



Insight

Young people's mental health and
well-being

June 2016

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Introduction

Healthwatch Nottingham is an independent organisation making sure that local people's views on health and social care services in Nottingham are heard. We identify individual issues and trends that indicate where services may be failing local people, acknowledge good practice and enable their views and experiences to influence how services are planned and delivered.

We were aware of local and national concerns about children and young people's mental health services. We therefore wanted to gather evidence from young people in Nottingham city about their experiences of seeking help and treatment for mental health issues. We wanted to try to understand how many young people in the city could be experiencing mental health issues, whether they know how to access help and how they would like to access help. We would then use this evidence to support service commissioners and providers to help ensure all young people access and have positive experiences of seeking help and treatment when they need it.

Our approach

To gather this evidence we developed a short survey for completion by young people aged 14 - 25 years old. The survey was available as a paper postcard but also as an online survey for electronic distribution. We wanted to gather as large a sample as possible and so targeted local education establishments to access young people. This included working with a group of students from the University of Nottingham, participating in the Third Sector Challenge, a university initiative to support third sector organisations in Nottingham and provide work experience for their students, who gathered experiences from their peers. To ensure that vulnerable groups of young people were represented in this sample we worked with local support groups and organisations to get the young people they worked with or supported to provide responses.

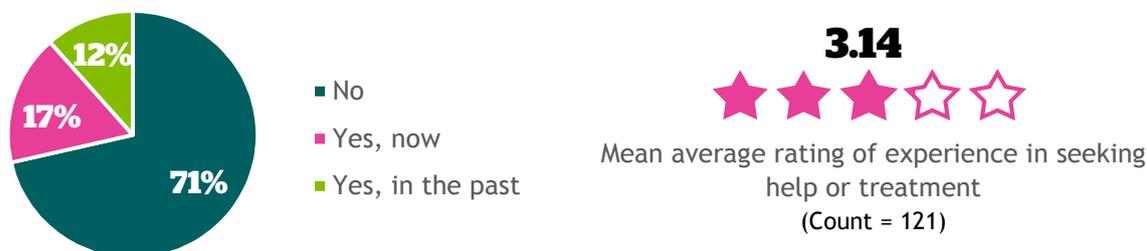
We received responses from 603 young people aged between 14 and 25 years of age between February 2015 and September 2015. All data was thoroughly checked and all qualitative comments were coded to identify the key themes of their comments for analysis.

Interim findings were reported to the CAMHS Executive Group, a multi-agency group of commissioners and providers of Nottingham's mental health services for children and young people. This final report will be shared widely with providers, commissioners and regulators of these services and with the community groups and organisations who supported this work.

Summary of findings

Over a quarter (29%; n = 171) of the young people we surveyed had personal experience of mental health issues. The majority (71%; n = 126) had sought some form of help or treatment for their issues and overall, experiences of seeking help or treatment were average, young people were most likely to provide a 3 star rating.

Figure 1 Young people's experience of mental health issues



Source: All young people providing a response (count = 598)

The treatment received, communication, staff and the waiting times to access treatment were central aspects of both positive and negative experiences.

Young people identifying as homosexual or bisexual were most likely to have either experienced a mental health issue in the past or currently, but when seeking treatment and support their experiences were more likely to be negative.

Comments from all young people indicated that a poor relationship with their counsellor or psychiatrist resulted in dissatisfaction with their treatment. This was more likely to be referenced by those identifying as homosexual or bisexual, than those who were heterosexual and could therefore be more important in ensuring this groups of young people have positive treatment experiences.

...my therapist wasn't a nice person to talk to.

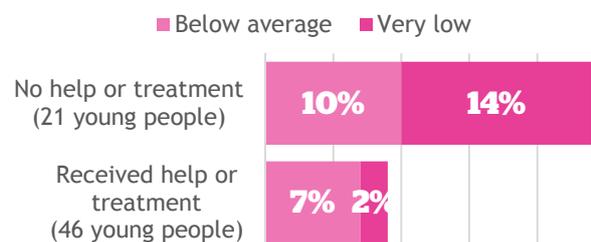
I had counselling and it didn't really help. Found it patronising and felt alienated by my counsellor.

Comments from young people about their negative experiences related to relationships

A quarter (26%; n = 46) of young people who had experience of mental health issues had not sought any help or treatment. Young people from a Black or Minority Ethnicity (BME) group were almost twice as likely as their white counterparts to have not sought any help.

There were four main reasons as to why young people didn't seek any help. Half of these young people talked about how they thought they could get better on their own, or didn't feel that their issue was 'bad enough', and around a quarter made reference to not knowing how to access help or not wanting the treatment they thought would be offered. A smaller percentage talked about the social stigma of mental health illness as a barrier.

Figure 2 Well-being scores for young people with a past mental health issues



There was some evidence to indicate that not seeking help and support could potentially result in persistent problems. Young people with experience of a past mental health issue, who had not sought help of treatment, were more likely to have lower well-being scores when surveyed than those who had sought help and treatment, as illustrated in figure 2.

We found that over half of young people don't know how or where to get help for mental health issues should they need to. If they did need help, young people most frequently wanted this to be face to face and one-to-one in a comfortable setting.

Males and those young people from BME groups were less likely to be aware of where to get help than their female and white counterparts. Where young people did state they knew how to get help, almost two thirds identified that they would go to their doctor or GP, and another quarter would look for help through their education establishment.

Young people from BME groups were less likely to favour treatment with any social dimension, and young people who were disabled or identified themselves as homosexual or bisexual were more likely than all other young people to want their treatment to involve technology in some way.

Conclusions and recommendations

More needs to be done to ensure that all young people are aware of how to get help for a mental health issue to stop this becoming a barrier to young people seeking help when they need it. Our survey found that over half (56%) of the young people we spoke to didn't know where to get help for a mental health issue. This included those young people who may be more likely to need these services due a past mental health issue or below average or very low wellbeing scores.

Recommendation 1: Additional focus on young people from a BAME ethnic background when undertaking activities to raise awareness would be beneficial. This group were more likely to be unaware of how to get help or treatment and were also less likely to have sought treatment if they did have a mental health issue. This activity should revolve around messages promoting the confidentiality of treatment.

Although experiences of seeking treatment and care were average, there were still a quarter (24%) of young people reporting very negative experiences, and only 10% reporting very positive experiences. Negative outcomes of treatment were more likely to be reported than positive outcomes. Our evidence suggests that the ways in which they received treatment not always matching their preferences or expectations may be contributing to this, particularly where group based treatment options are offered.

Recommendation 2: Better communication with young people regarding the reasons why certain treatment options are offered could help aid understanding of their benefit, and generate discussion around preferences for treatment methods to help ensure positive outcomes result.

Services need to do more to meet the needs of young people identifying as homosexual or bisexual when these young people are seeking help and treatment for mental health issues. These young people had significantly less positive experiences of seeking help and treatment than young people identifying as heterosexual. This is particularly concerning given that these young people were most likely to have experience of a mental health issue, and scored significantly lower for their wellbeing, and may therefore be more in need of, and over-represented, within mental health services.

Recommendation 3: Providers of mental health services for children and young people need to consider providing additional support to professionals to develop effective patient relationships and interactions with homosexual and bisexual young people. This could help secure more positive experiences and outcomes by addressing the over-representation of this issue and negative experiences for this specific group of young people.

Who we spoke to

Table 1 shows the areas in which the young people lived, the majority coming from the central locality of the city. Almost a third of the young people we spoke to resided outside of the city with the majority of these living in Nottinghamshire county.

Table 1 Areas of residence

Ward area	Count	Percentage
North city	77	13%
Central city	233	39%
South city	53	9%
Out of area	191	32%
Not collected	49	8%
All respondents	603	101%

Note: Table does not sum due to rounding

We gathered more feedback from males than females. As illustrated in figure 3, 64% of all respondents were female. Four respondents identified themselves as transgender.

Figure 3 Gender of respondents

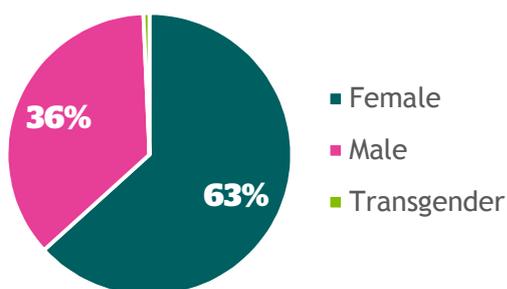
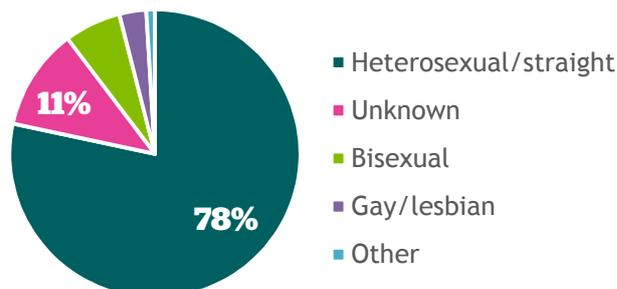


Figure 4 Sexual orientation of respondents



Note: Unknown includes young people who prefer not to say

Figure 4 shows that 78% identified as heterosexual/straight, 6% as bisexual and 3% as gay/lesbian.

35% of the Nottingham City population are from Black or Minority Ethnicity (BME) groups; our survey matched this; 36% of respondents providing details of their ethnic group told us they were from a BME group. Only 2 respondents did not provide these details.

Figure 5 Ethnic group of respondents

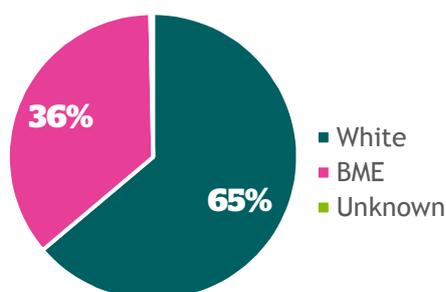


Table 2 Ethnic groups of respondents

Ethnic group	Count	Percentage
White	391	65%
Asian/Asian British	93	15%
Mixed/Multiple ethnic group	58	10%
Black/African/Caribbean/Black British	46	8%
Other	23	4%
Unknown	2	0%

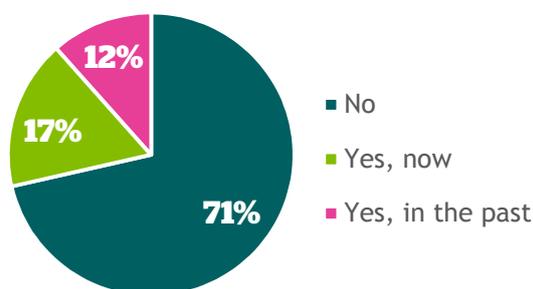
Note: table does not sum due to rounding

8% of our respondents told us they had a disability.

Getting help

Experience of mental health issues

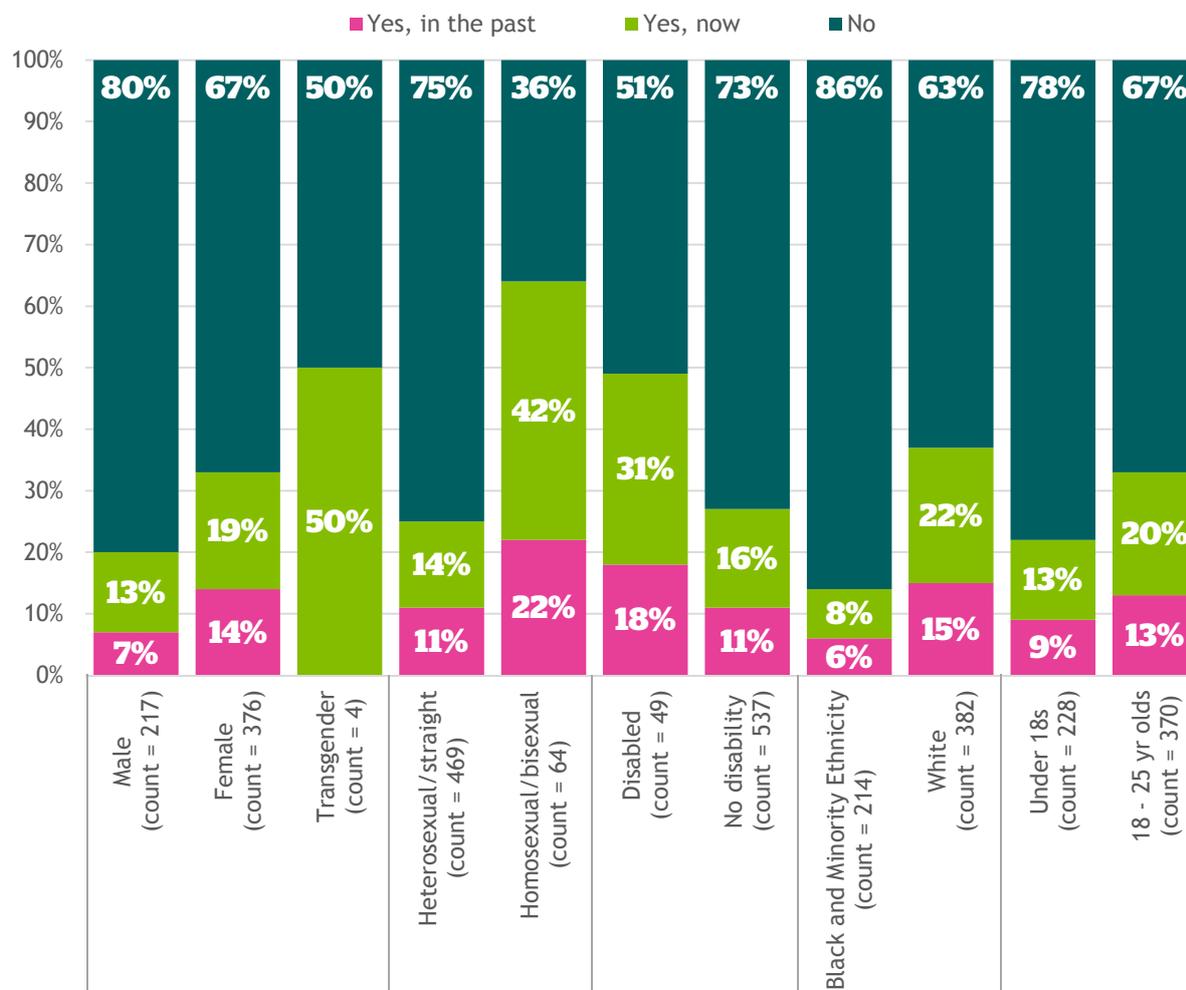
Figure 6 Young people's experience of mental health issues



Source: All young people providing a response (count = 598)

Figure 6 shows that 29% (n = 171) of young people we surveyed had personal experience of mental health issues, either currently or in the past.

Figure 7 Experience of mental health illness by demographic



Source: All young people providing a response (count = 598)

When looking at this by demographic (as shown in figure 7) the differences between the main demographic characteristics were all significant:

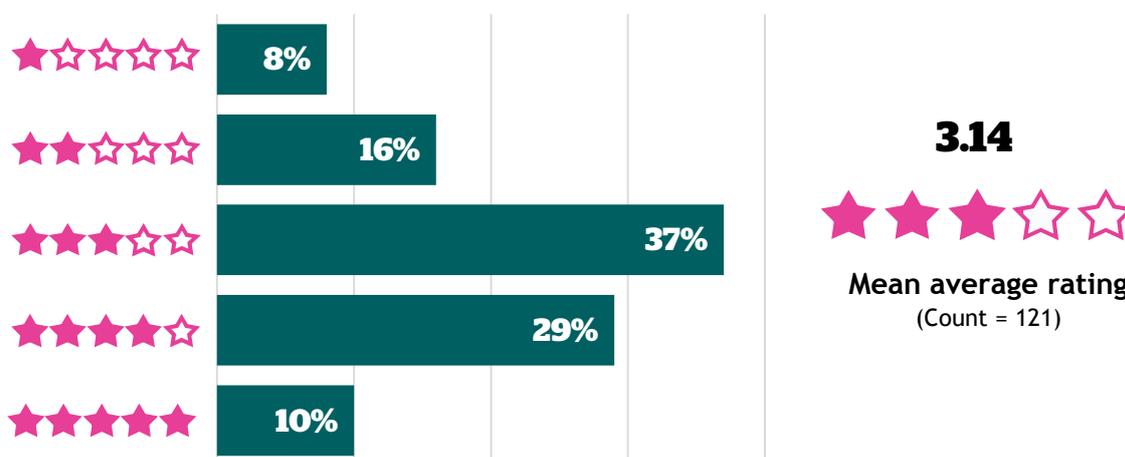
- ♀ Females were more likely than males to report experience of mental health issues;

- Young people identifying as homosexual or bisexual were more likely than young people identifying as heterosexual to have experience of mental health issues;
- Young people with a disability were more likely than those who did not report a disability to indicate that they have experience of mental health issues;
- Young people from white ethnic groups were more likely than those from BME groups to report experience of mental health issues;
- Older young people aged between 18 - 25 years old were more likely than those under 18 to have had experience of mental health issues.

Experiences of getting help

Of those who had experience of mental health issues 71% had sought some sort of help or treatment; we asked them to rate their experience of this using a five star scale, where one star is the worst and five star is the best. There were 121 young people who gave a star rating, and figure 8 shows that the most frequent rating was 3-stars, with a mean average of 3.14 out of 5.

Figure 8 Overall mean rating of seeking treatment



Source: Patients who have sought treatment for past of previous mental health issues (n = 121)

Table 3 Mean average experience ratings by demographic

Demographic	Mean average ratings and count		Difference
Gender	Males: 2.97 (n = 31)	Females: 3.23 (n = 89)	-0.26
Ethnicity	BME: 3.35 (n = 20)	White: 3.12 (n = 102)	0.23
Disability	Disability: 2.76 (n = 21)	No disability: 3.23 (n = 99)	-0.47
Sexuality	Gay/lesbian/bisexual: 2.74 (n = 27)	Straight: 3.35 (n = 86)	-0.61

Source: Patients who have sought treatment for past of previous mental health issues

Note: Mean average calculated by summing five star rating values and dividing by the number of ratings.

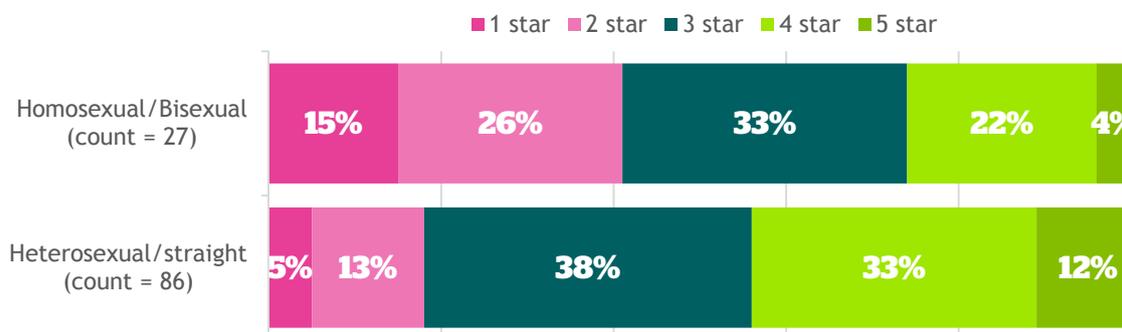
Cells highlighted in yellow denote statistically significant differences ($p < 0.009$). This means the chance of this result being down to the people we spoke to, rather than an actual effect, is less than 1%.

As shown in table 3 there were slight differences in the ratings by gender, ethnicity and disability. None of these differences were statistically significant although the disability scores approached this level with a p value of 0.07.

The greatest difference in mean average rating was for sexuality, where those who identified as homosexual or bisexual provided a mean rating of 2.74 compared to 3.35 who

identified as heterosexual or straight. This difference was statistically significant ($p=0.009$) and indicates that this group of young people are likely to be having a significantly more negative experience of seeking help for mental health issues, further illustrated by the profile of star ratings shown in figure 9.

Figure 9 Profile of star ratings by sexuality



Source: Patients who have sought treatment for past of previous mental health issues identifying their sexuality (n = 113)

Young people who identified as either homosexual or bisexual provided three times more 1-star ratings and twice as many 2-star ratings than young people who identified themselves as heterosexual.

What people talked about

We asked young people to provide some details about their experience, including what happened and how this made them feel. Figures 10 and 11 show the most talked about themes of their experience.

Figure 10 Top 5 most talked about negative themes

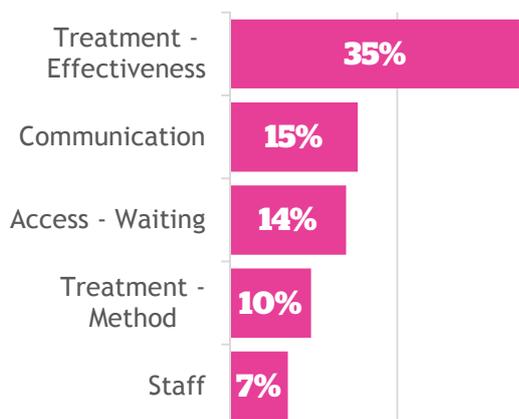
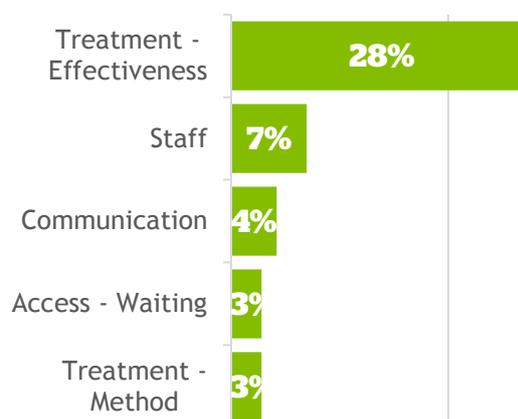


Figure 11 Top five most talked about positive themes



Source: Patients who have sought treatment and provided details on their experience (n = 72)

We can see from these figures that these themes mirror each other indicating their significance to experiences.

The effectiveness of the treatment young people received was central to both positive and negative experiences. Over a third (35%) of those having negative experiences talked about treatment not being very helpful or useful, and where references were made to receiving talking therapy the communication and relationship they had with their counsellor or

psychiatrist could be identified as potential reasons for their dissatisfaction with their treatment outcomes. For example,

“I wasn't listened to...”

“I had counselling and it didn't really help. Found it patronising and felt alienated by my counsellor.”

Negative relationships between counsellor and patient were more likely to be referenced by young people identifying as homosexual or bisexual compared to those who identified as heterosexual; this could therefore be the reason for this group reporting more negative treatment experiences overall.

Conversely, young people having positive experiences talked about how this treatment had helped them to overcome or cope with their issues:

“They really helped me overcome my problems, and gave me the tools in order to cope if/when problems reoccur”

“...they've shown me ways to deal with them.”

Long waiting times to start treatment or between each session of treatment were talked about by young people who had both good and bad experiences of talking therapies, with waiting times of up to six months being referenced.

“I was told it would take 2 weeks when in reality it took 4 months. I find it very concerning that it took so long and wonder how many people have got worse during the waiting period trying to get help.”

“I was given CBT to treat my panic disorder, but had to wait 8 weeks. These 8 weeks were probably the worst in terms of my mental health.”

“I was on a waiting list for 6 months.”

People who talked about the treatment method commented on how they had not received the treatment they wanted, whether that was medication or talking therapy. For those who received the latter, a number of young people talked about how they found group therapies to be less effective and increased the symptoms of their mental health illness, for example,

“When I finally got CBT, I was persuaded to go to group sessions which only increased my anxiety.”

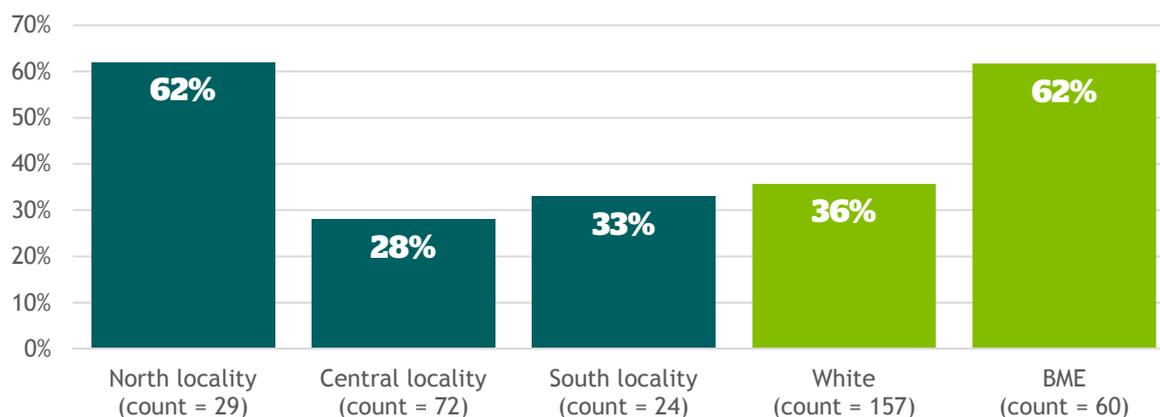
“Son who has autism...they didn't really understand the fact he doesn't want to do activities with other children and suggested we use more social groups but my son was agitated by this.”

Reasons for not getting help

Over a quarter (26%; 43 young people) who had experience of a mental health issue stated that they had not received any treatment. There were two significant findings with regards to the young people who had sought help and treatment and those who hadn't; these are graphically illustrated in figure 12 and are as follows:

- Young people who lived in the North of the city were around twice as likely to have not sought help or treatment as those who lived in the central or south areas of the city.
- Young people from a BME group were significantly more likely than their white counterparts to have not sought help or treatment for a previous or current mental health issue.

Figure 12 Percentage of young people NOT seeking help or treatment



Source: Young people who had not sought help or treatment

When asked why they had not received any treatment 38 young people provided some details, from these comments there were four main reasons for not seeking help:

- 1. Personal reasons:** Half (50%; n = 19) of these young people talked about the personal reasons for not seeking help, the most specific being that they wanted to, or thought that they could, get themselves better. There were some young people who hadn't told anyone how bad they were feeling or didn't think that their issue was 'bad enough' to seek help.
- 2. Treatment:** Just over a quarter (26%; n = 10) of young people felt the treatments that would be available to them were not what they wanted. They didn't want to take medication or didn't believe that talking therapies would be successful. There were a small number of others who felt that there was no way to help or doubted how successful treatment would be.

"I don't want to be put on medication."

"I don't know how much help it would be."

"I don't believe talking will help."

"There's no way to help."

- 3. Access:** Almost a quarter (24%; n = 9) stated reasons related to accessing services. They didn't know what help they needed and so didn't know how to get it, or identified barriers such as time and the convenience of appointments as stopping them. There were a small number of patients who were on a waiting list for treatment.

"I do not know how to access the help I need."

"Because it is hard to travel to get counselling. Also, I'm not sure how to get help at college."

"Difficulty securing a session and getting an appointment."

- 4. Social barriers:** A smaller number of young people talked about the social stigma attached to mental health illness and how this prevented them from talking about their issues and seeking help. They did not want to be labelled or feared that this would be held against them in the future if it was noted on their medical records.

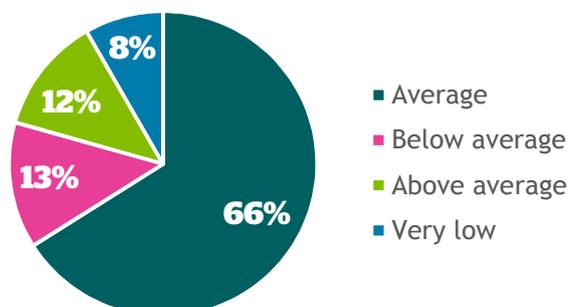
"Fear of going; fear of being labelled and having to report it in specific documents (e.g. job or career applications)"

"At the time I felt embarrassed/shame, didn't want to talk to family or see GP."

Young people's well-being

We used the Warwick Edinburgh Scale to assess young people's mental well-being, a tool developed to enable the monitoring of mental well-being in the general population and has been shown to be appropriate for young people from 13 years of age. Figure 13 shows that over a fifth (21%) of the young people completing the survey scored as either below average (13%; n = 76) or very low (8%; n =47).

Figure 13 Well-being scale banding



Source: All young people providing complete responses (n = 568)

Table 4 Well-being band by demographic

Demographic	Count	Above average	Average	Below average	Very low
Male	209	20%	63%	11%	6%
Female	354	8%	68%	15%	9%
Transgender	4		50%		50%
Heterosexual/straight	452	13%	68%	13%	7%
Homosexual/bisexual	60	5%	55%	18%	22%
Disabled	47	19%	43%	19%	19%
No disability	510	12%	68%	13%	7%
Black and Minority Ethnicity	202	18%	66%	12%	4%
White	364	9%	66%	14%	11%
Past mental health issue	68	7%	79%	7%	6%
Current mental health issue	96	4%	34%	29%	32%
No mental health issue	402	15%	71%	11%	3%
Young people who had a past mental health issue:					
Received help or treatment	46	9%	83%	7%	2%
No help or treatment	21	5%	71%	10%	14%
All young people	568	12%	66%	13%	8%

Source: All young people providing complete responses (n = 568)

Note: Cells highlighted in yellow denote significant differences ($p < 0.05$) within the demographic characteristic

Table 4 illustrates that there were some differences across the different groups of young people we surveyed. The demographics highlighted in yellow indicate where these differences were significant:

- Females were more likely to score in the lower well-being bands and less likely to score above average compared to their male counterparts. It is concerning that two of the four transgendered young people reported very low well-being scores.

- Young people identifying as homosexual/gay or bisexual were more likely than their counterparts who identified as heterosexual/straight to score very low and below average for their mental well-being.
- Young people who stated that they had some sort of disability were twice as likely as the average of all young people and those who stated that they had no disability to score very low.

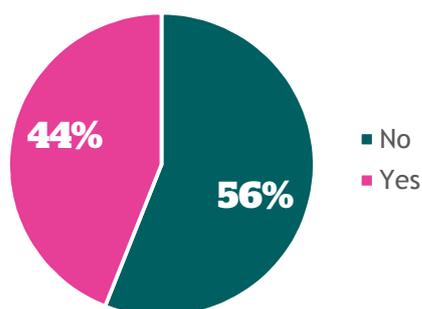
It is not surprising to see that young people experiencing a current mental health issue were much more likely to have a below average or very low score for the mental well-being, confirming the need for them to seek help and support.

It is encouraging to see that those young people who had received help or treatment for a past mental health issue were less likely to have below average or very low well-being compared to their counterparts who had received no help or treatment, although this difference wasn't statistically significant.

Awareness of how to get help

We asked young people whether they would know how to get help for a mental health issue if they ever needed it. We found that over half (56%; 323 young people) said that they didn't, as illustrated in figure 14.

Figure 14 Awareness of how to get help



Source: All young people who answered the question (count = 581)

Table 5 looks at young people's awareness of where to get help by their different characteristics and shows that there were some differences within the groups. This shows that the significant differences were as follows:

- Males were more likely than females to state that they did not know where they would get help for a mental health issue.
- Young people from a BME group were more likely than their white counterparts to indicate that they did not know where they would get help for a mental health issue.
- Those young people with experience of a mental health issue, either now or in the past, were more likely to know how to access help and support than those with no experience.
- Those young people who had not received help for a past mental health issue were less likely to know where to access this now.

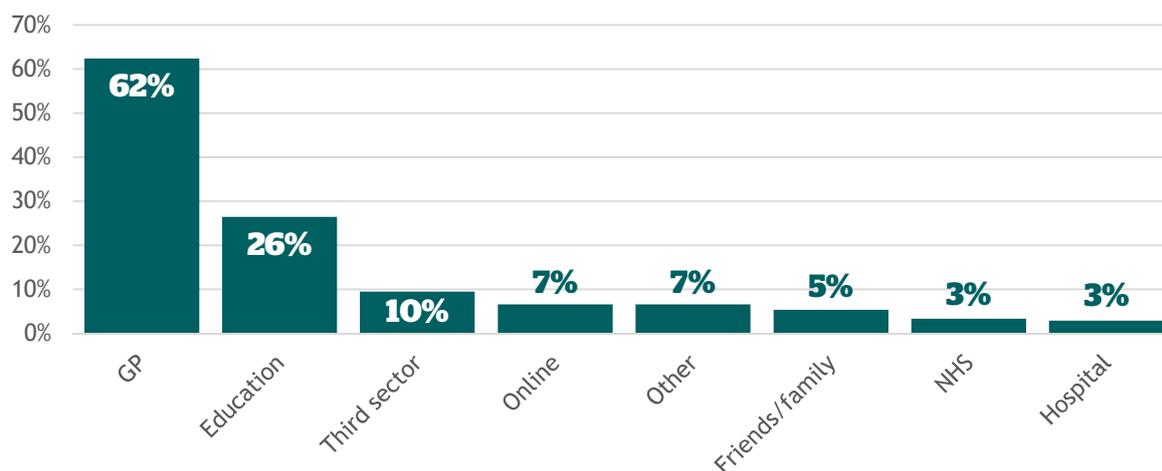
Table 5 Breakdown of awareness of where to get help by demographic

Demographic	Count	Yes	No
Male	214	37%	63%
Female	362	49%	51%
Transgender	4	50%	50%
Heterosexual/straight	461	45%	55%
Homosexual/bisexual	59	48%	52%
Disabled	47	45%	55%
No disability	522	44%	56%
Black and Minority Ethnicity	206	35%	65%
White	373	49%	51%
Past mental health issue	67	54%	46%
Current mental health issue	99	72%	28%
No mental health issue	412	36%	64%
Received help or treatment	118	71%	29%
No help or treatment	90	39%	61%
Average or above well-being	431	43%	57%
Below or very low well-being	121	49%	51%
All young people	581	44%	56%

Source: All young people who answered the question

Note: Yellow cells denote statistically significant differences ($p < 0.05$) within the demographic characteristics

We also asked young people to identify where they would get that help and support. Almost two thirds (62%) identified that they would go to a doctor or GP as illustrated in figure 15. Figure 15 Young people's examples of where they would access help for a mental health issue



Source: Young people identifying they were aware of how to access help (242 young people)

Over a quarter (26%; 64 young people) stated that they would look to their education establishment for help and treatment (we know that at least 95% of the people we spoke to were in some form of education). Many identified a specific counselling service available at their college or university whilst others made reference to pastoral or welfare services, while a minority just mentioned the education establishment more generally, for example:

“College well-being counsellor”

“University counselling service.”

“University mental health services.”

“Welfare staff at college.”

“College student support services.”

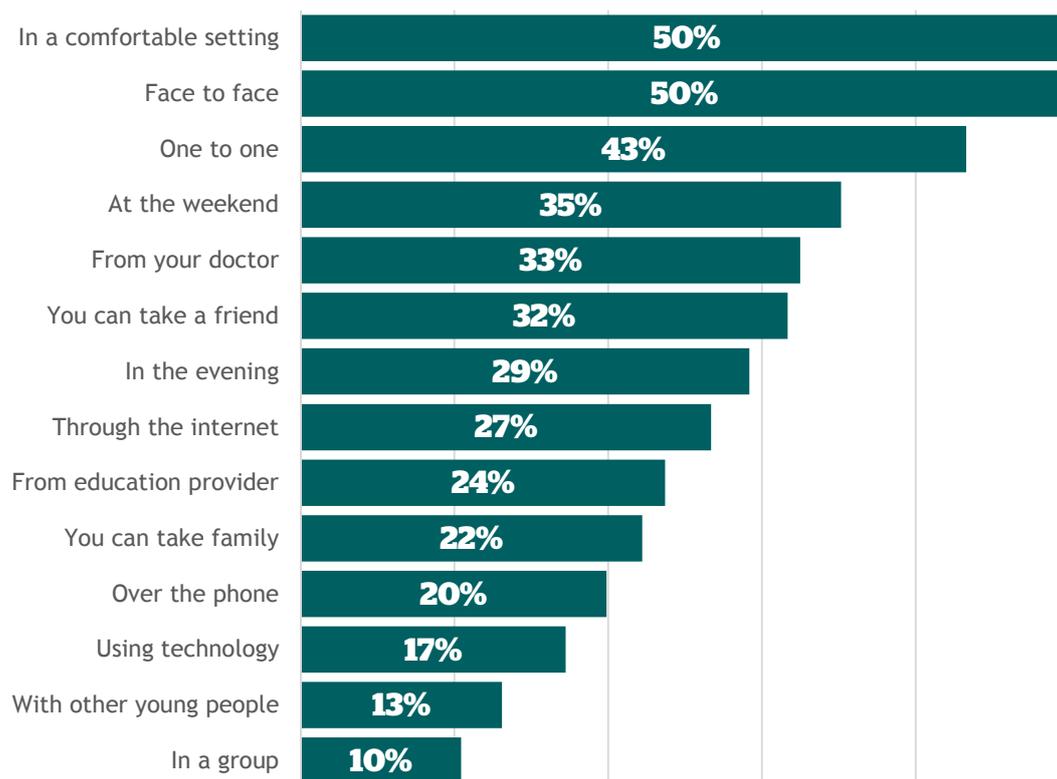
“Disabled student’s officers.”

The third most frequent example provided were services delivered by third sector. The majority mentioned well known national organisations and services such as Childline or the Samaritans.

Preferences for accessing help and treatment

We gave young people some options to indicate how they would like to receive any help or treatment for a mental health illness in the future, should they ever need it. They were asked to tick as many as applied to them. Results of this are illustrated in figure 16.

Figure 16 Preferences for receiving help and support



Source: All young people (count = 603)

When looking at this by demographic characteristic, ethnicity was characteristic most likely to have significant differences between the groups. They were significantly less likely to want any treatment or care delivered in the company of others or in social venues:

- They were less likely to want to take a family member (14%, compared to 27% of young people from a white background) or a friend (24% compared to 36%).
- Only 7% wanted to receive help or treatment in a group, compared to 12% of young people from a white background.
- They were less likely to want to receive help and treatment through their education provider (18% compared to 27%)

Although treatment using technology in some way was not wider favoured by all young people, it was more likely to be preferred by those with a disability and young people identifying as either homosexual or bisexual (27% compared to 17% of all young people).

Acknowledgements

We would like to take the opportunity to thank everyone involved in this project, particularly the local services and support groups who allowed us access to the young people they support. This includes but isn't limited to the following:

Base51	NGY my place
Beckhampton Centre	Nottingham Community Housing Association
Big Issue Project	Nottingham Trent University
Bilborough College	Nottingham Woman's Center
Central College Nottingham	Places for People: Mellors Lodge
Changing Lives	Rainbow Parents
Djanogly Academy	Step in to Work
Equation	Tuntum - Imaani
Framework	University of Nottingham
IntoUniversity Nottingham West	Young Witness Service
NACRO	Youth Offending Team

NCVS Children and young people's network

Thank you also to the volunteers who helped us to collect this information from children and young people across Nottingham City. We couldn't have done this work without you.

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