Perceptions of young people on their health, wellbeing and life chances

Summary of findings of engagement work with young people in Suffolk

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Dr Mashbileg Maidrag, Consultant in Public Health
Nowreen Azim, Programme Manager, Public Health
Introduction

University Campus Suffolk (UCS) has undertaken focus group discussions with two groups of young people in Suffolk to explore their perspectives on health, wellbeing and life chances. The work was undertaken in spring of 2016 and summary report on “Suffolk Young Peoples’ Health and Wellbeing Profiling Project 12 to 21” was completed subsequently in May 2016. The findings of this work were rich and meaningful, however there is always a challenge in replicating and generalising the findings from qualitative studies that use small sample size. In view to explore whether young people across Suffolk share similar views and concerns about their health, wellbeing and life chances, we have collated main findings from the series of other engagement work undertaken by local Children and Young People’s Services (CYPS).

In this report, we have compiled main findings from the following 9 different engagement work undertaken by CYPS engagement hub in 2014-2015 with different groups of young people aged 11-19. A variety of qualitative methods ranging from focus groups, semi structured interviews and consultations meetings were employed in these engagement works.

| 1. | A Mental Health workshop with pupils from Stowmarket High and Farlingaye School-18th July 2015 |
| 2. | An Emotional health and wellbeing: young carers focus group, Stowmarket High School 16 Participants, July 2015 |
| 3. | Consultation with Network Coordination Service Bury St Edmunds-Young people on the NCS programme. |
| 5. | Summary of a report of the Child and Adolescent Mental Health Services (CAHMs) service (YPHA) -15 participants aged 12-19 years old. |
| 6. | Castle Manor Academy – Assembly’s feedback, 13-18 year olds |
| 7. | Castle Manor Academy – 13/05/15 – Mental Health, 13-18 year olds |
| 8. | Mental Health Feedback from Suffolk Show 2015 |
| 9. | SAY (North East & West Ipswich) Question Time events |

In addition, we have also summarised the main findings from 2015 e-safer Suffolk Cyber Survey in above three thematic areas.

Main findings

The collated analysis from the CYPS Engagement data sources, UCS Suffolk Young Peoples’ Health and Wellbeing Profiling Project 12 to 21 and Suffolk Cyber Survey has identified many overlapping key themes that CYP associate with their mental health, wellbeing and life chances. It must be acknowledged that even though these engagement work had different objectives, issues in relation to health, well-being and life chances have been mentioned throughout. However, issues related to Mental Health have been the most prominent topic raised by participants.
1. Perceptions on ‘Health’ & ‘Wellbeing’

1.1. Mental Health and Emotional Wellbeing

Young people associated negative connotations to the term ‘mental health’. A common theme expressed in young people from all ages was the ever-present stereotype that people with mental health problems were defined as ‘crazy’, ‘psycho’ or ‘an unnecessary worrier’. They believed the stigma attached to mental health was still very much prevalent due to the clinical implications of the term. They felt that better explanation of what ‘mental health’ means using less scientific language would improve young people’s understanding of the term and in turn reduce their misconceptions.

This was reiterated within the UCS report where societal interpretation of mental health problems and labelling of people were perceived as barriers to positive health and wellbeing. Throughout all data sources older participants (16-19 year olds), much preferred the term ‘emotional wellbeing’ as they felt there were positive inferences associated with ‘wellbeing’ as it eliminated any associated stigma, and focused on ‘the young person as a whole’.

“Mental health sounds negative, like crazy or being mental. There’s too much of a stigma attached to it” [Emotional health and wellbeing: young carer’s focus group]

There were also gender differences in perceptions of health and wellbeing. Young people expressed the importance of gender differences as inevitably there will be sex differences in all aspects of health and care, but these can affect the psychological wellbeing of individuals and thus prevent them from achieving their full potential. Boys commented on the fact they felt their perceptions towards mental health and wellbeing are disregarded and ‘oppressed’ when compared to girls. The stigma attached to males suffering from mental health is more prevalent compared to females, as males are being the stronger sex.

In terms of age differences younger participants aged 10-14 were far more positive about their mental health status and future life chances compared to older participants aged 16-18 years.

1.2 Access to Services and Service Provision

The consensus regarding access to services was that there are significant difficulties in both the provision and awareness of Child and Adolescent Mental Health Services (CAMHS). Young people, in general, perceive the mental health services to be unclear, inconstant and inconsistent. Whilst the few who were aware, felt that the services in place were helpful. However, the majority did not explicitly know what services are available and where to find information from, suggesting a lack of sufficient sign posting information on relevant platforms. A notable viewpoint expressed was that older participants (18+years) felt they were dropped from CAMHs as soon as they turned 18, and were not provided information on further service options.

A coinciding point from findings of these engagement work and the UCS report were the inconsistencies in service provision with regards to mental health services. Young people felt that even though CAMHS may be available, there is a lack of awareness on where to find them and exactly what they provide. Gaps in availability and accessibility of service were frequently commented on.
During the Network Coordination Service Consultation in Bury St Edmunds, young people expressed concern for the length of time taken to be referred to relevant mental health specialists, pointing a lack of coordination and communication between different services. Older participants (16-18 years) suggested that going to a doctor was the incorrect call of action, and preferred counsellors or support groups but were not aware of how to access them.

1.3 Role of technology in Health and Wellbeing

Due to the above mentioned issues in service provision and access, suggestions were made on how young people would prefer to receive support. Due to the increasing role that technology plays in their daily lives, 14-18 year olds suggested the use of social media to promote general wellbeing and tackle low level mental health conditions such as stress.

Furthermore, a common perception was that they would feel more comfortable if support was available and accessible online. Boys commented that as mental health is a complex and personal issue; they appreciated the anonymity and privacy that online service can provide. Some ideas mentioned were a web chat or an online ‘safe space’ to receive prompt but private and individual support. The importance of compatibility was frequently raised by 16-18 year olds especially. For example, they expressed they would feel more comfortable to share their experiences with individuals who had gone through similar experiences and of similar age.

2. Perceptions on Life Chances

2.1 Health Education

14-18 year olds commented that there is a lack of understanding regarding mental health. They perceive mental health and wellbeing should be addressed from an early age to allow children to be more sympathetic towards their peers during school years. A lack of education regarding mental health and wellbeing was voiced with emphasis on young people truly wanting this support in the school environment. The necessity of implementing depression and anxiety courses as part of the school curriculum was raised, with older participants (16-18 year olds) equating it to being as important as sex education.

Additionally, these older participants stated that stress due to expectations from school teachers and family members to exceed during exams, triggered their anxiety thus affecting their performance and in-turn future life chances. These findings were stemmed both from series of engagement work of the CYPS and UCS report.

“I think more needs to be said about particular illnesses especially things like anxiety since people still think you can just ‘snap out of it’ etc.” [A Mental health workshop from Stowmarket High and Farlingaye School]

Young people noted that although Personal Health and Social Education (PSHE) is available, it is non statutory. In both the UCS Report and CYPS Engagement data source young people did not find the current curriculum to encompass health and social education and suggested many subject additions such as:

- Mental Health and Coping (Depression and Anxiety)
- Gender equality
2.2 School Support

Teachers are often a first point of contact for young people in schools, and unfortunately young people especially 16 -19 year olds, lacked confidence in sharing concerns about their health and wellbeing with teachers. When asked about how comfortable young people felt with speaking to teachers about problems, 95% of young people participated in the “What does good mental health offer look like?” survey replied negatively (CYPS report). When asked for reasons why, many perceived teachers to be uncompassionate towards their students on many mental health issues and mentioned they would feel more comfortable speaking to support workers. This was consistent with the findings of the UCS report in this regard. Lack of trust between teachers and students was a common theme identified, with young people fearing teachers not adhering to confidentiality rules. It must also be noted that within “What does good Mental Health look like?” (CYPS Report) young girls aged 16-19 increasingly felt that they have issues with their self-confidence and wished that teachers were aware of this matter and supported them in this area.

In addition, the following similar themes were identified from both the CYPS engagement work and the UCS research. A lack of adequate support received from schools was an overlapping theme; young people felt there should be more social support staff available and more curriculum focus on mental health awareness due to the side effects of bullying and stress which are so prevalent in schools. The deteriorating health effects of exam stress were also commonly reported.

2.3 Emotional Wellbeing and Online Health

In view to further explore underlying issues to mental health and wellbeing of young people we have sourced the following information from the Annual Suffolk Cyber Survey 2015 Young people expressed how they felt as follows:

- 54% of children and young people feel 'happy and confident' most of the time
- 45% believe 'I will achieve my goals' most of the time
- 48% 'take life as it comes' most of the time
- 12% have worrying thoughts and 6% feel depressed
- 9% say 'I feel I am not good enough'

Although more than half of respondents reported to feel happy and confident, a considerate proportion of young people felt they have worrying thoughts and feel not good enough.

One of the main findings from this survey was that respondents felt “happy and confident” were less likely to say the internet has had negative impacts on their lives. By contrast, those who felt negatively about their life and future reported more adverse impacts from the internet and were more likely to spend long hours online than their happier peers. Those who felt depressed, unhappy or lacking confidence were more likely to say that their online encounters affected them adversely.

Gender Differences:
Boys were found to be more likely than girls to answer positively when asked how they feel about their lives and futures.

**Age Differences:**
Younger children aged 10-11 were far more positive about their lives and their future than those aged 14-15. This lowered confidence amongst 14+ year olds alongside self-esteem issues and higher depression levels coincides with an increasing age. This was very similar with the UCS report findings.

The Annual Suffolk Survey report conveyed that those who hardly ever feel happy and confident are most likely to spend more a significant amount of time online per day, where as those who feel positive appear to spend less time online. The dramatic increase in their access to the internet indicates a need for e-safety education that is age appropriate and "scaled up to suit their activities"\(^{13}\).

On the other hand, within this Suffolk Survey, young people with mental health difficulties also reported that the internet can be a positive support and it had helped them build relationships with people and therefore improved their difficulties.

It must be stressed that the report is not insinuating that spending long hours online is itself a risk, but even though it is not possible to claim a cause and effect relationship between young people’s emotional health and online behaviour, there is clear indication that there is certainly an association present.

**Conclusion**

Regardless of the different objectives of each data source, very similar themes have arisen regarding young people’s perceptions on health, wellbeing, and life chances. Thus we could conclude that the findings of the UCS report on “Suffolk Young Peoples’ Health and Wellbeing Profiling Project 12 to 21” can be generalised to young people views in Suffolk.

Young people participated in these engagement work articulated their wishes and views on what could be done to improve the support they can receive in the following summary statements:

- Better use of language when defining mental health in public environments, leading towards use of terms such as ‘emotional wellbeing’ instead. Perceptions around the term ‘Mental health’ are stigmatising and divisive and this needs to be addressed actively.

- Increased presence of mental health education within the school curriculum, specifically focusing on depression and anxiety. This allows education to be used as a behavioural development tool and focuses on prevention of mental health disorders from the outset.

- Widening the reach of services to young people to be more responsive to their current needs. This includes increasing awareness of available services via social media promotion but also shifting focus towards developing a more prominent online presence of mental health support through online platforms such as webchats and online ‘safe spaces’.

- Building a more collaborative model to provide care for CYP. This involves improving the consistency in mental health care pathways so there is more efficient service delivery between and within providers of CYPS.
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