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Young People's Health and Emotional Wellbeing Report



March 2022

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Appendices

Appendices, including survey and responses to recommendations will be available on our website

References

NHS Long Term Plan - <https://www.longtermplan.nhs.uk/>

[Briefing on Children's Mental Health Services – Children's Commissioner for England – February 2022](#)

[Mental Health of Children and Young People in England – September 2021 – NHS Digital](#)

Healthwatch Worcestershire Reports –

[Covid-19 Young People's Emotional Wellbeing Report – March 2021](#)

[HWW – Our Reports](#)

Section A

Introduction

I. About Healthwatch Worcestershire

Healthwatch Worcestershire gathers feedback about publicly funded health and social care services from patients, service users, carers and the public. We use the information to make recommendations to those who run the services about how they could be improved from the perspective of those who use them.

II. Why this issue

National Context

The mental health and emotional wellbeing of children and young people has been a key national issue, since the publication of the Future in Mind Report in 2015, which highlighted the need for increased emotional wellbeing and mental health awareness, understanding and support for children and young people across the country. The NHS Long Term Plan (2019) sets out a commitment by NHS England to expand and improve mental health services for children and young people.

Covid-19

Over the last two years the Covid-19 pandemic has had an unprecedented impact on our everyday lives and in particular our emotional wellbeing. The annual Briefing on Children's Mental Health Services, published in February 2022 by the Children's Commissioner for England, highlighted that over the last two years, there has been a sharp increase in the number of children experiencing mental health problems.

Rates of probable mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%).

Mental Health of Children and Young People in England – September 2021

NHS Digital

The Covid-19 pandemic has also resulted in changes to the way in which young people have accessed learning and support, with schools and colleges delivering learning online and many appointments with doctors and support services being carried out remotely. Many of these changes and increased use of digital access will be continued within health services as part of the NHS Long Terms Plan's Digital Transformation.

Local Context

Herefordshire and Worcestershire's Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan sets out the work being carried out locally to improve the emotional wellbeing of children and young people. Annual updates on progress made on the actions within the Transformation Plan are submitted to NHS England.

Worcestershire's Health and Wellbeing Board are currently consulting on the priorities which will form their Health and Wellbeing Strategy 2022 – 2032. A key priority in the strategy will be good mental health and wellbeing, in addition to looking at wider determinants of health and reducing health inequalities within the County.

Mental Health and emotional wellbeing services for children and young people in Worcestershire:

In Worcestershire support for children and young people's mental health and emotional wellbeing is commissioned by **NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)**. The CCG has overall responsibility for the delivery of **Herefordshire and Worcestershire's Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan**. In Worcestershire, this is carried out in partnership with Worcestershire Children's First, providers of mental health and emotional wellbeing support and local schools and colleges.

Herefordshire and Worcestershire Health and Care NHS Trust are the main provider of mental health services for children and young people in Worcestershire, including –

- **Child and Adolescent Mental Health Service (CAMHS)**
- **Reach4Wellbeing** – Group support sessions for low mood and anxiety
- **School Health Nursing Service** – Drop in and one-to-one support in schools

- **Chat Health** – text message support by School Nurse, available Monday to Friday, 9am to 4pm
- **BESTIE App** – Worcestershire specific information about managing emotional wellbeing and finding support. For those receiving CAMHS support additional personalised features
- **Healthy Minds** – Online, group and individual support and self-help information for anxiety and depression for those age 16 and over

Kooth – Is a digital mental health and wellbeing company. Children and young people in Worcestershire can use it to access information and self-refer to online counselling, using typed conversation.

Schools and Colleges currently provide a variety of counselling and support services. In 2020 Herefordshire and Worcestershire received additional funding from NHS England to provide **Mental Health Support Teams in Schools**. Initially teams are working with specific schools, with support being expanded in phases over coming years.

There are a number of voluntary organisations in Worcestershire providing emotional wellbeing support for children and young people, including Mentor Link and YMCA.

Children and young people can also use national organisations to find information and access support services such as helplines and text support. Organisations offering this include Young Minds (www.youngminds.org.uk) and Papyrus (www.papyrus-uk.co.uk)

Healthwatch Worcestershire – our previous work

Since 2015 Healthwatch Worcestershire has carried out a variety of engagement and surveys gathering feedback from children, young people, parents and carers about health and emotional wellbeing. This has included experiences of mental health services, information and support for emotional wellbeing, experiences of lesbian, gay, bisexual and transgender (LGBT+) young people, experiences of young people with Autism and finding out what children and young people think would help them to live a happy and healthy life.

In March 2021 we published our Covid-19 Young People's Emotional Wellbeing Report, looking at the impact of Covid-19 on emotional wellbeing. 74% of the young people who had responded to our survey told us that Covid-19 had made their mental health and emotional wellbeing worse and many were worried about the impact of the pandemic on their learning, ability to meet up with friends and

their regular routine and activities. Not all the young people had been able to access the information and support they had needed in relation to emotional wellbeing. Findings showed a need to ensure that information about emotional wellbeing and mental health is easily accessible to young people and that they are involved in coproducing information and the platforms such as websites and apps used to do this.

The findings and recommendations from our reports have been incorporated into annual updates of the local Transformation Plan, to help enable the voice and experiences of young people to shape the development of local provision and services. Our findings about the impact of Covid-19 on the emotional wellbeing of young people in Worcestershire have helped to inform the decision to choose this as a priority in the new Health and Wellbeing Strategy.

Healthwatch Worcestershire's Digital Access to Healthcare Report (January 2022) found that some people have experienced difficulties accessing health services online and remotely. Many told us they preferred face-to-face appointments, due to communication difficulties, limited access to the internet and concerns about privacy, confidentiality and security.

III. Our work

A year on from our Covid-19 Young People's Emotional Wellbeing Report, we wanted to find out more about the longer-term impact of Covid-19 on young people in Worcestershire. We wanted to gain a more in depth understanding about how young people want to access information and support, how they feel about accessing healthcare and support digitally and what they think about physical health, in addition to emotional wellbeing, as part of the wider prevention agenda.

We carried out a survey, to enable us to continue to provide young people's feedback and recommendations for improvements to local services, and to inform the Herefordshire and Worcestershire Children and Young People's Emotional Wellbeing Transformation Plan and Worcestershire's Health and Wellbeing Strategy 2022 – 2032.

The survey was promoted to young people aged 13 to 19, between 29th November 2021 and 31st January 2022. Young people were asked for their feedback and experiences on:

- Covid-19 – having Covid, Covid vaccinations and the impact of the Covid-19 pandemic on their learning, socialising, family lives, emotional wellbeing, physical health and screen time.
- Information about health and emotional wellbeing – where young people look for information, what information they would like and what online information for young people should look like.
- Support for emotional wellbeing –if young people feel they have someone to talk to and the types of support they want to access.
- Digital access to health care and emotional wellbeing support – how easy they find it to use online services and discuss health and wellbeing issues via phone or video call.
- Experiences of support services accessed in the last 12 months.

The survey was promoted with support from:

- Local youth and voluntary groups across Worcestershire, including Kidderminster District Youth Trust, The Hub in Bromsgrove, Malvern Cube, Our Way self-advocacy, Parent’s Voice, Worcestershire Parent Carer Community, Worcester Community Trust, South Worcestershire Police Cadets, Pershore Riverside Centre, Action for Children, Families in Partnership, Young Solutions, Scouts Hereford and Worcestershire.
- Worcestershire Children First, schools and colleges, including Worcester Sixth Form College, Kidderminster College, Heart of Worcestershire College in Redditch, Chadsgrove School in Bromsgrove, the Medical Education Unit, Worcestershire Home School Network, Herefordshire and Worcestershire Special Educational Needs and Disabilities Information and Support Service (SENDIASS), Worcestershire’s Youth Cabinet and social work teams.
- Herefordshire and Worcestershire Health and Care NHS Trust Youth Board.

The survey was also promoted via Healthwatch Worcestershire’s News Bulletins, Facebook, Twitter and Worcester News articles. Paper copies with freepost envelopes were distributed to colleges and youth groups on request.

The majority (87%) of the surveys were completed online and 27 paper copies were returned.

Section B

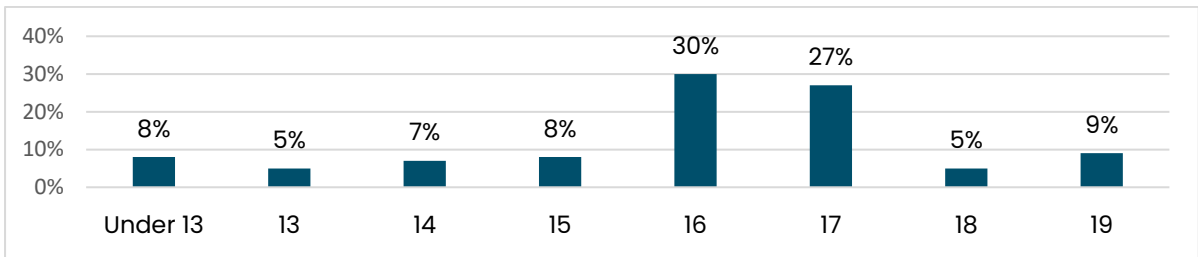
Survey Feedback

1. Who completed the survey?

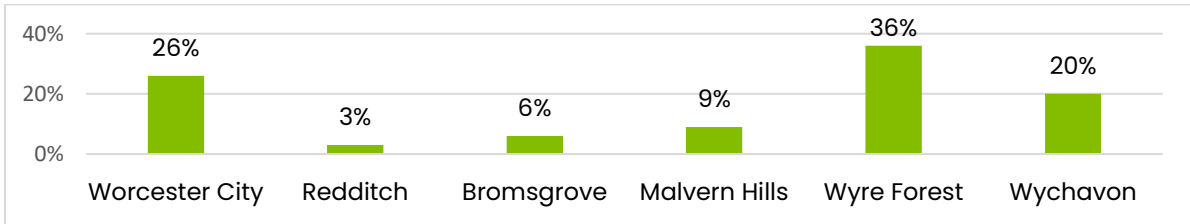
Gender identity (Total 148 respondents)

- Male – 33%
- Female – 48%
- Trans / Non-binary / in another way – 19%

Age of respondents (Total 146 respondents)



Where do respondents live? (Total 145 respondents)



Disability / long term health condition

41% of the 142 respondents who answered this question told us they had a disability or long term health condition. These included -

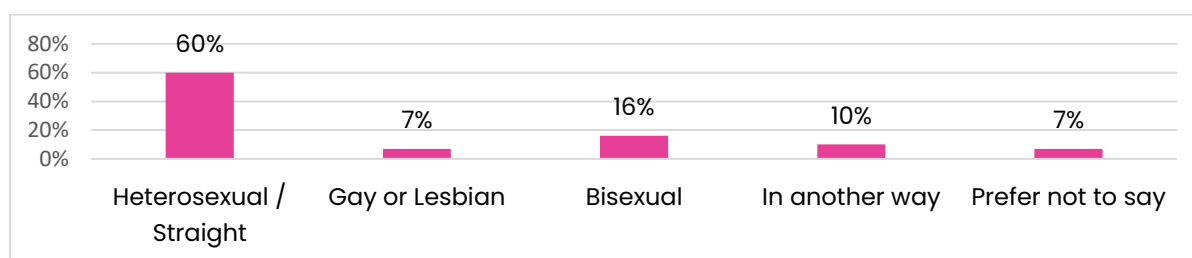
- Mental health – 32 people
- Autism – 24 people
- Learning disability – 18 people
- Physical disability – 14 people
- Long term health condition e.g. diabetes – 5 people
- Visual impairment – 3 people
- Hearing impairment – 3 people
- Attention Deficit Hyperactivity Disorder (ADHD) – 3 people
- Awaiting Autism diagnosis – 3 people
- Eating disorder – 2 people

Ethnicity of respondents

86% of the 147 young people who responded to this question were White British. Other ethnic groups in order of frequency were – White European, White other, Asian / Asian British – Indian, Asian / Asian British – Pakistani, White Irish, Mixed White and Caribbean, Mixed White and Asian, Black / Black British – African.

Sexual Orientation (Total 147 respondents)

Young people were asked which of the following best describes how they think of themselves



Young Carers

11% (16 people) of the 145 who responded to this question told us that they were a young carer. 5 of these had accessed Worcestershire Young Carers.

Note

Not all questions were answered by all respondents. In particular, a number of young people (approx. 50) chose not to answer the Equality Monitoring questions at the end of the survey. For these questions the total number of respondents is given and numbers of respondents given when other questions have been analysed by gender identity.

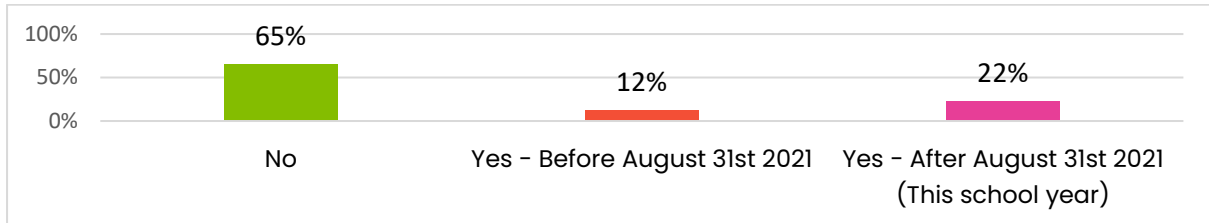
Where non-response is present percentages are reported based on the numbers answering the question. Percentages are rounded to the nearest whole number and therefore may not total 100.

Where themes / comments are reported these are set out in order of frequency, starting with the highest number.

2. Survey Feedback

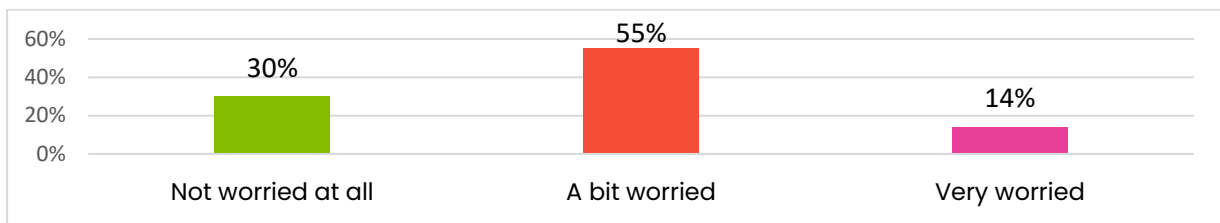
Covid-19 and Vaccination

1. Have you had Covid-19?



At the time of completing the survey 34% of the young people had previously had Covid-19. *N.B. Surveys were completed between 28th November 2021 and 31st January 2022.*

2. How worried are you about catching Covid-19?



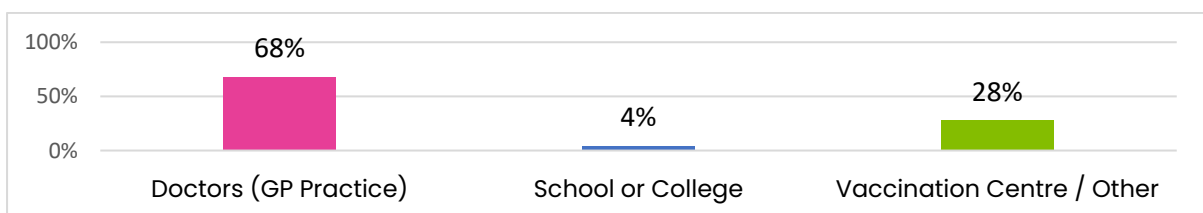
69% of respondents were a bit or very worried about catching Covid-19.

3. Have you had a Covid-19 vaccination?

75% of the young people had received a Covid-19 vaccination at the time of completing the survey. This was higher (86%) when looking only at the respondents aged 16 to 19.

26 of the 49 young people (53%) who had not had a vaccination were worried about catching Covid-19, compared to 115 of the 153 (75%) of those who have had a vaccination. Suggesting those who have not had a vaccination may be slightly less worried about catching Covid than those who have had a vaccination.

4. Where did you have your vaccination?



The highest number of young people (68%) who had received a vaccination had it carried out at their GP practice.

However, during the timescale of the survey 12- to 15-year-olds were invited to have a second vaccination and this was also available to those aged 16 and over. Therefore, young people may have attended somewhere different for their second vaccinations.

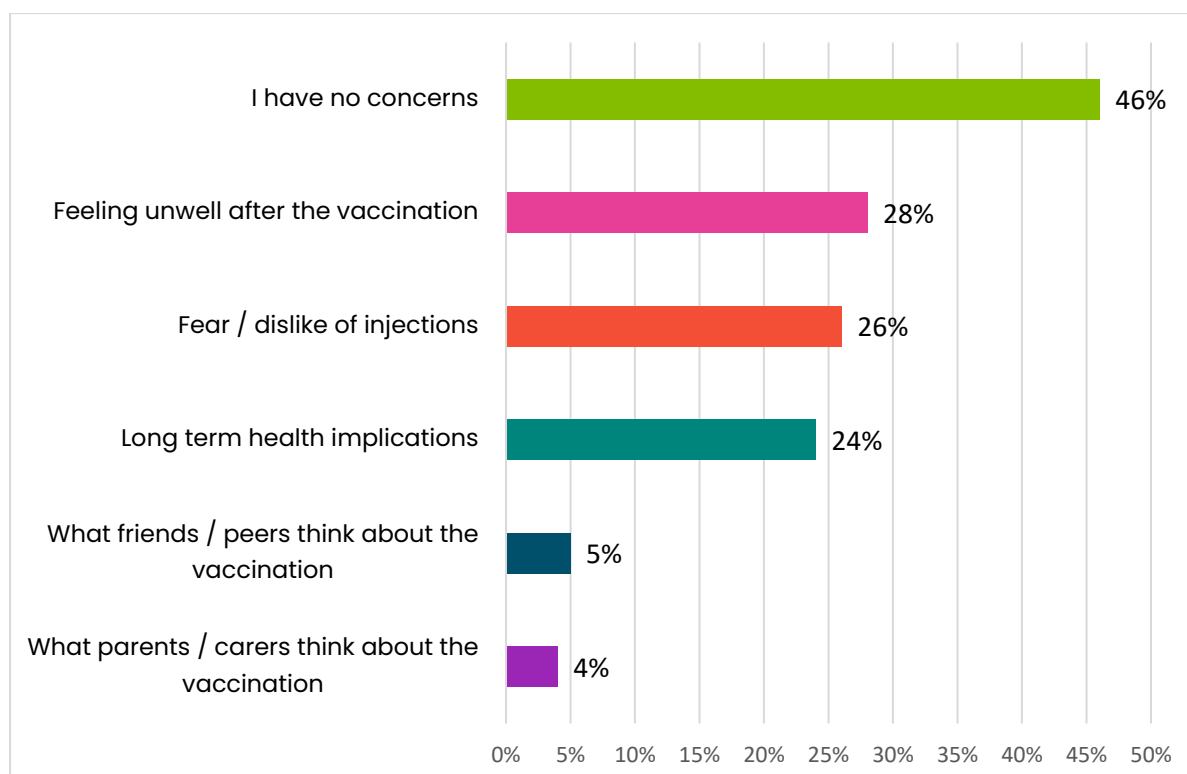
Responses from young people who received vaccination at a vaccination centre or other venue about where this had taken place – (42 responses)

- Vaccination centre – 13 people
- Walk in, drop in or pop up sessions – 11 people
- Artrix Centre, Bromsgrove – 5 people
- Heart of Worcestershire College – 4 people
- Three Counties Show Ground, Malvern – 4 people

Other places mentioned by individuals – Warndon Community Centre, Worcester University, the Racecourse in Worcester, at home and abroad.

5. What concerns do you have about having a Covid-19 vaccination?

Young people were able to select all which apply



Other concerns given –

- Fertility – 2 people
- May trigger auto immune disease – 1 person
- Still being tested and do not wish to be experimented on – 1 person

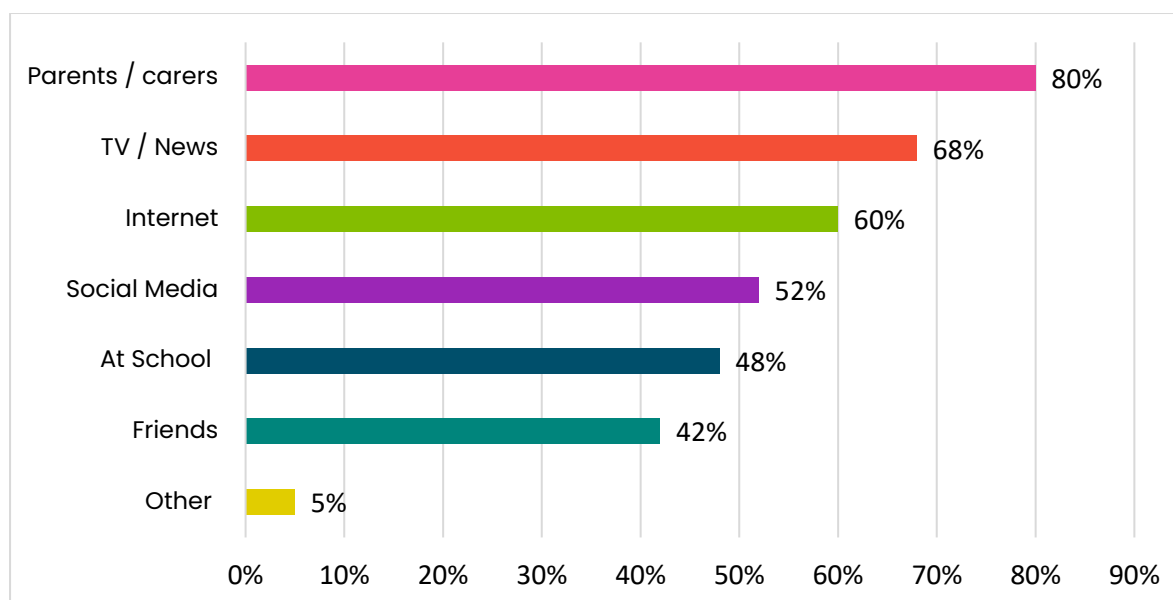
Responses show that the most common concerns were feeling unwell after the vaccination, fear or dislike of injections and the potential long term health implications.

The pattern of responses in relation to concerns about having a vaccination was the same for those who have had a vaccination and those who have not. Suggesting the concerns, and lack of concerns, are very similar regardless of whether or not they have had a vaccination.

18 of the 49 respondents who had not yet had a vaccination (38%) told us they did not have any concerns about having a vaccination.

6. Where have you heard information about the vaccine from?

Young people were able to select all which apply



Other sources of information included – government and NHS leaflets and letters, their GP, own research and one person who said they had not been given any information about the vaccination.

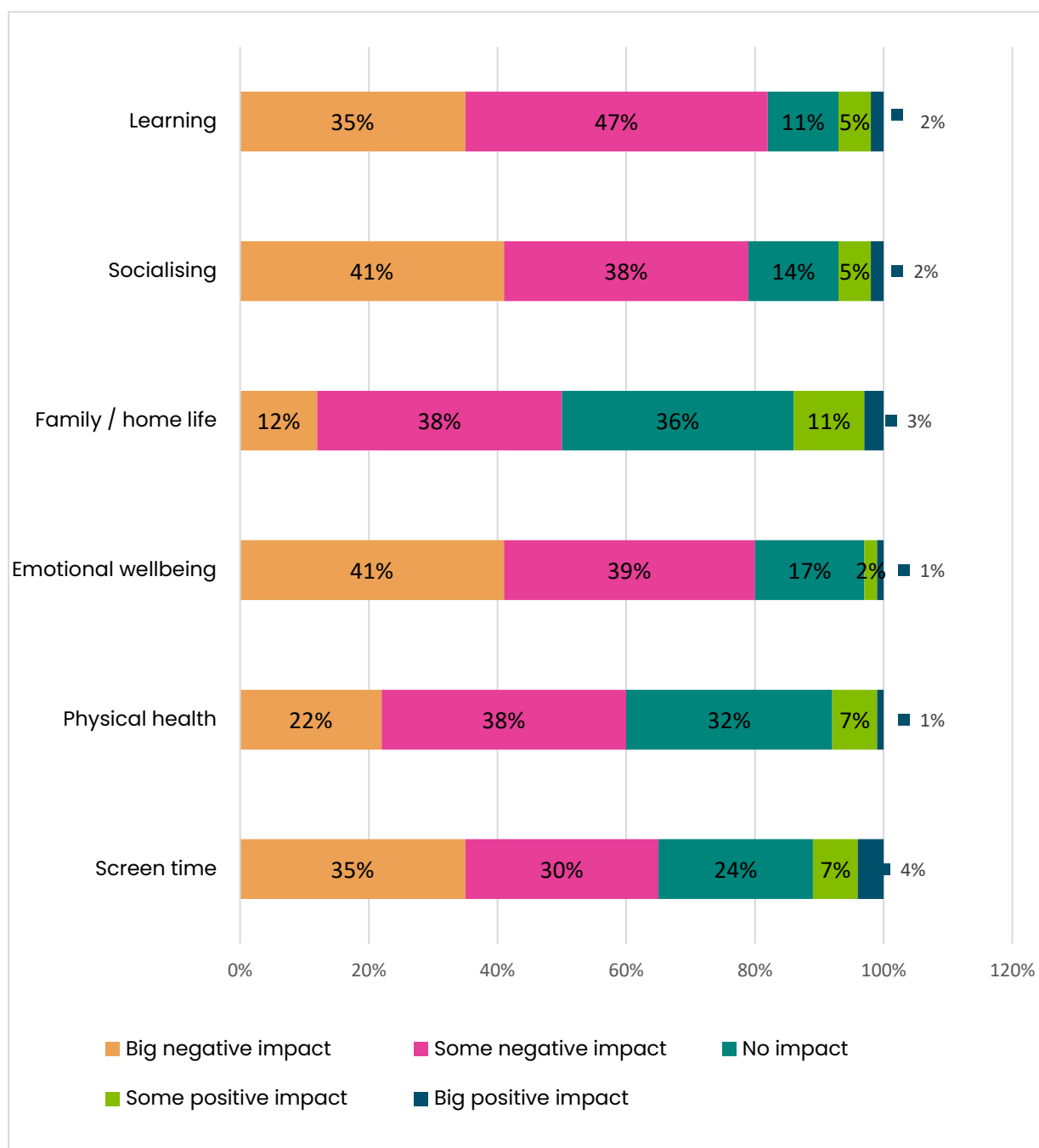
The responses show that as well as parents and carers, television and the news have been key sources of information for young people about Covid-19 vaccinations. Many had heard information from the internet and social media, which may have included official government and NHS messages, but may also have included varying opinions about the vaccination from non-official sources.

Less than half (48%) said they had received information at school and nearly the same amount (42%) had heard information from their friends.

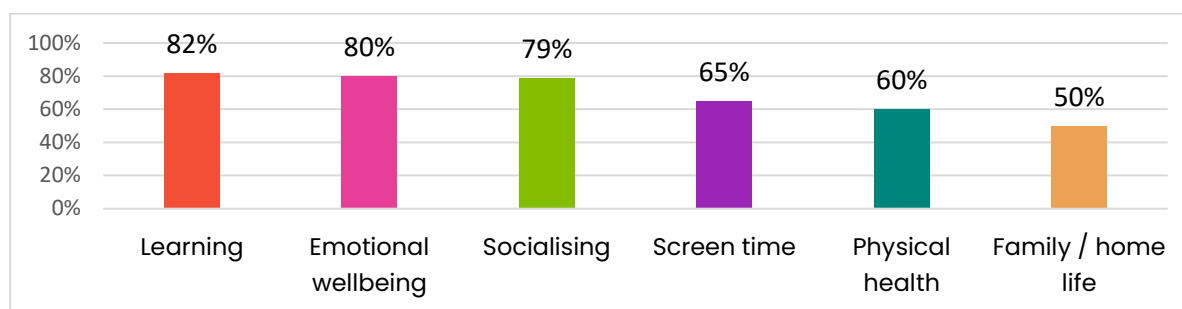
Interestingly, when comparing the responses for those who have had a vaccination and those who had not – the proportion of young people who said they had received information from each of the different sources was higher for those who have not had a vaccination than those who had. This may suggest the importance of the nature of the information and the influence of family and friends on wanting to have a vaccination.

Impact of Covid-19 pandemic

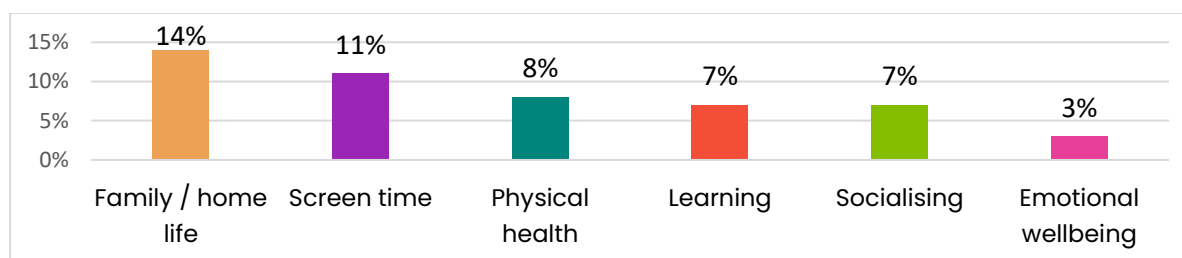
7. How has the Covid-19 pandemic impacted on you?



Percentage of young people reporting a big or some negative impact of Covid-19 pandemic



Percentage of young people reporting a big or some positive impact of Covid-19 pandemic



Responses show that overall, more young people felt that the Covid-19 pandemic has had a negative impact on different aspects of their lives rather than positive.

7.1 Learning

82% of the young people felt that Covid has had a **negative impact on their learning**, school or college work and exam results. While only 7% felt there had been a positive impact. Findings are similar to last year's survey, in which 83% of respondents were worried about the impact that Covid was having on their learning.

7.2 Socialising

79% of the young people felt that Covid has had a **negative impact on their socialising**, such as being able to meet up with people, develop friendships and relationships. While 7% thought there had been a positive impact.

7.3 Family / home life

50% of the young people felt that Covid has had a **negative impact on their family and home lives**, such as relationships with their families and those they live with. This was also the area the highest number of young people (14%) reported a positive impact. However, it is still concerning that half of the young

people felt there had been a negative impact at home, at a time when we were all facing so many challenges and changes. This was especially true during lockdown and periods of remote learning, when family and those we lived with were the only direct or face-to-face contact for many young people.

7.4 Emotional wellbeing

80% of the young people felt that Covid has had a **negative impact on their emotional wellbeing**, including how they have been feeling, their happiness and levels of anxiety. This is higher than in our last Report (March 2021) when 74% of young people felt there had been a negative impact on their emotional wellbeing. 41% told us that it has had a big negative impact and only 3% felt there had been a positive impact on their emotional wellbeing.

7.5 Physical health

60% of the young people felt that Covid-19 has had a negative impact of their physical health, such as the amount of time they have spent doing sport, exercising and being active and their diet. Only 8% felt there had been a positive impact on their physical health during the pandemic.

7.6 Screen time

65% of young people felt that Covid has had a **negative impact on the amount of time they spent on screens**, such as their phones, tablets and computers. While 11% felt there had been a positive impact. One young person commented that screen time had increased, but this was not necessarily negative. This suggests that not all young people will think that spending more time on their screens is a bad thing and some will think it has been a good thing.

Comments about the impact of the Covid-19 pandemic (15 comments)

1. Negative impact of Covid in general and on emotional wellbeing (5 people)

'I believe that it has impacted us all significantly and I believe that the government national or regional has forgotten about young people'

'I feel like the whole lockdown period was a blur to me... it was confusing... it has definitely affected how I view the passage of time.'

The pandemic has not been beneficial for my mental health'

2. Impact of Covid-19 on anxiety levels for young person with autism / social anxiety (2 people)

'Find socialising difficult and this has made me even more anxious and not attending school because of the impact Covid has had.'

3. Increase in screen time (2 people)

'My screentime has been impacted but I wouldn't say it's been positive or negative as time added has been positive'

4. Impact of Covid-19 on eating disorder (2 people)

'I relapsed with my anorexia'

5. Positive impact of pandemic (1 person)

'It has helped me focus more on my school work and making friends'

6. Unable to see Doctor (1 person)

'Lost weight cannot get to see a doctor'

7. No impact of pandemic (1 person)

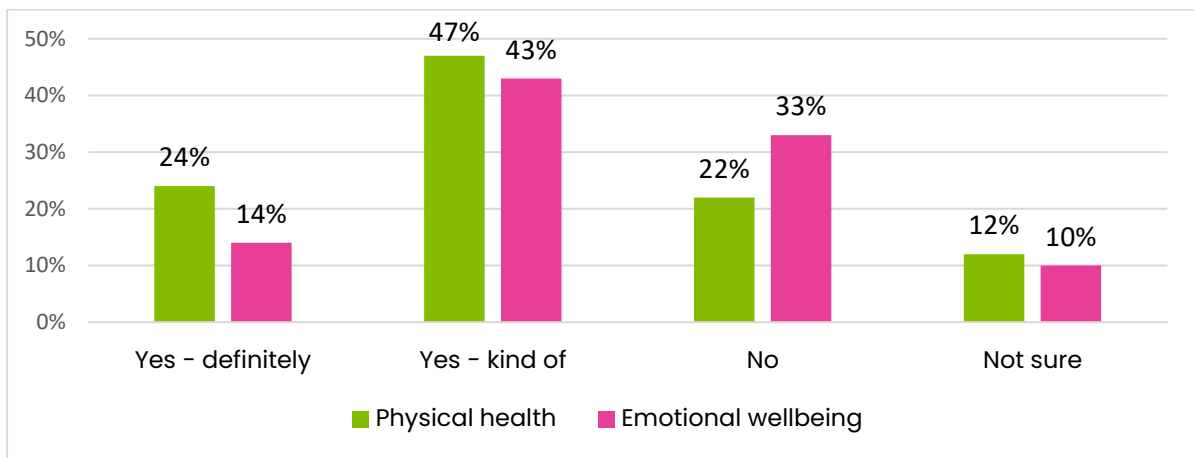
'Covid hasn't affected my life as I have anxiety and school problems'

8. Missed friends (1 person)

The additional comments demonstrate some of the ways that the pandemic has impacted on young people, in particular their emotional wellbeing. The comments also highlight specific issues in relation to anxiety for young people with Autism and the impact the pandemic has had on those with an eating disorder and issues related to weight.

Information about health and emotional wellbeing

8. Do you think you have enough information about looking after your physical health and emotional wellbeing?

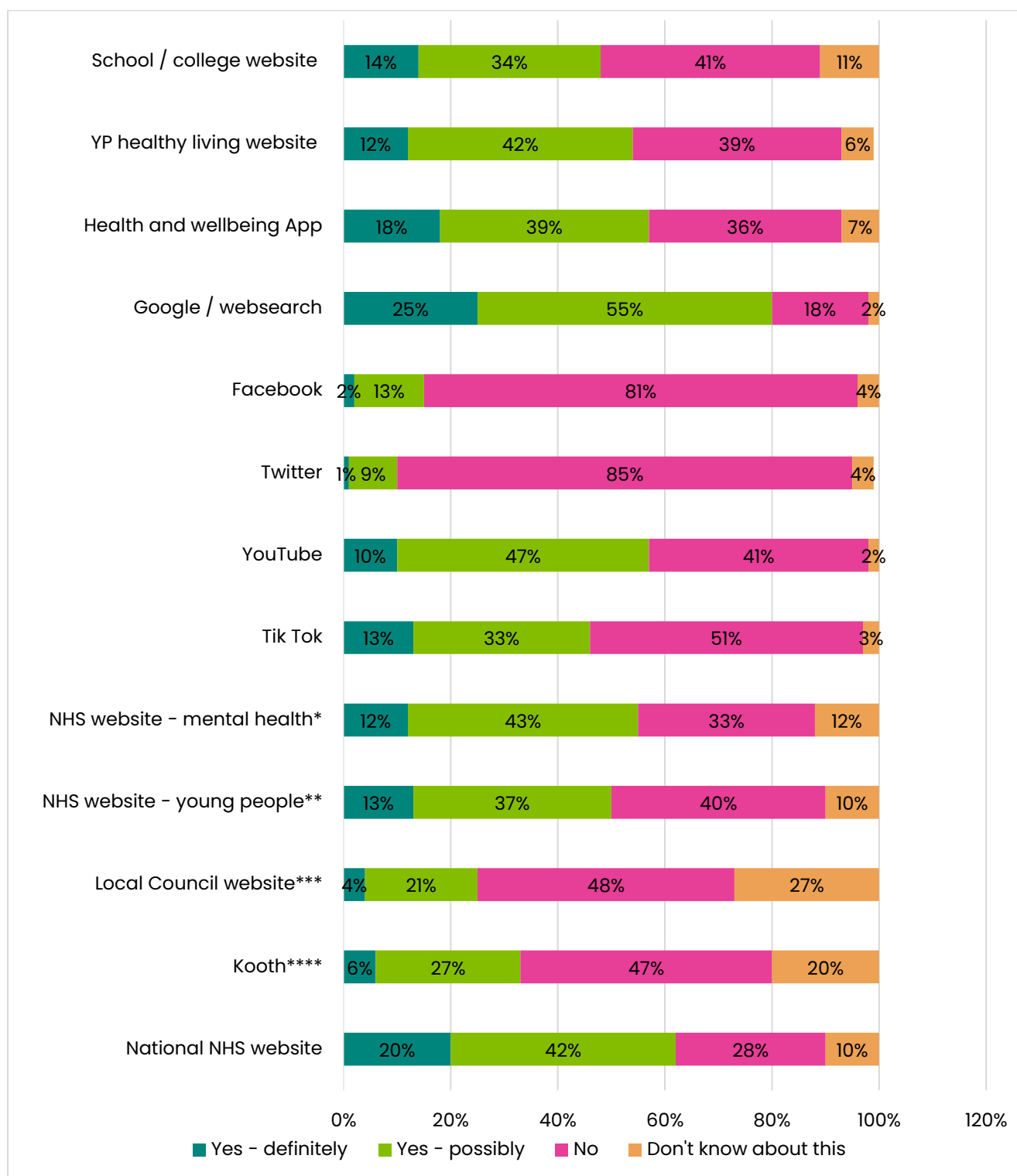


Only 24% of the young people feel they definitely have enough information in relation to physical health. 34% either don't think they have enough information or were not sure.

Those who thought they had enough information about emotional wellbeing was lower. Only 14% felt they definitely had the information they needed and 43% responded no or were unsure.

Overall, the responses suggest that more young people feel they have the information they need about physical health than emotional wellbeing and a number of young people do not feel they have the information they need.

9. Where would / do young people look for information about physical health and emotional wellbeing



* E.g. Now We Are Talking – www.healthyminds.whct.nhs.uk/nowwearetalking

** E.g. Local CAMHS website – www.camhs.hacw.nhs.uk

***E.g. Worcestershire County Council – The Rona Hub – www.worcestershire.gov.uk/TheRonaHub

*** Online mental wellbeing community – www.kooth.com

Ranked – Sources of information young people would definitely or possibly use

1. Google / websearch – 80%
2. National NHS website – 62%
3. A health and wellbeing app accredited by the NHS – 57%
3. YouTube – 57%
5. Local NHS website for mental health e.g. Now we are Talking – 55%
6. Websites for young people about healthy living, diet and exercise – 54%
7. Local NHS CAMHS website – 50%
8. Tik Tok – 46%
9. School or college website or shared area – 44%
10. Kooth – online mental wellbeing community – 33%
11. Local Council website for young people e.g. The Rona Hub – 25%
12. Facebook – 15%
13. Twitter – 10%

Responses suggest that young people would be most likely to use a websearch such as Google if they were looking for information about health and emotional wellbeing, as 80% of respondents said they would definitely or possibly use this. Many of the young people said they would use the national NHS website (62%) or a health and wellbeing app accredited by the NHS (57%).

YouTube and Tik Tok were the most popular social media platforms. 57% of the young people said they would definitely or possibly look for information on YouTube and 46% on Tik Tok. While only 15% said this about Facebook and 10% about Twitter.

The responses show the high numbers of young people who would not use the different sources of information or were not aware of them. In particular key sources of information that are available and promoted to young people in Worcestershire.

20% of the young people said they were not aware of Kooth, while 48%, nearly half, told us they would not use Kooth to find information about health and emotional wellbeing.

The two main sites providing information about local emotional wellbeing and mental health services and support are on the Herefordshire and Worcestershire Health and Care NHS Trust pages –

- Now We Are Talking - www.healthyminds.whct.nhs.uk/nowwearetalking
- Child and Adolescent Mental Health Services - www.camhs.hacw.nhs.uk

12% of the young people had not heard about a local NHS mental health website e.g. Now We Are Talking and 33% said they would not look there for information.

10% of the young people had not heard about a local NHS mental health website for young people e.g. local CAMHS website and 40% said they would not look there for information.

Young people also told us they were unlikely to use local Council website, such as Worcestershire County Council’s Rona Hub. 27% said they were not aware of this and 48% said they would not look there for information.

10. Topics young people would find it helpful to have more information about

Ranked by % of respondents responding ‘yes definitely’ and ‘yes possibly’

		Yes (total)	Definitely	Possibly
1	Managing anxiety	86%	64%	22%
2	Low mood and depression	85%	65%	20%
3	Self esteem / self confidence	84%	60%	24%
4	Managing school work / studies	78%	49%	29%
5	Sleep problems	77%	55%	22%
6	Body image	72%	50%	22%
7	Diet and healthy eating	69%	28%	41%
8	Fitness and exercise	65%	20%	45%
9	Relationships	64%	30%	34%
10	Eating disorders	61%	40%	21%
11	Sexual health and relationships	56%	30%	26%
12	Bullying	53%	26%	27%
13	Sexuality	44%	29%	15%
14	Gender identity	42%	25%	17%

Top 5 Information Topics by gender identity

Female (n = 71)		Male (n = 49)		Trans / non binary / other (n= 28)	
1	Managing anxiety	1	Fitness and exercise	1	Managing anxiety
2	Self esteem / self confidence	2	Diet and healthy eating	2	Low mood and depression
3	Low mood and depression	3	Managing anxiety	3	Self esteem
4	Sleep problems	4	Low mood and depression	4	Gender identity
5	Body image	5	Self esteem	5	Sleep problems

11. Information young people have wanted but not been able to find

Topic / issues mentioned -

- Support and diagnosis for young people with autism (3 people)

'Managing autism as a young person'

- Information about criteria for diagnosis of mental health conditions
- Managing self harm
- Personal guides on gender transitioning
- How to get counselling
- Emotions and mental health in general
- Motivation

Responses show that young people would like information about a variety of topics. Most of the young people would find it helpful to have information about managing anxiety (86%), low mood and depression (85%), self esteem / self confidence (84%), managing school work / studies (78%), sleep problems (77%) and body image (72%).

Young people also said they would like information about diet and healthy eating (69%), fitness and exercise (65%), relationships (64%), eating disorders (61%), sexual health and relationships (56%), bullying (53%), sexuality (44%) and gender identity (42%).

Other areas mentioned include support for people with Autism, self harm, gender transitioning and how to access support for emotional wellbeing.

Analysing the topics of information young people would like by gender identity suggests that boys may be more likely to want information about fitness and exercise and diet and healthy eating, while girls may be more concerned about sleep problems and body image. Young people who identify as trans, non-binary or in another way were more likely to want more information in relation to gender identity.

12. What is important for young people when creating online information?

		Important (total)	Very important	Important
1	Easy to use / find your way around	93%	67%	26%
2	Easy to find (e.g. via a search engine)	92%	66%	26%
3	Language – clear, aimed at young people but not patronising	87%	64%	23%
4	Contains useful links and telephone numbers for support	84%	48%	36%
5	Gives experiences of other young people	77%	42%	35%
6	Visual appearance – uses pictures, colourful etc	76%	40%	36%

Additional comments about what is important –

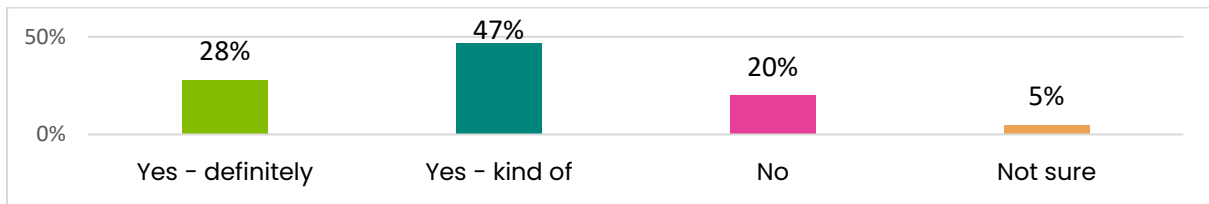
- More detailed information and comparisons to avoid misunderstanding
- Speak like a person and treat the reader like a person
- Give clear advice
- Lots of written information not helpful if reading skills are limited
- Don't try and be 'youth'

Responses show that young people feel that it is really important that online information is easy to use and find your way around, easy to find, for example via a search engine and that the language is clear, aimed at young people, but not patronising.

Young people would also like information to contain useful links and telephone numbers, give the experiences of other young people and visually to use pictures and be colourful.

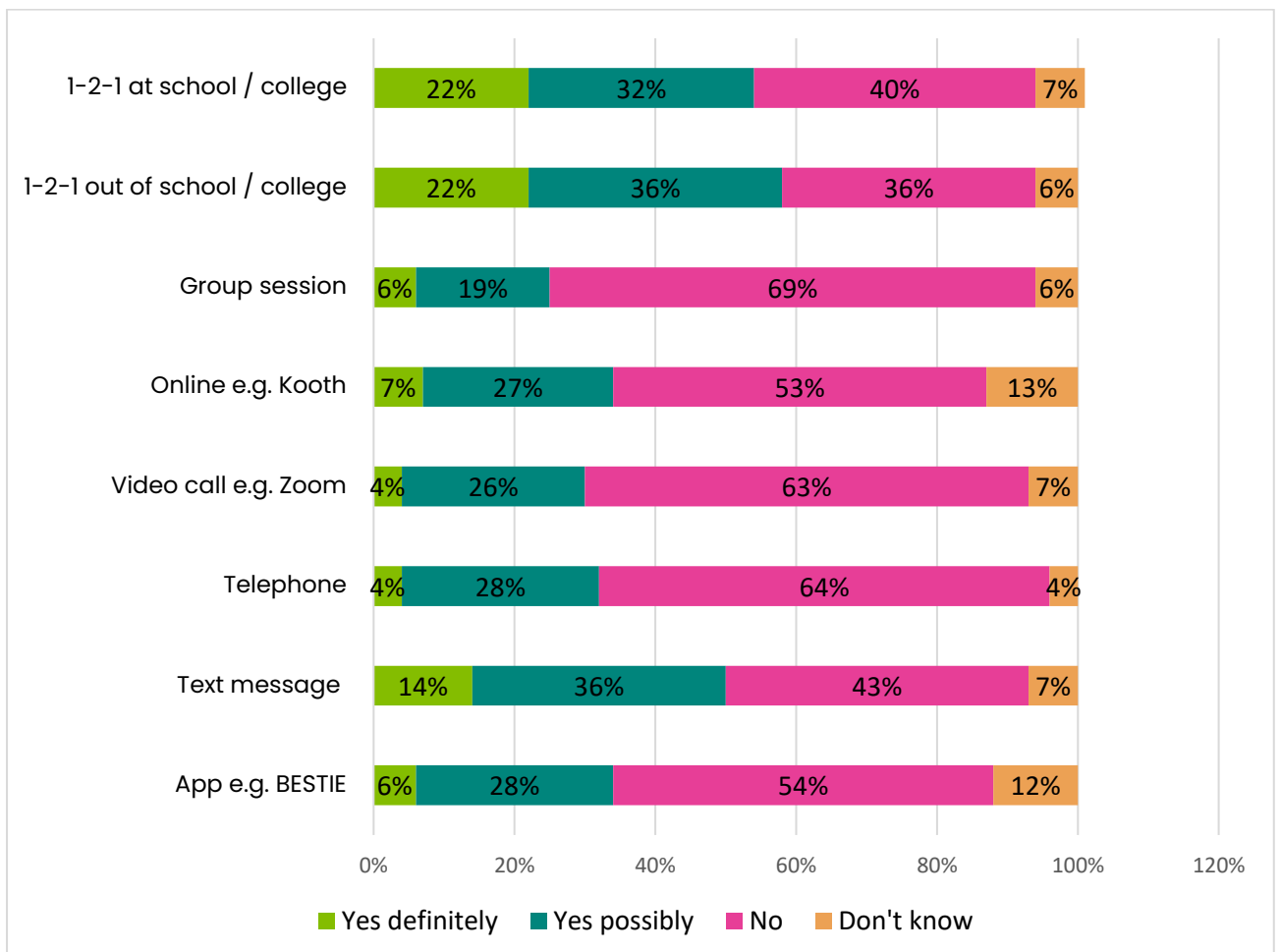
Support for Emotional Wellbeing

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



Responses show that only 28% of the young people felt they definitely had someone they could talk to if something was worrying them or they were unhappy and 25% either did not think they had anyone they could talk to or were unsure. Responses are very similar to findings from last year's survey in which 24% felt they definitely had someone to talk to, 47% said yes – kind of, 20% said no and 9% said they were not sure.

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



Additional comments – 8 comments

- Preferring face-to-face support (3 people)

'I do not feel that Kooth is as good as face-to-face contact'

- Talk to family or friends (2 people)

Other comments –

'Talking is extremely difficult especially on the phone. I know lots of people prefer text but afterwards once reading them back may feel as though they have worded something wierdly or rambled too much even if that is what the chat is there for'

'Non verbal, so I don't have to speak, only when I am ready'

'Information is there. Personal support is not'

Ranked – types of support young people would use (definitely and possibly combined)

1. One-to-one support out of school or college – 58%
2. One-to-one support at school or college – 54%
3. Support via text message chat e.g. Chat Health – 50%
4. Online support e.g. Kooth – 34%
4. Support via an app e.g. BESTIE – 34%
6. Support via telephone – 32%
7. Support session via video call e.g. Zoom – 30%
8. Group support session – 15%

Responses suggest that the young people favoured one-to-one face to face support. Slightly more young people said they would use support offered outside of school or college (58%) than at school or college (54%). 50% of respondents said that they would use support via text message chat, such as Chat Health.

However, the numbers of young people who said they would use all the other types of support were quite low. 34% said they would access support from Kooth, 34% from BESTIE, 32% support by telephone and 30% support via video call. Of particular note is that only 15% of the young people said they would want to attend a group support session. These findings are a concern as Kooth and group

sessions delivered by Reach4Wellbeing in particular are key types of support introduced in Worcestershire in recent years as part of the Transformation Plan to increase the support available.

The number of young people who said they would not use each of the different types of support is quite high. One-to-one support outside of school was the most popular, but 42% of young people said either they would not use this or they were not sure. This suggests the importance of the availability of different types of support, in order to meet their differing needs, feelings about different types of communication and the actual and perceived advantages and disadvantages of the different types of support.

The comments also reflect this, as some may feel that they can only discuss issues face-to-face, while others would find this pressured and more difficult. Similarly for some support at school or college may be helpful due to convenience and being able to access the support more easily, while others may prefer to access support away from school or college if they are concerned about privacy in terms of others knowing they are accessing support.

Differences in preference for type of support by gender identity

% of each group who would definitely or possibly use each type of support

	Female (n= 71)	Male (n=49)	Trans / non-binary / other (n= 28)
One-to-one support at school / college	55%	57%	39%
One-to-one support out of school / college	56%	59%	64%
Group support sessions	24%	13%	29%
Online support e.g. Kooth	29%	34%	39%
Support session via video call e.g. Zoom	29%	28%	36%
Support via telephone	33%	27%	40%
Support via text message	49%	43%	54%
Support via an App e.g. BESTIE	26%	21%	36%

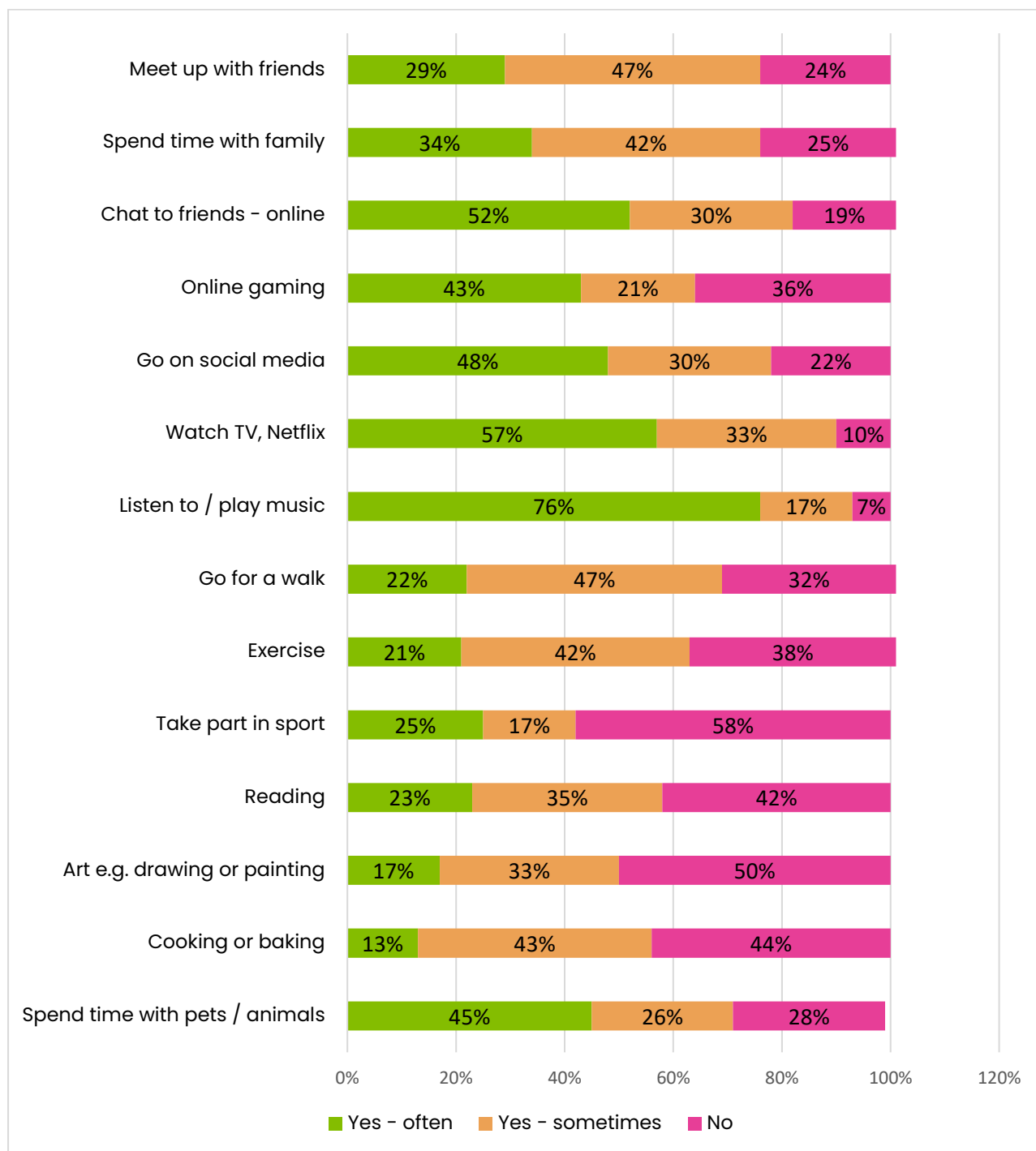
The responses show slight variation in the numbers who would be happy to use different types of support when broken down by gender identity. They suggest that girls may be happier to attend group sessions in particular, and also have

support by phone or text message and use an app than boys. While the boys may be happier to use online support such as Kooth.

Responses suggest that those who identify as trans, non-binary or in another way were more likely to be happy to use all of the different types of support than male and female respondents, with the exception of one-to-one support at school.

Only 39% (11 out of 39 people) thought they would want support in school, which is much lower than male and female respondents.

15. What do you do to relax?



Other suggestions were – eating, having headphones on, fidget toys, hugs, working, playing chess and watching football.

Responses show that the most popular ways to relax are listening to or playing music, watching TV or Netflix, chatting to friends online, going on social media, meeting up with friends and spend time with family. Responses also suggest that the numbers of young people who take part in sport in order to relax is relatively low (42%) and that there are also quite a few young people who would not go for a walk, exercise, read or take part in a creative activity in order to relax.

Top 3 activities for relaxation more popular with male than female respondents
(often and sometimes combined – in order of biggest gender difference)

		Male (n = 49)	Female (n = 71)	% Difference
1	Online gaming	79%	44%	35%
2	Sport	59%	40%	19%
3	Exercise	76%	60%	16%

Top 3 activities for relaxation more popular with female than male respondents
(often and sometimes combined – in order of biggest gender difference)

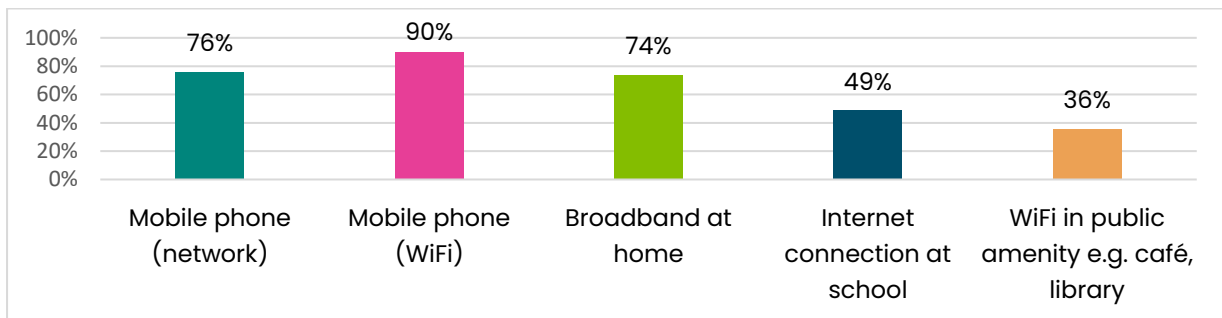
		Female (n = 71)	Male (n = 48)	% Difference
1	Cooking or baking	66%	43%	23%
2	Reading	62%	41%	22%
3	Art e.g. drawing or painting	50%	36%	14%

Looking at the responses by gender suggests that boys may be more likely to do online gaming, sport or exercise to relax than girls. Girls may be more likely to cook or bake, read or do something creative such as drawing or painting in order to relax than boys.

Digital access to health care and support

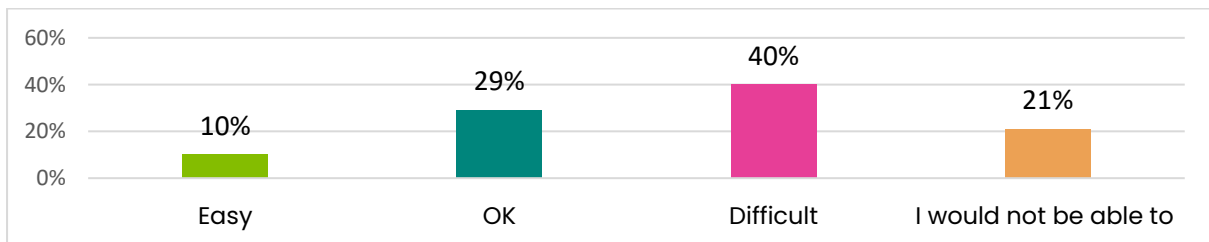
16. How do you access the internet?

Young people were asked to select all that apply



Responses suggest that 76% of the young people have a mobile phone with a network connection. 74% said they accessed the internet through a home broadband connection.

17. How easy would you find discussing health or emotional wellbeing issues and concerns via telephone or video call?



Responses show that overall the young people would not find it easy to speak about health or emotional wellbeing issues by phone or video call. Only 10% said they would find this easy and 61% told us this would be difficult or they would not be able to do it.

Additional comments about talking on the phone or video call (71 people)

- Don't like talking on the phone (15 people)

'Find it really hard to talk over the phone'

'Talking over the phone makes my heart race, I don't know why, I just focus too much on it and end up not being able to talk at all.'

- Would find it embarrassing, awkward or uncomfortable (14 people)

'It's embarrassing'

'Awkwardness over the phone'

- Have Autism, learning disability, ADHD or communication difficulty (9 people)

'Because I am Autistic'

'Stammer'

'I have ADHD so it's difficult to sit still and focus'

- Suffer from anxiety / it would cause anxiety (8 people)

'I have social anxiety and body image problems so I'd find video hard'

'Makes me feel more anxious. Sets off my anxiety'

- Prefer to see someone face-to-face / communication easier face-to-face (8 people)

'More difficult than face-to-face as they can't see my facial expressions and body language'

- Would find it easy / ok (5 people)

'Easier than real life, because I don't need to worry where to look if it is a new person'

- Don't want to talk about mental health / feel shouldn't talk about it (4 people)

'Don't talk to people, sort it out myself'

- Don't like talking to people do not know (3 people)

'Because sometimes I don't often trust strangers with my closest thoughts'

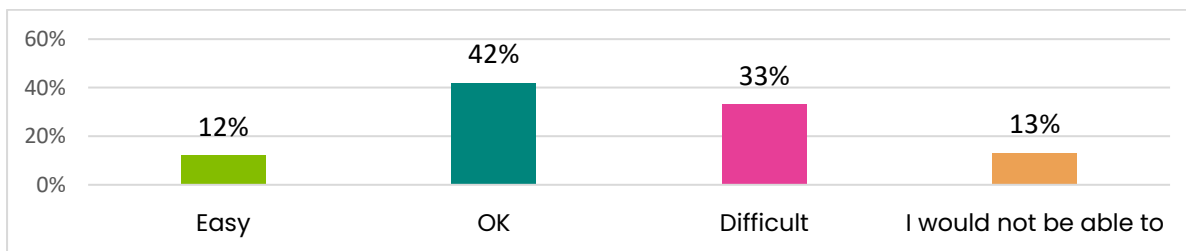
'May not talk much if I do not know the person talking to'

- Worried parents would overhear (2 people)
- Previous experience of telephone support lines (2 people)
- Lack confidence (2 people)

Other comments included – not liking video calls, needing their parents to help, not being sure what is wrong and not wanting to be sectioned.

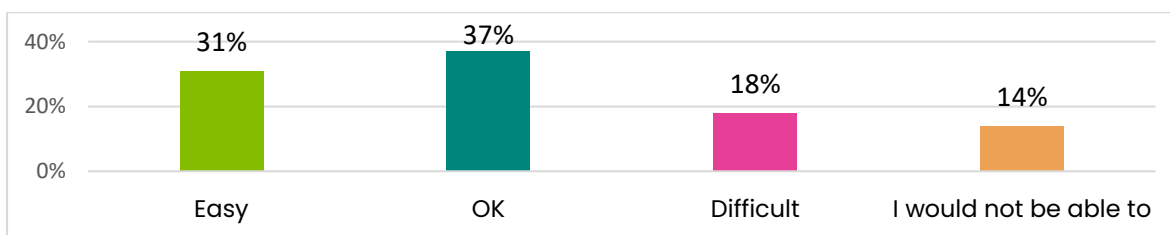
These comments illustrate how difficult some young people would find communication by phone or video call. In particular that many do not like speaking to people at all by phone and can find it stressful, awkward and embarrassing. Comments also highlight the communication difficulties some young people would experience due to learning disability, Autism, speech and language difficulty or Attention Deficit Hyperactivity Disorder (ADHD).

18. How easy would you find having somewhere private / confidential to have a conversation via telephone or video call during the day? E.g. to speak to a Doctor or Counsellor.



Responses show that 33% would find it difficult to find somewhere private to speak to a Doctor or access support via phone or video call and 13% would not be able to.

19. How easy would you find having enough mobile phone data or credit to use the internet? E.g. to be able to speak to someone via video call or download and use apps.



Additional comments (12 people)

- Comments about why this is easy or ok for them (6 people) – such as having enough data and parents paying for their data.

'I have enough data on my contract'

- Comments about why this would be difficult (6 people) – such as having limited data, phone losing charge, parents not paying for data and not having a mobile phone.

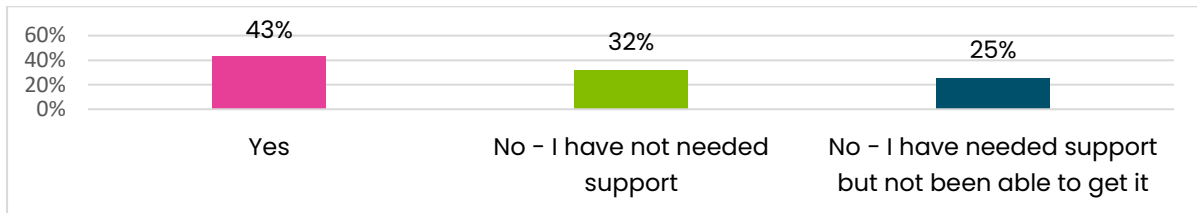
'I wouldn't have enough mobile data to do this or battery, my phone doesn't last very long without charging and no Wi-Fi means I am usually out somewhere with no charger'

'My mum doesn't pay for data on my phone'

Responses show the impact that finance and family income can have on young people's ability to have sufficient data to make video calls and use apps.

Experiences of Support for Emotional Wellbeing

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



64 of the 149 (43%) young people who responded to this question told us they had received support for emotional wellbeing in the last year, while 37 young people (25%) said they had needed support but not been able to get it.

Reasons given for not being able to access support – 22 comments

- Not feeling able to speak to anyone about needing support (8 people)

'I have been too scared to talk to anyone'

'I can't talk about my feelings'

- Have asked for support but nothing has happened (4 people)

'I know I need some kind of support... whenever I've made a suggestion about what it could be it's been shutdown almost immediately'

- Do not think anything is available (3 people)

'Health services can't offer anything. I depend on my mum and she needs help too'

- Discouraged from seeking support because of waiting times (1 person)
- Wouldn't want others seeing them accessing support (1 person)

'Wouldn't want to be seen by friends or teachers going to speak to someone or having questions asked.'

- Worried that it is not confidential (1 person)

'Not knowing where to get it from when it is entirely confidential'

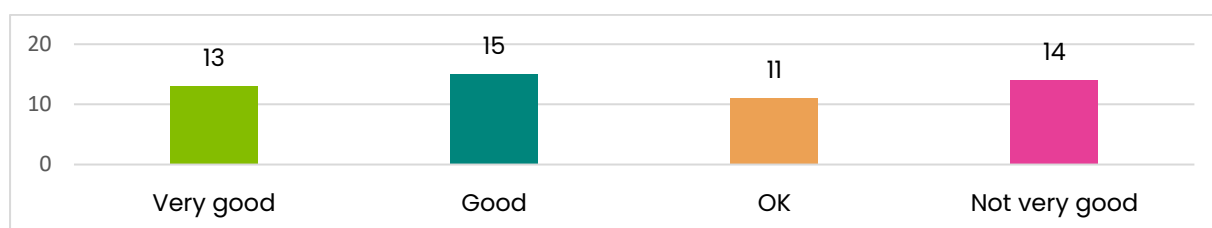
- Did not meet the criteria for CAMHS (1 person)
- Autistic and told CAMHS could not support (1 person)
- Do not know where to go (1 person)
- Previously signed off from CAMHS (1 person)

'CAMHS signed me off during the pandemic even though I needed more help'

The reasons given for not accessing support when needed show that some young people do not feel able to ask for help, have asked for help but not received it or do not feel there is any support available. Other comments suggest that being seen accessing support, confidentiality, waiting times and not knowing where to go may discourage them from seeking support. Several comments refer to CAMHS, in relation to their criteria for support, being able to support young people with Autism and no longer receiving support from them.

Feedback from young people who have received support for emotional wellbeing support in the last 12 months

21. School / College counsellor / support staff



53 young people told us they had accessed support at school or college. Over half (28 people) thought this support had been good or very good, while 14 people did not think it had been very good.

Additional comments (12 people)

- Positive feedback about support received (7 people) – including praise for staff, the school and the help they have provided

'My school have been excellent'

'X is honestly so fab'

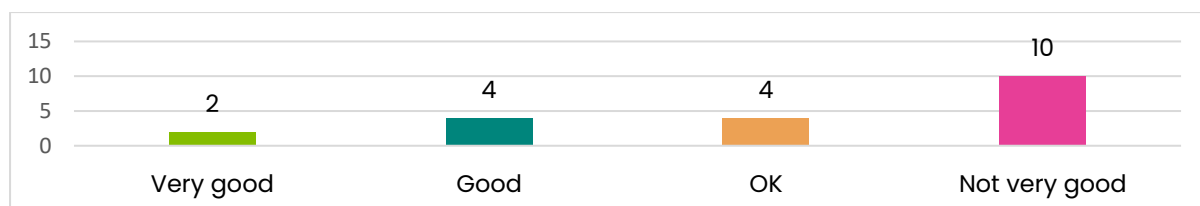
- Mixed feedback (3 people) – support being ok or being good and bad

'Wasn't great, but they did listen'

- Negative feedback (2 people) saying that support had not really helped them

'You have one meeting and you are off, doesn't really help'

22. Kooth – online counselling

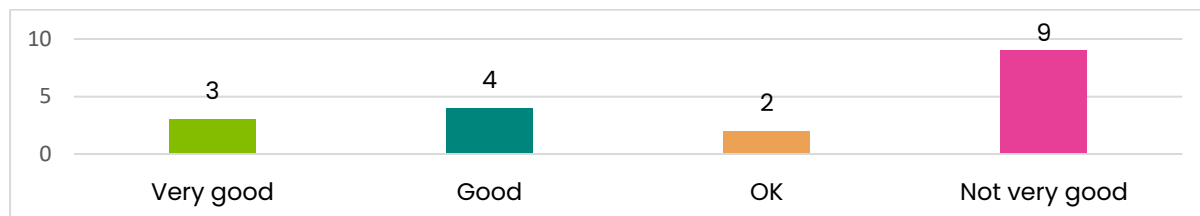


20 young people told us that they had accessed support from Kooth. 6 people thought that this had been good or very good, while half (10 people) thought that it was not very good.

Additional comment (1 person)

'Terrible. They wouldn't let me access support with my mum helping'

23. Chat Health – text service



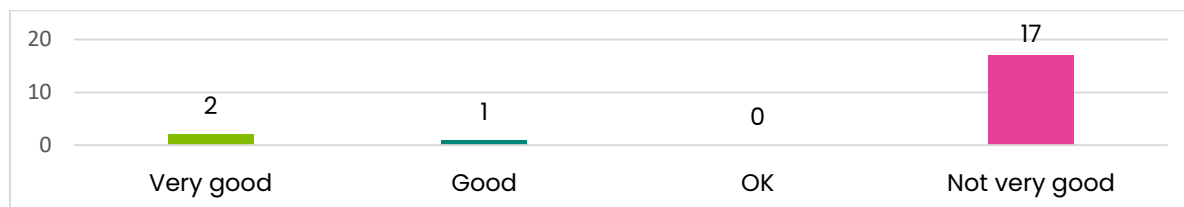
18 young people had received support from Chat Health. 7 thought that the support had been good or very good, while 9 people thought it had not been very good.

Additional comments (2 people)

'I used an anonymous website to get advice'

'Not my favourite'

24. Reach4Wellbeing – group support



20 young people told us they had received support from Reach4Wellbeing. 17 of them rated the support as not very good.

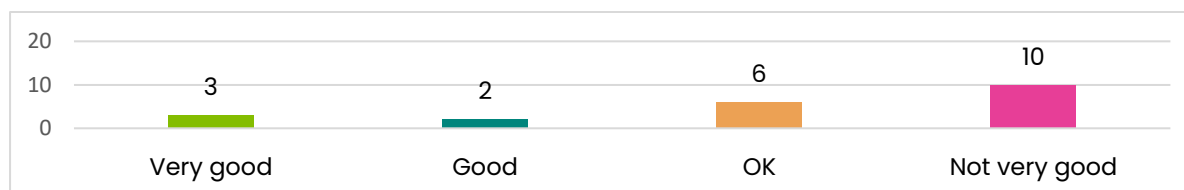
Additional comments (3 people)

'Never responded to my mum's email'

'Couldn't manage group chat'

'Said they couldn't help me'

25. School Nurse

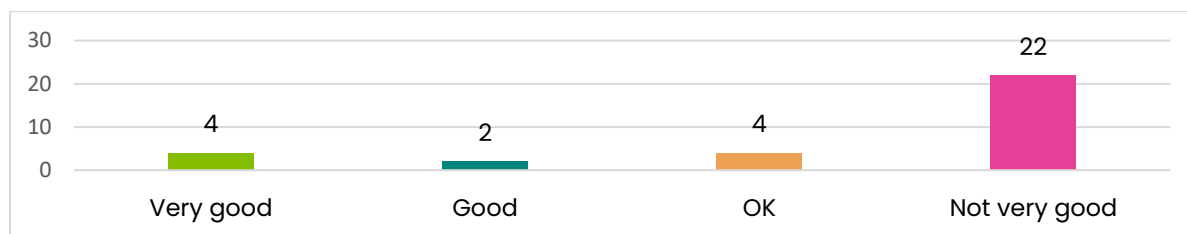


21 young people told us they had received support from the School Nurse. 10 of them rated this as not very good.

Additional comment (1 person)

'Not listening to me, ignoring the issues'

26. Child and Adolescent Mental Health Service (CAMHS)



32 young people told us they had received support from CAMHS. 22 (69%) rated the support as not very good.

Additional comments (10 people)

- Negative experiences of support (4 people)

'Blaming something, not relevant to my issues... ignoring my emotional instability, no coping mechanisms'

'Hated it straight away'

- Unable to give support due to being Autistic (2 people)

'They wouldn't see me because they said my problems were because I was autistic and couldn't help'

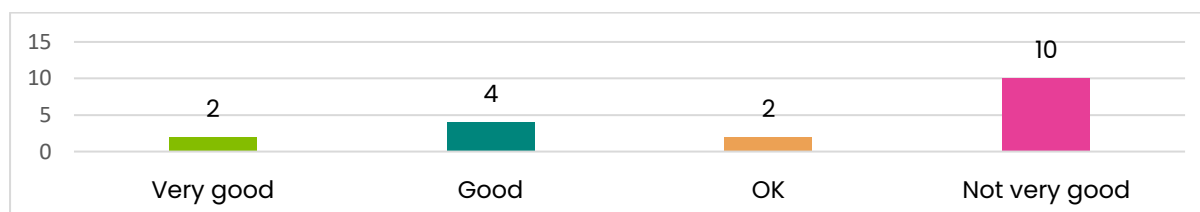
- Mixed feedback about support (2 people)

'It's CAMHS, CAMHS is never amazing, although I got a new therapist and she's a lot better'

- Waiting for support (1 person)

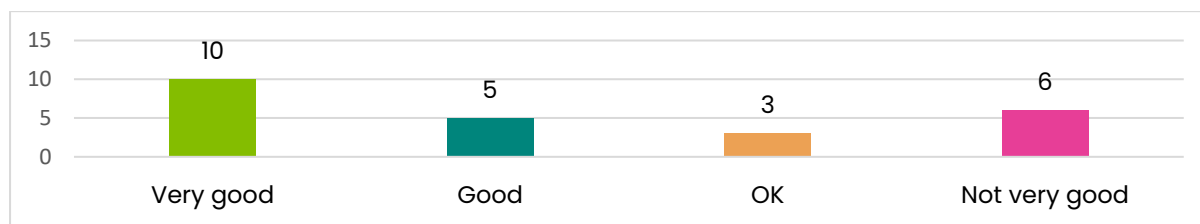
'Only just been referred, gotta wait a while'

27. Community Eating Disorder Service



18 young people told us they had received support from the community eating disorder service, of which 10 (56%) said they did not think it was very good.

28. Other Support



24 people told us that they had accessed support from somewhere else. 15 people rated this other support as good or very good.

Comments about types of other support accessed (13 people)

- Positive feedback about support received from Kidderminster District Youth Trust (5 people)

'KDYT are amazing, helped me a lot'

'KDYT, great support for my sexuality'

- Private therapy or support (3 people)

'My parents pay privately for a private mental wellbeing coach'

Other types of support – The Basement Project, Primrose Hospice, Gender Identity Service, youth club workers and family.

Overall, support at school was the type of support accessed by the most young people and rated most favourably by those who had used it. 28 of the 53 young people (53%) thought this was good or very good.

Similar levels of positive feedback was given for other types of support not listed, which included support provided by voluntary organisations and privately funded, with two people referencing support specifically around sexuality and gender identity. 15 of the 24 people (62%) who had accessed this type of support rated it as good or very good.

Ratings for some of the other types of support was mixed. 10 out of 18 young people (56%) who had accessed the Community Eating Disorder Service rated it as not very good. 10 of the 20 young people who had used Kooth (50%) said it was not very good. 9 out of 18 young people (50%) thought that Chat Health was not very good and 10 out of 21 (48%) did not think the School Nurse had been very good.

69% (22 people) rated CAMHS as not very good. Comments included negative experiences of the support received, CAMHS not being able to support people with Autism and the waiting time to access support.

81% (17 people) rated Reach4Wellbeing as not very good. Comments about why this was included not responding to emails, not being able to manage the group conversation and being told they were not able to help.

Overall, the levels of satisfaction with support received by young people responding to our survey was fairly low, in particular for support provided by Herefordshire and Worcestershire Health and Care Trust and Kooth. For both CAMHS and Reach4Wellbeing ratings showed that the majority of young people who had accessed that their support rated it as not very good.

Additional comments about health and emotional wellbeing.

25 additional comments were given -

- **Need for more / better support for emotional wellbeing** (7 people) – including support not being available, the need for more school nurses, waiting time for support and all schools needing a mental health nurse.

'Every school setting needs a proper mental health nurse'

'You have to wait so long to get help'

'My mum says there is a long waiting list for help at the moment so I have to wait before I can have someone to talk to'

'It's never available or its just brushed off'

- **Impact of Covid-19** (4 people) – including wanting to get back to normal, the impact of Covid-19 pandemic on emotional wellbeing and physical effects of having had Covid.

'I have not been in school and have trouble leaving the house since covid'

'Covid is very complicated and has changed life a lot but it feels like I've changed for both better and worse'

- **Difficulty accessing support for those with Autism** (2 people)

'Support for young people with anxiety and autism through healthy minds'

'There's no face to face support especially if you have autism'

- **Impact of school and exams on emotional wellbeing** (2 people)

'Exams are too pressurising, especially after missing months of content'

'I realised over lockdown I could be happy because I wasn't going into school'

- **Impact of family illness and mental health difficulties on own emotional wellbeing** (2 people)
- **Difficulties talking to a Doctor** (2 people)

'Fear of going to the Doctor because of my anxiety'

- **Positive feedback about using Papyrus support** (1 person)

'I found Papyrus very helpful. It's an anonymous website when you message people who work there and they don't know who I am'

- **Support network for young people who are home schooled** (1 person)

'A local network (online) for home schooled kids would be great. I feel we're invisible once we are over about 8 years old'

- **Support for people with disabilities** (1 person)

'Due to my disabilities I rely on people I trust to help me. I like to have face to face appointments and information in easy read'

- **Awareness of mental health in schools** (1 person)

'Should be delivered by CAMHS professionals and be part of the curriculum. Mental health needs normalising especially for boys.'

- **Positive impact of being able to connect with people online during Covid-19 pandemic** (1 person)
- **Family providing support** (1 person)

Summary of Key Findings

- 75% of respondents have had a Covid-19 vaccination. Parents, television, news, the internet and social media have been the main sources of the information about the vaccination. Although some young people were concerned about feeling unwell afterwards, having a fear of needles or the long-term impact of the vaccination, many did not have any concerns.
- Young people told us that the Covid-19 pandemic has had a negative impact on their learning, emotional wellbeing, socialising, screen time, physical health and family life.
- Young people would like more information about physical health and emotional wellbeing. While web searches and national websites are the most popular sources of information many would look on YouTube and TikTok.

- The top three topics young people would like information are managing anxiety, low mood and depression and self-esteem and self-confidence.
- They would also like information about managing school work / studies, sleep problems, body image, diet and healthy eating, fitness and exercise, relationships, eating disorders, sexual health and relationships, bullying, sexuality and gender identity.
- Boys may be more likely to want information about fitness and exercise and diet and healthy eating, while girls may want more information about sleep problems and body image.
- Young people told us that it is important that online information for young people is easy to use, find your way around and easy to find e.g. via a search engine. They would also want language to be clear, aimed at young people but not patronising. Information to contain useful links and telephone numbers for support, give experiences of other young people and be presented with pictures and colour.
- The types of support young people would be most likely to want to access were one-to-one support and support via text message. Group support and support via video call were the types of support they said they would be least likely to use.
- Access to the internet, availability of data, having a private space and difficulties talking about health and emotional wellbeing issues may make it difficult for young people to access support and appointments online or via phone or video call.
- Some young people told us they had needed support for emotional wellbeing but not been able to get it. The main reason for this was not feeling able to ask for it. Concerns about availability, confidentiality, visibility, waiting times and support criteria had also influenced this.
- Face-to-face support at school or from private or voluntary organisations was rated most highly by those who had received support for emotional wellbeing in the last 12 months.
- Those who had received support from Community Eating Disorder Service, Kooth, Chat Health and the School Nurse gave mixed ratings about how good the support had been.
- The majority of those who had used CAMHS (69%) and Reach4Wellbeing (81%) rated them as not very good.

Section C

Conclusions and Recommendations

The following conclusions and recommendations have been made based on responses to Healthwatch Worcestershire's Young People's Health and Emotional Wellbeing Survey.

In addition to the specific recommendations made to health and social care services in Worcestershire, the findings and issues raised from this report will be fed into work being carried out as part of the Herefordshire and Worcestershire Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan and the consultation looking at Worcestershire's Health and Wellbeing Strategy 2022 – 2032.

1. Covid-19 and vaccination

At the time of completing the survey 34% of the young people had previously had Covid-19, with a higher number having Covid in this school year. 14% were very worried about catching Covid, while 55% were a bit worried. These are similar to the findings from Healthwatch Worcestershire's Covid-19 Young People's Emotional Wellbeing Report (March 2021) when 14% were very worried and 48% were a bit worried.

75% of respondents told us they have had a Covid-19 vaccination. Although some had concerns about feeling unwell afterwards, having a fear of injections and concerns about the long-term effects of the vaccination, 46% told us they had no concerns about having a vaccination. Many of those who had not had a vaccination also said they did not have any concerns about having one.

Parents were a key source of information about vaccinations, for both those who had been vaccinated and those who had not. As well as hearing about the vaccination on the television and news, many young people had heard information from the internet and social media. Less than half of the young people had heard information about the vaccination at school.

Findings suggest the importance of parent's views about having a vaccination, ensuring that sources of information are reliable and trustworthy and that there may be scope to increase the information provided by schools about vaccination.

Recommendations

Health Services in Worcestershire should ensure, when planning future publicity for Covid-19 vaccination campaigns for young people -

1. Information is available for young people in schools and colleges, in addition to being sent to parents
2. Publicity materials provide:
 - a. Reassurance about concerns regarding feeling unwell after vaccination and long term effects of vaccination
 - b. Information about adjustments and support for those who may have a fear of having an injection
 - c. Importance of seeking further information from reliable and trustworthy sources

2. Impact of Covid-19 Pandemic

Findings show the huge impact that young people feel the Covid-19 pandemic has had on their lives. In particular on their learning, emotional wellbeing and socialising. 82% felt that Covid-19 has had a negative impact on their learning, in terms of their school or college work and exam results. 80% felt that there has been a negative impact on their emotional wellbeing. This is an increase from 74% in Healthwatch Worcestershire's Covid-19 Young People's Emotional Wellbeing Report (March 2021) and echoes national findings about the impact of the pandemic on young people's emotional wellbeing.

Many young people also told us that the pandemic has had a negative impact on their screen time, physical health and family lives. The proportion of young people who felt that the pandemic has had a negative impact on their family lives (50%) is worrying. Especially due to the increased amount of time young people have spent at home during the pandemic and the role of parents and carers in supporting young people with their emotional wellbeing. Comments made by some young people also reflected the impact family illness and poor mental health has had on them.

However, family life was the area that the highest number of young people (14%) felt the pandemic has had a positive impact upon. 11% also told us that the pandemic has had a positive impact on their screen time, although this may be because they view increased screen time as positive.

Comments made by some of the young people also highlight the impact of pandemic for those with Autism in particular, including increase in anxiety and fear of leaving the house. Several comments also mention the impact for those with eating disorders including relapse and weight loss during the pandemic.

Recommendations

Health and social care services in Worcestershire should consider -

3. How they will ensure that they are able to meet an increase in demand for emotional wellbeing support for young people due to the impact of the Covid-19 pandemic
4. What support can be given to young people in school, college and to those who are home schooled to reduce the impact upon their learning and achievement
5. Any additional support that may be required for young people with special educational needs and disabilities, in particular this with Autism to engage with learning and overcome anxieties experienced as a result of Covid-19.
6. Ways in which young people can be encouraged and supported to build social networks and have opportunities to socialise
7. How to identify and support young people who may be having difficulties at home
8. What can be done to promote physical health and engaging in activities and sports that may have been stopped or limited during the pandemic.
9. How to raise awareness of the impact of screen time on health and emotional wellbeing.

3. Information about health and emotional wellbeing

Responses show that only 14% of the young people feel they definitely have enough information about emotional wellbeing and although more young people felt they definitely had enough information about physical health (24%) the findings suggest that young people would like more information about both emotional wellbeing and physical health. Some told us they feel there should be more information about emotional wellbeing and mental health in schools.

Findings suggest young people are most likely to look for information using a Google or web search, followed by national NHS website and an app. Many said

they would look for information on YouTube and TikTok and these were more popular than other social media platforms such as Facebook or Twitter. Many of the young people were not aware of Kooth or local NHS and Council websites.

Young people told us they would like information about managing anxiety, low mood and depression, self-esteem and self-confidence, managing school work and studies, sleep problems, body image, diet and healthy eating, fitness and exercise, relationships, eating disorders, sexual health and relationships, bullying, sexuality and gender identity. Looking at the responses by gender identity suggested boys were more likely to want information about fitness, exercise, diet and healthy eating. While girls were more likely to want information about sleep problems and body image.

Information that young people had not been able to find included: support and diagnosis for young people with autism, Information about criteria for diagnosis of mental health conditions, managing self-harm, personal guides on gender transitioning, how to get counselling, motivation, emotions and mental health in general.

16 young people identified as a young carer. Of these 5 had accessed Worcestershire Young Carers and therefore those who had not may find information about this helpful.

Young people told us that it is important than online information for young people is easy to use, find your way around and easy to find e.g. via a search engine. Language needs to be clear, aimed at young people but not patronising and the information should contain useful links and telephone numbers for support and give experiences of other young people. The visual appearance should use pictures and be colourful.

Following the recommendations in Healthwatch Worcestershire's Covid-19 Emotional Wellbeing Report 2021 a new website was launched for CAMHS in November 2021, which has been designed in co-production with young people. As responses to our survey suggests not all young people are aware of this or would look there for information, continued promotion of this site will be needed. It will also be useful to continue to gather feedback from young people about the new website to see if they think it delivers the things they have told us are important for online information.

Recommendations

Health and social care services in Worcestershire should consider –

10. How to make online information available and easily accessible to young people about:
 - a. Emotional wellbeing, including – managing anxiety, low mood and depression, self-esteem and self-confidence, sleep problems, body image and eating disorders
 - b. Managing school work and studies
 - c. Physical health, including – diet and healthy eating, fitness and exercise
 - d. Relationships, including sexual health and bullying
 - e. Sexuality and gender identity
 - f. Support and diagnosis for Autism
 - g. Support for Young Carers
11. How to ensure that websites and online information are designed in a way that incorporates the factors young people feel are important. Including –
 - a) Easy to use / find your way around
 - b) Easy to find e.g. via a search engine
 - c) Language is clear, aimed at young people but not patronising
 - d) Contains useful links and telephone numbers for support
 - e) Gives experiences of other young people
 - f) Visual appearance – uses pictures and is colourful
12. When creating, making available and promoting information that there may be differences in the information young people would like based on gender.
13. How to further promote and raise awareness of Kooth, Now We're Talking and CAMHS websites
14. Continue to gather and incorporate feedback from young people about the new CAMHS website via link at the top of the site and ongoing engagement with young people.
15. How to ensure that information is also available in a non-digital and accessible formats if young people need or prefer this.

4. Talking about health and emotional wellbeing and accessing support

75% of the young people felt they had someone they could talk to if they were worried or unhappy, while 25% did not or were not sure.

64 of the young people told us they had accessed support for emotional wellbeing in the last 12 months. 37 told us that they had needed support but not been able to get it. The reasons given for not being able to get support included not feeling able to ask for support, having asked but not received it, not thinking anything is available, not wanting to be seen accessing support, concerns about confidentiality, waiting times, not knowing how to access support, not meeting the criteria for support and not being able to access support due to being Autistic.

Findings show that the highest number of respondents would want to use one to one support out of school (58%), followed by one-to one support in school (54%) and then support via text message (50%). Currently text message support is available in Worcestershire via Chat Health, run by the School Nurse service. However, this is only available during the day on weekdays. Given the concerns young people may have about accessing support, in terms of confidentiality and visibility and also the restricted ability to use mobile phones during the school / college day, it may be useful to increase and / or increase promotion of anonymous text message support available in evenings and at weekends.

The least popular types of support were support via video call and group sessions. The numbers who did not feel they would use each of the different types of support and some of the additional feedback young people have given, such as concerns about confidentiality and being seen accessing support at school, suggests the importance of there being a variety of types of support available.

Analysing the responses by gender identity shows differences in the types of support young people said they would be happier to use. Those who identify as trans, non-binary or in another way were much less likely to want to access support in school or college, but more likely to want to attend a group session, than male respondents. This was also the case with female respondents.

Feedback suggests that some respondents with Autism have experienced difficulty accessing support for emotional wellbeing and that they felt this was due to different types of support, e.g. CAMHS and Healthy Minds not being available to support anxiety and emotional wellbeing in relation to Autism.

Our findings show some of the issues young people may experience when accessing health and emotional wellbeing support and appointments online or by telephone or video call. Not all young people have access to the internet via a

network connection and some told us they wouldn't have enough data or credit to use the internet, for example to download and use apps.

61% of the young people told us they would find it difficult or would not be able to speak to someone about health or emotional wellbeing issues by telephone or video call. Many told us they do not like using the phone at all or would find it awkward or embarrassing. Some would find it particularly difficult due to communication difficulties, such as Autism, learning disability, ADHD or speech and language difficulties. For some finding a private place to be able to speak by phone or video call would be difficult.

The feedback young people gave about the support they had received for emotional wellbeing in the last year shows that overall face-to-face support in school or college and support received either privately or via local voluntary organisations was rated the highest. Support from Kooth, Chat Health, School Nurse and the Community Eating Disorder Service received mixed ratings and feedback, while the majority of young people who had used CAMHS and Reach4Wellbeing rated the support as not very good.

Findings show that the most popular ways to relax are listening to or playing music, watching TV or Netflix, chatting to friends online, going on social media, meeting up with friends and spend time with family. Responses also suggest that the numbers of young people who take part in sport in order to relax is relatively low (42%) and that there are also quite a few young people who would not go for a walk, exercise, read or take part in a creative activity in order to relax. Also that boys were more likely to take part in online gaming, sport or exercise to relax than girls and girls were more likely to cook or bake, read or do something artistic such as drawing or painting than boys.

Recommendations

Health and social care services in Worcestershire should consider -

16. Ensuring a variety of types of support are available to young people across Worcestershire both in and out of school setting, to meet their differing needs, concerns and preferences for engaging in different types of support. Including face-to-face one-to-one support, support via text message, online support e.g. Kooth, support via app e.g. BESTIE and the use of telephone and video call support or group sessions when and if appropriate.

17. Increasing availability and / or promotion of text message support, beyond Chat Health, so this type of support is available at evenings and weekends and can be anonymous.
18. How to reassure young people about confidentiality of support for emotional wellbeing and ways of reducing the visibility of accessing support to others, e.g. at school or college.
19. How to assess the type of support that will work best for individuals and incorporate their preferences and any concerns when signposting to support.
20. The difficulties and concerns young people may have about accessing support online, by phone or video call, including internet access, data availability and affordability, privacy, confidentiality and communicating and discussing issues remotely.
21. How to identify whether or not remote support or appointments will be appropriate for an individual and that face-to-face alternatives are always available for those who need and prefer them.
22. Promoting key messages, including importance of seeking support and variety of different types of support available, to reassure young people that there is support available if they need it.
23. Increasing awareness of support available for emotional wellbeing, in particular Kooth, Chat Health, Reach4Wellbeing and BESTIE.
24. Reviewing support from CAMHS, Reach4Wellbeing, Kooth, Chat Health, Community Eating Disorder Service and School Nurses to ensure this is meeting the needs of young people and families.
25. That there is sufficient and appropriate emotional wellbeing information and support that meets the needs of young people with Autism
26. How to encourage young people to take part in activities to help them relax including walking, exercise, sport, reading, art and cooking and baking and help them to recognise the benefits of these activities for their overall physical health and emotional wellbeing.