

Worcestershire Young People's Health and Emotional Wellbeing Report 2024



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Acknowledgments

Thank you to everyone who took part in developing and completing our survey, including Malvern Cube Youth Group, Worcestershire Children First, Worcestershire CAMHS.

Thank you especially to SpeakEasy NOW, for helping us reach the young people in your membership.

About us

Healthwatch Worcestershire (HWW) gathers feedback about local publicly funded health and care services and makes recommendations to those who run them about how they could be improved from a patient, service user and carer perspective.

Why this work?

Healthwatch Worcestershire regularly looks at young people's emotional wellbeing and mental health and has conducted 9 projects in this area since 2013. This project continues that work, reporting on the experiences of young people in Worcestershire in 2024. As well as providing an opportunity to follow any changes, it has been expanded to address emerging issues impacting on young people such as gender identity, neurodiversity and the cost-of-living crisis.

Executive Summary

Aims

The aim of the project was to hear young people's views on their own physical health and their emotional wellbeing. It sought to understand where they looked for information about health and wellbeing both online and in person, and if there were any topics that they felt they did not have enough information on. It gave the young people an opportunity to feedback on their experiences of accessing emotional wellbeing / mental health support services.

Two new survey sections addressed the experiences of those young people who identified as **gender diverse** and/or **neurodiverse**.

Some Definitions: (included in the survey)

Young people are defined as aged 13-25 for this project. We increased the higher age limit from 18 to 25 in order to capture the experiences of those transitioning to adult services, care leavers, and those with special educational needs and disabilities (SEND).

**Gender identity is a person's sense of being female, male, both, neither, or anywhere along the gender spectrum. 'Gender diverse' is when a person's gender identity is not the same as their biological sex, e.g. someone is born male but identifies as female. 'Gender diverse' is an umbrella term which includes gender questioning, transgender and non-binary people.*

**Neurodiversity can include Autism, Attention Deficit Hyperactivity Disorder (ADHD), and a range of other neurodiverse conditions.*

Methodology

We developed a survey and engaged with Worcestershire Children First and CAMHS (Children and Adolescent Mental Health Services).

The survey questions and poster design were developed in collaboration with the young people attending Malvern Cube Youth Café.

The survey was available online and publicised through our usual communication channels including emails, bulletins and social media. It was picked up and shared by contacts throughout the county. Online distribution focussed on areas of the county known to have populations experiencing higher health inequalities.

Paper copies were made available on request.

A workshop version of the survey was created for young people with learning disabilities. We were assisted by SpeakEasy NOW in delivering these workshops at their pop-up groups around the county.

Key Findings

We heard from a total of **249 young people** from all six districts of Worcestershire.

154 young people aged between 13-25 completed our survey online.

38% (58 out of 154) of all young people taking part in our survey said that they had a disability or long-term health condition.

- 19 young people were male.
- 47 young people were female.
- 11 young people identified as gender diverse.
- 77 (50%) young people did not respond to the demographic question on gender.
- 53 young people identified as neurodiverse.

95 were young members of Speakeasy NOW (a Learning Disability Support Charity) and took part by participating in workshops using themes based on our survey. The SpeakEasy NOW workshops are reported on separately in the ‘Spotlight: Young People with Learning Disabilities’ section.

How Are You?

We wanted to learn what young people thought about their own physical health and emotional wellbeing.

“I struggle to open up. I have dealt with depression for many years. I have been through rough relationships, so I have self-harmed in the past.”

Young people’s physical health is mainly good, but they experience poorer emotional wellbeing / mental health.

Over half of females aged between 13-25 described their emotional wellbeing / mental health as ‘not so good’ or ‘poor’.

Getting the information you need

We wanted to understand whether they thought they had enough information and where young people sought out information around health and wellbeing.

- There has been a moderate increase in the proportion of young people who think that they do have enough information about looking after their physical health, compared to the last time we asked this question in our 21-22 survey.
- Overall, compared to physical health, fewer young people feel they have the information they need about looking after their emotional wellbeing / mental health. This is especially the case for females and gender diverse young people.
- **When asked if they felt they had enough information about looking after their emotional wellbeing / mental health, 49% of females and 50% of gender diverse young people answered ‘No’ or ‘Not sure’.**
- When asked what topics they would want more information about, males were more interested in finding out more about managing anxiety, low mood and depression. Females wanted to know more about self-esteem and self-confidence.
- **Around a fifth of the young people told us that they had not been able to find information, particularly around: Emotional wellbeing / mental health; neurodiversity; transition to adult services.**
- The top 3 places that young people would look for information about health and wellbeing were Google, NHS England website and their school / college website.
- **Young people have told us that although they may be aware of local (Worcestershire based) online information on health and wellbeing, their willingness to use it is low, for example 44% of young people would not use the Worcestershire CAMHS website, although only 14% were not aware of it.**

What do you do to relax?

We wanted to understand if the cost-of-living crisis (or any other factors) are having a negative impact on young people’s extra-curricular activities

- Watching TV / Netflix or listening to / playing music is still the most popular activity.
- Hobbies away from screens (art or crafting / cooking or baking) have increased in popularity - rising from 50% of young people doing these in our last survey to 69% this time.

- Responses also suggest that the numbers of young people who exercise or take part in sport to relax are still relatively low (56%), however this number has increased from the 42% recorded in our last survey.

“I can't go out as much because my mum can't spare the extra money she used to be able to give me for the bus or to eat out or get snacks. I haven't had new clothes in ages either”

A significant amount - nearly half - of young people have stopped doing activities that are fun and relaxing in the last year due to poor mental health and/or rising costs and their family's financial situation.

Getting the support you need

We wanted to understand what support young people already felt they had around them and their experiences of accessing support services. An important part of this was to understand the type of support services young people would prefer to engage with.

- 10 young people told us that they did not have anyone they could talk to if something was worrying them, or they felt unhappy.
- Only 31% of the young people felt they definitely had someone they could talk to.
- Support services for young people's emotional wellbeing / mental health are poorly rated by those accessing them.
- Many young people are still waiting to access those services or have already been rejected for referral with no alternative options offered.
- Young people are telling us very clearly that the type of support that they would find helpful is one-to-one in-person sessions. They are reluctant to use group sessions and are likely to reject or refuse to engage with this option.
- 72% of young people said one-to-one sessions outside of school or college, were their preferred option for emotional wellbeing support.
- Group support sessions were only chosen as an option they would be happy to engage with by 26% of the young people.

Gender Identity

We wanted to hear from gender diverse young people about their experiences, the support they have received, and their ideas about what else might improve their health and wellbeing.

- 11 young people told us they identified as gender diverse. 4 out of these 11 young people felt they needed support around their gender identity but, despite asking, had not received any.
- Those that had received support found it mixed. They were relying on school/college staff and their family and friends around them - who were usually doing their best - whilst receiving no professional support during long waiting times for appointments.
- In this survey, **ALL 11 (100%)** of the young people who identified or thought they might identify as gender diverse also identified as neurodiverse.

Neurodiversity

We wanted to hear from neurodiverse young people about their experiences and the support they have received.

- **Out of all the young people taking part in our survey, 34% (53 out of 154) said that they identified or thought they might identify as neurodiverse.**
- **Just under half of these young people did not have an education and health care plan (EHCP) in place to set out their education, health and social care needs.**
- **Of those who did have an EHCP, over half said it did not provide the support they needed.**

Neurodiverse young people have told us that both their physical and emotional wellbeing / mental health are proportionally worse than their neurotypical peers. Their access to information about health and wellbeing was poorer too.

- Only 11% of the young people with neurodiversity rated their emotional wellbeing or mental health as 'excellent' or 'good' compared to 43% of their neurotypical peers.
- **59% of young people with neurodiversity rated their emotional wellbeing or mental health as 'not so good' or 'poor' compared to 24% their neurotypical peers.**
- 55% of young people who identified as neurodiverse answered 'no' when asked if they thought they had enough information about looking after their emotional wellbeing or mental health. (33% of all young people answered 'no' to this question)

- A larger proportion (67%) of neurodiverse young people said they had stopped doing a relaxing activity in the last year, compared to 47% of their neurotypical peers.

The reasons why they had stopped doing a relaxing activity were explored. As for the whole group of respondents, the two main reasons the neurodiverse young people identified for stopping doing their relaxing activities were evenly split between financial concerns and poor mental health.

Neurodiverse young people have told us they are affected by the same issues - such as rising cost of living, poor mental health - as all young people. However, the degree to which these issues are impacting them appears to be greater for neurodiverse young people.

Neurodiverse young people have told us that they would find it even harder to access healthcare or emotional support on digital platforms than their neurotypical peers.

- Out of a range of treatment options, neurodiverse young people show a strong preference for one-to-one sessions outside of school or college.
- 49% of neurodiverse young people said they had needed support but not been able to get it - this is more than double the proportion for neurotypical young people (22%).

Spotlight on Young People with Learning Disabilities

During March and April 2024, 95 young people with learning disabilities took part in workshops at SpeakEasy NOW groups where they talked about their health and emotional wellbeing.

Most of the young people with learning disabilities were very positive about their physical health. When we asked about their emotional wellbeing and mental health a lot of the young people with learning disabilities said this was 'just ok'.

If they needed information about health and emotional wellbeing, most young people with learning disabilities said they would ask their support worker or a medical professional. Family, friends and the internet were all important sources of information too.

The young people with learning disabilities told us they would like more information about:

- **Healthy eating and diets**
- **Stopping smoking or vaping**
- **Managing anxiety, low mood, self esteem**
- **Sexual health and relationships**

When we asked what they did to relax, watching TV came out as the most popular, exercising or taking part in sport the least popular. For those who went swimming or to the gym, rising costs were a barrier.

If they needed more professional support for their emotional wellbeing or mental health, most of the young people with learning disabilities said that they would prefer to attend a support group.

Conclusions

This report highlights the current poor state of young people's emotional wellbeing and mental health in Worcestershire. It shows little positive change and some worsening of the situation since our last young people's survey in 2021-22.

Young people are facing a unique set of challenges, emerging from a global pandemic into a cost-of-living crisis, which is directly affecting their quality of life. A significant amount - nearly half - of young people have stopped doing activities that are fun and relaxing in the last year due to poor mental health and/or rising costs and their family's financial situation. This is concerning because access to activities and healthy friendship groups are protective factors in respect of young people emotional and physical health and wellbeingⁱ.

Females and neurodiverse young people described their emotional wellbeing / mental health as 'not so good' or 'poor'.

Young people are still struggling to find the information they need about how to look after their health, in particular their emotional wellbeing/mental health. Whilst young people are aware of local online information sources, they are choosing not to use them.

It is concerning that only about 1 in 3 young people felt they definitely had someone to talk to if something was worrying them, or they felt unhappy, and some (n10) had no one to talk to at all. The advantages of having a 'trusted adult'ⁱⁱ are being missed by these young people.

Given this situation it is particularly important that support services for young people are easily accessible, available when needed and provide the help and support that young people want and need. Unfortunately, our Survey suggests that this is currently not always the case in Worcestershire.

Support services for young people's emotional wellbeing / mental health are poorly rated by those accessing them. Many young people are still waiting to access those services or have already been rejected for referral with no alternative options offered.

Young people are telling us very clearly that the type of support that they would find helpful are one-to-one in-person sessions. They are reluctant to use video calling or group sessions and are likely to reject these options.

Young people with learning disabilities told us they would prefer an in-person support group, rather than individual sessions.

Young people identifying as gender diverse (n11) told us of their mixed experience of support. They were relying on school/college staff and their family and friends around them who were usually doing their best whilst receiving no professional support during long waiting times for appointments. 4 out of these 11 young people felt they needed support around their gender identity but had not received any.

Neurodiverse young people (n53) are affected by the same issues - rising cost of living, poor mental health - as all young people. However, the degree to which these issues are impacting them appears to be greater - their physical and emotional wellbeing and mental health are proportionally worse than their neurotypical peers.

Their access to information about health and wellbeing was poorer too. Neurodiverse young people have told us that they would find it even harder to access healthcare and support on digital platforms than their neurotypical peers. Their willingness to discuss their health or emotional wellbeing concerns on a telephone / video call is less, as is their ability to find somewhere private to have a confidential telephone conversation.

Just under half of these neurodiverse young people did not have an Education and Health Care Plan (EHCP) in place to set out their education, health and social care needs. Of those who did have an EHCP, over half said it did not provide the support they needed.

Our results show that young people in Worcestershire are facing struggles to look after their physical and mental health and emotional wellbeing, and currently the support systems that are in place are not always providing young people with the information, help and support they need.

Based on what we have been told by those taking part in the survey we have made recommendations for those providing health and care services for young people in Worcestershire. We believe these recommendations will strengthen the service offer to young people and help to address some of the issues raised by them in this Survey.

We look forward to the system response.

Recommendations

Access to Information on Health and Emotional Wellbeing

1. Produce and distribute targeted information about looking after physical health for females and gender diverse young people.
2. Identify why young people are not using local online information resources about looking after emotional wellbeing mental health, and what would encourage them to do so. Develop an action plan to address this. Actions should include a focus on digital skills but not rely solely on online information.
3. Consider ways young people might be able to have better access to in-person information and services, including those young people in rural locations.

Access to Affordable Healthy Activities

4. Provide increased financial support to youth provision throughout the county to bolster the number of free / subsidised places available, especially in school holidays.
5. Consider how healthy activities can be made attractive and accessible to those with anxiety or low motivation. Work with youth provision to support development of appropriate supportive groups and activities for young people with anxiety / low motivation.
6. Ensure a wide range of varied opportunities are communicated to young people, using a range of digital and non-digital engagement methods (e.g. posters, leaflets, paper surveys, in-person workshops with groups) in order to reach those sections of Worcestershire's young population who are digitally excluded and / or likely to experience health inequalities.

Access to In-Person Emotional Support

7. Ensure young people are aware that there are appropriate adults they can talk to if they are worried about something or feeling unhappy. Consider visual signifiers (badges, posters) in education settings or youth provision to highlight staff who can be approached by a young person for informal support.
8. Ensure that there is always an option for an in-person appointment for a young person when they need someone to talk to.
9. Consider how young people's preferred option of one-to-one sessions support for their mental health and emotional well-being can be achieved within the current service framework.
10. Ensure that one-to-one options are part of the service offer when commissioning or arranging young people's emotional support service provision.
11. All young people's support services mentioned in the Report should consider the feedback provided by young people and what actions they can take to improve. Each service should develop an action plan to address feedback.

Transition to Adult Services

12. Develop an action plan to address ways in which the transition to adult services can be better managed, including improved communication of the process, waiting times and what to expect.

Gender Identity

13. Gender Identity - Herefordshire and Worcestershire ICB should provide clarity on the treatment pathway and consistent information and training to all GP / PCNs.
14. Commission suitably qualified and sustainable support for gender diverse young people and their families both while waiting for appointments and when receiving treatments.
15. Communicate these support options throughout the County.
16. In line with the Accessible Information Standard, make Gender Identity support services visible and accessible to all young people and their families, including SEN, LD, neurodiverse, sensory impaired etc. Produce and distribute posters, leaflets as well as website or social media online information.

Neurodiversity

17. Neurodiversity - When providing information to young people about looking after emotional wellbeing and mental health, attention should be given to ensure it is accessible to neurodiverse young people, in line with the Accessible Information Standard.
18. When offering Healthcare or support appointments to neurodiverse young people ensure that the option to see someone in person is always included.
19. Clarify the treatment pathway for neurodiverse young people seeking support for their mental health.
20. Investigate why neurodiverse young people are frequently reporting being refused appointments with CAMHS due to their neurodiversity.
21. Clarify and communicate treatment pathways for associated conditions such as ARFID (Avoidant Restrictive Food Intake Disorder), Dyspraxia, FND (Functional Neurological Disorder).

Education Health Care Plans (EHCP)

22. Investigate the delays in accessing EHCP assessments and produce an action plan to reduce waiting times.
23. Investigate why so many young people with an EHCP in place say that it does not provide the support they need. Produce an action plan to address the issues identified.

Young People with Learning Disabilities

24. More accessible (Easy Read) health information leaflets or booklets should be sourced or produced and made available to young people with learning disabilities and their support professionals. Topics should include healthy eating, diets, stopping smoking or vaping, managing anxiety or low mood, self-esteem, sexual health and relationships.
25. Young people with learning disabilities are stopping exercising or swimming due to rising costs. Explore ways low-cost options for exercising can be provided and promoted as alternatives so that the health benefits are not lost.
26. When commissioning or providing emotional wellbeing support for young people with learning disabilities, prioritise in-person group options. Do not expect young people with learning disabilities to engage with online support - either on a website or app like Kooth, or on a video call.

MAIN REPORT: Introduction

Healthwatch Worcestershire has an ongoing business priority of looking at young people's emotional wellbeing and mental health and has conducted 9 projects in this area since 2013. This project continues that work, reporting on the experiences of young people in Worcestershire in 2024. It tracks any changes and has expanded to address emerging issues impacting on young people such as gender identity, neurodiversity, and the cost-of-living crisis.

Young people are defined as aged 13-25 for this project. This was to enable us to capture the experience of those transitioning to adult services, care leavers, those with special educational needs (SEND).

What did we want to find out?

Our Survey was designed with the following objectives:

- To identify where young people access information and support around health and wellbeing. This included from real life and digital sources. To identify gaps in access to information and support. To identify areas of digital exclusion.
- To understand how well supported young people feel if they have worries or concerns.
- To explore how the cost-of-living crisis is impacting young people.
- To gather feedback from those young people who have accessed support for their emotional wellbeing and mental health. To hear from those young people who have asked for support but have not been able to access it.
- To gather feedback from *gender diverse young people about their experiences, the support they have received, and to hear from them what else might improve their health and wellbeing.

**Gender identity is a person's sense of being female, male, both, neither, or anywhere along the gender spectrum. 'Gender diverse' is when a person's gender identity is not the same as their biological sex, e.g. someone is born male but identifies as female. 'Gender diverse' is an umbrella term which includes gender questioning, transgender and non-binary people.*

- To gather feedback from *neurodiverse young people about their experiences, and the support they have received.

** Neurodiversity can include Autism, Attention Deficit Hyperactivity Disorder (ADHD), and a range of other neurodiverse conditions.*

- To determine how results compare to the last HWW YP Health and Emotional Wellbeing Survey conducted in 21-22 and track changes in:
 - Information about health and emotional wellbeing - where young people look for information and what kind of additional information they need.
 - Support for emotional wellbeing - what type of support would young people prefer to use and their experiences of any support they have accessed.
 - What do they do to relax?
 - Digital access - how do young people access the internet and how easy would they find discussing health and emotional wellbeing issues online.

What did we do?

We developed a survey asking young people about their physical health and emotional wellbeing and mental health. The survey built upon the previous study done in 2021 - many questions were kept the same in order to be able to track any changes.

Some sections were removed, particularly those addressing the effect of the Covid-19 pandemic. Some sections were updated - new topics such as self-harm and vaping were added to the section about subjects the young people might want to have more information about. New sections were added about gender identity and neurodiversity, and a question about stopping leisure activities was included to gain some insight into the issues and pressures impacting the young people.

The survey contained links to age appropriate local and national emotional support services and was designed to be informative as well as giving young people a chance to feedback.

The survey took place in the Spring Term, 2024.

It was launched on 26 January 2024 and closed 28 March 2024.

The survey was made available digitally on Survey Monkey, with the link shared on our website, social media, partner organisations through Worcestershire Engagement Network, and to our Reference and Engagement Group via our Bulletin.

A paper version was published to be available on request (Appendix 1: Main survey).

A simplified workshop version of the survey (Appendix 5: SpeakEasy NOW workshop) was published and shared with members of the Learning Disability Support Charity, SpeakEasy NOW, and Youth workers from Worcester Community Trust.

Responses from the SpeakEasy NOW workshops are summarised separately, in the 'Spotlight on Young People with Learning Disabilities' section.

Most respondents took part on the digital survey. The circulation was boosted by a series of paid advertisements on Facebook.

When choosing areas to target our survey, we chose locations where we hoped to reach people who may be experiencing **health inequalities**. We targeted geographical areas in Worcestershire that are within the 10% most deprived areas in the country, as identified in the Worcestershire County Council Joint Strategic Needs Assessment 2022.

Demographics - Who Responded to our Survey?

(Full details are in Appendix 3: Demographics)

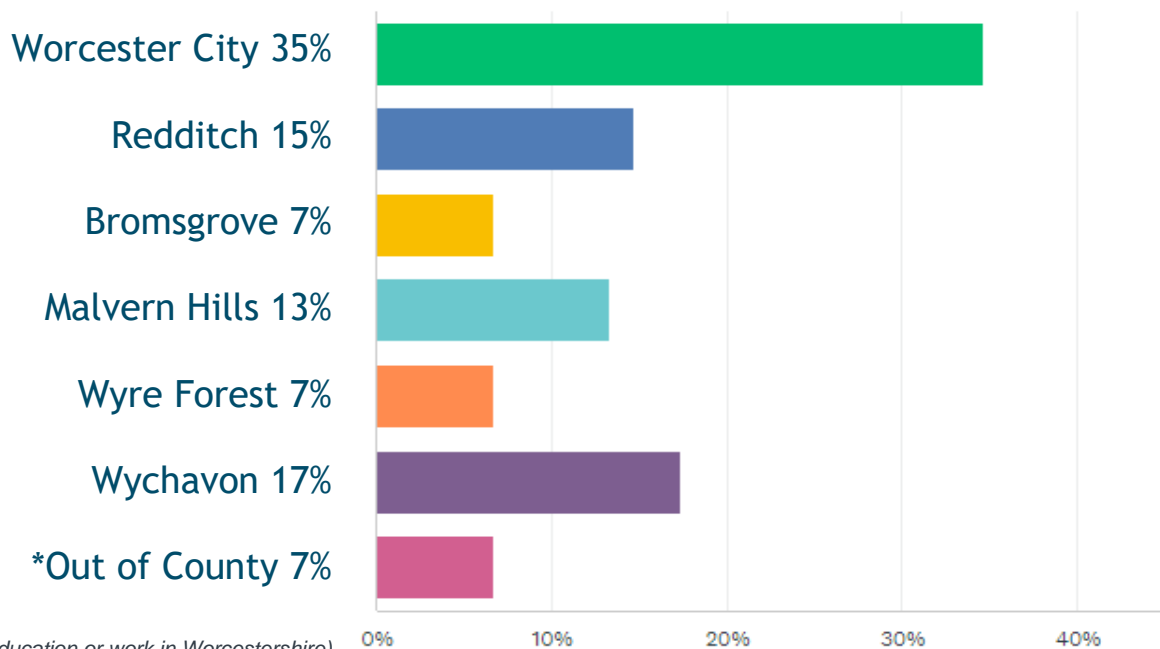
NB: only around half of all respondents completed the 'About You' section of the survey, so this demographic data should only be interpreted as broadly indicative.

We heard from a total of 249 young people.

- Main survey: 154
- SpeakEasy NOW workshops: 95

Location

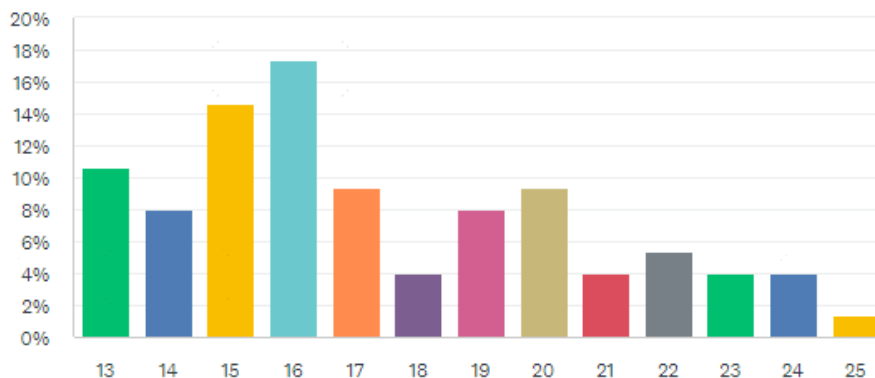
Young people responded from all 6 Worcestershire districts: Bromsgrove, Malvern Hills, Redditch, Worcester City, Wychavon, and Wyre Forest.



(*but attend education or work in Worcestershire)

Age

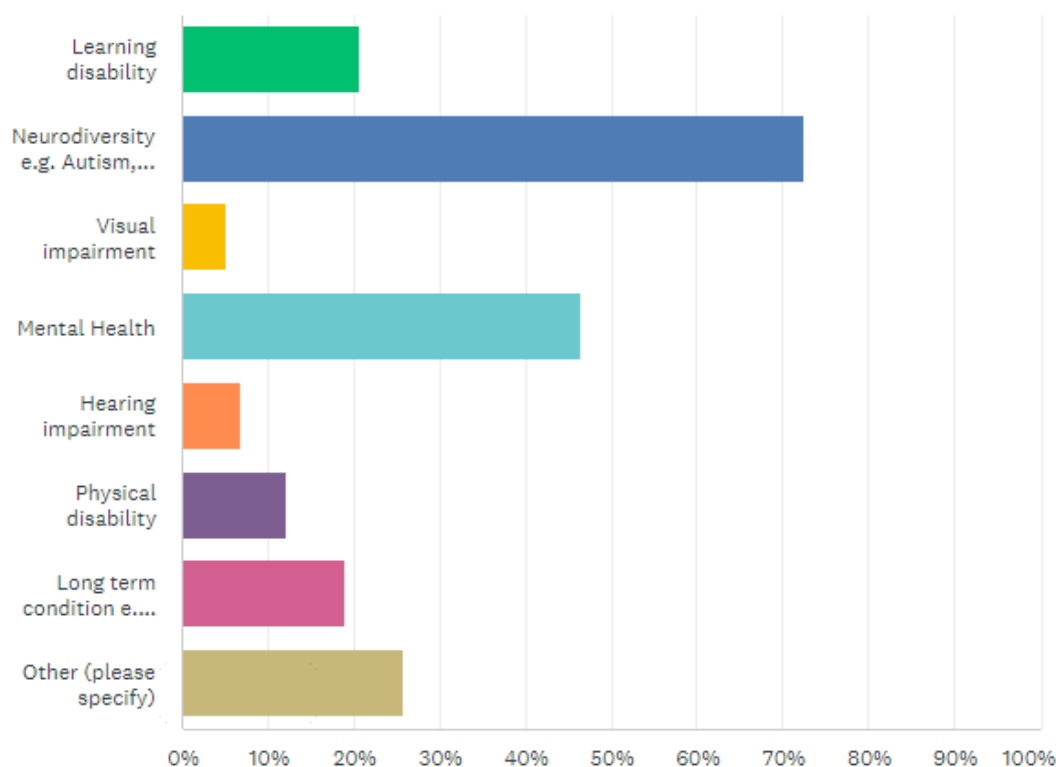
We had respondents from all age groups ranging from 13 to 25, but the largest number of respondents (32%) were aged between 15 and 16.



Gender

- 19 (25%) of our respondents identified as **male**, and 47 (62%) as **female**.
- 1 person identified as **non-binary**.
- 2 people were unsure or questioning their gender identity.
- 7 people (10%) told us that their gender identity was not the same as that recorded at birth, with 5 identifying as trans male and 2 as trans female.

Disabilities or Long-Term Health Conditions Identified by Young People



(NB: only 58 out of 154 respondents answered these disability questions; it was possible for respondents to select more than one option each.)

38% (58 out of 154) of all young people taking part in our survey said that they had a disability or long-term health condition.

The top three disabilities reported were:

- **Neurodiversity, e.g. Autism, ADHD (45 out of 154 respondents = 29%)**
- **Mental Health related (30 out of 154 respondents = 19%)**
- **Learning Disability (12 out of 154 respondents = 8%)**

Sexuality

- 65% of our respondents identified as heterosexual or straight.
- 8% as gay or lesbian.
- 12% as bisexual.
- 5% mentioned other sexualities including pansexual and asexual.
- 3% were unsure or questioning.
- 7% of respondents preferred not to say.

Ethnicity - 95% of those responding to the ethnicity question were white. Non-whites made up the remaining 5%.

Carer Status - 11 young people identified themselves as a carer. Of these, 4 respondents (36%) had accessed Worcestershire Young Carers.

Notes:

- Low completion rate - it varied by question but only around half of young people taking the survey completed the 'About You' section.
- Not everyone taking the survey answered every question.
- Percentages may not add up to 100%.
- Where relevant we have reported on variations in response based on demographic characteristics. Fuller details and data tables are included in Appendix 4: Survey Analysis including Data Charts and Tables.
- Responses reflect the views of the people we surveyed - they may not be representative of the Worcestershire population as a whole.
- Quotes are presented as submitted. Spelling & grammar has not been changed.

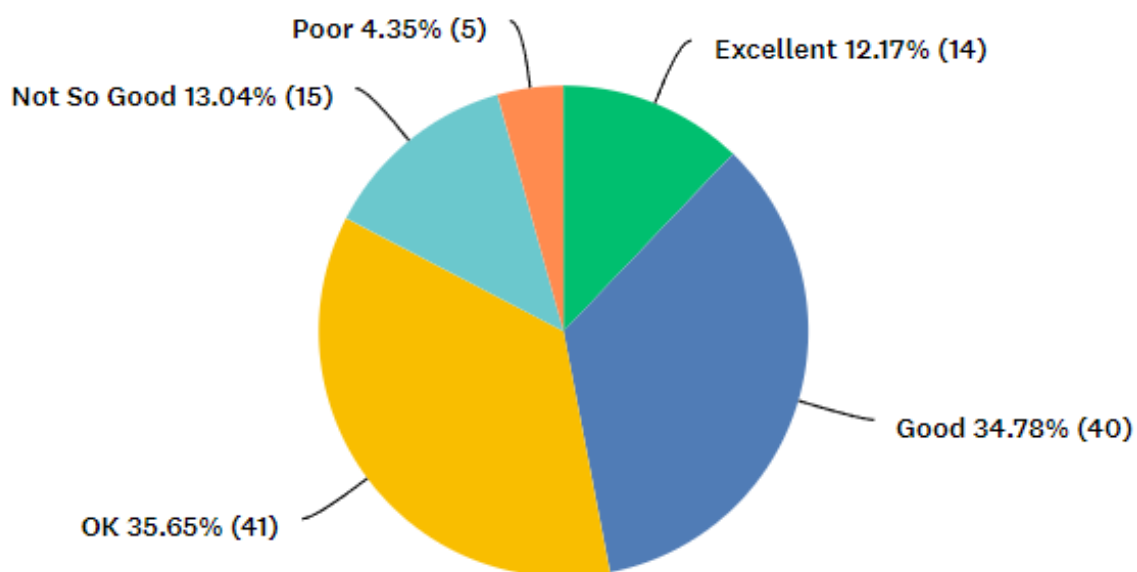
Findings

How Are You?

We wanted to learn what young people thought about their own physical health and emotional wellbeing.

Q2. How would you describe your physical health?

All Respondents (115)



Overall, the young people responding to this question described their physical health in the following way:

- 12% excellent
- 35% good
- 36% ok
- 13% not so good
- 4% poor

Q3. How would you describe your physical health? Why is that?

Comments Summary

All respondents - total number of comments: 53

Positive: 24 Neutral: 4 Negative: 25

Some mentions of specific physical conditions.

Common themes: my physical health is negatively affected by my poor mental health

"I am tired a lot of the time and I struggle with my mental health"

PHYSICAL HEALTH - COMPARISONS (ALL / MALES / FEMALES / GENDER DIVERSE)

PHYSICAL HEALTH	ALL RESPONDENTS	MALES	FEMALES	GENDER DIVERSE
Excellent or good	47%	69%	41%	40%
OK	36%	21%	40%	40%
Not so Good or poor	17%	11%	19%	20%

115 out of the total 154 young people who took the survey answered this question.

Out of all the young people that answered this question, over 80% described their physical health in positive terms. 17% described it as ‘not so good’ or ‘poor’.

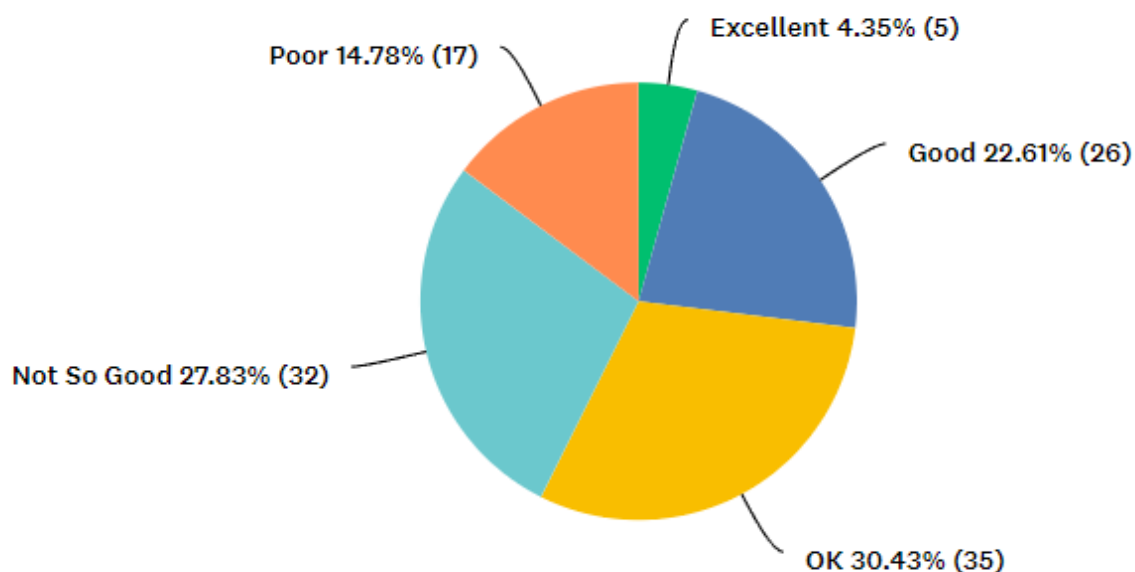
Overall, males were generally the most positive about their physical health with 69% describing it as ‘excellent’ or ‘good’. A similar proportion of females described their physical health in positive terms; however, females were more likely to choose ‘ok’ rather than ‘good’ or ‘excellent’.

Those young people who identified as gender diverse (trans, non-binary, questioning or unsure) described their physical health in a very similar way to the females, 80% positive and 20% in negative terms.

Emotional Wellbeing

Q4. How would you describe your emotional wellbeing / mental health?

All Respondents (115)



Overall, the young people responding to this question described their emotional health in the following way:

- 4% excellent
- 23% good
- 30% ok
- 28% not so good
- 15% poor

Q5. Emotional Health - Comments Summary

All respondents - total number of comments: 64

Positive: 8 Neutral: 10 Negative: 44

Common themes:

specific mental health issues - anxiety, depression, suicide ideation, self-harm:

“OCD, anxiety, was ignored by CAMHS for 6 years”

“I struggle to open up. I have dealt with depression for many years. I have been through rough relationships so I have self harmed in the past.”

“I have some stuff I’d like help with. I’m still waiting on the CAMHS list”

“Antidepressants help me keep on top of my life responsibilities but my mental health could be better. Therapy is what I need but it’s too expensive.”

“I have massive anxiety and embarrassment disorder. I can’t go out much and had to leave school.”

“Iv [sic] been quite depressed and sad for a while, I’m not quite sure why. I used to get bulled[sic] badly and I over ate which made it worse. Iv [sic] been better lately and got some amazing friends after leaving my old group”

School / University / exam worries:

“I feel there’s a lot of pressure on me to do well in my course at university and still to keep up all hobbies”

“I get stressed with school and how they don’t always support me”

Dealing with emotions:

“Emotions can be hard to control in some situations”

Frustration and Isolation:

“I don’t go to school and I get very sad and feel lonely”

“I get bored at home, can’t join other children in mainstream activities as they aren’t accessible”

“Feeling frustrated about my educational needs not being met year on year. I’m being left behind academically and it cause me anxiety, anger and frustration”

Coping with Neurodiversity:

“I believe I may be ADHD but my GP says they can’t give me an appt for that now and won’t consider referring me as CAMHS won’t take me and neither will something else. School and college never noticed any issues cos I wasn’t naughty but I have struggled massively and this impacts on my self confidence as I’m intelligent but struggle with work and organisation”

“My course is going well and i have a few close people to me However i am in therapy and waiting for CBT therapy and autism / ADHD diagnosis. I am a very emotional and sensitive person and get short tempered easily. I’m taking supplements for my ADHD and I struggle a lot with prioritising [sic], keeping my temper calm and in social environments [sic]. One thing that scares me is my PTSD I get really bad physical and emotional reactions to it.”

“I struggle with anxiety due to my autism and I am struggling to hold down a job due to this.”

“I have only recently been diagnosed with EUPD and ADHD and waiting on autism assessment. I am 20. The huge impact of living with these undiagnosed conditions, and early developmental trauma, and suspected FASD, with little or no support has taken its toll. School told me I was just naughty. And WCF made it worse by failing me and my family.”

“I am autistic and have burnt out. Going to school made me really ill because I couldn’t cope. I want to be at school but it is a nearly a year since I have been properly because the support I need hadn’t happened. I miss school and learning and wish people would understand that my brain just doesn’t work in normal schools”

EMOTIONAL HEALTH - RATING COMPARISONS BY GENDER

EMOTIONAL HEALTH	ALL RESPONDENTS	MALES	FEMALES	GENDER DIVERSE
Excellent or good	27%	21%	23%	30%
OK	30%	37%	26%	40%
Not so Good or poor	43%	42%	51%	30%

115 out of the total 154 young people who took the survey answered this question.

Out of all the young people that answered this question, just over half (57%) described their emotional health in positive terms, ‘ok’, ‘excellent’ or ‘good’. (For physical health, this was over 80%).

43% described it as ‘not so good’ or ‘poor’. (For physical health, this was 17%)

Over half (51%) of females described their emotional health as ‘not so good’ or ‘poor’.

Those young people who identified as gender diverse (trans, non-binary, questioning or unsure) described their emotional health in a very similar way to their peers.

It should be noted that the number (10) of gender diverse respondents to this question were too low to be of statistical significance.

Young People’s Physical vs Emotional Health and Wellbeing

(115 out of the total 154 young people who took the survey answered this question.)

	PHYSICAL HEALTH	EMOTIONAL HEALTH
Excellent or good	47%	27%
OK	36%	30%
Not so Good or poor	17%	43%

Overall, young people rated their physical health as better than their emotional health.

Out of all the young people that answered this question,

- 83% described their physical health in positive terms, ‘ok’, ‘excellent’ or ‘good’
- 57% described their emotional health in positive terms, ‘ok’, ‘excellent’ or ‘good’
- 17% described their physical health in negative terms, ‘not so good’ or ‘poor’
- 43% described their emotional health in negative terms, ‘not so good’ or ‘poor’

How Are You? Key points:

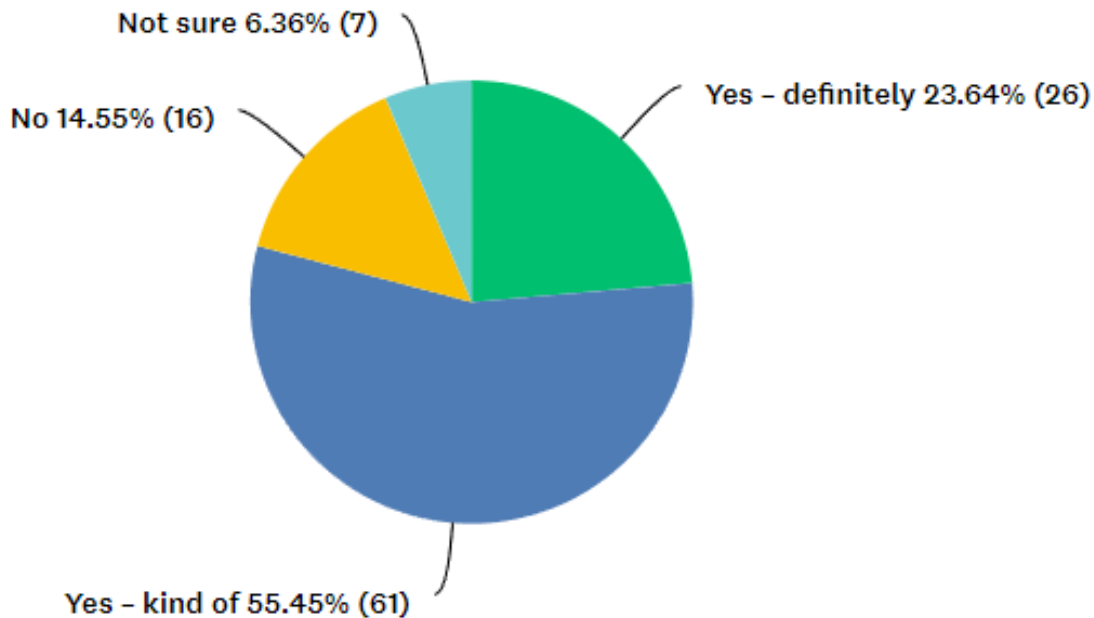
Out of all the young people that answered these questions;

- 83% described their physical health in positive terms, (‘ok’, ‘excellent’, ‘good’)
- 17% described their physical health in negative terms (‘not so good’ or ‘poor’)
- 57% described their emotional health in positive terms, (‘ok’, ‘excellent’, ‘good’)
- 43% described it in negative terms (‘not so good’ or ‘poor’)
- Young people rated their physical health as better than their emotional health.
- Males were the most positive about their physical health with 69% describing it as ‘excellent’ or ‘good’
- Over half (51%) of females described their emotional health as ‘not so good’ or ‘poor’

Getting the information you need - Physical Health

Q6. Do you think you have enough information about looking after your physical health?

ALL RESPONDENTS - (110)



When asked if they thought they had enough information about looking after their physical health, the young people who answered this question said:

- 24% yes, definitely
- 55% yes, kind of
- 15% no
- 6% not sure

	ALL RESPONDENTS	MALES	FEMALES	GENDER DIVERSE
Yes, definitely	24% (24%)	16%	26%	20%
Yes, kind of	55% (47%)	79%	45%	70%
No	15% (22%)	0%	23%	0%
Not Sure	6% (12%)	5%	6%	10%

(figures in brackets are from same question in HWW YP Emotional Health 21-22 survey report)

Compared to the last time we asked this question in our 21-22 survey, there has been a moderate increase in the proportion of young people who think that they do have enough information about looking after their physical health. Positive responses to this question have gone up from 71% in the 21-22 survey to 79% this year.

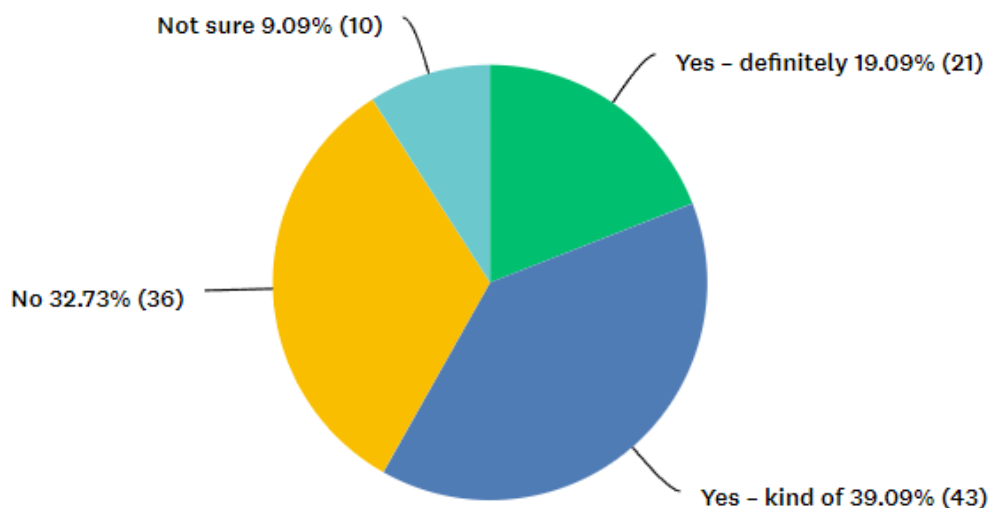
When we separated out the genders for this question, there were noticeable difference between them:

- Males answered largely positively with 95% saying ‘yes, kind of’ or ‘yes, definitely’.
- Females were less positive with 71% saying ‘yes, kind of’ or ‘yes, definitely’ and 29% answering ‘no’ or ‘not sure’.
- The gender diverse young people answered largely positively with 90% saying ‘yes, kind of’ or ‘yes, definitely’ they did have enough information about looking after their physical health.

Getting the information that you need - Emotional Wellbeing / Mental Health

Q7. Do you think you have enough information about looking after your emotional wellbeing / mental health?

ALL (110 respondents)



When asked if they thought they had enough information about looking after their emotional wellbeing / mental health, the young people who answered this question said:

- 19% yes, definitely
- 39% yes, kind of
- 33% no
- 9% not sure

Do you think you have enough information about looking after your emotional wellbeing / mental health? Comparison by gender.

	ALL RESPONDENTS	MALES	FEMALES	GENDER DIVERSE
Yes, definitely	19% (14%)	5%	23%	10%
Yes, kind of	39% (43%)	58%	28%	40%
No	33% (33%)	26%	43%	50%
Not Sure	9% (10%)	11%	6%	0%

(figures in brackets are from same question in HWW YP Emotional Health 21-22 survey report)

When asked if they felt they had enough information about looking after their emotional wellbeing / mental health, 49% of girls and 50% of gender diverse young people answered 'No' or 'Not sure'.

Do you think you have enough information about looking after your physical health? Compared with looking after your emotional wellbeing / mental health?

ALL RESPONDENTS	PHYSICAL HEALTH	EMOTIONAL HEALTH AND WELLBEING
Yes, definitely	24% (24%)	19% (14%)
Yes, kind of	55% (47%)	39% (43%)
No	15% (22%)	33% (33%)
Not Sure	6% (12%)	9% (10%)

(figures in brackets are from same question in HWW YP Emotional Health 21-22 survey report)

We wanted to track any changes arising since the recommendations from our 21-22 report. Compared to the last time we asked this question in our 21-22 survey, there has been very little change.

Overall, responses suggest that, compared to physical health, fewer young people feel they have the information they need about looking after their emotional wellbeing / mental health. This is especially the case for females and gender diverse young people.

Q8. Where would you look for information about health and wellbeing?

We wanted to understand where young people look online for information about health and emotional wellbeing.

95 out of 154 young people taking the survey responded to this question.

Ranked - Sources of information young people would ‘definitely’ or ‘possibly’ use:

Ranking	Combined % ‘yes possibly’ or ‘yes definitely’	Online source of information
1 (1)	88% (80%)	Google / web search
2 (2)	62% (62%)	National NHS website - www.NHS.uk
3 (9)	55% (44%)	School / college website or online shared data
4 (3)	54% (57%)	YouTube
5 (8)	49% (46%)	TikTok
6 (-)	49% (-)	Young Minds www.youngminds.org.uk/
7 (3)	43% (57%)	A health and wellbeing app accredited by NHS e.g. Headspace?
8 (7)	39% (50%)	Local NHS website about mental health services for young people (CAMHS)
9 (10)	36% (33%)	Kooth - Online mental wellbeing community
10 (-)	36% (-)	Childline www.childline.org.uk
11 (-)	22% (-)	ChatHealth - text-based access to school nurse
12 (12)	22% (15%)	Facebook
13 (11)	22% (25%)	County Council website for young people
14 (-)	12% (-)	Worcestershire Starting Well Partnership
15 (13)	10% (10%)	X (Twitter)

(For comparison: figures in brackets are from same question in HWW YP Emotional Health 21-22 survey report. Some options were new this survey so have no previous ranking.)

Responses suggest that young people would be most likely to use Google if they were looking for information about health and emotional wellbeing - 88% of respondents said they would either definitely or possible use this.

Many young people (62%) said they would use the National NHS website.

School / College websites and online shared resources are an important source of information for young people. Their ranking increased from 9th in the 21-22 report to 3rd place in our recent survey with 55% of young people saying they would either definitely or possibly use them to find information about health and wellbeing. This seems to reflect an increased level of helpful content and/or awareness of the school / college websites as a trusted source of information amongst young people and is a positive change.

Social media is still a popular source of information for young people, with YouTube (54%) and TikTok (49%) more popular than Facebook (22%) or X (Twitter 10%).

The Young Minds website (www.youngminds.org.uk) has become more widely known and used since our last Young People's Survey - 49% of our respondents said they would either definitely or possibly use this.

With regards to **local sources of online information** that are available and promoted to young people in Worcestershire, the survey responses show lower proportions of young people likely to use these. The table below shows the negative responses to these local sources of information.

It is not clear what the main issues are that make young people to respond negatively about these options (perhaps this is a piece of work for these services to do) but it appears to be only partially down to a lack of awareness.

Response % 'no'	Response % 'don't know about this'	Local Sources of Information about Health and Emotional Wellbeing for Young People in Worcestershire
44%	14%	Local NHS website about mental health services for young people (CAMHS)
36%	28%	Kooth - Online mental wellbeing community
39%	38%	ChatHealth - text-based access to school nurse
44%	34%	County Council website for young people
36%	52%	Worcestershire Starting Well Partnership

When looking online for information about health and emotional wellbeing:

- 44% of young people would not use the Worcestershire CAMHS website, although only 14% were not aware of it.
- 28% were not aware of it and 36% of young people would not use Kooth.
- 38% were not aware and 39% of young people would not use the ChatHealth service to text their school nurse.

The last time we asked young people if they would use the local NHS CAMHS mental health website for young people, 10% said they had not heard of it and 40% said they would not use it for information. Since our 21-22 Report, responses have got slightly worse now with 14% saying they had not heard of it and 44% saying they would not use it for information.

Young people told us they were unlikely to use the County Council website with 78% saying they had either not heard of it or would not look there for information.

Similarly with the Worcestershire Starting Well Partnership website - 88% saying they had either not heard of it or would not look there for information.

Q9. Which topics would you find it helpful to have more information about?

Ranked: Topics young people would find it helpful to have more information about

(Ranked by combined percentages of respondents saying 'yes definitely' and 'yes possibly')

Ranking	Topic	Yes (total)	Definitely	Possibly
1	Managing anxiety / Low mood, depression	87%	58%	29%
2	Self-esteem / self confidence	83%	53%	30%
3	Fitness, exercise / Diet and healthy eating	80%	30%	50%
4	Sleep problems	77%	51%	26%
5	Managing School work / studies	65%	39%	26%
6	Body Image / Eating disorders	63%	39%	24%
7	Sexual Health and Relationships	62%	32%	30%
8	Relationships	61%	33%	28%
9	Self-Harm / Suicide Ideation	59%	38%	21%

10	Bullying	52%	25%	27%
11	Sexuality	41%	26%	15%
12	Gender Identity	38%	22%	16%
13	Stopping smoking or vaping	34%	16%	18%

The top three topics young people would find it helpful to have more information about were: **Managing anxiety / Low mood, depression, Self-esteem / self-confidence and Fitness, exercise / Diet and healthy eating.**

New topics introduced to the survey this year included:

Self-harm / suicide ideation - 54 (59%) young people responding to this question would either definitely or possibly want more information about this topic.

Stopping smoking or vaping - 32 (34%) young people responding to this question would either definitely or possibly want more information about this topic.

Whilst these new topics were not highly ranked, still a significant number of young people wanted more information about them.

Topics young people would find it helpful to have more information about
Comparison by gender:

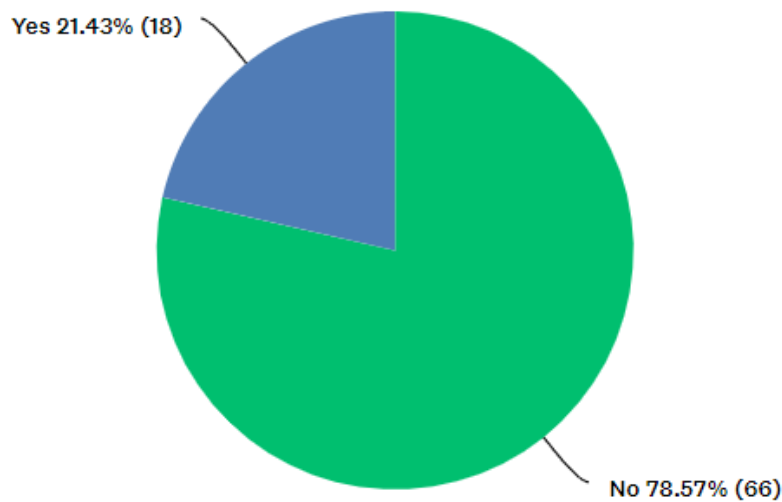
Male		Female		Gender Diverse	
1	Managing anxiety / Low mood, depression	1	Self-esteem / self confidence	1	Gender identity
2	Self-esteem / self confidence	2	Fitness, exercise / Diet and healthy eating	2	Sexuality
3	Fitness, exercise / Diet and healthy eating	3	Managing anxiety / Low mood, depression	3	Relationships
4	Sleep problems	4	Sleep problems	4	Managing anxiety / Low mood, depression
5	Managing School work / studies	5	Managing School work / studies	5	Sexual Health and Relationships

Whilst the topics were grouped slightly differently and some new ones were added this time, the types of things that young people felt they wanted more information about remained broadly consistent with the last survey report.

Males were more interested in finding out more about managing anxiety, low mood and depression.

Females wanted to know more about self-esteem and self-confidence.

Q10. Is there any information you have wanted but have not been able to find?



84 young people answered this question.

18 (21%) said that there had been information they had wanted but had not been able to find.

In answering this question, 22 young people shared comments about the information they have wanted but have not been able to find. Grouped into themes:

Neurodiversity

“Asperger’s in women, managing neurodiversity and masking”

“I am also autistic and adhd. Despite being 20 I am totally reliant on my mum to help me get the help I need. It is too complicated to navigate on my own. The systems are too unhelpful and sometimes the only way my mum gets me help is by raising a formal complaint. None of my local health professionals have any clue about FND, so I rely on Facebook FND groups for help or people on TikTok who have the same diagnosis.”

“I have ADHD and I thinkni [sic] have more issues and nobody will help just my Mum who keeps trying to get me extra help”

Emotional Wellbeing / Mental Health

“How to make me feel better when I feel lonely”

“How to manage PTSD and social anxiety Also how to manage anger and priorisse [sic] my time for work”

“How to stop feeling embarrassed by everything”

Sexual Health

“Sexual health advice and actual clinics I can go to. There is nothing in Evesham or Pershore which are the only towns I can get to on public transport. I live in a village. I have been told there used to be sexual health clinics in Evesham you could drop into but there isn't now anything which is crap. I'm sexually active now and have to borrow money from friends to buy condoms to keep myself safe. I've even stolen money from my parents to buy condoms which makes me so ashamed but I know them finding out I am pregnant would make them kick me out so what xan k [sic] do. Yeah I could not have sex I guess but why is it ok for someone my age (legal age) to have sex if they live in a city where they can get free contraception but for someone like me I can't get it? How's that fair at all? It's discrimination against kids in villages and smaller towns”

Transition to Adult Services

“Lack of support services, discharged from CAMHS when 18 and now have nothing. GP inconsistent and no support and feel left without support. I have significant history of self harm, depression and suicide attempts. Also facing a new diagnosis of life limiting illness HD. Where's the help when you are a young adult!!!”

“Help now that I am 19 and out of full time education”

“Struggle to access and read information online, Need videos with scenarios or simple information CAMHS turned down my referral I didn't meet need for social worker or young adults service Autism support declined support I just fall through all the services 19 nearly 20 with no support other than family”

Gender Identity

“trans youth for under 18 • Gender identity for under 18 • dysphoria help and understanding for under 18 • more gender clinics available closer to Worcestershire”

“Gender identity and gender dysmorphia [sic] in neuro diverse people”

In Person Support

“I never know which information is reliable and find it hard to find what I want online”

“Everything is online. What if I want to talk to someone? I don't trust many people and some things are difficult to talk about.”

Other

“Any advice and support around my diagnosis would of been nice”

“sleep and how to create good habbits” [sic]

“What causes weight loss and weight gain on a biological level”

Q11. What do you do to relax?

The top 5 activities that the young people identified as things they do (either often or sometimes) to relax are:

Ranking	Activity	Current survey	Last survey (previous ranking)
1	Watch TV / Netflix or Listen to / play music	96%	93% (1)
2	Spend time with friends / family	85%	56% (3)
3	Go for a walk / spend time in nature	78%	69% (4)
4	Go on social media / chat to friends online	76%	82% (2)
5	Hobbies - art or crafting / cooking or baking	69%	50% (8)

Watching TV / Netflix or listening to / playing music is still the most popular activity.

Spending time with friends or family has increased in popularity since our last survey. The last survey took place just after the end of Covid restrictions in the UK and so the difference might be down to a return in confidence about socialising in-person.

Going for a walk / spending time in nature has also increased in popularity up to 3rd place, narrowly beating social media / chatting to friends online which has dropped from 2nd place to 4th in the rankings.

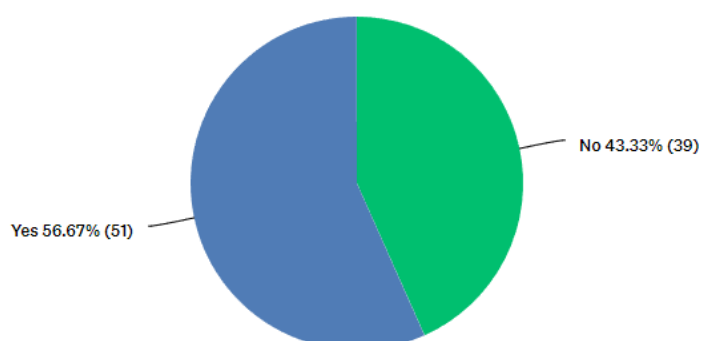
Hobbies away from screens (art or crafting / cooking or baking) have increased in popularity - rising from 50% of young people doing these in our last survey to 69% this time.

Aside from watching TV or listening to music, there is a slight but noticeable shift away from solitary online activities.

Responses also suggest that the numbers of young people who exercise or take part in sport to relax are still relatively low (56%), however this number has increased from the 42% recorded in our last survey.

Q12. Over the last year have you stopped doing any of these relaxing activities because they are too expensive, or for any other reason?

90 young people answered this question.



51 young people, (57% - more than half of respondents) answered ‘YES’ they had stopped doing relaxing activities. We then gave them the opportunity to say why.

This question resulted in a high volume of comments. Grouped here into themes, the young people’s comments indicate the key reasons for stopping relaxing activities.

Financial Concerns (17 comments) - examples:

“Going out anywhere can be pretty expensive and it feels shitty to always have to ask parents for money”

“Many craft hobbies have become too expensive to maintain. Socialising with friends has become harder as most things require even a small amount of money that I simply don’t have anymore”

“I can’t go out as much because my mum can’t spare the extra money she used to be able to give me for the bus or to eat out or get snacks. I haven’t had new clothes in ages either.”

“Can’t go out with friends to cinema etc as parents can’t afford it”

Poor Mental Health (lack of motivation, social anxiety, difficulties arising from neurodiversity) (17 comments) - examples:

“I can’t go outside or be with family or friends because I am too anxious all the time”

“lost interest in hobbies”

“Don’t do social activities as I do that in school time and that is sometimes too much with how people behave and treat me”

“I left school in September because of anxiety so find it difficult travelling by car as it makes me sick”

“Been too dysregulated to access some of this safely”

“My mental health and feeling like I am on the outside because I am autistic.”

“Yes Swimming due to anxiety. too many people.”

School / College Pressures / Exclusion (3 comments) - example:

“I have been home schooled for the last year.... so miss mixing with people.... County Council wouldn’t help when my mum first asked, they are only just helping because she said we would go to court”

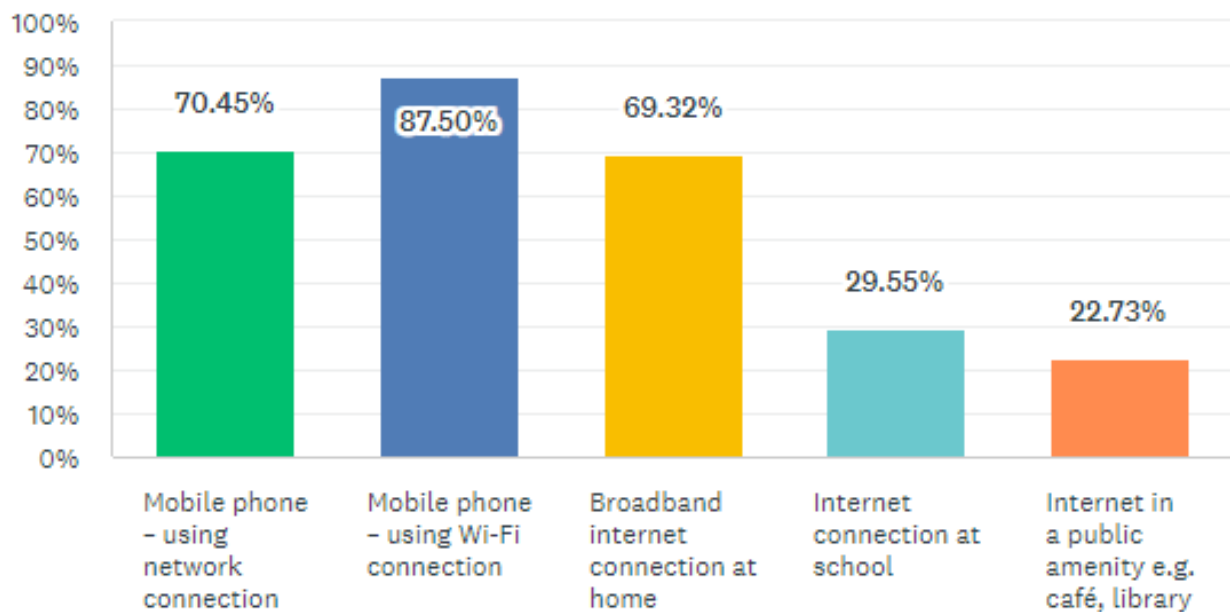
Comments Summary

Out of the 39 comments received for this question,

- 17 (44%) related to financial concerns
- 17 (44%) to mental health-related issues
- 3 (8%) related to pressures from school or college
- 2 (4%) gave other reasons

The two main reasons the young people identified for stopping doing their relaxing activities were financial concerns and poor mental health.

Q13. Digital Access to the internet / Digital Exclusion



Young people were asked to select all the ways they accessed the internet.

88 young people responded to this question.

Responses suggest that nearly 90% of the young people taking part in the survey would use a mobile phone, either using a WiFi connection (88%) or, to a lesser extent, mobile phone data through their network (70%).

This is a very similar result to our previous survey.

It should be noted that this year's main survey was made available only online through a Survey Monkey weblink shared by emails, electronic bulletins, social media and QR codes on posters. Paper surveys were made available on request - but take up was zero.

As the survey was completed online, it follows that those completing it were the young people who had access to the internet. (Our **Spotlight on Learning Disabilities** section is the exception to this as respondents engaged by taking part in small, facilitated group discussions.)

In our **Healthwatch Worcestershire: Digital Access to Healthcare Report 2022**, we found that 16% of respondents (all adults) did not use the internet and many more struggled to complete functions on digital devices such as sending a photograph or making a video call.

It is commonly assumed that young people are fully able to access the internet and use digital resources, however our experience visiting Youth Clubs to promote this project gave some insight into a more variable picture. At each Youth Club, young people were briefly introduced to the survey and shown a poster with a QR code to access it. Immediately it became evident that there were numerous problems accessing the survey. These ranged from damaged phones, a phone shared with sibling and so not available, no

data - or funds to top up, no phone or it had been lost or stolen. This was a reminder of the reality of the dangers of assuming universal access to the internet.

A recent (17 March 24) reportⁱⁱⁱ in the Guardian detailed the findings of research led by experts at the University of Liverpool, Loughborough University, and the digital inclusion charity the Good Things Foundation. Researchers used a series of focus groups to develop a “minimum digital living standard” that measures households’ digital capabilities and their access to goods and services (computers, tablets, phones, broadband / WiFi).

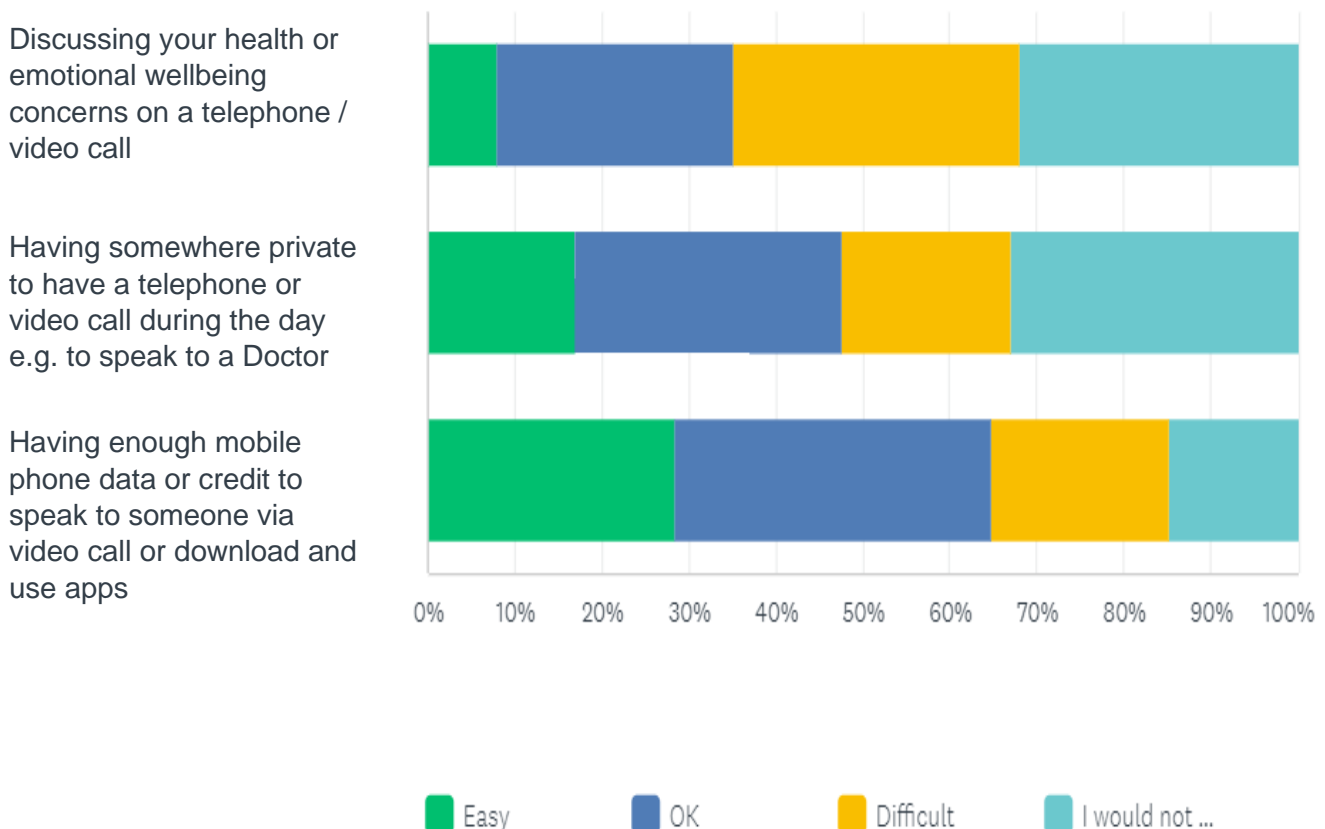
The research found that 45% of households with children did not meet the threshold. Families from low socioeconomic backgrounds in deprived areas and households outside London were among those who were less likely to meet it. Households from minority ethnic backgrounds and those with disabled parents were twice as likely to fall below it.

iii) <https://www.theguardian.com/technology/2024/mar/17/half-uk-families-excluded-modern-digital-society-study>

There is a clear overlap of the sections of the population experiencing digital exclusion and those experiencing health inequalities.

Q14. Digital access to Healthcare and Support

How Easy would you find...



How easy would you find discussing your health or emotional wellbeing concerns on a telephone / video call?

Responses suggest that overall young people would not find it easy to speak about health or emotional wellbeing issues by phone or video call. **Only 8% said this would be easy and 65% told us this would be difficult, or they would not be able to do it.**

For neurodiverse young people, 6% said this would be easy and 69% told us this would be difficult, or they would not be able to do it.

These results are slightly worse than in our last 21-22 survey where 10% said this would be easy and 61% told us this would be difficult, or they would not be able to do it.

How easy would you find having somewhere private to have a confidential telephone or video call during the day e.g. to speak to a doctor or a counsellor?

Responses show that **19% would find it difficult** to find somewhere private to speak to a doctor or to access support via the phone or video call and **33% said they would not be able to.**

For neurodiverse young people, 42% told us they would not be able to do this.

These results are worse than in our last 21-22 survey where 13% said they would not be able to find somewhere private.

How easy would you find having enough mobile phone data or credit to speak to someone via video call or download and use apps?

64% of respondents said it would be easy or ok to have enough mobile phone data or credit. The remaining **36% said it would be difficult or not possible for them to do this.** These results are broadly in line with those from our previous 21-22 survey.

For neurodiverse young people, 61% said it would be easy or ok to have enough mobile phone data or credit. 39% told us this would be difficult, or they would not be able to do it.

From those young people who were able to access our online survey, it appears that having credit or data available on their phones is much less of a cause for concern than worries about the experience of having a telephone or video call with a medical professional. Finding a private place to have that call is still a limiting factor also.

Digital Access to Healthcare and Support - Comments sorted into themes:

Total comments: 33

Anxiety about phone / video calls: (11 comments) - examples:

“I could not talk online or on the phone. I would find it hard to talk in person but impossible on phone or Internet”

“I have social anxiety so find it easier in person than on the phone or via video call”

“Social interaction is hard. Phone calls/video calls can be make me, and many of my peers, particularly anxious”

Not a suitable method of communication for me (5 comments) - examples:

“The sound over phone calls or video calls is sometimes difficult to hear as I'm deaf. This would make talking about anything personal too difficult.”

“I can't talk on the phone due to autism and selective mutism”

Talking to adults in general (11 comments) - examples:

“I find it hard to talk about my feelings because I always get told the same stuff”

“I don't like talking about it, all I do is worry that they are worrying about me and it usually makes my situation worse. No matter how bad it is I don't want to tell anyone. Also lots of people (especially older people) are very judgey [sic] according to my experience and I don't trust them to take my situation seriously”

“I have selective mutism but I'm working on this. I don't like talking to people I don't know or haven't met.... My mum helps me even though I'm 17”

“I cannot talk about my eating disorder”

“My anxiety takes over and I don't trust people. It takes time to get to know someone and for them to get to know me.”

“I struggle to engage with people, I don't see my GP without taking my mum. I struggle to identify and express my emotions/feelings”

Privacy / Data / Financial concerns (6 comments) - examples:

“Cos I don't have unlimited data and I'm at college in the day so where would I go to be able to have a private conversation?”

“I work in an office and finding a private space to have a call with a doctor or counsellor is almost impossible unless I go for a walk. I'm also on company time so it doesn't reflect well on me”

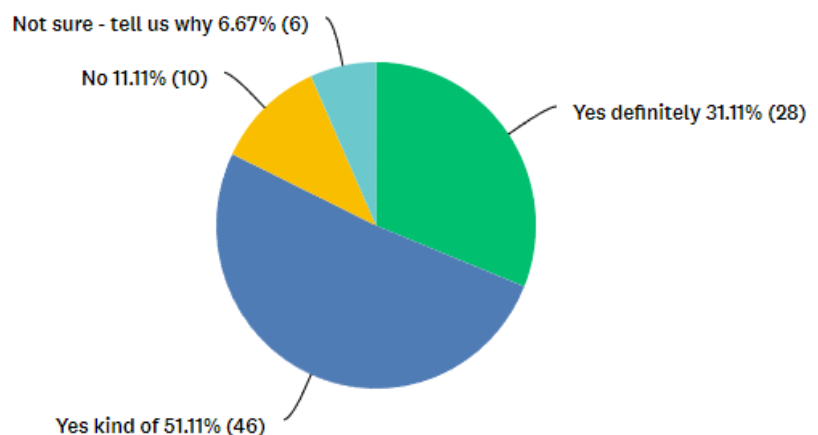
Getting the Support You Need

Q15. Do you feel you have someone to talk to if there is something worrying you, or you are feeling unhappy?

90 young people answered this question.

82% (74) of young people answering this question felt that they either 'yes - definitely' or 'yes - kind of' had someone they could talk to.

11% (10) said that 'no' they did not have anyone to talk to, and 7% (6) said that they weren't sure.



Responses showed that only 31% of the young people felt they definitely had someone they could talk to if something was worrying them, or they felt unhappy. 18% either had no-one or were unsure. These proportions were similar for males, females, and gender diverse young people.

This question shows a slight improvement from our last survey, previously 75% of young people answering this question felt that they either ‘yes - definitely’ or ‘yes - kind of’ had someone they could talk to; 20% said that ‘no’ they did not have anyone to talk to, and 5% said that they weren’t sure.

Do you feel you have someone you can talk to, if there is something worrying you or you are feeling unhappy? (6 Comments) - examples:

“I don’t have any friends and I don’t want to worry my mum or Dad”

“Have my mum but she has Mental Health issues so don’t like to burden her”

“I’m non verbal and only mum and dad understand me”

“My mum but she’s already busy helping me with everything and doesn’t always know where to get support”

Q16. If you needed to have some support for your emotional wellbeing - which of the following options would you be happy to use?

(answers ‘Yes possibly’ and ‘Yes definitely’ combined and then ranked in order of preference)

Options for Emotional Wellbeing Support - Ranked in Popularity

Ranking (21-22 survey)	Combined % ‘Yes - definitely’ & ‘Yes - possibly’	Type of support
1 (1)	72% (58%)	One-to-one session out of school / college
2 (2)	55% (54%)	One-to-one session at school / college
3 (4)	42% (34%)	Online support, e.g. Kooth
4 (3)	38% (50%)	Support via text message, e.g. ChatHealth
5 (6)	34% (32%)	Support via telephone
6 (7)	33% (30%)	Support session via video call e.g. Zoom
7 (8)	26% (15%)	Group support sessions
8 (-)	25% (-)	Support from other young people via a website e.g. Childline Message Board

(for comparison: figures in brackets are from same question in HWW YP Emotional Health 21-22 survey report. Some options were new this survey so have no previous ranking.)

Responses to this year's survey show a similar pattern of preference towards one-to-one sessions outside of school or college. Compared to our last young people's survey in 21-22, this preference has strengthened, with now 72% of young people saying that they would either possibly or definitely be happy to use one-to-one sessions outside of school or college - last time it was 58%. Young people being happy to use online support like Kooth has increased slightly, whereas text-based support e.g. Chat Health has declined slightly.

The numbers of young people who said they would be happy to use other types of support are still quite low, telephone (34%) and zoom (33%) remain similar to last survey. Group sessions remain near the bottom of the ranking, although have increased from 15% on our last survey, to 26% young people saying they would possibly be happy to use a group session this year.

Overall, the numbers of young people who would not be happy to access any of the support options remains high - one-to-one support outside school was the most popular but still 24% said they would not use it.

The comments received in response to this question reflect the preference for face-to-face individual support sessions. Not all young people are ready to speak to a professional and prefer to talk to their family members. Some of the young people who were over 18 expressed frustration and isolation around their transition to adult services.

Comments about options for wellbeing support - grouped into themes.

Total comments: 13

Preferring one-to-one face to face sessions: (5) - examples:

"Face to face, can't cope with zoom online stuff"

"I'd talk to a doctor or Councillor in person"

Not wanting to engage with professionals: (3) - example:

"I don't want to talk about my mental health. It is bad, but I'm not ready to talk about it yet."

Transition to Adult Services: (1)

"I feel as I am a young adult I do not fit with adults or children services and feel alone, services are not equipped to support this transition and discharge you at 18 and then not referred on or have to wait again on a long waiting [list] which is potentially years."

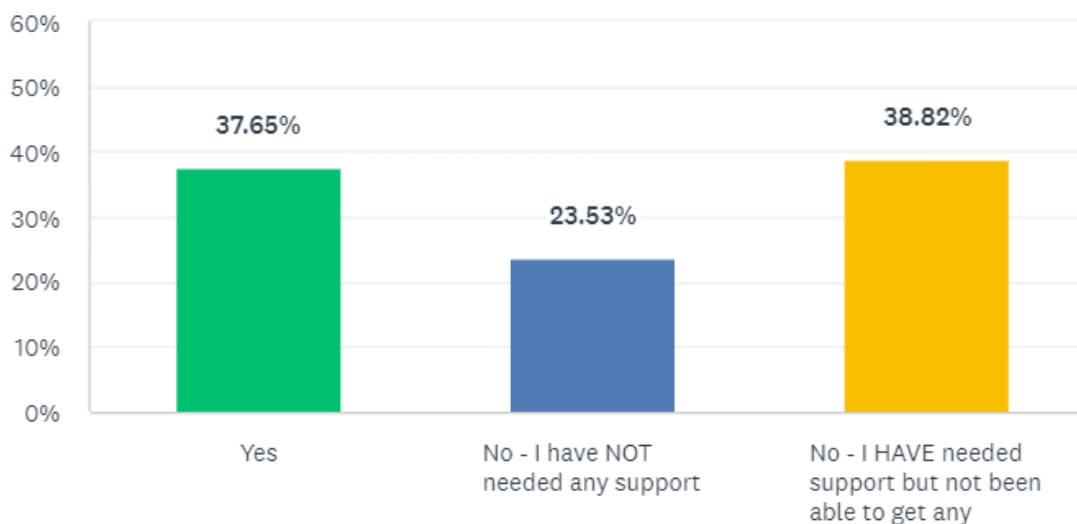
Other comments: (4) - examples:

"CBT therapy Physio therapy Anger management [sic] therapy Disability management for adhd and autism"

"Autism mentor, comes to the house weekly"

Experiences of Emotional Wellbeing / Mental Health Support

Q17. Have you received any support for emotional wellbeing or mental health from school, health, online or other support services in the last 12 months?



85 young people answered this question.

Young People who have received support:

32 of the 85 (38%) young people who responded to this question told us they had received support for emotional wellbeing or mental health in the last year, this is a reduction on last time.

In our last 21-22 YP survey, 43% of those responding had received help.

Young People who have requested but not received help:

33 young people (39%) said they had needed support but not been able to get it - this has increased since the last survey.

In our last 21-22 YP survey, 25% had needed support but not been able to get it.

Females (45%) were more likely to have asked for and received support than males (16%) or gender diverse young people (30%).

The proportions of young people that have needed support but not been able to get any are consistently around 40% across the genders.

Reasons given for not being able to access support - comments grouped into themes:

Referral Waiting list / Rejected (8 comments)

"I have been told that cahms [sic] will help me but I've been waiting months for an appointment to see someone. My mum can't afford to pay for therapy for me as she is sick and can't work. Social services and early help have both said I need to wait for cahms [sic]."

"Asked at school and they said waiting list is 12 months. Asked GP and they said they can't refer to camhs [sic] as I wouldn't be bad enough for them to help. Nothing else available apparently"

"I have asked for assessment for ASD but GP won't refer me"

"I have been to my GP It has been awful"

"No access from NHS"

"CAMHS denied me"

"Been referred to CAMHS for a year and not heard"

"Referrals been rejected. Failed provision meant I [was] months out of education (no support for that-meant I was sat at home for 8 months)"

Not in Education (6 comments)

"I'm not in school anymore"

"I don't go to school as I'm waiting to find one I can cope with. My mum and dad have tried to get help but no one will see me"

"I am no longer at school or college"

"I am not in school or college at the moment.... the support I get is from family. School had tried to refer to CHAMS [sic] but I was turned down as I have ASD"

"Due to school trauma no long[er] in school but still needs help and support but it's very difficult to find."

"I used Kooth. I'm not in school due to trauma and still waiting on the list for CAMHS but my mum has been paying for counselling privately because she knew I needed help but I feel worse because she can't afford it really so that adds to my mental health"

Not feeling able to ask for support (5 comments)

"Have struggled admitting I've required support unsure where... [to get] this help"

"They never knew and I didn't trust them to do anything"

"School know about the nasty kids and how they are behaving towards me. It makes me sad to go to school sometimes and bad if they pick on my two friends"

"I am either working so don't have any spare time during doctors open hours, don't wake up early enough to fight people for a doctors appointment, or simply forget on days off as I'm so exhausted and run down to do anything/think properly"

"My school isn't the best they try to do a few things with ymca [sic] but they don't cover the things we need"

Accessibility (5 comments)

“I’m non-verbal and nothing is accessible”

Transition to adult service (1 comment)

“Tricky question. My OCD has been getting bad again. I have had CAMHS sessions in the past but not recently and I’m now 18 so not sure what to do about it. Mum wants me to see doctor.”

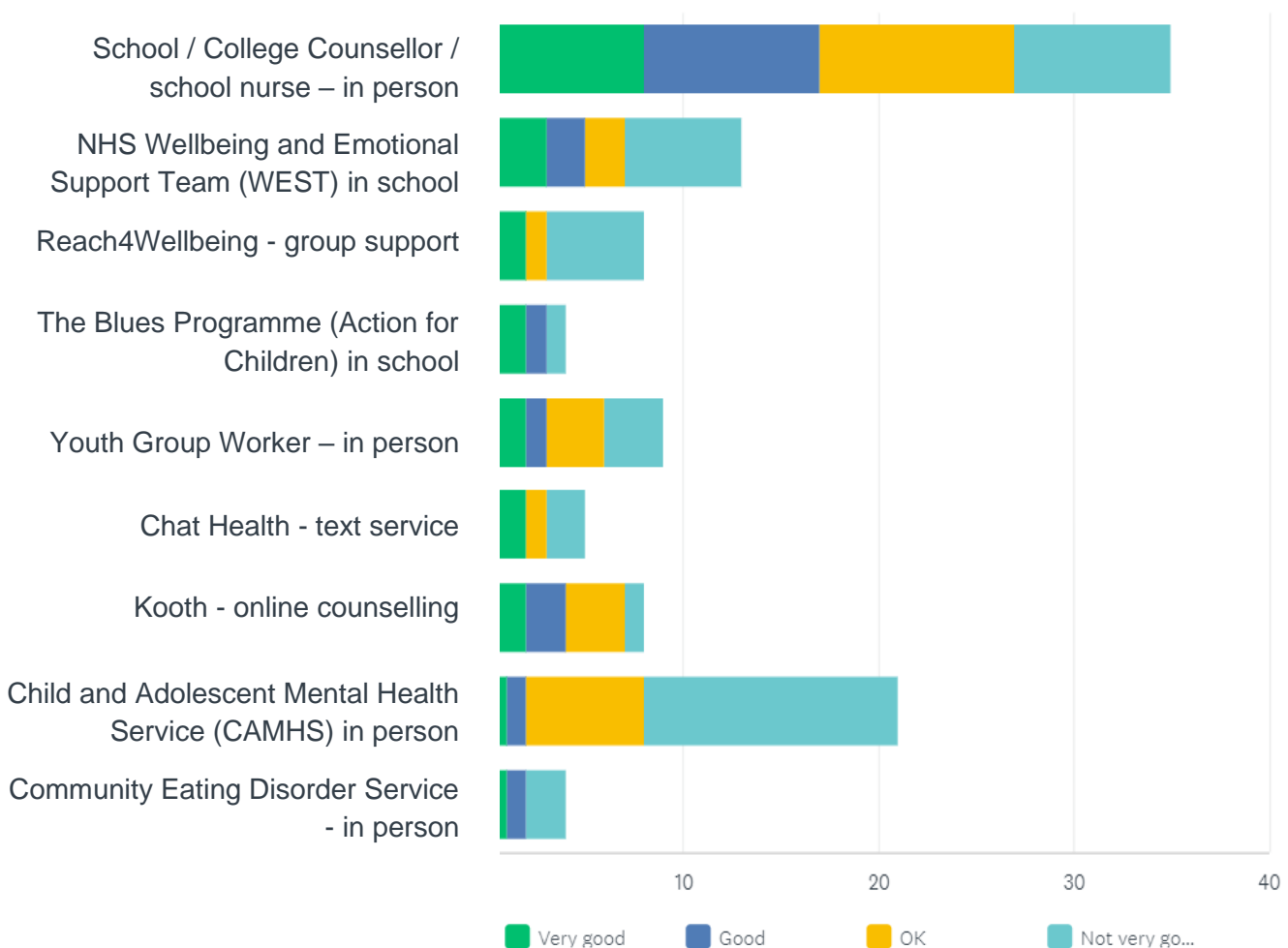
The reasons given for not accessing support when needed show that some young people do not feel able to ask for help. A growing proportion (39%) of young people have asked for help but not received it - some still are not aware or do not believe there is any support available.

Several comments refer to CAMHS waiting times and threshold criteria for support. Delays accessing CAMHS are also impacting on access to other social services support.

Several comments state not being at school or college as a reason for not being able to access support with their emotional health and wellbeing.

Some young people are seeing a counsellor privately but feel guilty about the additional expense on their family.

Q18. If you have received support in the last 12 months from any of the following services - how would you rate them?



As most service options received small numbers, the chart above shows absolute numbers rather than percentages.

Out of the 154 young people who took part in this survey, a total of 32 (20%) said they had received support for their emotional wellbeing or mental health in the last 12 months. We received total of 65 responses to this question, more than double the 32 young people who said they had received support. This is because multiple selections were allowed - so it's our understanding that those seeking support had tried more than one service each.

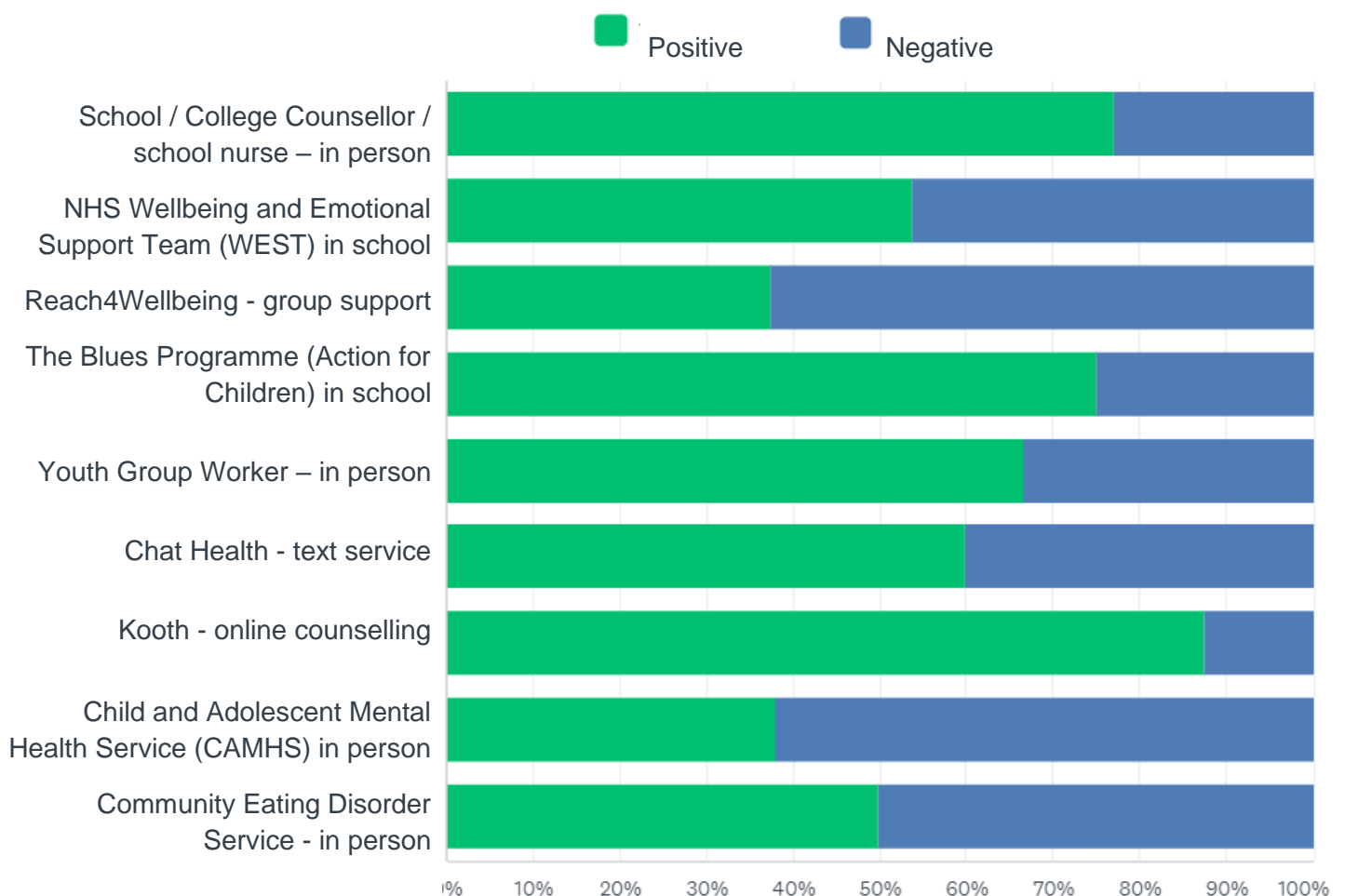
The largest number, 35 (23%) of young people who had asked for and received support, had done so in person from their school or college counsellor or nurse.

21 young people (14%) had been seen by CAMHS and 13 (8%) by the NHS Wellbeing and Emotional Support Team (WEST) in school.

Very few young people were accessing remote support - 8 (5%) had used Kooth and 5 (3%) said they had used the Chat Health text service.

Q18. If you have received support in the last 12 months from any of the following services - how would you rate them? - percentages

We have combined the 'very good', 'good' and 'ok' responses to show proportions of positive versus negative ratings for each service.



When we asked those who had used the following services to rate them, we received a mixed response for all services. Here we examine each service option in more detail and, where possible, compare results to our last survey.

A total of 26 comments were received about young people's support services - they are included with the relevant service section below.

School / College Counsellor / school nurse - in person

This is by far the most popular way of accessing support. 35 out of 154 young people taking this survey (23%) told us that they had accessed support in person at school or college. Over three quarters of these (77%) thought this support had been positive, while 23% said it was 'not very good' - negative.

This is very similar to our last 21-22 Young People's Survey Results, where 74% found support in person at school or college to be positive and 26% a negative experience.

NHS Wellbeing and Emotional Support Team (WEST) in school

13 out of 154 young people taking this survey (8%) told us that they had received support from WEST at school. Around half (54%) thought this support had been positive, while 46% said it had been a negative experience.

Comments about WEST (3)

"WEST was meant to see me when I was in school refusal but never came"

"Everything is very hard to access with long wait lists which makes you feel forgotten. WEST was RUBBISH said they couldn't help me AT ALL and put my parents on a parenting course"

"Too long to wait. School broke down. WEST were rubbish and didn't listen. School was awful and made things worse. No where else to go except private and I feel bad for wasting mums money. Too long to wait on NHS"

Reach4Wellbeing - group support

8 out of 154 young people taking this survey (5%) told us that they had accessed the Reach4Wellbeing group support at school. Only 3 of these young people (38%) thought this support had been positive, while 5 (62%) said it was 'not very good'.

In our last 21-22 Young People's Survey Results, 20 young people told us they had received support from Reach4Wellbeing. 17 (85%) of them rated the support as 'not very good'.

Comments about Reach4Wellbeing (1)

"I was offered online group sessions from reach for wellbeing but I don't like group sessions with a camera/mic on."

The Blues Programme (Action for Children) in school

Only 4 out of 154 young people taking this survey (3%) told us they had received support from the Blues Programme - 3 of these found it a positive experience.

Youth Group Worker - in person

9 out of 154 young people taking this survey (6%) told us they had received support in person from Youth Group workers. 6 of these young people (66%) rated this support as a positive experience.

Chat Health - text service

5 out of 154 young people taking this survey (3%) had received support via the Chat Health text service. 3 found it 'very good' or 'ok', 2 (40%) rated it 'not very good'.

In our last 21-22 Young People's Survey Results, 20 young people told us they had received support from Chat Health text service. A similar proportion, (45%) of them rated the support as 'not very good'.

Kooth - online counselling

8 out of 154 young people taking this survey (5%) had accessed support online at Kooth, 7 of these found it a positive experience.

In our last 21-22 Young People's Survey Results, 20 young people told us they had received support from Kooth. 10 (50%) of them rated the support as 'not very good'.

Whilst overall numbers of young people accessing Kooth for support was lower this year, those using the service rated it mostly positively.

Child and Adolescent Mental Health Service (CAMHS) in person

21 out of 154 young people taking this survey (14%) told us they had received in person support from CAMHS. 8 (38%) of these young people found it 'very good', 'good' or 'ok'. The remaining 13 young people (62%) rated it as 'not very good'.

In our last 21-22 Young People's Survey Results, 32 young people told us they had received support from CAMHS. 10 young people (31%) rated it positively; 22 (69%) of them rated the support as 'not very good'.

The proportion of young people accessing CAMHS and rating in-person CAMHS services as 'not very good' has reduced slightly but is broadly similar. In this year's survey it is 62% whereas in our last 21-22 young people's survey it was 69%.

Comments about CAMHS (10) - examples:

"CAMHS won't see me but I don't really know why"

"I have been told that cahms [sic] will help me but I've been waiting months for an appointment to see someone. My mum can't afford to pay for therapy for me as she is sick and can't work. Social services and early help have both said I need to wait for cahms.[sic]"

"Asked at school and they said waiting list is 12 months. Asked GP and they said they can't refer to camhs [sic] as I wouldn't be bad enough for them to help. Nothing else available apparently"

"I really want help but I just, have to wait. And I'm getting more and more worried, and more and more behind in school work, everyone else is taking exams and I can't because I can't go to

school, I have lost all my friends, and I can't go out or talk to anyone because I'm so embarrassed and anxious all the time. It is making me not want to live anymore.”

“I am unable to attend college due to poor health and am currently 19 so this is unavailable to me now!”

“I used Kooth. I'm not in school due to trauma and still waiting on the list for CAMHS but my mum has been paying for counselling privately because she knew I needed help but I feel worse because she can't afford it really so that adds to my mental health”

“I feel as I am a young adult I do not fit with adults or children services and feel alone, services are not equipped to support this transition and discharge you at 18 and then not referred on or have to wait again on a long waiting which is potentially years.”

Community Eating Disorder Service - in person

Only 4 young people had accessed the Community Eating Disorder Service this year. Their experience ratings were evenly divided 50% each between positive and negative.

In our last 21-22 Young People's Survey Results, 18 young people told us they had received support from the Community Eating Disorder Service. 10 (56%) of them rated the support as 'not very good'.

General Comments Received on Support Available to Young People for Emotional Wellbeing and Mental Health (12) - examples:

“PSHCE [PSHE] at school is helpful if we are struggling”

“I really want help but I just, have to wait. And I'm getting more and more worried, and more and more behind in school work, everyone else is taking exams and I can't because I can't go to school, I have lost all my friends, and I can't go out or talk to anyone because I'm so embarrassed and anxious all the time. It is making me not want to live anymore.”

“I am unable to attend college due to poor health and am currently 19 so this is unavailable to me now!”

“I find it really hard to talk about how I'm feeling to anyone”

“I had to wait 3 year[s] for umbrella pathway assessment for my autism diagnosis”

“The NHS service is terrible they keep giving me new painkillers instead of telling me what is wrong with my head and why i feel crap and they never rang me to sort my note for disability or to sort my CBT therapy though they said they would.”

“I was under the Neighbourhood Mental Health Team and now I am under the Complex Needs Service, who have been good so far”

Gender Identity

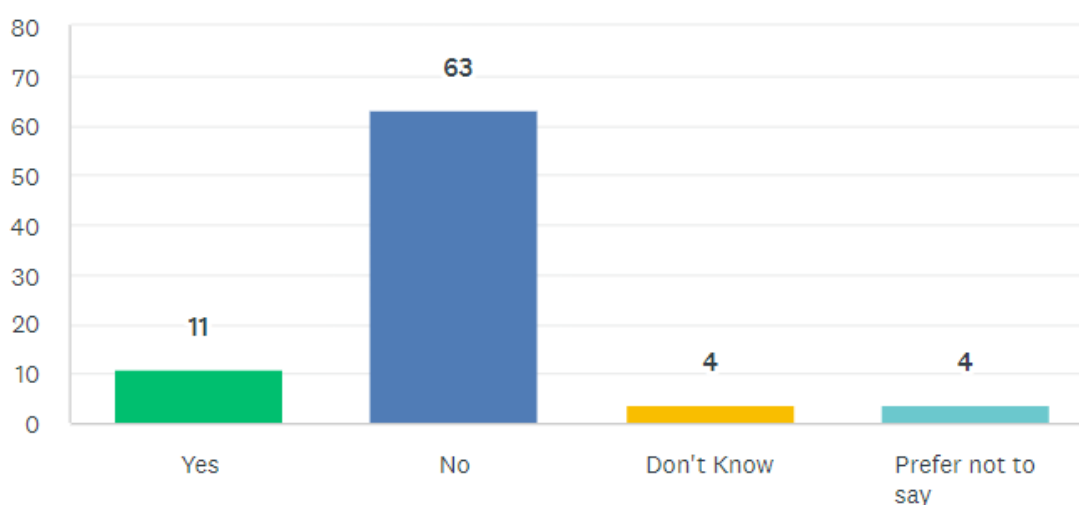
The survey included the following definition:

Gender identity is a person's sense of being female, male, both, neither, or anywhere along the gender spectrum.

If a person identifies as Gender diverse their gender identity is not the same as their biological sex, e.g. someone is born with male physical features but identifies as female.

Gender diverse is an umbrella term which includes gender questioning, transgender and non-binary people.

Q20. Do you identify, or think you might identify, as gender diverse?



82 out of 154 young people taking the survey answered this question.

Out of those young people answering this question,

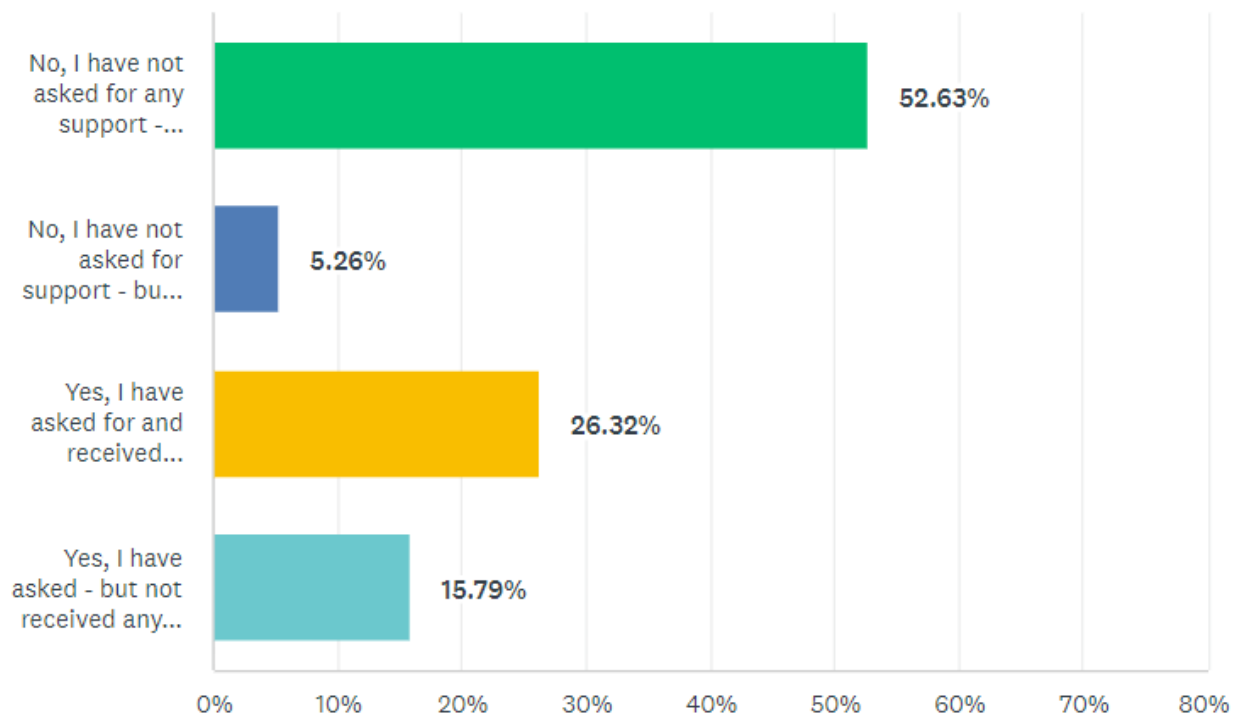
- 11 out of 82 (13%) identified or thought they might identify as gender diverse.
- 63 out of 82 (77%) said they did not identify as gender diverse.
- 4 out of 82 (5%) didn't know, and another 4 (5%) preferred not to say.

NB: It should be noted that only 82 out of 154 respondents answered these gender diversity questions. If we take into account all the young people taking part in the survey:

- 7% (11 out of 154) said that they identified or thought they might identify as gender diverse.

In this survey, all 11 (100%) of the young people who identified or thought they might identify as gender diverse also identified as neurodiverse.

Q21. Asking for support around Your Gender Identity



4 young people (21%) felt they needed support around their gender identity but have not received any.

Comments about not having received any support: (2)

“Asked GP and he is looking into more information for us but not yet given us any”

“There’s nowhere to help. I asked the doctor”

Q22. If you have received support around your gender identity from any of the following options - how would you rate it?

We asked those young people who had received support around their gender identity to rate the support they had received.

The top 3 sources of support around gender identity were:

1. **Friends** - 13 out of 17 (76%) young people had got support from friends, all describing this in positive terms.
2. **Parents or family members** - 11 (65%) young people had asked for support from their families. Unfortunately, this was not always a positive experience as 5 young people (45%) rated the support received from parents or family members as ‘not very good’.
3. **School / college staff** - 7 (41%) young people had positive experiences of support from school or college staff.

For this question, 6 young people said they had received support from their GP, mostly with positive experiences. However, comments elsewhere also indicate that some young people have asked their GP for help but not received any.

Only 4 young people told us that they had received support around their gender identity from CAMHS - 1 rated it as 'ok', 3 as 'not very good'. There are many mentions in the comments about waiting for an appointment with CAMHS, although these could relate to a wider range of emotional or mental health issues.

We asked the young people to tell us more about their **experience of any of the services they had used and the support they received** - we received 4 comments:

"Supportive family and friends"

"This is years ago now but Tavistock wouldn't allow me to go on hormone blockers because I was too depressed but not being on hormone blockers made me depressed. I eventually got testosterone privately and have been happy since so proves them wrong..."

"Kooth: Got told that no support could be offered as everyone's journey is different and individual. Youth club: everyone adjusted to new pronouns/ name very quickly and even changed my name on the system. Friends: adapted really quickly and are very supportive"

"None yet. We can't find any to help. I didn't know some of these groups above. No one told me"

We then asked if they **had any suggestions for how things could be improved** - 5 comments:

"Better advertising of services in youth spaces"

"Make services accessible for autistic, non verbal and SEN children like me"

"The waiting list for GIDS is too long and is unrealistic making lots of trans folk loose hope in ever transitioning"

"More gender clinics closer to Worcestershire as they are all London/ Manchester/ Nottinghamshire way and can't travel far due to anxiety • Medical care and information/ support groups"

"More information at doctors. Hospitals or youth clubs. I don't know about Mermaids & Transcake[s] so I'm googling them now. I feel lost and don't know who to talk to"

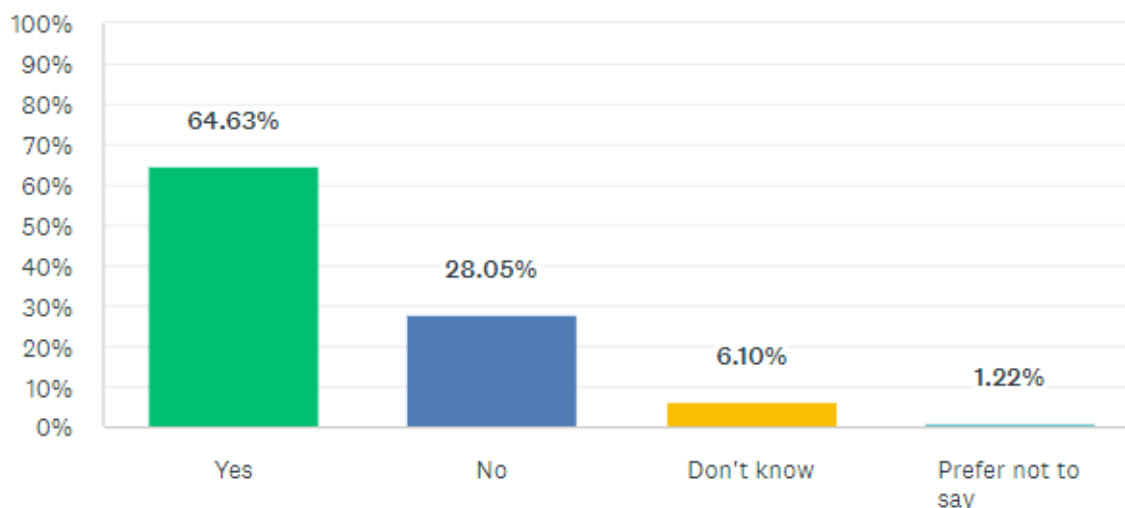
Neurodiversity

The survey included the following definition:

Neurodiversity can include Autism, Attention Deficit Hyperactivity Disorder (ADHD), and a range of other neurodiverse conditions.

Q25. Do you identify, or think you might identify, as neurodiverse?

(You do not need to have an official diagnosis to answer ‘yes’ to this question.)



82 out of 154 young people taking part in this survey answered this question.

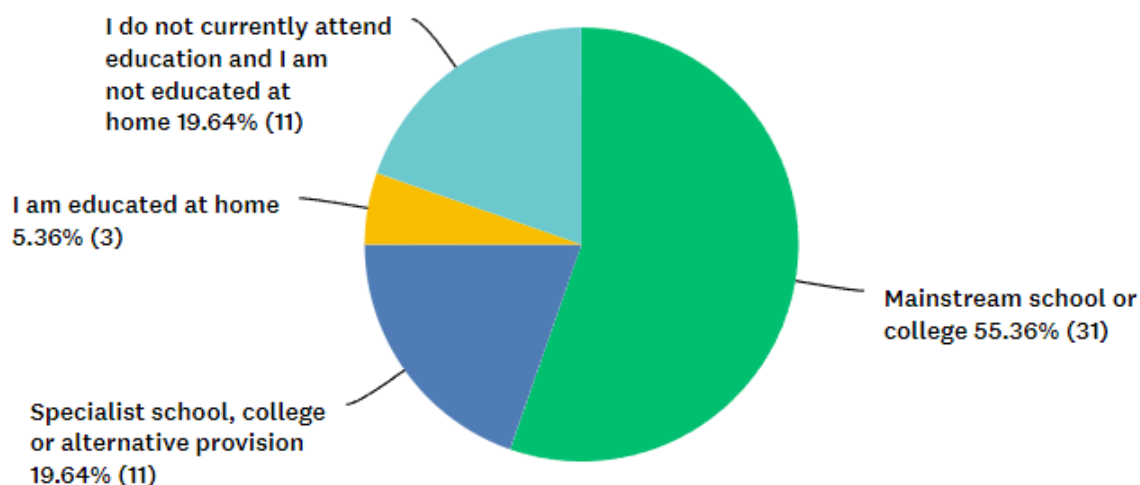
When asked if they identified, or thought they might identify as neurodiverse, from those 82 answering this question:

- 53 out of 82 (65%) said ‘yes’
- 23 out of 82 (28%) said ‘no’
- 5 out of 82 (6%) said they ‘don’t know’ and
- 1 out of 82 (1%) preferred not to say

Out of all the young people taking part in our survey, 34% (53 out of a total 154) said that they identified or thought they might identify as neurodiverse.

34% is much higher than the current government estimate of 1 in 100 people being autistic, however we were using the wider umbrella term of ‘neurodiverse’, including ADHD, Dyslexia, and a range of other neurodiverse conditions. The rise in numbers of people asking for assessments for neurodiverse conditions has been widely reported. The reasons for this rise are complex and remain under debate, it is likely to be attributable to a combination of factors. That is outside the scope of this piece of work, however it is important to acknowledge the extent of the numbers of young people identifying as neurodiverse in Worcestershire as this will have an impact on local Health and Care services.

Q26. Which of these education settings do you currently attend?

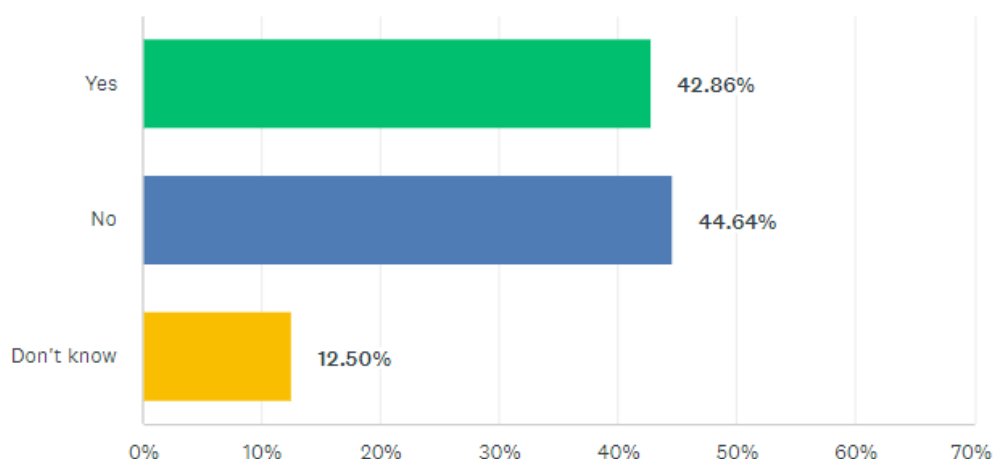


We asked those young people who had said they either did identify, or thought they might identify as neurodiverse, which education setting they attended:

- 31 (55%) said they attended mainstream school or college
- 11 (20%) said they attended specialist school, college or alternative provision
- 3 (5%) said they were educated at home
- 11 (20%) said they do not currently attend education and were not educated at home

NB: we surveyed young people aged 13-25. Of the young people who said they do not currently attend education and were not educated at home, 6 were aged over 18 so would have finished school or college.

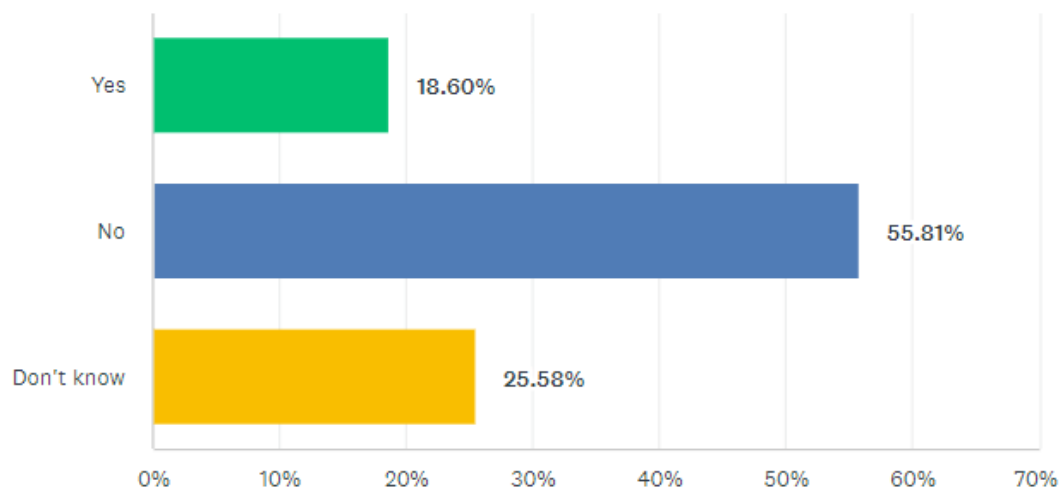
Q27. Do you currently have an Education and Health Care Plan (EHCP) in place?



We asked those young people who had said they either did identify, or thought they might identify as neurodiverse, whether they had an Education Health Care Plan (EHCP) in place:

- 24 (43%) said yes, they did have an EHCP in place
- 25 (45%) said no, they did not have an EHCP in place
- 7 (12%) said they did not know

Q28. If you have an Education Health Care Plan (EHCP) has it provided the support you need?



43 young people answered this question about whether their Education Health Care Plan provided the support they need:

- 8 (19%) said yes, their ECHP provided the support they needed
- 24 (56%) said no, their ECHP did not provide the support they needed
- 11 (26%) didn't know

Q29. Please tell us more about this

We received 23 comments from young people who identified as neurodiverse about their experiences in education and their Education Health and Support Plans.

They have been grouped into the following themes:

ECHP Assessment (2 comments)

“I suspect I might have ADHD (friends have also commented on it),but haven't been officially diagnosed or talked to SENDCO coordinator at school.”

“I am being assessed at the moment. I don't feel like everyone listens to me. They ask what I want but I don't know what is available. They ask what I think but then put something different in reports about me.”

ECHP is Helping (3 comments)

“I was in a mainstream autism base in school which suited my needs. I’m at sixth form college now in a normal class but I do have access to support if I need it. I am managing ok”

“I go to an A.P and that’s good but I’m still waiting for counselling in CAMS [sic] and they’re trying to get help with trans stuff but it’s hard asking.”

ECHP is not Helping (6 comments)

“Either been out of date or current one has multiple recommendations in it but no one to assess and implement them. WCF, LA all saying they can’t help me.”

“They don’t help and are quite bad” “The school cannot meet my needs and do not understand me”

“Everywhere says they can’t meet my needs.” “EHCP is not working for me”

“My school hasn’t helped me much with my conditions. They have tried a few things but they make loads of promises to my mum and me when we have meetings then they never happen. I like my school, mates, and some of the teachers are good. But they need more people qualified to help anyone who is neurodiverse because they just don’t get it. They think we are just bad kids, bad behaved, rude. But really if they new [sic] how our brains worked they might understand so much more. I sometimes shout out the answers or think out loud and I get sent out or a detention. How does that help? I can’t make my brain work differently. I get behaviour points for not sitting still, I can’t sit still for long. Our brains work differently because we are programmed to go into fight or flight mode, if I understand how my brain works it would be helpful for the adults I trust to be taught how it works.”

ECHP Refused (3 comments)

“Social and emotional support not been given. County wouldn’t send paperwork off for special colleges...it has made me more stressed”

“My Mom tried to get me one but Worcestershire would let me have one”

“We applied for an EHCP but it was declined. I would [have] benefited[sic] from having one to help me up to the age of 25 but now I can not access that help.”

Parents needing to complain / fight in order to receive support (4 comments)

“School don’t help me unless my Dad or Mum complain”

“Probably some support. Not sure if all of it. It’s too long and I can’t read it all. I know my mum has had to fight and fight for it”

“My mum has to keep complaining to school as they don’t do the things they should. Because they don’t, I end up getting into trouble and often get excluded for a few days. It upsets my mum and makes me feel like I’m a bad person. I can’t help it”

“...I’m scared about how long I will be funded for college as I missed most school years and I would like to attend education for another couple of years and we are really having to fight for this and it worries me a lot and affects my mental health”

Transition to adult services (1 comment)

“When I became too old for CAMHS they literally dumped me. I was refused access to adult mental health services, by all the mainstream MH services as being too complicated. I was 9 months without any MH support, despite being prescribed SSRIs and antipsychotic medication. Eventually after a lengthy formal complaint sorted by my Mum, I was all allocated Dr XXXX whom I’m in contact with every 4 to 6 weeks.”

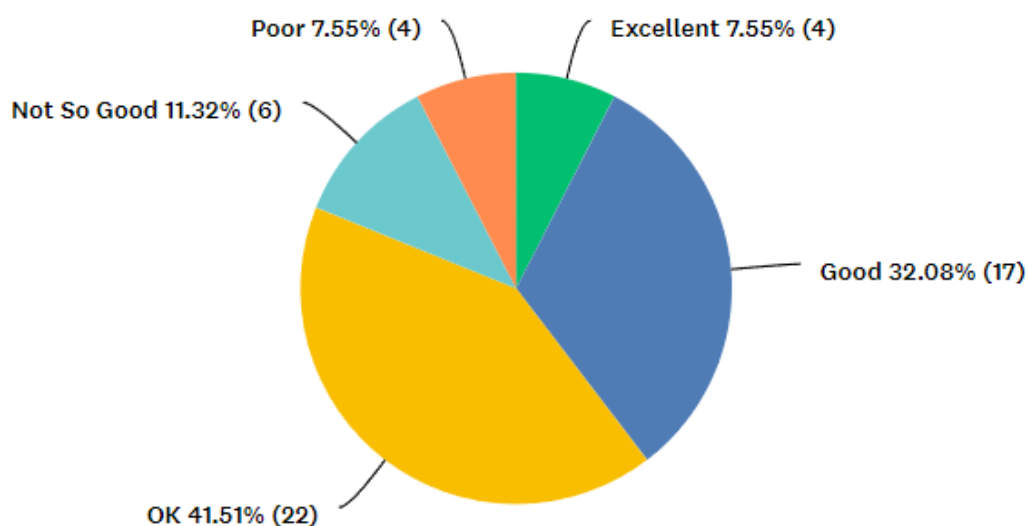
Other (4 comments):

“I feel like my special school is just using me for the money they get from the council which is over £100k I only get two maths lessons and two English lessons a week with some filler rubbish. I’m 18 and still haven’t done my GCSEs.”

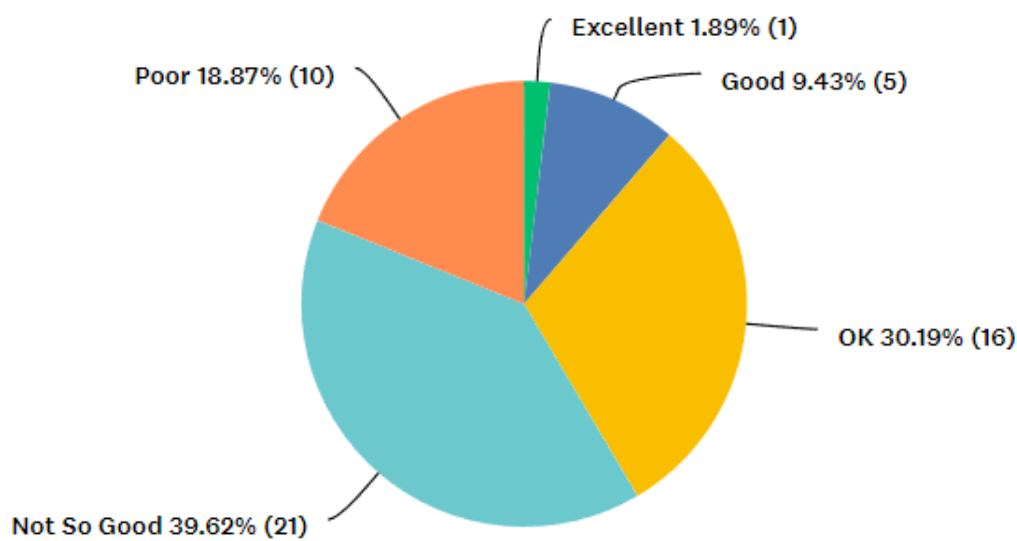
Other Experiences of Young People who identified as Neurodiverse - compared to their neurotypical peers.

(Comparisons have been made between those young people identifying as neurodiverse and the results of the group as a whole, and also answers from those who said they did not identify as neurodiverse.)

How would you describe your PHYSICAL health? Answers from Neurodiverse Young People



How would you describe your EMOTIONAL WELLBEING / mental health? Answers from Neurodiverse Young People



We examined responses from young people who identified or thought they might identify as neurodiverse and compared them to the figures for all respondents and neurotypical young people.

For physical health there was a difference between the young people:

	PHYSICAL HEALTH All respondents	PHYSICAL HEALTH Neurotypical	PHYSICAL HEALTH Neurodiverse
Excellent or good	47%	61%	40%
OK	36%	26%	42%
Not so Good or poor	17%	13%	19%

21% fewer young people with neurodiversity rated their physical health as ‘excellent’ or ‘good’ compared to their neurotypical peers.

For emotional wellbeing and mental health, the difference between the groups was even more pronounced:

	EMOTIONAL HEALTH All respondents	EMOTIONAL HEALTH Neurotypical	EMOTIONAL HEALTH Neurodiverse
Excellent or good	27%	43%	11%
OK	30%	35%	30%
Not so Good or poor	43%	24%	59%

Only 11% of the young people with neurodiversity rated their emotional wellbeing or mental health as ‘excellent’ or ‘good’ compared to 43% of their neurotypical peers.

59% of young people with neurodiversity rated their emotional wellbeing or mental health as ‘not so good’ or ‘poor’ compared to 24% their neurotypical peers.

Do you think you have enough information about looking after your physical health, compared with looking after your emotional wellbeing / mental health?

	PHYSICAL HEALTH All respondents	PHYSICAL HEALTH Neurodiverse	EMOTIONAL HEALTH All respondents	EMOTIONAL HEALTH Neurodiverse
Yes, definitely	24%	15%	19%	9%
Yes, kind of	55%	57%	39%	30%
No	15%	19%	33%	55%
Not Sure	6%	9%	9%	6%

For having enough information about their physical health, there is a slight difference in confidence between those who identify as neurodiverse and all respondents.

15% of neurodiverse young people thought they definitely had enough information about looking after their physical health, compared to 24% of all young people.

For having enough information to look after their emotional wellbeing and mental health, the difference between the groups was more pronounced:

55% of young people who identified as neurodiverse answered ‘no’ when asked if they thought they had enough information about looking after their emotional wellbeing or mental health. 33% of all young people answered ‘no’ to this question.

Has there been information you have wanted but not been able to find?

Comments from Neurodiverse Young People:

“Asperger’s in women, managing neurodiversity and masking”

“I am also autistic and ADHD. Despite being 20 I am totally reliant on my mum to help me get the help I need. It is too complicated to navigate on my own. The systems are too unhelpful and sometimes the only way my mum gets me help is by raising a formal complaint. None of my local health professionals have any clue about FND, so I rely on Facebook FND groups for help or people on TikTok who have the same diagnosis.”

“sleep and how to create good habits [sic]”

“I never know which information is reliable and find it hard to find what I want online”

“Any advice and support around my diagnosis would of [sic] been nice”

“General mental health support that’s good”

“Everything is online. What if I want to talk to someone? I don’t trust many people and some things are difficult to talk about.”

“Gender identity and gender dysmorphia [sic] in neuro diverse people”

“I have ADHD and I thinkni [sic] have more issues and nobody will help just my Mum who keeps trying to get me extra help”

“Struggle to access and read information online, need videos with scenarios or simple information CAMHS turned down my referral I didn’t meet need for social worker or young adults service Autism support declined support I just fall through all the services 19 nearly 20 with no support other than family”

Over the last year have you stopped doing relaxing activities? Why?

	NEURODIVERSE Young people	NEUROTYPICAL young people
Proportion who answered ‘yes’ I have stopped doing a relaxing activity	67%	47%

Overall, a larger proportion (67%) of neurodiverse young people said they had stopped doing a relaxing activity in the last year.

The reasons why they had stopped doing a relaxing activity were explored through the comments. As for the whole group of respondents, the two main reasons the neurodiverse young people identified for stopping doing their relaxing activities were evenly split between financial concerns and poor mental health.

These figures show how neurodiverse young people are affected by the same issues - rising cost of living, poor mental health - as all young people. However, the degree to which these issues are impacting appears to be greater for neurodiverse young people.

Digital Access to Healthcare and Support for Neurodiverse Young People

How easy would you find discussing your health or emotional wellbeing concerns on a telephone / video call?

Responses suggest that overall young people would not find it easy to speak about health or emotional wellbeing issues by phone or video call. Only 8% said this would be easy and 65% told us this would be difficult, or they would not be able to do it.

For neurodiverse young people, 6% said this would be easy and 69% told us this would be difficult, or they would not be able to do it.

How easy would you find having somewhere private to have a confidential telephone or video call during the day e.g., to speak to a doctor or a counsellor?

Responses show that of all respondents 19% would find it difficult to find somewhere private to speak to a doctor or to access support via the phone or video call and 33% said they would not be able to.

For neurodiverse young people, 42% told us they would not be able to do this.

How easy would you find having enough mobile phone data or credit to speak to someone via video call or download and use apps?

64% of respondents said it would be easy or ok to have enough mobile phone data or credit. The remaining 36% said it would be difficult or not possible for them to do this.

For neurodiverse young people, 61% said it would be easy or ok to have enough mobile phone data or credit. 39% told us this would be difficult, or they would not be able to do it.

Neurodiverse young people have told us that they would find it harder to access healthcare and support on digital platforms than their neurotypical peers.

Their ability to have enough mobile phone data or credit is broadly the same as their peers, but their ability to find somewhere private to have a confidential conversation, and then their willingness to discuss their health or emotional wellbeing concerns on a telephone / video call is less.

Options for Emotional Wellbeing Support for Neurodiverse Young People

A one-to-one session out of school / college is the top ranked option for support for neurodiverse young people, echoing the wider group taking part in the survey:

Ranking	Type of support	All young people	Neurodiverse young people
1	One-to-one session out of school / college	72%	75%
2	One-to-one session at school / college	55%	58%
3	Online or text message support, e.g. Kooth	42%	38%

Have you received any support for emotional wellbeing or mental health from school, health, online or other support services in the last 12 months? Answers from neurodivergent young people.

53 young people who identified as neurodiverse answered this question.

Neurodivergent Young People who have received support:

21 of the 53 (40%) told us they had received support for emotional wellbeing or mental health in the last year, this is about the same as the whole group of respondents.

Neurodivergent Young People who have requested but not received help:

26 of the 53 (49%) said they had needed support but not been able to get it - this is higher than the figure for neurotypical young people (22%).

The proportion of all young people answering our survey that have needed support but not been able to get any is 40%.

Comments about CAMHS - experiences of neurodiverse young people

“CAMHS are not helpful if you have autism”

“I have had many experiences with CAMHS and Healthy Minds. They are very quick to put you onto a CBT course (I have done four altogether) and CBT does not work for everyone. My mental health would decline more after reaching out to these services as I would end up feeling I was beyond help. They once said to me “you sound like you could have Asperger’s, does this sound right to you?” And, as an uneducated young teenager, I said no and the topic was never brought up again. I will now be trying to get an autism diagnosis that could have happened at the start of my counselling [sic] journey”

“I don’t think CAMHS always understand my autism and they get me to try and do things which are really hard for autistics. It makes me feel a failure. It took months to see anyone after I first tried to kill myself. I think things got worse because I didn’t have help. I might have been able to stay at school if someone had helped me sooner. I miss school and my life.”

“CAMHS don’t understand autism and how it affects me. They think if I get more friends, everything will be ok but it doesn’t work like that”

Neurodiversity and Gender Diversity:

In this survey, all 11 (100%) of the young people who identified or thought they might identify as gender diverse also identified as neurodiverse.

SPOTLIGHT On Young People with Learning Disabilities

95 young people (aged 13-25) with learning disabilities took part in workshops on physical health and emotional wellbeing / mental health during February - April 2024.

The 16 workshop sessions took place as part of SpeakEasy NOW facilitated meetings and regular groups around the county. Responses came from all over Worcestershire.

The workshops focussed on the following areas:

- understanding what was meant by physical health and emotional wellbeing / mental health.
- the participants own physical or emotional wellbeing / mental health.
- where they would go for information about health.
- what they do to relax and whether they have stopped any of these activities in the past year.
- who they would turn to for support if there was something worrying them.
- what kind of professional support they would prefer if they needed help with their emotional wellbeing / mental health.

Most of the young people with learning disabilities taking part were positive about their physical health.

“The problems I had are going away. Recent AHC [Annual Health Check]. I have gone back to the gym and swimming. I do exercise, housework, walk the dog.”

A combined total of 76 (92%) rated their physical health as excellent, good or ok.

28% rated their physical health as ‘excellent’.

Most of the young people with learning disabilities taking part were also positive about their emotional wellbeing / mental health, although more described it as ok rather than excellent.

“Talking makes me feel better but it’s not always easy talking - they don’t understand me. Not everyone has someone to talk to.”

“I sing at karaoke and line dancing- I’m very good at it and it helps me feels better”

A combined total of 78 (93%) rated their emotional wellbeing / mental health as excellent, good or ok.

Most young people with Learning Disabilities would go to professionals (e.g. their support worker, or a medical professional) for information about health and emotional wellbeing. Family, friends, and the internet are all import sources of information also.

When asked if there were any health and wellbeing topics they would find it helpful to have more information about, responses were divided evenly between physical heath (e.g. **healthy eating, diets, stopping smoking or vaping**); and emotional health (e.g. **managing anxiety or low mood, self-esteem**). **Sexual health and relationships** were also mentioned.

The top ranked relaxing activity was watching TV, Netflix or listening to / playing music.

Exercising or taking part in sport was one of the least popular, ranking only 8th on the table.

When we asked if anyone had stopped doing any of the activities they found relaxing over the last year and the reasons, the **cost** (e.g. of gym membership or swimming) was mentioned a number of times.

The other main reason for young people with learning disabilities to stop activities included the **availability of support and transport**.

“Go swimming less - more expensive and a shorter time”

“I gave up going to the gym because if my support worker wasn’t available I struggled to get there on public transport”

The young people with learning disabilities were overall very positive that they had someone to talk to if there was something worrying them, or they felt unhappy. Some named the individual they would talk to; others spoke about their friends and family and support workers. Only one person wasn’t sure they had someone to talk to:

“It depends on who I trust on the day”

The most popular support option for emotional wellbeing for the young people with learning disabilities are group sessions. One-to-one in person sessions were also acceptable. This is quite different to the other young people taking part in the main survey who rated one-to-one sessions as the top preference and group sessions as one of their least preferred options. It is not possible to draw a conclusion as to exactly why this is, however, it does reflect well on the SpeakEasy NOW groups - the young people attending must find them a supportive and enjoyable experience.

Young people with learning disabilities were not keen to take part in online support - either on a website or app like Kooth, or on a video call.

Recommendations from these findings have been included in the main recommendations section.

More details from the SpeakEasy Workshops can be found in Appendix 6: SPEAKEASY NOW - Full RESULTS.

Conclusions

This report highlights the current poor state of young people's emotional wellbeing and mental health in Worcestershire. It shows little positive change and some worsening of the situation since our last young people's survey in 2021-22.

Young people are facing a unique set of challenges, emerging from a global pandemic into a cost-of-living crisis, which is directly affecting their quality of life. A significant amount - nearly half - of young people have stopped doing activities that are fun and relaxing in the last year due to poor mental health and/or rising costs and their family's financial situation. This is concerning because access to activities and healthy friendship groups are protective factors in respect of young people emotional and physical health and wellbeingⁱⁱⁱ.

Females and neurodiverse young people described their emotional wellbeing / mental health as 'not so good' or 'poor'.

Young people are still struggling to find the information they need about how to look after their health, in particular their emotional wellbeing/mental health. Whilst young people are aware of local online information sources, they are choosing not to use them.

It is concerning that only about 1 in 3 young people felt they definitely had someone to talk to if something was worrying them, or they felt unhappy, and some (n10) had no one to talk to at all. The advantages of having a 'trusted adult'^{iv} are being missed by these young people.

Given this situation it is particularly important that support services for young people are easily accessible, available when needed and provide the help and support that young people want and need. Unfortunately, our Survey suggests that this is currently not always the case in Worcestershire.

Support services for young people's emotional wellbeing / mental health are poorly rated by those accessing them. Many young people are still waiting to access those services or have already been rejected for referral with no alternative options offered.

Young people are telling us very clearly that the type of support that they would find helpful are one-to-one in-person sessions. They are reluctant to use video calling or group sessions and are likely to reject these options.

Young people with learning disabilities told us they would prefer an in-person support group, rather than individual sessions.

Young people identifying as gender diverse (n11) told us of their mixed experience of support. They were relying on school/college staff and their family and friends around them who were usually doing their best whilst receiving no professional support during long waiting times for appointments. 4 out of these 11 young people felt they needed support around their gender identity but had not received any.

Neurodiverse young people (n53) are affected by the same issues - rising cost of living, poor mental health - as all young people. However, the degree to which these issues are impacting them appears to be greater - their physical and emotional wellbeing and mental health are proportionally worse than their neurotypical peers.

Their access to information about health and wellbeing was poorer too. Neurodiverse young people have told us that they would find it even harder to access healthcare and support on digital platforms than their neurotypical peers. Their willingness to discuss their health or emotional wellbeing concerns on a telephone / video call is less, as is their ability to find somewhere private to have a confidential telephone conversation.

Just under half of these neurodiverse young people did not have an Education and Health Care Plan (EHCP) in place to set out their education, health and social care needs. Of those who did have an EHCP, over half said it did not provide the support they needed.

Our results show that young people in Worcestershire are facing struggles to look after their physical and mental health and emotional wellbeing, and currently the support systems that are in place are not always providing young people with the information, help and support they need.

Based on what we have been told by those taking part in the survey we have made recommendations for those providing health and care services for young people in Worcestershire. We believe these recommendations will strengthen the service offer to young people and help to address some of the issues raised by them in this Survey.

We look forward to the system response.

Recommendations

Access to Information on Health and Emotional Wellbeing

1. Produce and distribute targeted information about looking after physical health for females and gender diverse young people.
2. Identify why young people are not using local online information resources about looking after emotional wellbeing mental health, and what would encourage them to do so. Develop an action plan to address this. Actions should include a focus on digital skills but not rely solely on online information.
3. Consider ways young people might be able to have better access to in-person information and services, including those young people in rural locations.

Access to Affordable Healthy Activities

4. Provide increased financial support to youth provision throughout the county to bolster the number of free / subsidised places available, especially in school holidays.
5. Consider how healthy activities can be made attractive and accessible to those with anxiety or low motivation. Work with youth provision to support development of appropriate supportive groups and activities for young people with anxiety / low motivation.
6. Ensure a wide range of varied opportunities are communicated to young people, using a range of digital and non-digital engagement methods (e.g. posters, leaflets, paper surveys, in-person workshops with groups) in order to reach those sections of

Worcestershire's young population who are digitally excluded and / or likely to experience health inequalities.

Access to In-Person Emotional Support

7. Ensure young people are aware that there are appropriate adults they can talk to if they are worried about something or feeling unhappy. Consider visual signifiers (badges, posters) in education settings or youth provision to highlight staff who can be approached by a young person for informal support.
8. Ensure that there is always an option for an in-person appointment for a young person when they need someone to talk to.
9. Consider how young people's preferred option of one-to-one sessions support for their mental health and emotional well-being can be achieved within the current service framework.
10. Ensure that one-to-one options are part of the service offer when commissioning or arranging young people's emotional support service provision.
11. All young people's support services mentioned in the Report should consider the feedback provided by young people and what actions they can take to improve. Each service should develop an action plan to address feedback.

Transition to Adult Services

12. Develop an action plan to address ways in which the transition to adult services can be better managed, including improved communication of the process, waiting times and what to expect.

Gender Identity

13. Gender Identity - Herefordshire and Worcestershire ICB should provide clarity on the treatment pathway and consistent information and training to all GP / PCNs.
14. Commission suitably qualified and sustainable support for gender diverse young people and their families both while waiting for appointments and when receiving treatments.
15. Communicate these support options throughout the County.
16. In line with the Accessible Information Standard, make Gender Identity support services visible and accessible to all young people and their families, including SEN, LD, neurodiverse, sensory impaired etc. Produce and distribute posters, leaflets as well as website or social media online information.

Neurodiversity

17. Neurodiversity - When providing information to young people about looking after emotional wellbeing and mental health, attention should be given to ensure it is accessible to neurodiverse young people, in line with the Accessible Information Standard.
18. When offering Healthcare or support appointments to neurodiverse young people ensure that the option to see someone in person is always included.
19. Clarify the treatment pathway for neurodiverse young people seeking support for their mental health.

20. Investigate why neurodiverse young people are frequently reporting being refused appointments with CAMHS due to their neurodiversity.
21. Clarify and communicate treatment pathways for associated conditions such as ARFID (Avoidant Restrictive Food Intake Disorder), Dyspraxia, FND (Functional Neurological Disorder).

Education Health Care Plans (EHCP)

22. Investigate the delays in accessing EHCP assessments and produce an action plan to reduce waiting times.
23. Investigate why so many young people with an EHCP in place say that it does not provide the support they need. Produce an action plan to address the issues identified.

Young People with Learning Disabilities

24. More accessible (Easy Read) health information leaflets or booklets should be sourced or produced and made available to young people with learning disabilities and their support professionals. Topics should include healthy eating, diets, stopping smoking or vaping, managing anxiety or low mood, self-esteem, sexual health and relationships.
25. Young people with learning disabilities are stopping exercising or swimming due to rising costs. Explore ways low-cost options for exercising can be provided and promoted as alternatives so that the health benefits are not lost.
26. When commissioning or providing emotional wellbeing support for young people with learning disabilities, prioritise in-person group options. Do not expect young people with learning disabilities to engage with online support - either on a website or app like Kooth, or on a video call.

References

- i) <https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people/improving-the-mental-health-of-babies-children-and-young-people-a-framework-of-modifiable-factors#how-this-information-can-be-used-in-practice>
- ii) <https://www.youngminds.org.uk/media/by3o0aru/someone-to-turn-to-report.pdf>
- iii) <https://www.theguardian.com/technology/2024/mar/17/half-uk-families-excluded-modern-digital-society-study>

Appendices

Appendices can be found with this report on our website:

<https://www.healthwatchworcestershire.co.uk/our-work/our-reports-responses-and-feedback/>

1. Main Survey questionnaire
 2. Survey Poster
 3. Full breakdown of demographics
 4. Survey Analysis - including all data charts and accompanying data tables and comments
 5. Speakeasy NOW workshop format
 6. Speakeasy NOW workshops - full report
 7. Spotlight on Young People with Learning Disabilities - Easy Read Report
 8. Glossary
 9. Report Responses - these will be published when they are received.
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