



# **Healthwatch South Tees**

## **OUR FUTURE**

### **Young People Speak Up about Mental Health**

**March 2020**

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## Healthwatch South Tees

There's a Healthwatch in every local authority area of England. We are the independent champion for people using local health and social care services. The role of Healthwatch is to listen to what people like about services and what they think could be improved and to share these views with those with the power to make change happen. We also share views with Healthwatch England, the national body, to help improve the quality of services across the country. In addition, Healthwatch provides an Information and Signposting service to help ensure that people receive the right health and social care services locally.



In summary - your local Healthwatch is here to:

- Listen to what people think of services.
- Use people's views to help shape better services.
- Provide information about health and social care services locally.

Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland have been working together across Healthwatch South Tees (HWST), since 1 April 2017.



**healthwatch**  
Middlesbrough

**healthwatch**  
Redcar and Cleveland

## Contents

<b>Introduction</b>	4
<b>What we did</b>	6
<b>Presenting the information</b>	7
<b>What we found</b>	8
All Respondents (Target Sample)	9
Under 14 years	15
Between 14 and 16 Years	15
Between 17 and 18 Years	17
Between 19 and 25 Years	17
Special Educational Needs and Disabilities (SEND)	20
<b>Conclusion</b>	22
<b>Next steps for HWST and you!</b>	23
Service providers and future commissioning	24
Schools and educational settings	24
<b>Disclaimer note</b>	25
<b>Acknowledgements</b>	25

## Introduction

The increasing numbers of young people experiencing mental health issues is a local and national concern and a priority area for Healthwatch South Tees and Healthwatch England. Despite this, the most recent data related to mental health and young people is five years old; In 2015, mental health disorders in children and young people aged 5-16 were recorded as being present in 10.7% of Middlesbrough's population and 10.4% of Redcar and Cleveland's population<sup>1</sup>. With a national average of 9.2% more children and young people within the South Tees area are experiencing mental health problems than in other parts of the country.

The Prevention Concordat for Better Mental Health, is encouraging the health and care sector to make the prevention of mental health just as much of a priority as its treatment (Public Health England, 2017). We recognise the importance of doing this in a way that is relative to the needs of young service-users.

To explore how the NHS Long-term Plan is relative to the people of South Tees, we consulted with the local community and discovered that mental health issues were prominent for those aged under 25, especially for SEND (Special Educational Needs and Disabilities) families (Healthwatch South Tees 2019).

As a direct result of this, we've been working with local partners and engaging with local people about mental health. Some things that influenced our decision to undertake this work were:

- The former Talent Match Middlesbrough work highlighted a cohort of young people with hidden disabilities (diagnosed and undiagnosed) and/or challenging life circumstances, experiencing significant mental health issues.
- Preparing for Adulthood work across South Tees, identified the majority of Not in Education Employment or Training (NEET) young people as those with additional needs, disabilities and/or challenging life circumstances.

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<sup>1</sup> Public Health England, Children and Young People's Mental Health and Wellbeing  
<https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000001/ati/102/are/E06000003>

- Our engagement work with parents and carers of children with additional needs/disabilities emphasised their struggles to support their children with mental health challenges.
- [Research undertaken by Teesside University](#) identified mental health in young people as a significant issue mainly from the perspective of professionals working with young people within this context<sup>2</sup>.

We recognised lots of local activity around young people and mental health, but a lack of information collected directly with young people themselves.

Consequently, we made the decision to engage with young people to find out their views. We wanted to explore what local young people identified as factors that have a negative impact on their mental health, as well as preventative solutions.

This report presents key findings from our mental health work with young people. All the information we gathered is accessible from [HWST](#) and many young people said they were interested in continuing to support positive developments in the area of mental health.



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<sup>2</sup> Dr. Catherine O'Neil, 2019, Young People's Mental Health in South Tees, Teesside University

## What we did

We focused on gathering the views of those aged between 14-25 years to reflect the age range outlined in The Children and Families Act 2014. The Act extends the statutory framework to support some young people beyond the age of 18, including those with special educational needs and disabilities.

Survey Monkey was utilised as a platform to manage information and provide opportunities for others to access the questions online [and as a downloadable document](#). We used our wide and diverse range of networks and distribution lists to disseminate invitations to take part.

We wanted to develop a good understanding of what young people were telling us so we:

- Encouraged other professionals and stakeholders to support the distribution of the survey and host workshops with young people.
- Worked directly with as many young people as we could to host conversations about mental health and transfer the information into our survey.

As part of the survey, we gathered profiling information to make sense of young people's responses and help put their experiences and views into context. We verified our questionnaire with partners to ensure we included the relevant profile identities for the South Tees locality<sup>3</sup>.

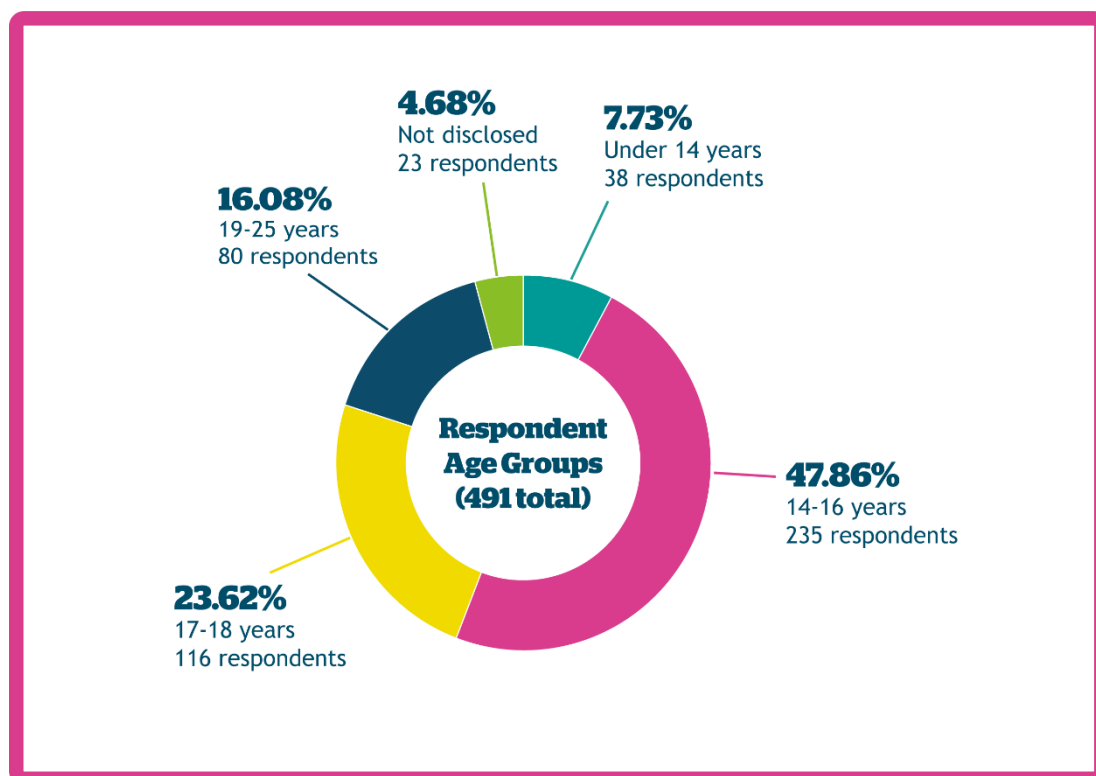
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<sup>3</sup> Healthwatch South Tees Young People and Mental Health Survey, 2019

## Presenting the information

In this report we have highlighted the issues and suggestions which have been mentioned most often by young people. We have summarised these in the following areas:

- All respondents (Target Sample<sup>4</sup>)
- The following age ranges:



Respondents with special educational needs and disabilities (SEND) are summarised across all age ranges.

The common themes across all the age ranges are highlighted within the 'All respondents' section and the 'target sample' refers to responses received from young people aged 14-25 years. We have not split responses into different young people's profiles e.g. young carer, sexuality, religion etc because analysis showed all profile groups were reporting the same issues to us regardless of this.

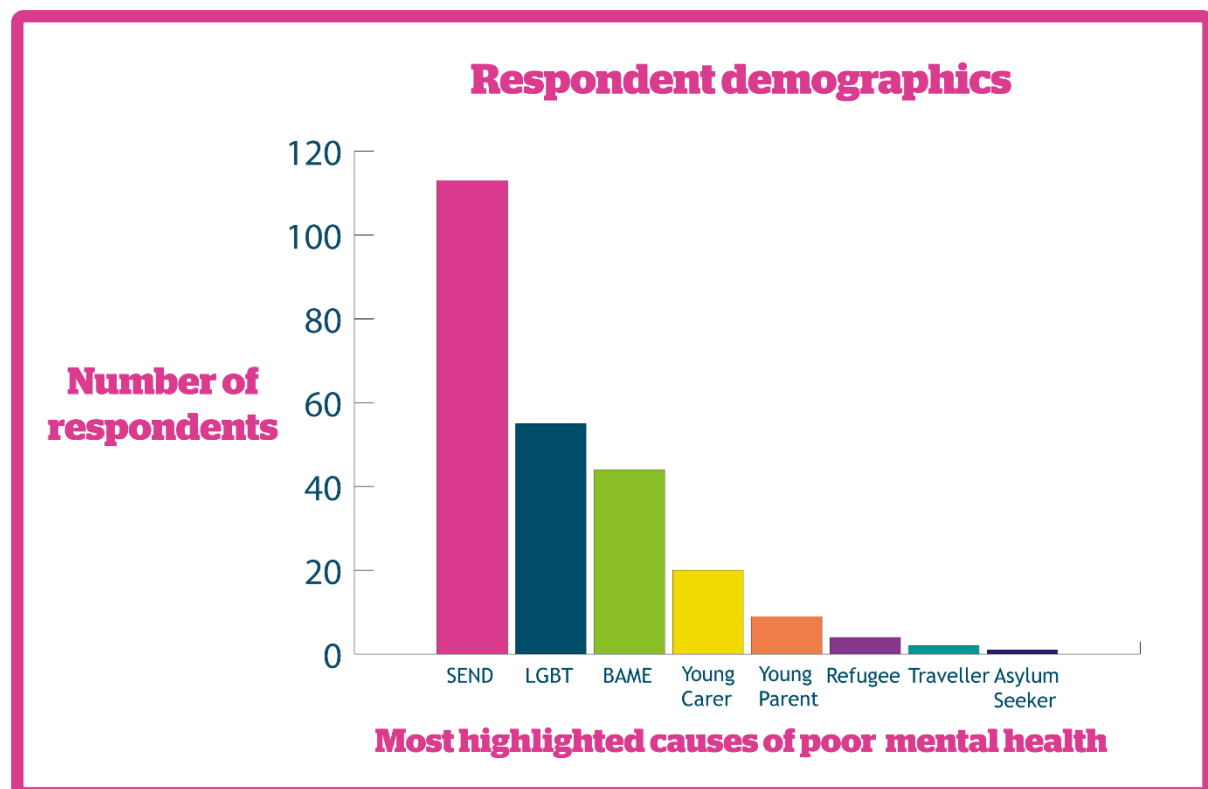
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<sup>4</sup> Target Sample: 14-25 years



What we have done is split the analysis of responses into specific age groups to reflect the natural transitions in the lives of young people. So as not to be repetitive, these summaries only highlight specific differences for that specific age group.

However, one group we did choose to report separately in terms of differences is young people with SEND. This is because it is a workplan priority for HWST and builds on the work we have been involved in during the year.



It's important to note that young people listed many other different causes and solutions for mental health issues outside the common trends we focused on in this report. However, we want to acknowledge and recognise the value of everyone's voice, particularly if we are to understand the importance of taking a personalised approach to addressing mental health issues.



## What we found

All Respondents (Target Sample<sup>4</sup>)



**Stress and pressure** were most frequently mentioned by young people as the top causes of poor mental health. In order to gain a better understanding of why young people felt under stress and pressure we matched this with related data and conversations. Most often this was about doing well at school, as well as peer pressure. Other forms of stress and pressure were associated with social media, being like others, being in the real world and having to tackle issues related to college, family, friendships, money and jobs. Some young people also mentioned poor body image, low confidence and self-esteem.

*Stress of a 'perfect life'*

*Pressure to achieve something impossible in the day and age*



## Support, help and talking



**Support, help and talking** were most frequently advocated to prevent mental health problems. Young people talked about the need for others to gain a better understanding of their individual problems, to reduce the stress and pressure they experienced, especially from school.

Young people explained the importance of having the right kind of help, from the right people. They valued the opportunity to talk and be listened to and emphasised the need to be taken seriously. There were also suggestions for support through activities and therapies such as social groups, sports and animal care. Overall, it was important for the young people to receive personalised support that was easy to access in schools and communities.



### ***Better support specifically for young people***



The role of education in providing support, through teachers and counsellors, was a way of improving access and ensuring a safe environment for young people to talk.



### ***More support in schools and colleges***



# School



Schools, including teachers, were a major factor contributing to poor mental health for young people. This related to treatment from teachers and the high expectations placed on them to achieve good grades.

*teachers pick on you for nothing and it's not fair*

*Pressures of schoolwork*

To reduce the impact of these factors on poor mental health, young people wanted more support and someone to talk to, especially around stressful times, such as exams, and for teachers to be more understanding of mental health. There were also suggestions for mental health to be included within curriculum activities, aiming to reduce the stigma around mental health and create a culture of openness, making it a topic that young people feel comfortable to raise and discuss.

Young people mentioned bullying within schools as a cause of poor mental health. They suggested this could be prevented by schools teaching lessons around kindness, as well as acting on their zero-tolerance policy.





# Bullying



**Bullying** was the second most significant cause of poor mental health with many references to schools as highlighted previously. Several respondents talked about the link between bullying and social media and how more needs to be done to improve understanding about how complicated and difficult this is for young people to manage (*please see Next Steps for further explanation*).

To prevent the impact of bullying on mental health, young people understood the need for preventative measures, raising awareness of bullying with teachers, adults, parents/carers and young people themselves in relations to these complexities. There was a recognition among young people that current actions towards bullying aren't working; they suggested a change in direction was needed and bullying behaviour should result in more serious consequences for the perpetrators.



*Bullying is a major cause as it makes people feel less than what they are*



# Social media



**Social media** was raised as a concern causing poor mental health for young people, with various reasons attached to this:

- Popularity
- Negative comments/messages from others
- Comparing oneself to images of other people (body image) and to other people's lives.



*Social media - comparing themselves to others and bad comments*

*Seeing things in Instagram of what people think you should look like*

Young people suggested that social media companies could help reduce the negative impact on mental health by removing fake images. They also suggested things young people could do themselves, for example, better management of time spent on social media. There were comments relating to more education around social media, to reduce the impression that everything is “real” and to raise awareness of the dangers of technology.

Some young people also discussed the media in general, for example, TV as way to reduce stigma around mental health and show more celebrities discussing their own experiences.

# Family



**Family** was the third most important causal factor raised, particularly family bereavements, upbringing and childhood experiences. Relationships, divorce, neglect and domestic abuse were also mentioned in responses. Relating to the family less directly, young people also discussed the impact of homelife, their environments and surroundings.

## *Problems with family at home*

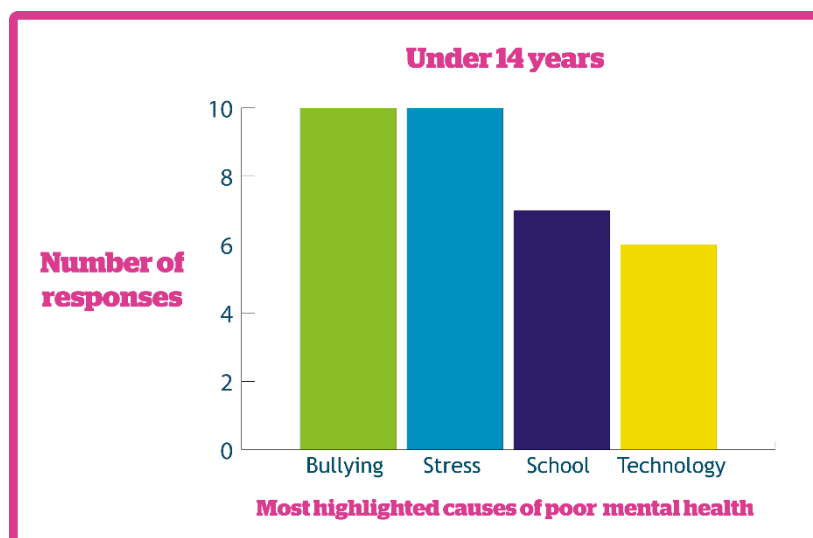
*I think the causes are because of how a person is brought up and their surroundings.*

Within the solutions identified by young people, they recognised the importance of talking with family members. They suggested spending less time on social media and more time with each other instead.

## Age profiles

### Under 14 years

Although our target sample was young people aged between 14-25 years, we also received data from 38 young people aged under 14 years. Most young people in this group stated their responses were from personal experiences, highlighting the importance of early intervention and prevention.



The causes and solutions to poor mental health mentioned by this age group are in many ways similar to those in the general analysis of 'All Respondents'. One key difference is the under 14 years have not mentioned "family" as a cause, despite this being so frequently mentioned by our target sample.

The role of technology is more pronounced in this younger age range but with a different focus. Whereas the negative impact of technology on the over 14 years groups focuses on social media, the negative impact on the younger age group refers to general technology and screen time. This younger group suggested they could help themselves by spending less time online, on tablets and on phones, and instead spend more time outside and relaxing.

This younger group suggested that the role of schools is important in preventing poor mental health by helping young people learn more about mental health and enforcing stronger rules on bullying.

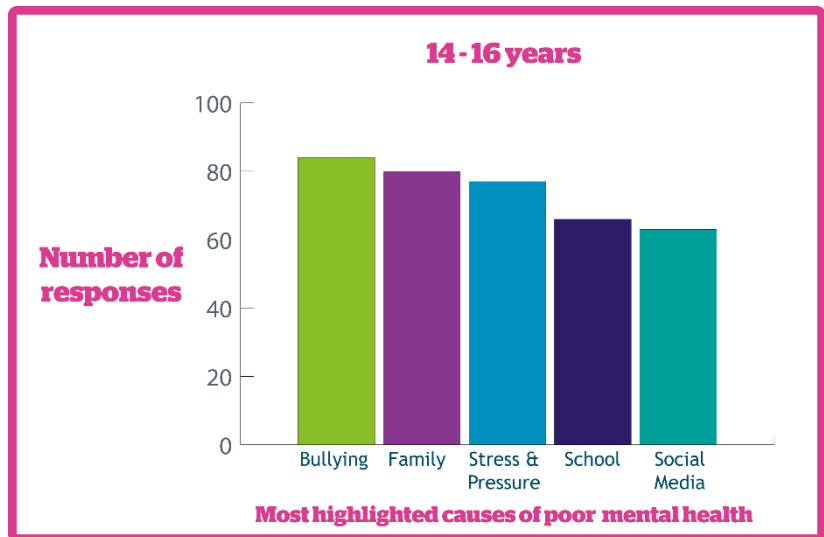


## Between 14 and 16 Years

The majority of survey responses were from young people within this age group, and the findings closely match with those from the general analysis. The most common solution posited was the importance of the right help and support, for example,

through counselling and social activities to improve wellbeing, particularly within the school environment. This was also highlighted in the general analysis. Communication, increased awareness and a better understanding of mental health issues were an important aspect of this. The group also recognised the role that schools could play in the prevention of bullying.

Having safe spaces and a happy stable family were important for this age group. The term “abuse” was mentioned by this age group as a potential cause of poor mental health, at a higher frequency than other age groups, this was in relation to physical, mental/emotional, domestic and online abuse.



### *Getting abuse online in forms of messages or comments*

When mentioning social media as a causal factor, this age group described the negative impact of stereotypical images. They also suggested that the media could be used to raise awareness of mental health and be more reflective of real life, for example, celebrities' experiences of mental health issues.

## Between 17 and 18 Years

The responses from this age group represent those who have left school but are still in education, employment or training. Around a quarter of respondents fit within this age bracket.

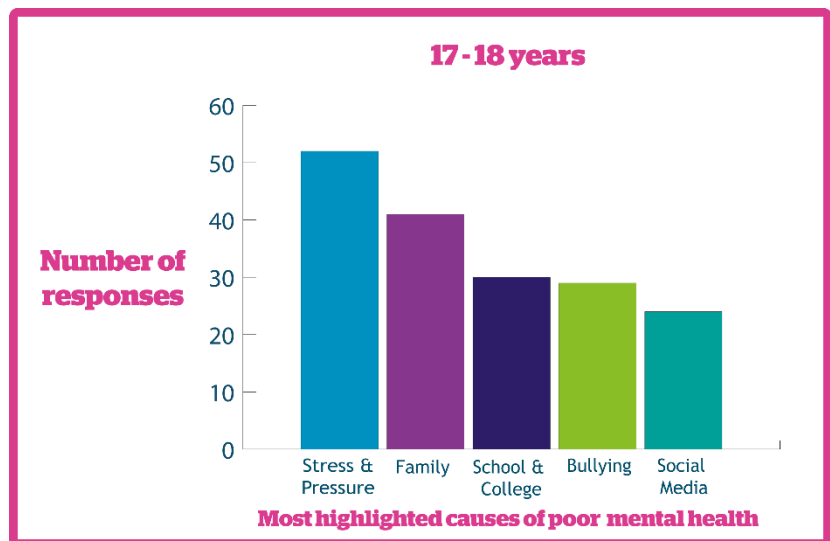
For the young people aged between 17 and 18 years,

stress and pressure causing poor mental health was mostly related to education and exams. Other causes included life circumstances, relationships with family and friends and bullying.

Differing to the younger age group, self-image, body-image and self-confidence was a prominent cause. This relates to the group's explanations of the impact of social media, specifically referring to "influencers/models", and being "forced to live up to impossible standards".

Work and money were also highlighted, perhaps reflecting a cohort of young people beginning to think about their future.

A new emerging theme around self-worth and self-care was offered as a way to prevent poor mental health, with young people encouraging others to be more confident in themselves, do things that make them happy and have a greater resilience to ignore what other people think.



## Between 19 and 25 Years

This age group constitutes just 17% of respondents.

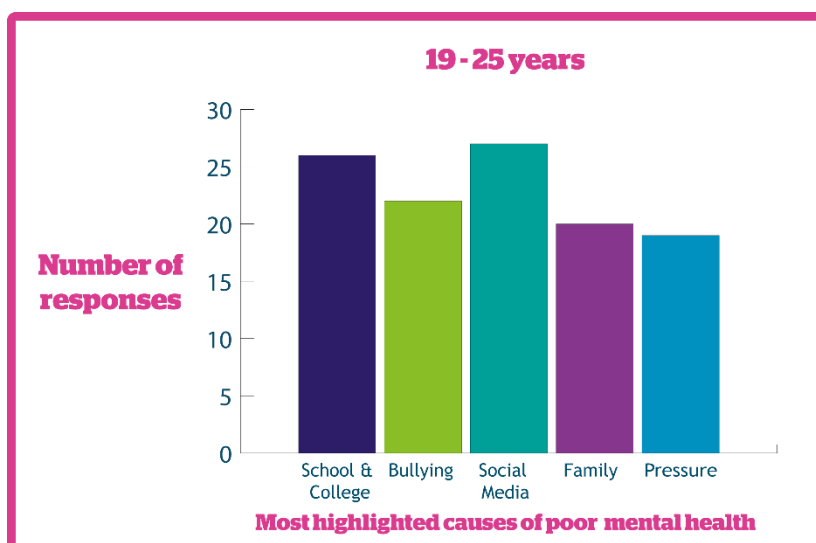
Responses relating to school, college, university and exams had the highest frequency as causes of poor mental health. This group offered a lot more suggestions than the other

age groups for potential ‘actions’ that schools could take. They suggested “more consideration of mental illnesses in schools”, allowing days off and offering “help with the stress of exams” and “better support”, for example, from teachers and counsellors. They also suggested more education and learning about mental health, incorporating it into the curriculum and promoting “mindfulness”.

Considering the age of respondents, this suggests that young people were taking a reflective approach to their views on mental health. Some of their causes do reflect age-related issues and concerns, for example, “pressure” about “the future” and “employment”, as do their solutions, for example, wanting “financial stability”, “jobs” and “affordable housing”.

Bullying featured highly as a cause, linked to both education and social media. To prevent the impact this had on mental health, young people suggested more could be done earlier and adults could take more responsibility in tackling the problem.

Social media was discussed as a cause of poor mental health as it meant “time away from physical interaction, for example, with friends and family”. The 19-25 year olds were the only age group to have such a high number of solutions for this issue; these were mostly related to “reducing social media usage”. Others suggested more could be done by social media companies to “prevent / stop online



harassment and fake images”, linking to previously discussed causes of poor mental health, for example, cyber-bullying through “bad comments” and “comparisons with other people’s body image”.

Similar to other age groups, ‘Family’ scored highly as a contributory factor to poor mental health. The 19-25 year olds explained how “shouting” and a “lack of support” within the family was a particular issue. Young people suggested the need for a greater understanding of mental health issues and the impact it had on them.

Support and talking formed the greatest number of responses in determining solutions to mental health issues. In this group, young people began to talk about health services, in relation to what and how they should be provided. “Shorter waiting times” were suggested as well as more investment in improvements. Links to social/community support groups/systems and networks would contribute to the prevention of poor mental health.



## Special Educational Needs and Disabilities (SEND)

25% of the target sample noted that they had an ‘Additional Need’ when responding to the survey. However, this number could be greater due to some young people not recognising this was a profile relating to them. Many of these described themselves as having “Autism” and/or “learning disability” or “learning difficulty”.




**Anxiety and depression** were most often referred to as causes of poor mental health for those who identified as having additional needs. Comments such as “when stuff is on your mind” highlight this. Feelings of being alone, unloved or unworthy, having low self-esteem and/or confidence, had a role to play in causing poor mental health for many respondents.

*a lack of understanding of disabilities*

*a lack of positive ways to expel built up energies*

Or being viewed as different to their peers:

*people think because they are different to me that they are better than me*



This group want a greater awareness about disability and mental health. They want a voice to represent their needs. Teachers and GPs were amongst those mentioned as needing to take them seriously when they “reach out”. There were suggestions about needing improved links between SENCO’s and students in schools.

Young people showed lots of creativity in the types of activities required to prevent poor mental health. They suggested having community gardens in schools and incorporating nature. They wanted more social groups for like-minded individuals to meet and specifically discuss mental health.

Young people wanted more diverse services, with easier access, that offer more options, including different therapies. Many suggested a more flexible system that incorporates activities to manage and improve mental health. Waiting lists and waiting times need to be reduced when accessing services.

Young people talked a lot about being nice, with reference to “Nice people” and “People being nicer” suggesting a change in attitude and behaviour from others.



***If people didn't be unkind I  
wouldn't get upset***





## Conclusion

Our findings capture the voices of 491 young people who have described their understanding and experience of the causes and solutions for poor mental health, with over 60% of these based on personal experiences.

We hope that these views and experiences can be used to influence and shape local decisions in improving mental health care and support for young people, relative to their needs and priorities.

The extent to which the young people have expressed interest in getting involved, to share their intelligence with us so that we can gain a picture of the local landscape, reflects the extent to which mental health is seen as a priority for young people. We hope that this inspires future engagement work with young people, highlighting the importance of gaining a youth perspective.








## **Next steps for HWST and you!**

Building on this information, we have already started to explore survey responses further with local young people with a view to developing social action groups. We utilised survey responses as a basis for activities with youth groups, supporting them to identify their priorities in relation to their immediate communities. These will be discussed and explored further to inform their social actions that will ultimately support their peers around them, led by young people, supported by local youth organisations. Examples of these will be shared at a later date.

During an activity with a youth group, a lengthy discussion took place about how young people try to avoid negative messages on social media. The group shared their problem with ‘blocking’ those who ‘troll’ them. It isn’t as easy as just stopping the individual from following their social media as the ‘trolls’ set up another account or view their activity through friends. As a result of this young people feel that they must put up with it or come off social media altogether for a time which limits their access to positive friendships.

We encourage professionals and stakeholders to draw on information that is relevant within the context of your work to use as a foundation for further engagement. This will continue to ensure the views of young people influence and shape future developments.

We will also be continuing to share these findings with key influential stakeholders and within strategic decision-making forums. This is to ensure that this work influences service development and new services as well as future commissioning. We want our engagement with young people on mental health to have positive impact and need to evidence this. We also want to inform and strengthen future funding applications. We therefore stress the importance of acknowledging any reference to this report, information herein, or as part of any appendices.



Please let us know if we have helped you receive a positive funding outcome as a result of this or plan to utilise this information as a baseline for further engagement:

- [Healthwatch Middlesbrough](#)
- [Healthwatch Redcar and Cleveland](#)

### Service providers and future commissioning

- Increase opportunities for young people to talk and be listened to.
- Ensure the right people offer lots of options for the right help in the right place.
- Develop a range of creative and alternative activities and therapies
- Offer personalised support, in safe spaces that are easily accessed in local communities particularly focused on prevention and early intervention.
- Provide education around social media in relation to ‘fake lives’ and ‘fake images’.
- Encourage self-management of social media in terms of reducing browsing time and alternative activities.
- Raise awareness with families about how behaviour has a negative impact on young people in the household.

### Schools and educational settings

- Increase more opportunities for young people to access support in schools during stressful times e.g. exams.
- Include mental health awareness and education within the curriculum.
- Deliver activities to reduce the stigma of mental health.
- Create a culture of openness.
- Practice openly zero tolerance and action more serious consequences to bullying.
- Offer more help to address on-line bullying and identify places young people can highlight this.



## **Disclaimer note**

The opinions represented in this report are those of the young people who completed surveys and engaged in organised focus groups. Healthwatch is not claiming these represent the views of all young people nor do they represent the opinions of Healthwatch South Tees.

## **Acknowledgements**

We would like to thank all young people who completed a survey and engaged in our focus groups.

Everyone who shared and promoted the survey including:

ACTES, Emma Cowley - Middlesbrough Employment Pathways Co-ordinator (SEND), Groundworks, Headstarters, Healthwatch South Tees Community Champions, Linda Lord - Middlesbrough Adult Care & Integrated Health, Louise Boardman - Redcar & Cleveland Preparation for Adulthood (PfA) Co-ordinator (SEND Service).

Specific thanks to:

Charlie Sergeant, Checkers Consultation Group, Hemlington LINX Detached Youth Work Project, Middlesbrough College, Prior Pursglove College, Redcar College and Youth Focus North East for supporting our conversations directly with young people.



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