Over the last year the Children and Young People’s Mental Health and Wellbeing Joint Commissioning Strategy has been developed for implementation through the Children’s Trust Board and its partners. The strategy and subsequent delivery plans have been developed by Hull Clinical Commissioning Group, Hull City Council, Service Providers and Children, Young People and families. In parallel to this emerging strategy Hull was also chosen to be one of the 12 pilot areas for the Big Lottery HeadStart pilot programme which aimed to equip young people aged 10-14 with the skills and support structures to cope better with difficult circumstances in their lives. Through building resilience and improving emotional health and wellbeing in schools and in the community, we aim to prevent children and young people from experiencing common mental health problems where possible before they become serious issues.

As part of the development of the HeadStart pilot programme and to further inform the development of the strategy’s delivery plans a large consultation with children and young people, parents and staff in Hull was undertaken in the spring of 2014. Previous consultations had focused on those families where a child or young person was experiencing mental health issues whereas this consultation was to better understand the issues children and young people face day to day which impact on their emotional wellbeing, where they access support (or want to access it) and who from. We also consulted on use of digital media to inform development of the digital strand of HeadStart but also wider use of digital technology to connect young people to support.

This Children and Young People’s Emotional Health and Wellbeing consultation took the form of questionnaires’ and focus groups with the following taking part:

- 1377 children and young people aged 7-20 completed questionnaires.
- 50 children and young people took part in focus groups.
- 52 parent and carers completed questionnaires.
- 70 staff (from across the partnership) completed questionnaires with 15 taking part in focus groups.

This is one of the largest local consultation of children and young people’s emotional health and wellbeing undertaken in Hull.

The aim of this report is to summarise the findings of the consultation so that partner organisations can use the information to inform service developments to respond to the identified needs and deliver support for improved resilience and emotional health and wellbeing in the children and young people they work with.
INTRODUCTION

The World Health Organization (WHO) definition of mental health is:

’a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.

This is our aspiration for all children and young people living in Hull. However children and young people’s emotional and mental health is a complex issue with many influencing factors including peer, parental, educational and societal influence as well as medical diagnosis.

A review by the Royal College of Paediatrics and Child Health in 2010 concluded that mental disorders in children and young people are increasing and represent a hidden epidemic which has significant implications for society, not least in relation to other child health issues but also in wider areas such as educational attainment and youth crime and longer term implications for adult mental and social care health services.

• 1 in 10 under 16’s have a diagnosable mental health disorder (ONS 2004) which have a long term impact on education, family function and life chances as well as long term physical health. About half of these (5.8%) have a conduct disorder, 3.7% an emotional disorder (anxiety, depression) and 1–2% have severe Attention Deficit Hyperactivity Disorder (ADHD).

• In addition to diagnosable mental health disorder significantly more children have mental health “difficulties” around anxiety, stress and body image lead to poor emotional wellbeing, meaning they have lower levels of resilience, and are less able to cope with life’s challenges. Left unchecked, this can spiral into acute, long-term mental illness.

• Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters before their mid-20s.

• The rates of disorder rise steeply in middle to late adolescence. By 11–15 it is 13% for boys and 10% for girls, and approaching adult rates of around 23% by age 18–20 years.

• Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed) but only a fraction of cases are seen in hospital settings.

• 11–16 year olds with an emotional disorder are four times more likely to smoke, drink and use drugs.
• Around 60% of Looked after Children and 72% of those in residential care have some level of emotional and mental health problem.

• Young people in prison are 18 times more likely to take their own lives than others of the same age.

• A child who experiences a physical illness is 2-5 times more likely to develop an emotional disorder [ONS 2008].

• Early onset mental disorders (in childhood) are more likely to persist into adult life and can have a long term impact on education, family life and life chances.

• There are strong links between mental health issues and adverse life circumstances.

A study by Relate (2011) found that by the time an average class of 30 pupils reach 16 years of age:

• 8 of them will have experienced severe physical violence, sexual abuse or neglect

• 3 will have suffered mental health problems,

• 10 will have witnessed their parents separating

• 3 will live in a step family

• 7 will have been bullied

• 1 will have experienced the death of a parent

I did worry about being gay before I came out but I’m fine with that now. I’m more worried about my exams and finding a job but if I’m worried everyone thinks it must be about being gay. I feel like I want to say gay people worry about ordinary stuff too.

young person quote
National evidence has identified that there are a number of groups who are considered to be more at risk of developing emotional health problems than others, including children and young people who are:

- From low-income households; families where parents are unemployed or families where parents have low educational attainment.
- Looked after by the local authority.
- Diagnosed with disabilities (including learning disabilities).
- From black and other ethnic minority groups.
- Teenage parents.
- Young carers.
- Lesbian, gay, bisexual or transgender (LGBT).
- In the criminal justice system.
- Misusing substances.
- Refugees or asylum seekers.
- In gypsy and traveller communities.
- Being abused or neglected.
- The child of a parent with a mental health problem.
- Experiencing parental bereavement/divorce
- The child of a parent who has substance misuse problems.
- Experience domestic violence
- Experience bullying.

While the following protective factors can help counter issues which can put children and young people at risk of poor emotional health and wellbeing including:

- Education on emotional health and wellbeing (in school and community settings)
- Ability to develop close confiding relationships and social support
- Authoritative parenting (supportive and affectionate with clear, appropriate, consistent and fairly enforced boundaries)
- Good self-esteem and confidence
- Assertion skills
- Positive levels of social trust
- Secure attachment to parents/carers
- A safe neighbourhood
- Economic security
- Access to quality primary care and other health services
- Access to high quality early care and education.
- Early intervention and help.
- Early access to talking/psychological therapies.

“By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help prevent mental illness from developing and mitigate its effects when it does”
Young people’s social and emotional wellbeing is influenced by a range of factors, from their individual make-up and family background to the community within which they live and society at large. For this reason we aim to ensure there is support in schools, the community and to the family as well as using emerging technologies e.g. social media to ensure children and young people are supported to aims to have the knowledge and skills they need to learn to cope effectively with life’s challenges and experiences and to prevent behavioural and mental health problems where possible.

Through this consultation we have gathered information and views which will inform commissioning and service development to deliver a preventative and early help model which reduces risk factors, promotes protective factors and builds emotional resilience in children, young people and families. This will require input from universal, targeted and specialist services to ensure issues are identified early and that appropriate evidence based support is available as early as possible and can be easily accessed.
EMOTIONAL HEALTH INDEX

YOUNG PEOPLE ARE WORRIED ABOUT BULLYING

Nearly 1/2 young people worry about bullying.

THE TOP CONCERN

Exams  Body image  OTHER ISSUES...

YOUNG PEOPLE SAY SUPPORT SHOULD BE PROVIDED AT HOME

40% say support should be provided at school.

Support at home

68%

YOUNG PEOPLE WOULD GO TO A FAMILY MEMBER

65% would go to a family member.

46% would go to friends about their emotional health.

YOUNG PEOPLE PREFER ONE TO ONE SUPPORT

39% would prefer 1:1 support if needed.

22% say classroom support.

YOUNG PEOPLE WOULD LIKE TO FIND OUT ABOUT EMOTIONAL WELLBEING ONLINE

29% say videos/YouTube.

29% say school assemblies.

34% would prefer a website.

25% say a mobile app.
While overall there were 5 statistically significant issues children and young people identified as being the things that worried them there were some differentiations by gender as the graph shows below.

We asked children and young people to tell us about their top 5 worries or concerns.

They said:

While overall there were 5 statistically significant issues children and young people identified as being the things that worried them there were some differentiations by gender as the graph shows below.
Further analysis of the data including the free text input showed there was also some differentiation by age with young people aged 7-10 more likely than average to express concern about personal safety (staying safe while out with friends), bullying, impact of family changes, puberty and growing up and transition from primary to secondary school while 11-13 year olds were more worried about bullying especially cyber bullying and internet safety as well as transition from primary to secondary school. They were less concerned about sex, relationships and pregnancy which was more of a concern for 14-16 year olds along with issues such as exam stress, self esteem and confidence and body image. 17-19 year olds were more worried about their future prospects including growing up to quickly and problems at home.

Overall bullying was the one issue which cut across both gender and age groups. It was also identified as a concern by parents and carers and staff.

This reflects the findings of the Hull Children and Young People’s Health and Lifestyle survey (2012) which found that 13% of boys and 14% of girls reported that they had been bullied at school in the last month, with the percentages reporting they had ever been bullied at school more than three times higher.

Parents and Carers told us their top 5 worries for their children and young people were:
While Staff working in children and young people’s services identified the main issues as:

In all cases across Children and Young People, Parents and Carers and Staff where drugs and alcohol was identified as an issue this was not always about the child or young persons use but how use in the family or in the community impacted on children and young people.

**TOP 5 ISSUES** (broken down by %)

<table>
<thead>
<tr>
<th>Young People</th>
<th>Parents and Carers</th>
<th>Staff</th>
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</thead>
<tbody>
<tr>
<td>Bullying (including cyber bullying)</td>
<td>Bullying (including cyber bullying)</td>
<td>Impact of family changes (53%)</td>
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<tr>
<td>(47%)</td>
<td>(75%)</td>
<td></td>
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<tr>
<td>Exam stress</td>
<td>Self Esteem and confidence</td>
<td>Self Esteem and confidence (51%)</td>
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<tr>
<td>(38%)</td>
<td>(56%)</td>
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<tr>
<td>Body image</td>
<td>Staying safe with friends</td>
<td>Bullying (including cyber bullying)</td>
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<tr>
<td>(37%)</td>
<td>(48%)</td>
<td>(47%)</td>
</tr>
<tr>
<td>Drugs and alcohol</td>
<td>Body image</td>
<td>Drugs and alcohol (46%)</td>
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<tr>
<td>(29%)</td>
<td>(46%)</td>
<td></td>
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<tr>
<td>Self Esteem and Confidence</td>
<td>Drugs and alcohol</td>
<td>Use of social media (34%)</td>
</tr>
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<td>(25%)</td>
<td>(44%)</td>
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Where should support on developing positive emotional health and resilience be provided.

In the consultation we wanted to know where children and young people would access support so we could improve accessibility to meet need and improve early help and intervention. Children and young people told us they would access support in a number of venues with home (68%) and school (40%) being the preferred options. Staff consulted agreed that support should be provided in school (97%) and at home (94%).
We also asked children and young people:

Who would you go to for support on emotional health and wellbeing?

This will help ensure that the staff working in services children and young people may approach have access to training so they are confident in the support they provide. There will also be community based support for parents and carers and peer mentoring developed.

However parents and carers did not place the same level of importance on support in the home (60%). The majority of parents thought support for children and young people should be provided at school (87%) or in the community e.g. youth centre’s (83%).
What form the support for children and young people should take:

This reflects the findings on who children and young people wanted support from and where and will help ensure that the method of delivery is varied and meets need.

In addition to the preferred method of support for children and young people (identified above) parents and carers favoured one to one support (42%) and support via a website (48%) as well as access to counselling (40%) and parenting courses (33%). Staff in organisations working with children and young people identified the need for training (71%) and access to counselling (for young people) (67%) and group work packs (50%).

Boys grow up being told that boys don’t cry and you are a wuss if you do. They get bullied and then to fight back they become bullies. They can’t win.

young person quote
DIGITAL

Social media is constantly evolving and its important services are able to use this in addition to more traditional methods of communication to reach children and young people and provide support and information on emotional health and wellbeing through well used digital platforms.

The Hull Children and Young people’s lifestyle survey 2012 showed that 91% of boys and 97% of girls had a mobile phone of which over 50% were paid for on contract (rather than pay as you go). 99.7% of pupils had access to the internet.

This emotional health consultation asked children and young people what digital/social media platforms (if any) they used:

How pupils use their mobile phones*, by gender (Hull Health & Lifestyle survey 2012)
This has led to the development of a young person’s emotional health and wellbeing You-tube channel and the development of an app (as part of the HeadStart pilot) but will also inform other future development and platforms used. While facebook was the most popular in focus groups young people told us they used that more to keep in touch with friends. If they were looking for information they were more likely to use an app or you tube or a website although young people struggled to identify a good website they had found useful on emotional health and wellbeing.

**How would you like to find out about emotional wellbeing?**

This highlights the range of ways children and young people can be supported in finding out more about emotional wellbeing and that a range of mediums of communication are needed. For example while new technology such as apps and you tube are popular leaflets and posters still have a role to play.
CONCLUSION

This consultation should be seen as part of the beginning rather than the end of engagement with Children and Young People in Hull on issues affecting their emotional health and wellbeing.

The Children and Young People’s Health and Lifestyle survey is planned to be repeated in 2015 and a number of other mechanisms are being established and developed including the Young People’s Health Advisory group, the Young Inspectors programme and the digital champion’s network.

By continuing to ensure the voice of children and young people is embedded in commissioning and service development and developing evidence based practice we can deliver improvements which meet the needs of children and young people now and in the future.

Children are increasingly focused on a virtual world which impacts on their real world.

They have 1,000 friends on facebook but no one in real life they can talk to and trust.

staff quote
This report was developed by Richard Morfitt (Customer Insight Team), Gail Teasdale (Children and Young Peoples Services) and Sally Barlow (Public Health) at Hull City Council.

Survey responses were collated and compiled by:

Sarah Adamson, Emma Cropper, Ben Green, Ben Smith and Ryan Holmes

We would also like to thank Angela Hancock and all the staff at Hull City Council’s Integrated Youth Services as well as staff working in voluntary sector youth services and in schools across the city for their assistance in distributing the questionnaires which enabled us to receive an excellent response rate to the consultation.

Thank you to all the children and young people who contributed to this by filling in a survey or agreeing to be part of a focus group.