

YMCA RIGHT HERE

Young people promoting health and wellbeing through education, campaigning and influencing

A LOOK AT HEALTH & WELLBEING IN BRIGHTON & HOVE SECONDARY SCHOOLS

A YOUNG HEALTHWATCH CONSULTATION JULY 2018





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EXECUTIVE SUMMARY

What did we do?

We worked closely with 3 secondary schools in Brighton & Hove asking students to tell us what kinds of school-based support worked well, what didn't, & what else could be offered.

We held targeted focus groups with years 10 & 8 in each school. In addition, we hosted interactive 'listening lab' stalls in line with our Young Healthwatch approach. This mixed methods approach enabled a broad & diverse range of young people to take part in formal & informal ways.

We spoke to over 280 students over June - July 2018

The Idea

What do young people know about the mental health support available in their school, & what were their ideas around what could be improved?

Young Healthwatch set out to enrich & complement the information Public Health Brighton & Hove already had about the 'Schools Wellbeing Service' & to talk to students in secondary schools across Brighton & Hove about their views on wellbeing &

mental health support in schools.

What did we find out?

ENVIRONMENT:

Space was a key issue for young people. Designated 'wellbeing' spaces were highly sought after, & the comfort or 'feel' of the school environment was a key consideration.

RELATIONSHIPS:

Relationships were a key part of students' journeys to receiving support with their mental health; primarily relationships with teachers. Teachers having the time, space, & awareness to notice (not just be approached) when students were struggling was a key concern across all schools & year groups.

INFORMATION & CONSISTENCY:

Consistency around where, who, when, & what to expect around mental health provision seemed to be a key need across schools. Students were more confident in identifying provision that was in a fixed location at fixed times.

CURRICULUM & LEARNING:

Many students felt that information about mental health should be embedded in the curriculum beyond PSHE, so to include Science, English, & Creative Arts. Where specific learning took place students felt this should be interactive, where possible youth led, & supported by specialists.

AWARENESS:

Many schools use their own language around the Schools Wellbeing Service, which may be useful, however it seemed that overall students had a lack of understanding as to who the lead staff member for mental health was, and their purpose.

WIDER ISSUES: Important areas that students wanted covered included sleep, stress, & food/diet.

Recommendations from Young Healthwatch

Schools need to be communicate more clearly where mental health support is available in their school; where, who, when & what? Use young person friendly language & embed the provision across the school community.

Identify the spaces in schools where vulnerable young people may be spending time e.g. toilets, disused areas, and the far reaches of campus, & recognise the potential for them to provide a more supportive atmosphere & signpost to information & help.

Can schools provide alternative tools for understanding & managing feelings? Many students felt they lacked spaces to be angry, to cry, or to express themselves in an energetic way without causing disruption or being discouraged.

ABOUT

Young Healthwatch is a group of volunteers aged 16-25 that exists to listen to young peoples views about health & social care in the city, & share these views to influence how services are designed & delivered. Young Healthwatch is delivered by YMCA Right Here in partnership with Healthwatch Brighton & Hove.

YMCA Right Here is a young people's health and wellbeing project based in Brighton & Hove and is managed by YMCA Downslink Group. Right Here's Youth Ambassadors are a diverse group of 16 – 25 year old volunteers who co-facilitate and co-deliver a number of health promotion projects, campaigns, and community consultations.

ACKNOWLEDGEMENTS

We would like to extend our special thanks to Dorothy Stringer School, the Portslade & Aldridge Community Academy, & Patcham High School for their pro-active & enthusiastic cooperation with us for this consultation.

We would also like to thank the team at Public Health & Healthwatch for their ongoing support and partnership.

BACKGROUND

Public Health Brighton & Hove were seeking to find out what young people knew about the mental health support available in their school, and what their ideas were around what could be improved to support their wellbeing. Young Healthwatch, with their peer to peer approach, felt they could complement and enrich the ongoing evaluation of the Schools Wellbeing Service, so our consultation was designed with the aim of informing this service...

What's the **Schools Wellbeing Service?**

The Schools Wellbeing Service (SWS) works to promote mental wellbeing in schools and reduce stigma around mental health. The team helps set up systems and services in schools that will enable schools to be more proactive in meeting the mental health needs of their pupils.

They also work to build staff confidence in understanding and supporting students' mental health needs. The service aims to make it easier for children, young people and families to access appropriate support when it's needed.

Schools Wellbeing Service: "We hope that schools will notice: - A stigma free school - More confidence in understanding & supporting mental health in a school setting. - Systems and services in place in school that will be proactive in meeting the mental health needs of its school community. Children, young people and families having easier access to appropriate support when needed "

The Context

This participatory work with young people was tasked with providing a complimentary broader context around wellbeing in schools, so what wellbeing meant and looked like to young people and what might work better. It was agreed that the SWS, schools and partner agencies could extrapolate from the findings for their own work and working together, to enhance the mental health and wellbeing of our young people in schools.

METHODOLOGY

Public Health identified two cohorts that they felt were particularly important to hear from, due to the tendency for mental health support needs to arise during these years. For that reason we approached schools aiming to deliver 2 targeted focus groups - one with year 8 students, another with year 10 students. We delivered 6 of these in total.

We planned to visit schools for an entire day, and deliver our signature Young Healthwatch Listening Labs over lunch, break and/or after school alongside our focus groups during class time.

"Our Listening Labs involve setting up an interactive stall or station in a busy area in the school where lots of students will see us. We give out free goodies like stressballs, resources and Healthwatch branded pens. We play music and games, and try to make our station as colourful and fun as possible. We usually get crowds of students wanting to know whats going on and we all take turns chatting to them and challenging them to contribute." - **Becca, Youth Ambassador**

Students who approached our Listening Lab were invited to answer two questions in order to take our freebies.

When it comes to supporting your mental health:

- 1. What is school already doing that works?
- 2. What does school need to add or change?

We collected hundreds of responses in this way, while our focus groups allowed us to talk in much more depth with students about their experiences and ideas. We encouraged schools to organise the focus groups in a way that enabled a representative cross-section of young people to be involved in our conversations.

Before we visited, we provided schools with a 'promotion pack' in order to let students know where to find us on the day if they wanted to share their views. Our focus groups were structured but **informal**, with a range of activities that **allowed students to engage in different ways** - through writing, chatting in small groups, or sharing with the whole group.

We began all of our sessions with a brief conversation about health and wellbeing - what is it? who does if affect? Why does it matter?

This ensured that all of the young people in the room had a **shared understanding of the language** we were using, and allowed us to frame our questions, and establish what existing support students were aware of and how effective they felt it was, before moving on to their **ideas for improving support**. The intelligence in this report draws chiefly from our recently completed consultation, however we are also drawing from a wider body of relevant knowledge Right Here has gathered over the years of working with and within schools, and through our other consultations and projects.

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We were also able to use the recent Mental Health Champions student conference as an opportunity to ask and listen to young people about mental health in their schools.

FINDINGS

DEMOGRAPHICS

We spoke with **280+ young people ranging from 12 – 16 years old**. With the exception of our focus groups the nature of engagement precluded gathering individual data monitoring. We can however say with some confidence that we were approached by a **diverse range of students in terms of age, gender, and ethnic background.**

Our focus groups were well balanced, and as previously mentioned, chosen to be reflective of the wider school community. You can find a full breakdown of our demographics in Appendix 1.

PROCESS

We felt that our **informal**, **peer-led approach** led to **successful engagement** and drew out important issues and meaningful conversations that might not otherwise have emerged.

Young Healthwatch's **creative methods** were also a big part of this success - our Listening Lab model proved extremely popular in schools.

A huge majority of **students responded in a positive and thoughtful way** when asked for their thoughts and suggestions about the needs of the school community and the strengths and areas for improvement when it came to student support.

KEY THEME: ENVIRONMENT

The school environment was an issue that most students raised in response to either things that are working well, or things that could be improved. **Designated spaces** where students could go if they were feeling upset, angry, anxious, or stressed were highly sought after. Students were positive about existing spaces, but there was a unanimous feeling that **more safe space and 'wellbeing' space** was required. Informal spaces were also widely discussed in response to where someone might go if they were struggling. Toilets, disused areas, and the far reaches of campus were all common places that students identified that they might go.

Additionally, the presentation and 'feel' of schools was felt to have a direct impact on wellbeing. Tired or poorly maintained buildings and classrooms, uncomfortable seating, and a **lack of indoor social space** was felt to impede the experience of being at school. Many students placed these issues within the wider context of **funding for schools**, and demonstrated a clear understanding about why schools may struggle to find space or additional amenities; this seemed to contribute toward some feeling of apathy about schools, and students were not confident their ideas could be realised.

"A place to go when we're stressed to just chill, paint, draw, shout, or even throw things; with books and other tools to help us manage." When I'm upset I won't tell anyone. I go to the toilets, or the canteen and eat loads of junk food.

Students had a number of solutions they felt would address some of the issues they identified. One focus group suggested that **students spend one day per year or term on school upkeep** - this could include painting classrooms or hallways in calm and positive colours chosen by students, cleaning windows, or freshening up displays. They felt this would encourage a sense of responsibility, pride, and ownership; reducing vandalism and making school more of a shared space.

It was felt that in order for students to be able to relax at school, **more quiet spaces** with soft colours and furnishings should be introduced, and more safe indoor space that could be used as a refuge from bullying or loud and chaotic areas of the school.

Where in school could you go if you were struggling?



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KEY THEME: Relationships

While many students felt that **teachers played a key role** in connecting students with support and creating a stigma-free environment, experiences of this role varied greatly. While some students had trusting relationships with teachers, other felt that **teachers did not have the time, skills, or awareness** to support or signpost students who were struggling.

While **friends and family** were also key for young people seeking support, overwhelmingly trusted teachers were a key point of first contact. Year 8 students were more likely to use 'official' avenues for support such as designated staff and spaces, while year 10's were more likely to take 'unofficial' routes based on who they liked or trusted.

Students found **dual roles confusing**, and felt that they acted as a deterrent for students seeking pastoral support.

Many students commented that **they want teaching staff to 'notice'** if something is wrong and check in. However, these same students felt that **teachers were under too much pressure** to have these kinds of relationships with students.

Many students would also **turn to friends** in person **or online** if they were struggling, while far fewer students referenced parents. carers, or other family members. **Animals were also a popular source of emotional support** for students of all ages.

Teachers being approachable and equipped to have helpful conversations around mental health was a key need identified by students during our consultation and during the Mental Health Champions Conference.



Who in school can you talk to if you are struggling?



KEY THEME: INFORMATION & CONSISTENCY

In group discussions students were more likely to identify a range of people and places they might approach for support, although some groups were more informed than others. When asked individually however, students were more likely to struggle to provide this information. Some designated areas such as 'The Bridge', 'The Hub', or other specific classrooms were well known, but few students were clear on the times they were open and what you might expect if you went along.

The focus groups demonstrated to us the importance of peers in sharing knowledge about what's available in schools and recommending access points to others, however it was also felt among the facilitators and participants that what a school offered students should be clearly summarised and shared or displayed in order to manage expectations and ensure that students could seek out the most appropriate source of support for them.

Many students also expressed **frustration at not being allowed or able to access certain kinds of support,** and there was a lack of understanding about why this may be (for example, not meeting thresholds, students with SEND having quiet places to relax during breaktimes, or support only being available on certain days).

The sources of support that students recalled most easily were those that were consistent; in the same place at the same times each day or week.

"It helps knowing i can go to p5 in break & lunch, i feel i have someone to talk to and i'm not alone".

"SRG is always open. They understand and try to help in every way possible"

What kind of support would you expect to receive if you reached out?



KEY THEME: CURRICULUM & LEARNING

Working mental health awareness into lesson plans across the curriculum was a popular idea among the students we spoke with. It was felt that integrating these conversations amongst other topics would serve to **normalise the subject** of mental health, and act as an additional opportunity to signpost to support.

Additionally it was felt that **changes could be made to the learning environment** that would improve student wellbeing. A **broader range of ways to contribute** in class, such as writing on a whiteboard or using an ipad were suggested, as were things like being able to listen to **calming music**, **drink water** freely, and eat **healthy snacks**.

> "Feeling respected and being comfortable at school. Having comfortable clothes and classrooms and being able to eat when you're hungry all help. They make you feel well and more able to learn." "Learning about it in a lesson just like you do respiration or history makes it less of a big deal and means its the same as all health needs."

Exam stress was also raised often, particularly by year 10 students. It was felt that the **culture around exams needed to change**, and more support with planning and managing revision was needed. Many students also felt that conversations needed to be had with examining bodies to try and **space out exams for GCSE students**.

Many students raised the idea of **1 to 1 time with teaching staff** as a solution to wellbeing and learning needs. They felt that having time to discuss issues such as stress, revision planning, sleep, and wellbeing would be highly valuable to them. This was a **popular suggestion among both year 8's and 10's.** While year 10's tended to want to utilise this time to discuss their needs around exams, year 8's were more interested in the emotional support they might recieve during a 1 to 1.

KEY THEME: awareness

Many schools use their own language around the Schools Wellbeing Service, which made it challenging to gauge awareness. However, it seemed that **overall students** had a lack of understanding as to who the lead staff member for mental health was, and their purpose.

When asked for ideas, many students also described the notion of having a mental health specialist based at the school for some or all of the time to tackle stigma and support students and teachers. This was a popular idea, but when pushed students couldn't think of anyone who may already be doing some of those things. We felt that this pointed to a **greater need for awareness of Primary Mental Health** Workers and their roles.



It was also felt that there could be greater awareness among both teachers and students of mental health and the ways in which people may be affected.

The curriculum was felt to be an important part of creating awareness and normalising these conversations. (see page 13)

RECOMMENDATIONS

Our role as Young Healthwatch is primarily to gather and share the views and experiences of young people when it comes to health and social care. However, as young people we also identify our own recommendations based on what we have seen, heard, and learnt during this consultation.

- When clear on the support available, we found that young people were positive about the existing support in place at school, but wanted the offer to be bigger and broader.
- Students were often unclear about where, when, and what it was, and who was leading it. We felt that schools need to make their offer easy to understand and well publicised, including who the offer is for and why.
- With regards to the School Wellbeing Service we felt hat schools should use their student voice and young person friendly language to embed awareness of the provision across the school community; consistent language should be used to ensure students are clear about what to expect from the service and from Primary Mental Health Workers.



RECOMMENDATIONS

- Many students commented that they wished support was available more often, particularly from the school nurse who was often referenced often in conversations about health and wellbeing. We would recommend that a needs assessment is made of school nurses to identify the training and information they need to support young people with mental health concerns. If increasing the availability of school nurses is not possible, we would recommend doubling efforts to promote and resource the 'Text Your School Nurse' offer. As we have heard lots of positive feedback around this since it began.
- We felt that a further piece of work could be done in schools to identify the spaces where young people may go to be alone, find a quiet or private space. During our consultation places such as toilets, empty classrooms, the far reaches of the field or school grounds, and other quiet spaces were referenced often, more so by year 10's than 8's. By identifying these mental health 'hot spots' we felt that there was probably potential for providing a more supportive atmosphere in these spaces, and for signposting to information and help.
- We came across many different ideas from young people about what they need during times of distress. While talking therapy met some of these needs, others felt that the offer could be more diverse and include a 'self-help' style room or more energetic means of emotional expression such as sport, art, or a safe place to shout or be physical. We would recommend that schools look at alternative tools for understanding and managing mental health and emotions, and legitimise additional ways to cope when discussing options with young people.

REFLECTIONS, OBSTACLES & LIMITATIONS

Methodology

While not all of the schools we had approached initially were able to take part in the consultation, we felt that our youth-led interactive approach worked extremely well in the schools that took part.

Diversity & Representation

The equality monitoring data we secured from the focus groups (our Listening Lab approach makes it harder to collate this info) reflect a broad and diverse representation of participants.

However, the specific needs of young people from speific backgrounds ehtnicities, abilities, and identities was not drawn out and this could be an area for future work.

Reflections

It seemed to us that most young people felt their schools were providing *something* that supported their emotional wellbeing. However, it was widely felt that **offers needed to be broader, clearer, and more diverse.**

Schools could be **more creative** around the ways in which they raise awareness and provide support, taking a lead from students.

APPENDIX 1



White 58% Black British 9% Other White Background 9% White & Black Background 5% White & Asian Background 4% Arabic 5% Other Mixed Background 5% Another Background 5%

