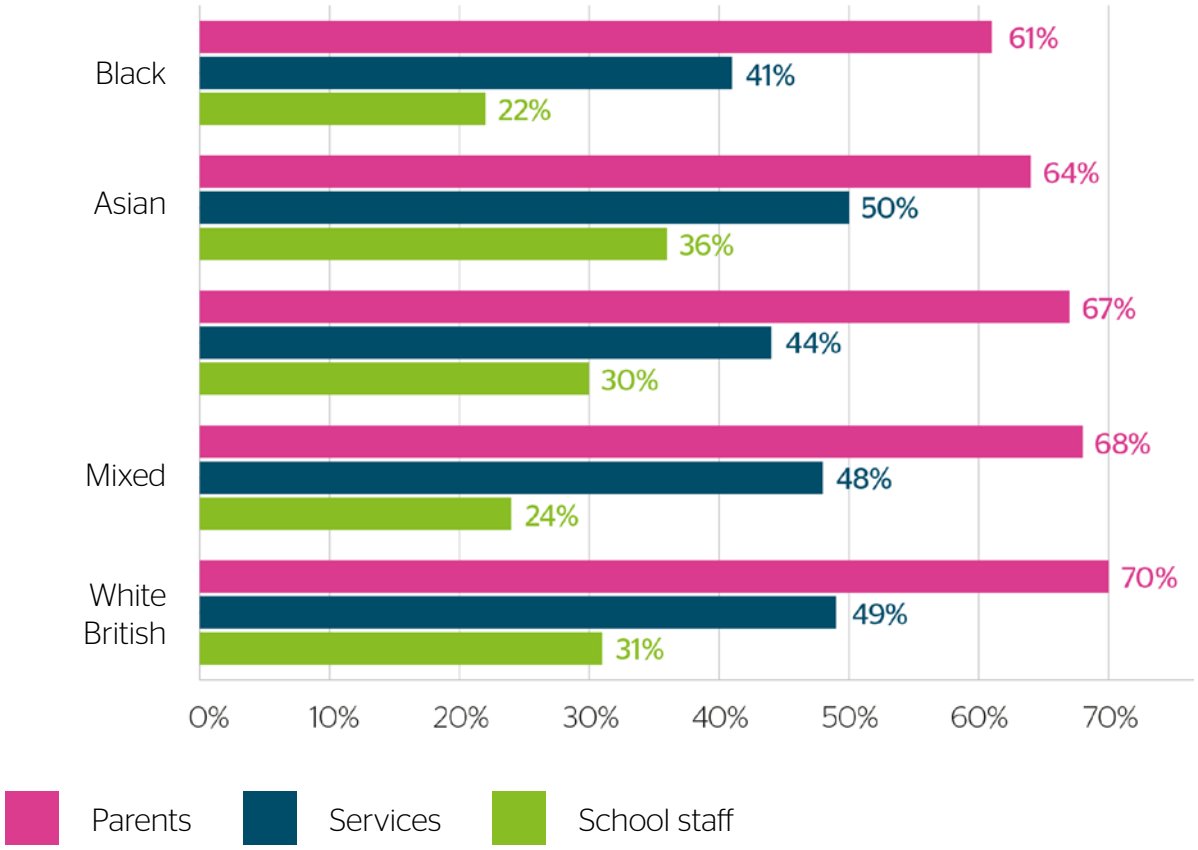

***Graph:*** *The percentage of* ***male*** *and* ***female*** *students who have experienced a mental health difficulty in the last 12 months split by ethnic group.*

**“My darker skin tone doesn’t help me fit in** as others with paler complexion look better than me.”

## Seeking support

Compared to White British students, young people belonging to an ethnic minority were less likely to say they would approach their parents for help.

Overall, Black, and Asian students were the least likely to go to their parents, however Asian students were the most likely to say they would approach school staff or mental health services.  Black students, and students who selected 'Other ethnicity', were least likely to say they would approach services. Black and Mixed students were least likely to approach school or college staff.




***Graph:*** *The percentage of students who said they would talk to their parents or friends if they were worried about their mental health and their year group.*






## Why I wouldn’t go to my parent/carers:

Students who said they would not seek support for their wellbeing from their parents, were asked to explain why:

| | Asian | Black | Mixed | Other ethnicity |
|---|---|---|---|---|
| I can’t open up | 24% | 42% | 38% | 37% |
| They wouldn’t understand | 48% | 42% | 28% | 31% |
| I don’t want to be a burden | 17% | 0% | 17% | 18% |
| We have a poor relationship | 11% | 11% | 13% | 10% |
| They would get angry or overreact | 0% | 5% | 6% | 4% |

***Table:*** *Student’s reasons for not approaching their parents or carers for support.*

## Why I wouldn’t go to services

Students who said they would not seek support for their wellbeing from mental health services, were also asked to explain why:

| | Asian | Black | Mixed | Other ethnicity |
|---|---|---|---|---|
| Wouldn’t need it | 40% | 17% | 28% | 38% |
| Fear of consequences | 20% | 17% | 11% | 18% |
| Fear of talking | 13% | 0% | 28% | 24% |
| Avoid family or school involvement | 13% | 17% | 11% | 13% |
| Poor experience | 7% | 33% | 11% | 0% |
| Don’t trust strangers | 7% | 17% | 11% | 7% |

***Table:*** *Student’s reasons for not approaching services for support.*

## Self-harm

Girls of all ethnicities reported a higher rate of self-harm than boys of the same ethnicity, except for those belonging to the 'Portuguese' group - **28%** of boys in this group had self-harmed, compared to **17%** of girls (**81** students identified as Portuguese in the survey).

### Ethnic group with the highest percentage of self-harm

Students in the 'Arab' ethnic group were most likely to have self-harmed, with **2 in 5** saying they had done so. Those in the 'Romanian' and 'Pakistani' ethnic groups also had a high rate of self-harm.

### Ethnic group with the lowest percentage of self-harm

Students belonging to the 'Asian – Chinese' ethnic group had the lowest levels of self-harm, with none reporting ever having self-harmed. However, these students were one of the most likely to choose the answer 'I'd prefer not to say'. **1 in 4 (25%)** choose that option, suggesting the actual rate of self-harm is likely to be higher amongst this group.

Young people belonging to the 'Indian' and 'Bangladeshi' ethnic groups also reported low levels of self-harm.

| | Yes | | No | | Prefer not to say | |
|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female |
| Asian | 9% | 12% | 80% | 73% | 11% | 16% |
| White British | 13% | 22% | 76% | 59% | 11% | 19% |
| Black | 17% | 20% | 74% | 63% | 9% | 16% |
| Mixed | 11% | 22% | 73% | 63% | 16% | 14% |
| Other ethnicity | 15% | 24% | 70% | 53% | 15% | 23% |

***Table:*** *The percentage of* ***male*** *and* ***female*** *students who gave each response to the question 'Have you ever self-harmed?, and their ethnic group.*



"THERE ARE MORE WHITE PEOPLE IN MY SCHOOL THAN ASIAN...

...so I really don't fit in."

## Gender specific self-harm stats

### Males

Arab, Portuguese and Romanian boys had highest rate of previous or current self-harm (**33%, 28%** and **29%** said Yes). **1 in 10** Romanian boys said that they currently self-harm.

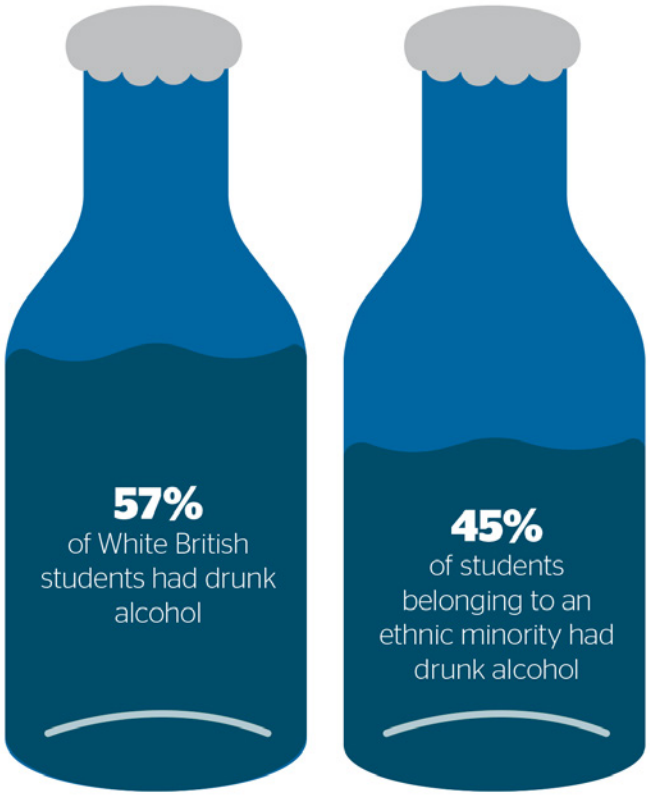
### Females

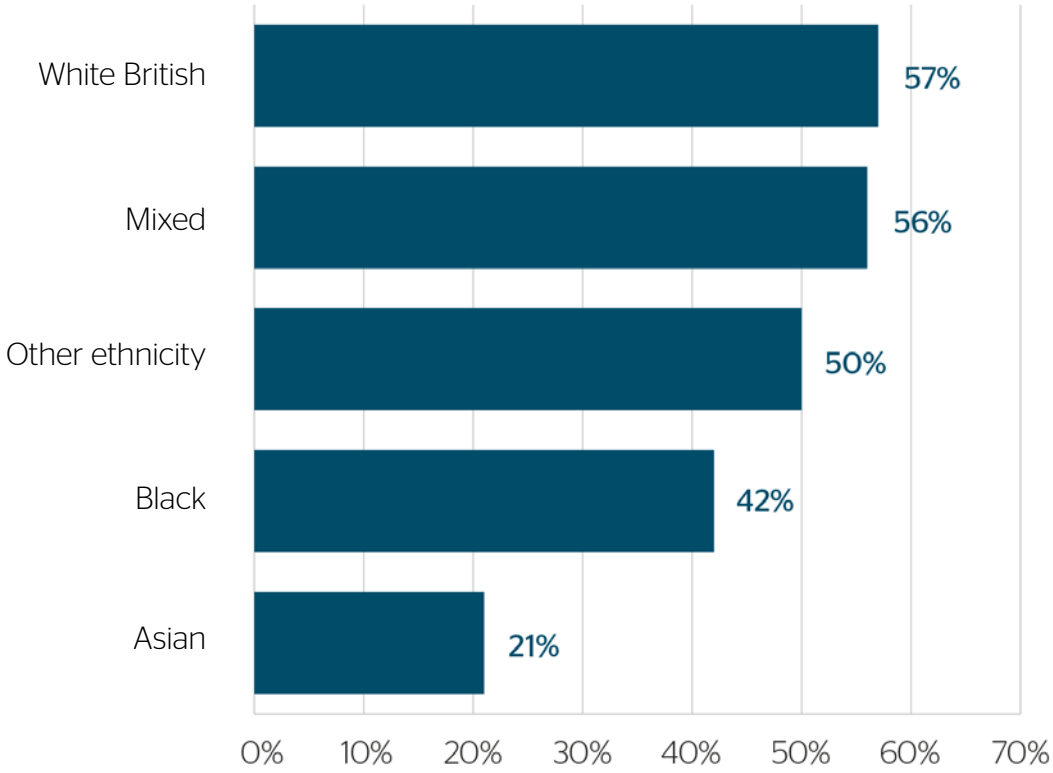
Arab, Romanian and Pakistani girls reported the highest rates of previous or current self-harm (**75%, 31%** and **29%**). **13%** of Romanian girls said they currently self-harm.

## Drinking alcohol

On average, White British students were more likely to have drunk alcohol than those belonging to another ethnic group. More than half of White British respondents had drunk alcohol in the last four weeks (**57%**), compared to **45%** of students belonging to an ethnic minority.

When looking at the individual ethnic groups, students of Polish ethnicity were most likely to have drunk alcohol (**66%**). Young people of Asian ethnicity were least likely to have drunk alcohol, especially those belonging to the Indian and Bangladeshi communities (11% and 13%).






***Graph:*** *The percentage of students who said they had drunk alcohol in the last four weeks and their ethnic group.*

## Drugs

Overall, **16%** of young people had used drugs in the last year.

Asian males were most likely to have used drugs (**23%**), whereas Asian girls were the least likely (**3%**). Instead, girls belonging to a Mixed ethnicity were most likely to have used drugs. This was the only ethnic group where female use exceeded male use of drugs.

The results for individual ethnic groups showed that students belonging to the White and Black Caribbean, or White and Black African ethnic groups were most likely to report using drugs in the last year (**27%**). Students from eight ethnic groups reported zero drug use. These included Arab, Chinese, Bulgarian and Turkish.



Self reported drug use was highest amongst **White and Black Caribbean, or White and Black African** students. **27% said they had used drugs** within the last year.

# YOUNG PEOPLE WITH LEARNING DIFFICULTIES OR SPECIAL EDUCATIONAL NEEDS (SEND) IN FOCUS

## Demographics

**1,088**

**Students said they had a learning disability or other special educational needs.**

Of the **11,950** students who responded to the 2019 'My Health, Our Future' survey, **1,088** (**9%**) said they had learning disability or other special educational needs (SEND).

| | Number | Percentage |
|---|---|---|
| I have a learning disability | 891 | 7% |
| I have other special educational needs | 367 | 3% |

All of the schools and colleges who took part in the survey are mainstream education providers, so this report is reflective of those young people attending these educational settings.

This report does not reflect the views of young people with special educational needs who attend a special school, who are home educated, or who are not currently in education.

| Geographic area | Number |
|---|---|
| East Suffolk | 450 |
| West Suffolk | 470 |
| *Waveney* | 168 |
| ***Total*** | ***1,088*** |

***Table:*** *The number of students who said they have a learning disability or other special educational needs and their location in Suffolk.*

## Additional needs

Young people with SEND were more likely than their peers to have an additional need (excluding having special education needs). **61%** reported an additional need compared to **25%** of their peers, and **30%** reported two or more additional needs.

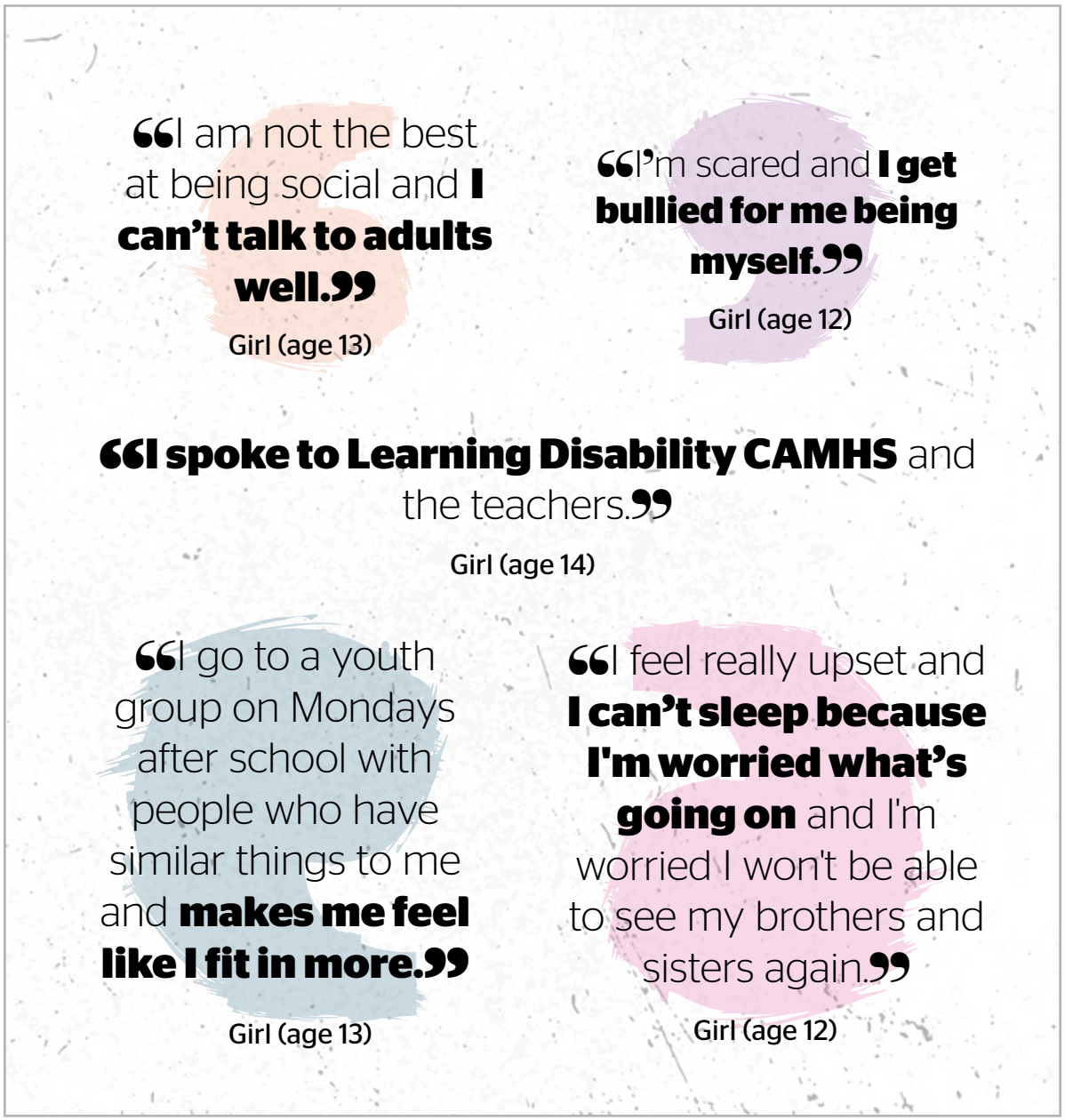
**28%** of students with SEND said they needed help with English, and **14%** have difficulties with their speech.



**Young people with SEND** were **more likely** to have an additional need that is not a special educational need. **61%** reported an additional need compared with 25% of their peers.

| | SEND | Non-SEND |
|---|---|---|
| I have a physical disability | 9% | 2% |
| I have a mental health difficulty | 29% | 11% |
| I am in care or have been | 7% | 1% |
| I am a carer | 8% | 3% |
| I cannot see very well or at all | 11% | 5% |
| I cannot hear very well or at all | 7% | 2% |
| I have speech difficulties | 14% | 2% |
| I need help with English | 28% | 5% |

***Table:*** *The percentage of young people with SEND who have additional needs compared with those students who do not have SEND.*



## Wellbeing and mental health

Both males and females with SEND had lower average wellbeing scores than their peers. They were most likely to disagree with the statement 'I've been feeling useful' – **40%** said they had felt this 'None of the time' or 'Rarely'.

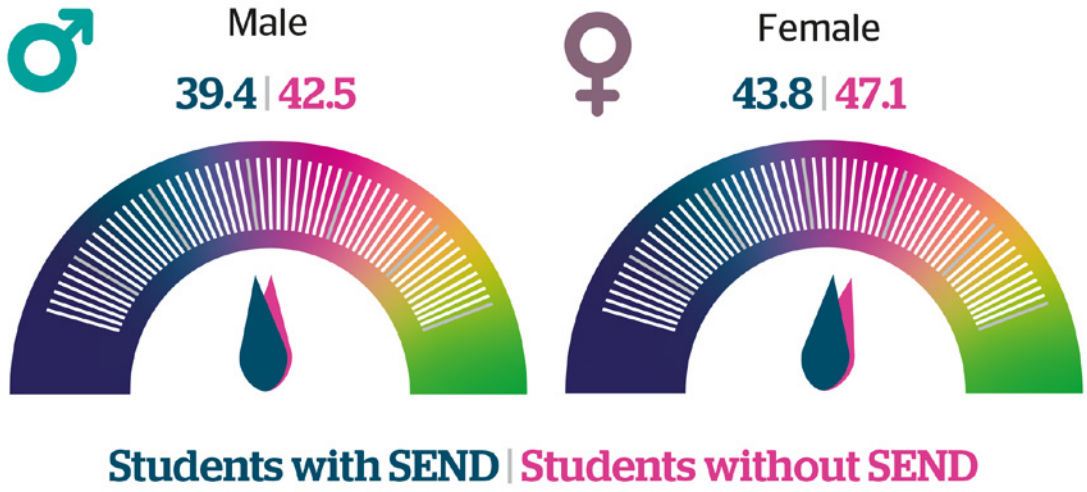
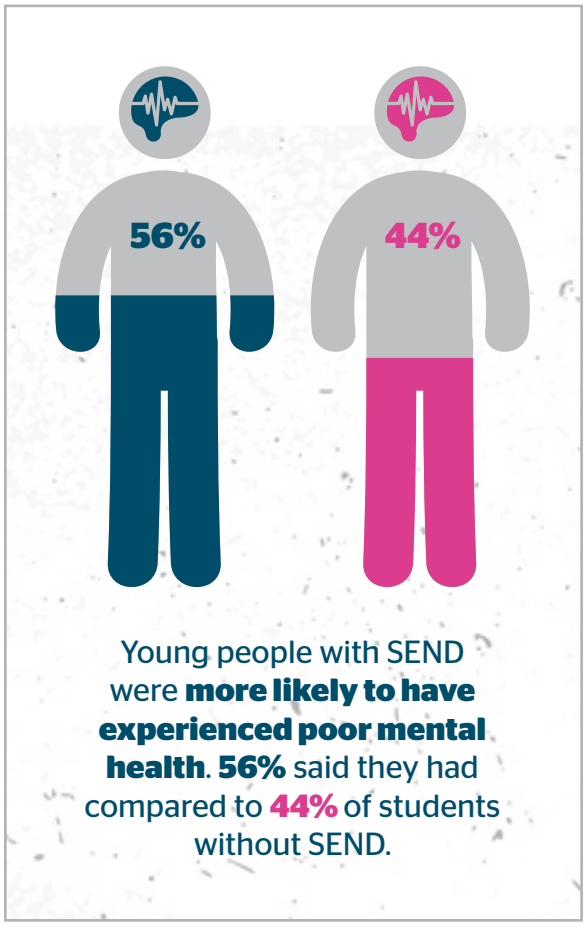



***Figure:*** *The average wellbeing scores of* ***male*** *and* ***female*** *students with and without SEND.*

**56%** of young young with SEND had experienced poor mental health in the last 12 months, compared to **44%** of their peers, and **29%** said they were currently experiencing a mental health difficulty.

Those who had experienced poor mental health were asked whether they sought help and support. Young people with SEND were more likely than their peers to say they had (**49%** compared to **44%**).

> **"I try to put on a smiley face** at school but sometimes I can't."
>
> Girl (age 12)



## Seeking support

Young people with SEND were more likely than their peers to say they don't know how to get support or wouldn't know where to begin. **15%** felt this way compared to **11%** of their peers. This was particularly true for females, with almost **1 in 4** saying they would not know (**22%**).



Young people with SEND were **more likely to say they do not know how to get support** or that **they would not know where to begin.**

### Parents

Young people with SEND were less likely to say they would go to their parents for support with their wellbeing. **64%** said they would, compared to **70%** of their peers. Parents were still the preferred source of support, compared to school or friends.

### School staff

Students with SEND were more likely than their peers to say they would approach school or college staff. **34%** said they would, compared to **30%** of their peers.

**18%** said their school nurse was very important or absolutely essential when it came to support with their wellbeing, compared to **13%** of their peers.

## Self-harm

Young people with SEND were more likely to have self-harmed. **21%** of boys with SEND, and **36%** of girls with SEND said they have self-harmed, compared to **12%** and **21%** respectively.

They were also less likely to know where they could get help – only **52%** of those who had self-harmed knew where to go for help to stop.

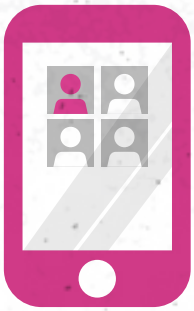


## Online activity

On average, both boys and girls with SEND reported spending more time using a screen than their peers. Overall, **36%** spend more than seven hours a day using a screen, compared to **30%** of their peers.

Young people with SEND were no more likely to have viewed most types of harmful content online, with the exception of content that encourages people to self-harm or talk about suicide. **21%** had seen it compared to **16%** of their peers.

They were also more likely to have been bullied online in the last two months. **18%** had experienced online bullying, compared to **11%** of young people who don't have learning difficulties.



More than **1 in 4** students with SEND **(36%)** said they use a screen for more than seven hours per day. They are **6% more likely to say this** compared to their peers.

**"I got told I was going it was going to be kicked out of college** for not coming in because of my anxiety."

Girl (age 18)

**"I was stressed about Maths and English** and I seek help about talking to my tutors about it."

Male (age 19)

> “I still have really bad anxiety and OCD. **I feel like they need to do more instead of referring people to other places** because they can’t “handle” them.”
>
> Girl (age 14)

### ‘My experience of autism”

Some young people who have autism shared their experiences of how it impacts their wellbeing.

> “**I have a doctor who helps me** and talks to me about my issues and autistic problems.”
>
> Male (age 18)

> “**I want to learn about different types of autism** so I can help myself.”
>
> Girl (age 12)

> “I went to see a doctor to see if I had Autism. **My mum is finding it hard to help me stop and me from going into a meltdown.**”
>
> Girl (age 12)




**"Trying to find the right support is hard at first.** Dealing with autism alongside different mental health problems but **I dealt with it but now I feel as strong as ever."**

Male (age 17)

**"I constantly feel like because of my autism no medical staff take me seriously** or expect me to be able to speak for myself."

male (age 16)

**"I have been denied proper therapy or any assistance with my mental health**, my Psychiatrist has said this is because my mental health issues come naturally from my autism."

Male (age 16)

"I got referred to suffolk wellbeing by the doctors, took them a month to get in contact and then cancelled my appointment on the day! Months later still have not heard anything... and im still feeling the same way."

# CLOSING STATEMENT



**Andy Yacoub**
Chief Executive

Healthwatch Suffolk CIC

This year, we are proud to have engaged more schools and colleges than in any of our previous 'My Health, Our Future' reports. Considered together, the sample of students from each school brings the total number of survey responses to over 26,000.

I would like to take this opportunity to thank every school and college that has taken part so enthusiastically in this project.

We know the bespoke reports provided to every school or college will inspire new initiatives and help them to understand more about how they can contribute to improving the wellbeing of young people across Suffolk. We know this because of previous feedback.

We have already heard from some of the schools and colleges this year about how they are using their reports to make a difference. In one school this has included new resources and training in Mental Health First Aid for students so that the school can begin to address some of the issues identified in the report.

## More data and new insights

For the first time, we have been able to reveal insightful differences between specific groups of young people (e.g. young carers and students from diverse backgrounds). We have also included new questions in the survey and additional measures of wellbeing widely used in social science research.

In our experience we find that, sometimes, reports gather dust on shelves. We are therefore making this 330 plus page report easy to access by publishing it as a series of thematic mini-reports. We hope this will make it easier to find the information you need in order to learn from what Suffolk students have told us.

You can access the full set of 'My Health, Our Future' 2019 reports by visiting www.healthwatchsuffolk.co.uk/mhof.

## How does this project make a difference?

The large number of responses to the surveys mean that we have been able to influence the provision of support for young people across the county in numerous ways.

This includes:

- Shaping the mental health strategies of local health and social care commissioners.
- Specific actions taken by schools




and colleges to address the issues raised by students (e.g. peer support groups, training for teachers, targetted education, information for students or changes to lesson content).

- Our data concerning the worrying levels of self-harm amongst young people in Suffolk has led our local commissioners to prioritise the issue and develop new initiatives targetted at prevention.

Our 2019/20 report does not make a series of recommendations to the health and social care system in Suffolk. This is because, we, and our "system" partners, see this report as forming the foundations of ongoing conversations and impactive decision making concerning support for children and young people in Suffolk.

In 2019, we presented to over 1,000 people across 14 events and venues. This year, we will continue to reach as many influential stakeholders as possible. We will aim to relay the key messages that Suffolk's students have shared with us in an accessible and interesting manner.

Some of the events and venues that we presented at in 2019 included:

- Suffolk County Councils Early Help Team
- Suffolk Health and Wellbeing Board
- Suffolk health and Overview Scrutiny Committee
- The Fostering for Change Team
- The Rainbow Conference
- Staff and some students at the West Suffolk College
- Suffolk Youth Parliament
- Suffolk Sport
- Felixstowe Multi-Agency Network
- The Family Focus Psychology Conference
- East of England Local Healthwatch Network
- Voluntary and Strategic Partnerships
- Social care teams in Suffolk
- The Children and Young People's Mental Health Conference at the University of East Anglia.

A particularly successful interactive, and memorable, presentation format has been developed and used effectively across all of these events (see image above taken at the Suffolk Parent Carer Network 2019 conference).

Importantly, this activity has raised awareness about the issues young people are facing, informed local scrutiny about

the delivery of services, influenced thinking about solutions and helped to focus minds on where resources should be directed.

## Improving the wellbeing of young carers in Suffolk

In 2019/20, we worked with Suffolk Family Carers to adapt the 'My Health, Our Future' lesson plan and survey for use with young carers.

Suffolk Family Carers has used the data to benefit young carers in Suffolk by developing a social action campaign called 'I AM'. This co-produced, young carer led, campaign will focus on improving self-esteem and body image worries.

Additionally, Suffolk Family Carers has compiled a lesson for key stage three and four pupils that focuses on addressing body image concerns. The session has been offered at high schools and will also be delivered to young carers who attend monthly support groups.

You can find more information about this work on **www.suffolkfamilycarers.org**.

## National influence

This work has not only influenced local or regional decision making but the scale of response has also drawn national attention. In May 2019, we were invited to give oral evidence to the House of Commons Women and Equalities Select Committee (appointed to examine the Government's performance on equalities issues).

This committee was running an inquiry to consider whether health and care provision for LGBTQ+ people is adequate, whether discrimination is still occurring, and what more needs to be done to improve access to health and social care.

This amazing opportunity followed a submission we made to the inquiry, based on people's experiences gathered in a short survey and from over 500 young people who had identified as being from the LGBTQ*+ community in their 2018 'My Health, Our Future' survey responses.

Alongside the committee of MPs, two local members of Parliament were in attendance for this live streamed meeting.

## Young people's wellbeing must remain a priority in Suffolk

Sadly, we continue to be highly concerned about the levels of help available to children and young people in Suffolk who require clinical mental health support.

They, their families and voluntary community sector partners have told us about ongoing and severe problems with obtaining support and interventions in Suffolk. Much of this is related to waiting times, continuity of care, a lack of reliable support upon accessing a service, barriers to getting an initial referral into CAMHS and a subsequent feeling of being passed between services.

This sentiment is reflected in many of the survey responses from young people who had sought help from services this year.

There is no doubt that the problems faced by our local mental health Trust have been enduring and the situation has become increasingly fraught for many children, young people and their families. The negative impact of poor access to good quality and timely provision means that many children and young people go without the help or care they need.

'My Health, Our Future' highlights the importance of getting local support right. This is fundamental if we are to avoid our children and young people growing up without their needs being suitably

and safely addressed; an issue that is heightened at times of increased stress, such as moving into secondary school education or exams.

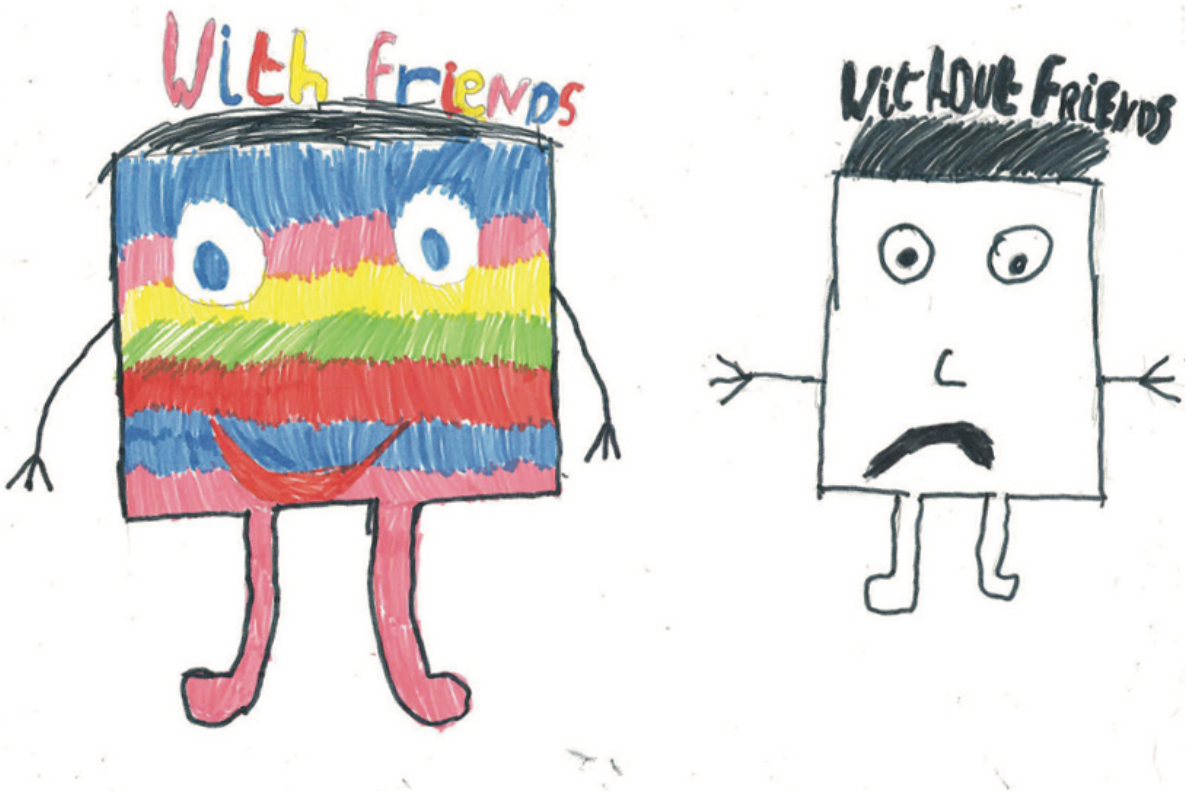
When thinking about the wider issue of wellbeing, 'My Health, Our Future' is principly about informing educational establishments to become more informed about how to support and help their students in coping with day-to-day wellbeing issues.

## Look out for more from us...

Thank you for your interest in this work. We are confident that it will prove to be a useful resource. You will find more information about the project, including specific resources for schools and colleges, on our website.

If you are interested in the subject of children and young people's health, care and wellbeing, please consider becoming a member of Healthwatch Suffolk to stay up-to-date with our latest work and projects.

Signing up is easy and it is totally free. Please visit:
**www.healthwatchsuffolk.co.uk/membership/**


With Friends
Without Friends



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. 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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