Your Mental Health and Wellbeing

Contents

1. Executive Summary

The Scottish Government commissioned YouthLink Scotland to work in partnership with Young Scot, Children's Parliament and Scottish Youth Parliament as part of an engagement activity to gather the views of children and young people's on accessing information and support for mental health and wellbeing. The partners have gained valuable experience of children and young people's participation and engagement, and effective consultation approaches around these issues. Findings from this exercise have been shared with the Children and Young People's Mental Health and Wellbeing Joint Delivery Board Task and Finish groups for consideration to help inform decision making, service design and delivery and helped shape recommendations that will be considered by the Children and Young People's Mental Health and Wellbeing Joint Delivery Board. [Children and Young People's Mental Health and Wellbeing Joint Delivery Board - gov.scot (www.gov.scot)](www.gov.scot)

> This executive summary highlights some common themes reported by children and young people aged 8 – 25 across all this engagement activity. This is followed by some specific findings reported by children aged 8 – 12 year old from the supported discussions; and children and young people aged 12 – 25 year old from the online survey and supported discussions.

Overall, children and young people aged 8 to 25 year olds report common themes when it comes to getting information or support for their mental health and wellbeing:

- Children and young people report the importance and value of relationships with others in spaces they feel comfortable to talk about mental health and wellbeing.
- Children and young people **weigh up the risks and benefits** of support before accessing it; such as whether they will be perceived as a **burden** or have private feelings **exposed**. **Confidentiality** is most important to children and young people when seeking information and support.
- When seeking support, children and young people value **trusting relationships**, **kindness**, **validation**, **non-judgemental responses** as well as a **comfortable, private and welcoming physical space**.
- Children and young people go to adults they are close with for information and support about their mental health and wellbeing, primarily **parents/carers or other family members**.
- Children and young people also say they will also go to a **friend** for information and support.
- Access to **face-to-face** support is a priority for children and young people and this needs to be as **local** as possible.

- The most common **barriers** to using online/digital support are a **lack of access to devices**, **internet connection** and **lack of privacy**.
- Children and young people want to access support **at the time it is needed**, meaning when they are feeling anxious, upset or distressed.
- Children and young people want **their feedback** to make a **meaningful difference** to the service they are accessing; this should be possible to do **anonymously**, but most importantly, they should **know how feedback has been used** and what **impact** it has made.

Children aged 8 to 12 years

- Children report they want **more opportunities** to talk and learn about mental health and wellbeing in school.
- Approximately **half** of children will go to their **class teacher or another adult in school** like Learning Assistants or nurture staff for information or support.
- **Few children** think **websites** or social media platforms are places to go for information or support. Children think that websites which are created for children their age, would be a good idea.
- Children would **prefer support** for their mental health and wellbeing **face-to-face.**
- Children and young people like to do an activity with an adult when they explore their mental health and wellbeing, for example a game or doing something creative.
- Children identify key needs for all children when it comes to positive mental health and wellbeing: **opportunities to play**, to be **free from bullying**, to have a **supportive home environment** and a **good education**.
- Children acknowledge they can build their wellbeing through **connections** and **self-care**.

Children and Young People aged 12 – 25 years

- Almost half of children and young people reported in the online survey that they do not feel good about their mental health and wellbeing.
- Half of children and young people report they can find information about mental health when they need it. Less than half feel they will be given the correct information.
- **Less than half** of children and young people tell us they have **confidence that they can find out about support**; even **fewer** are confident that they will be given the **right support when they need it**.
- Children and young people want a **choice** of **face-to-face** and **digital** information and support services; face-to-face being reported as a priority.
- Children and young people seek the same characteristics for an online/digital support space as they do face-to-face with a focus on trust, not being judged, privacy and feelings of safety.

- Less than half of children and young people report they would go to a website first for information with fewer accessing a website for support.
- S**chools**, and supportive adults in school, can be sources of information and support but there can be **issues** in terms of **confidentiality**, **anonymity**, **privacy** and **stigma**.
- Children and young people seek immediate improvements to make a difference to their mental health and wellbeing, including how they cope with their thoughts and anxieties. They identify the need for someone to talk to, availability of support when needed and improved access to services.

2. INTRODUCTION

The Children and Young People's Mental Health and Wellbeing Joint Delivery Board (Joint Delivery Board) is jointly chaired by Scottish Government and COSLA, to oversee reform across relevant areas of education, health, community and children's services and wider areas that impact on the mental health and wellbeing of children and young people. The Board's focus is on prevention and early intervention as well as promotion of and access to services for children, young people and their families. The voices and experiences of children, young people and their families remains central to decision making and service design. A number of wider engagement exercises with children and young people have fed into the work of the Board, including the Youth Commission on Mental Health Services Report.

Engagement Approach and Participants

For children and young people aged 12 to 25, a combination of an online survey and toolkit which a trusted adult could use to support group discussions were offered. For children aged 8 to 12 years old it was considered appropriate to provide a discussion toolkit which a trusted adult could use to facilitate groups of children to have discussions, and report on findings.

- **141** children aged 8 to 12 years old took part in a facilitated group conversation using the under 12s toolkit.
- **110** children and young people took part in a facilitated group conversation using the toolkit for 12 to 25 year olds.
- **905** children and young people responded to the online survey for 12 to 25 year olds.

Project partners would like to express their thanks to the children and young people who participated, and to the adults who supported their engagement.

2.1 KEY FINDINGS AND QUESTIONS FOR CONSIDERATION : 8 TO 12 YEAR OLDS

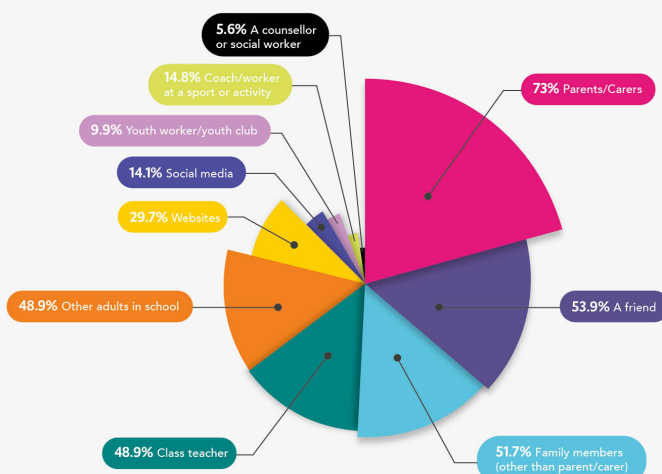Scottish Government Riaghaltas na h-Alba gov.scot   COSLA   Children's Parliament giving ideas a voice   SP   YouthLink Scotland The national agency for youth work   YOUNG SCOT

Access to mental health and wellbeing information and support
Views from children and young people

Views from 8 to 12-year-olds

Where they access information

- 5.6% A counsellor or social worker
- 14.8% Coach/worker at a sport or activity
- 9.9% Youth worker/youth club
- 14.1% Social media
- 29.7% Websites
- 48.9% Other adults in school
- 48.9% Class teacher
- 51.7% Family members (other than parent/carer)
- 73% Parents/Carers
- 53.9% A friend

Children told us

"It is important that they get support when they need it - this means at the time they are feeling anxious, upset or distressed."

Children report they want more opportunities to talk and learn about mental health and wellbeing in school.

Children like to do an activity with an adult when they explore their mental health and wellbeing, for example a game or doing something creative.

Children will ask for information and support from adults they trust, who are kind to them and who have the time.

Accessing support

97.8% of children have access to a device at home to look for information however few children think websites or social media platforms are places to go for information or support, preferring face-to-face support

1 in 10 children do not have good enough connectivity for a video call.

Face-to-face support should be:
- Private
- Comfortable
- Welcoming

Children's core needs, identified by them:
- opportunities to play
- to be free from bullying
- to have a supportive home environment
- to have a good education.

Children said they hope and aspire to:
- Have more self-control
- Be/feel less angry
- Relax more
- Be less anxious
- Be smarter about their feelings

- More able to speak out
- Be able to control their emotions better
- Not be depressed
- Control their feelings with knowledge of support strategies

The key findings draw on the toolkit discussions with children aged 8 – 12 year olds which are outlined in section 2. Questions for consideration have been included throughout this report to focus attention on key questions to be considered through work going forward. While this was not part of the original commission for the Insights Engagement, partners leading on this engagement were keen to ensure these questions were included and would like to present these for consideration to the Joint Delivery Board and its successor.

1. The findings told us that children will go to adults to whom they are close for information and support about their mental health and wellbeing. Primarily this means parents and carers or other family members. Approximately half of children will go to their class teacher or another adult in school like Learning Assistants or Nurture teachers for information or support. We must also remember that children go to peers too, with a majority of participating children identifying a friend as a person to go to for information or support.

   Questions for consideration:
   - How can the Joint Delivery Board and Providers best support adults to understand they may be the first choice for a child seeking information and support? Are they listening? Do they understand this role and the responsibility this brings? How could they be supported in this role?
   - If children go to their peers for support, what do we know about the capacity of children of the same age to offer information or support? How do we help children to be that good friend? Do children understand the importance of helping a friend to seek adult support too?

2. Children told us in the discussion groups that they will ask for information and support from adults they trust, who are kind to them and who have the time. The discussions demonstrated that confidentiality matters to children. Furthermore, they want adults to listen rather than take over. If children fear an adult will dismiss them or make fun of their worry they will not seek information or support.

   Questions for consideration:
   - Do adults understand the key characteristics that children look for when they seek help? How do adults build understanding and capacity to be that trusted adult?
   - Do adults in professional roles understand, and help children understand, how confidentiality works? (In non-child protection circumstances) Are adults confident in their

role so that they listen first, reflect and engage with the child before agreeing to share with others?

3. The group discussions found that few children regard websites and social media as places to go for information or support. It should be remembered that children aged 8 to 12 years old will have less connection to social media platforms where information and advice is available. Children think that websites which are created for them, for children their age, would be a good idea.

   Questions for consideration:

   - Children in middle childhood are on the cusp of significant exposure to social media, this can be a positive and a worrying thing. Are adults good enough at helping children this age develop their digital literacy skills so they understand how to use the medium safely? Can adults be better at co-producing or engaging children aged 8 to 12 years old with what is already available and we know to be supportive?

4. Post pandemic, sports and community activities and facilities had to navigate Covid restrictions and re-establishing contact and relationships with children. While few children have identified adults in these settings as sources of information or support for mental health and wellbeing some do and so for those that have recognised these adults, the role is of importance.

   Questions for consideration:

   - How are the Joint Delivery Board and Practitioners building understanding and capacity across community based sport, recreation and youth services to understand their role, regarding children who are beginning to struggle with their mental health in middle childhood?

5. While few of our children identify counsellors or social workers as sources of information or support, we must remember that a minority of children will have such connections and may have chosen not to declare so in the context of group conversations. Nevertheless, for those who have support from these adults the role is of importance.

   Question for consideration:

   - While it may be self-evident that a child's counsellor will be creating opportunities for sharing of information and providing support, would it be helpful to work with other family

or child support agencies, such as Children and Families Social Work, to ensure that the child's mental health and wellbeing is acknowledged and appropriate support identified when needed?

6. Children want more opportunities to talk and learn about mental health and wellbeing at school.

   Question for consideration:

   - How do we ensure that learning around mental health and wellbeing, as part of the Health and Wellbeing experiences and outcomes, is articulated in Curriculum for Excellence and is meaningfully facilitated in school and community learning?

7. Almost every child who took part in this engagement has access to a device at home which can be used to look for information or access support. However, 1 in 10 children who participated do not have good enough connectivity for something like a video call.

   Question for consideration:

   - A lot of work has been done during the pandemic to address digital exclusion. While this is to be commended, what further efforts need to be made to meet the needs of those children and families who have been harder to reach and who are still poorly served?

8. Children would prefer support for their mental health and wellbeing face-to-face rather than online, although availability of both would be good. Whether in real-life or digitally, the most important thing is the relationship of trust between adult and child.

   Questions for consideration:

   - How do adults supporting children ensure choice in the nature of services a child wants? Do children have as much of a 'say' on how they access support as an adult?

9. When support is face-to-face the physical environment should be private, comfortable and welcoming.

   Questions for consideration:

   - Do schools and other community services understand and respect the child's requirement for these basic elements of any interaction? Do adults take a moment when they are busy to appreciate the importance of such spaces?

10. When children engage with an adult to talk about or explore their mental health and wellbeing they like to have the choice to do something together as they do so, a game, activity or something creative.

    Questions for consideration:

    - Do adults who support children to explore their mental health and wellbeing understand the nature of working with children in middle childhood? For many, 'talking' may feel awkward or difficult, but that play, being active or creative facilitates communication?

11. Children have different views on whether support should be available in school time or at home after school. This depends on privacy and whether the child wants a family member to accompany and support them. Choices will ensure that a child can access what they feel will work for them.

    Questions for consideration:

    - How can we help adults to understand and respect the choices a child will make about the nature of the support they need? How do we help parents/carers to understand that their child may prefer to engage with support with some degree of autonomy?

12. It is important to children that they get support when they need it, this means at the time they are feeling anxious, upset or distressed.

    Questions for consideration:

    - In busy environments, when adults feel stretched, how do we ensure that the worried or distressed child accesses support when they want and need it? Can we help adults to reflect on what they can do in the moment, as well as what they can follow up with?

13. Children can be worried about their mental health now, or have concerns about how they will experience their mental health as adults. Children have a desire to be well, and to be able to cope with adversity now and as they grow up. When they become adults, children want to be surrounded by support for themselves and for their families. As they articulate their hopes and aspirations, children acknowledge that they can build their wellbeing through connections and self-care. For some children aspirations for positive mental health and wellbeing is connected to being active and fit.

Questions for consideration:

- As we reflect and learn with children about mental health and wellbeing, how do we do so without causing worry? In our learning and support are we focusing enough on positive mental health, and creating opportunities for children to understand and build resilience?

14. Children identify the need for changes in the day-to-day experiences they and their peers have. They identify more generally what every child needs; opportunities to play, to be free from bullying, to have a supportive home environment and a good education.

Question for consideration:

- In light of incorporation of the UN Convention on the Rights of the Child (UNCRC) how are Practitioner's interest and work around children's mental health and wellbeing framed by human rights and the broader context where we all have responsibilities to ensure that children grow up in an atmosphere of love, happiness and understanding?

2.2 KEY FINDINGS AND QUESTIONS FOR CONSIDERATION: 12 TO 25 YEAR OLDS

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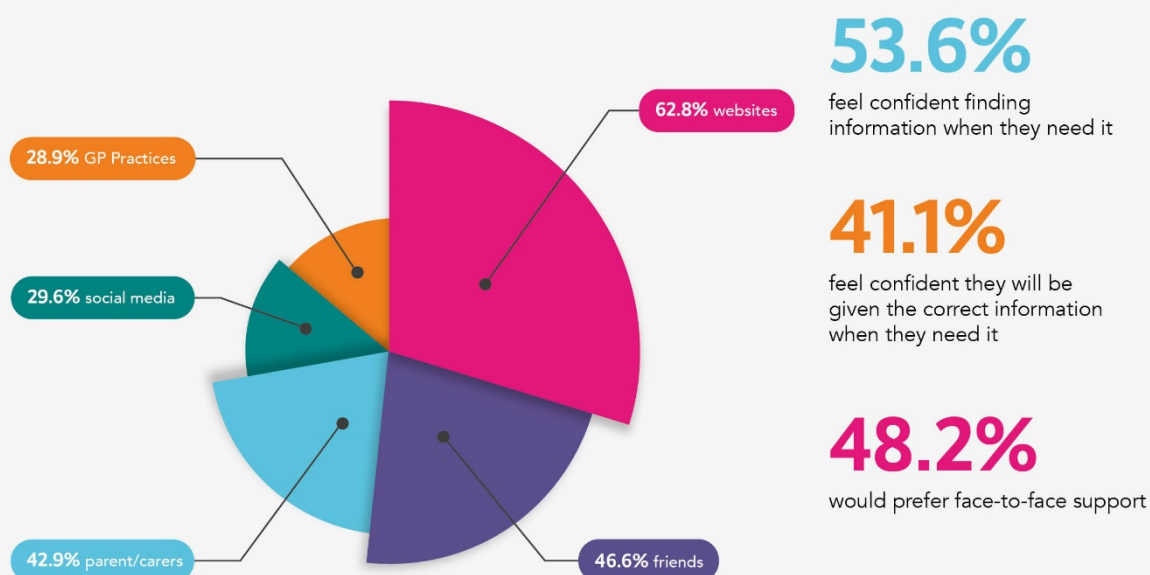
Access to mental health and wellbeing information and support
Views from children and young people

Views from 12 to 25-year-olds

Almost half of the children and young people aged 12 - 25 told us they do not feel good about their mental health and wellbeing.

Accessing support
Twelve to 25-year-olds access information on mental health and wellbeing from:

62.8% websites
28.9% GP Practices
29.6% social media
42.9% parent/carers
46.6% friends

53.6% feel confident finding information when they need it

41.1% feel confident they will be given the correct information when they need it

48.2% would prefer face-to-face support

Face-to-race and online mental health and wellbeing support should feature:
- trust
- privacy
- feelings of safety and familiarity
- non-judgemental engagement
- a sense of understanding and empathy

The most common barriers to using online/ digital support:
- a lack of access to devices
- internet connection
- a lack of privacy.

Concerns about school-based support are:
- confidentiality
- anonymity
- privacy
- stigma

The key findings from children and young people aged 12 – 25 draw on the toolkit discussions which are outlined in section 3 and findings from the online survey which are outlined in section 4. Questions for consideration have been included throughout this report to focus attention on key questions to be considered through work going forward. While this was not part of the original commission for the Insights Engagement, partners leading on this engagement were keen to ensure these questions were included and would like to present these for consideration to the Joint Delivery Board and its successor.

1. Almost half of the children and young people aged 12 - 25 told us in the survey that they do not feel good about their mental health and wellbeing. The findings of this work reflect other engagements with children and young people including #LockdownLowdown project and 'How are you doing?' This latest work also tells us that 1 in 3 children and young people aged 12 – 25 have been involved in responding to surveys or discussions about their mental health in the last 12 months.

   Questions for consideration:

   - When do we - adults, agencies and whole systems - decide that we have heard enough to act to meet needs? If children and young people's views are impacting on services how do we provide the feedback so that they know the difference their views have made?

2. Little more than half of children and young people responding to our survey report they can find information about mental health when they need it; less than half report that they feel they will be given the correct information. Less than half of respondents tell us they have confidence that they can find out about support; even fewer are confident that they will be given the right support when they need it.

   Questions for consideration:

   - Why is good information not accessible? Do providers think it is? What is the problem with nature of our services or relationships with children and young people that means they lack confidence about what they will be given? Why, despite the clear messages children and young people have provided us over the years about the need for support that is available when they need it, do less than half think they can find it or access it? This needs to be explored further with children and young people to understand.

3. When in need of information or support an adult close to the child or young person, is often a parent, family member or a professional with whom the young person is in regular contact, will be sought out.

   Questions for consideration:

   - How can the Joint Delivery Board best support adults – parents, carers and professionals to understand they may be the first choice for a child or young person seeking information and support? Are they listening? Do they understand this role and the responsibility this brings? How could they be supported in this role?

4. Across children and young people's considerations of where they talk about mental health and wellbeing, or where they look for information or support, is the key matter of confidentiality.

   Questions for consideration:

   - Do adults in professional roles have a good understanding of how important confidentiality is to children and young people? In the context of a child or young person seeking information or support for their mental health do providers understand the interface between confidentiality and child protection or wellbeing concerns, and as a result understanding what should be shared, when or with what permissions?

5. Children and young people report that whether seeking information or support they are making a judgement call, where they assess the benefits or risks for a particular approach to seek information or support; where benefit brings understanding and support and where risks are feeling like you are a burden or might be perceived negatively or have private feelings exposed.

   Questions for consideration:

   - Are practitioners across settings of school and youth and community services aware of what informs the choices that children and young people make regarding seeking help? Knowing this, how do individuals, agencies and sectors plan to reflect on the complexity of this calculation children and young people make, often at the point of struggle?

6. The essential characteristics sought in a face-to-face or an online/digital support space are principally the same; they need to be characterised by trust, privacy, feelings of safety and

familiarity, engagement that is non-judgmental and a sense of understanding and empathy being evident from the person or setting.

Questions for consideration:

- Are the children and young people's workforce, day-to-day and in consideration of the systems they work in, understanding of and committed to such characteristics? Would most professional people relate to these characteristics? How do we assess, build and ensure the children and young person who needs support experiences professional interactions defined in this way?

7. Children and young people want a choice of face-to-face and digital information and support services. While children and young people aged 12 – 25 are more likely than younger children to view online information or support as an option, face-to-face engagement is a priority. Face-to-face support needs to be as local as possible.

Questions for consideration:

- While ensuring digital/online information and support is used to maximise access to what children and young people need, how do Practitioners make sure not to overplay the digital understanding of children and young people, and avoid assuming that because they spend time online for fun and communication that this translates easily into support?
- Children and young people want and need local services. Do services understand what 'local' means to a young person? Is travel time and means of transport considered when establishing services?

8. The most common barriers to using online/digital support are a lack of access to devices, internet connection and lack of privacy.

Question for consideration:

- What work remains to challenge digital exclusion, not just in terms of having a device but also in terms of connectivity and cost?
- How can community spaces which offer stable, free internet connection offer private and comfortable spaces for children and young people to access information or support when they want to?

9. Schools, and the supportive adult in school, can be sources of information and support but there are issues in this key setting in terms of confidentiality, anonymity, privacy and stigma.

Question for consideration:

- For children and young people of school age, school is a key setting. Experiences seem inconsistent and based on the individual positive relationships a young person might have with some adults. Information and support should not be a matter of good fortune; what needs to happen to make every school a supportive space for children and young people?

10. Fundamentally, children and young people, in their expressions of hopes and aspirations, want opportunities to build positive mental health and to be able to identify and to talk to someone when they are struggling.

Questions for consideration:

- The mental health and wellbeing of any person is a complex matter. Worries, anxieties, struggles with mental health can feel daunting. Are there missed opportunities to build positive mental health and resilience? How do we make mental health everyone's business and ensure every child has at least one adult they can go to who will listen?

11. Children and young people want their feedback to make a meaningful difference to the service they are accessing; this should be possible to do anonymously, but most importantly, they should know how feedback has been used and what impact is made.

Questions for consideration:

- How can service providers demonstrate that children and young people's feedback is making a meaningful impact on the delivery of current and future services? Who should hold responsibility or be held to account to provide feedback and report on what has changed?

3. FINDINGS FROM THE TOOLKIT: Children aged 8 to 12 years old

3.1 INTRODUCTION

For children aged 8 to 12 year old it was considered appropriate to provide a discussion toolkit which a trusted adult could use to facilitate groups of children to have discussions, and report back.

141 children took part in a facilitated group discussions, using the toolkit. This section of the report presents the feedback from children aged 8 to 12 years old. Information regarding the Toolkit and the children who took part is included in the Appendices on page 78

The feedback on findings from the toolkit is presented in these sections:

3.2 Getting started

3.3 Getting information: Where would you go?

3.4 Getting information: How could we make it easier?

3.5 Getting support: Where would you go?

3.6 What would the best support be like?

3.7 What gets in the way of children getting information or support?

3.8 Hopes and aspirations

3.2 Getting started

To support children to begin their conversations, and after sharing our understanding of what we mean by mental health and wellbeing, groups began with this question: **Do you have someone that you chat with about your feelings and emotions and moods? This could be someone in your family or friends or someone else.**

From this initial question children establish the importance and role of key people, emphasising a theme that will be seen throughout, that the proximity or closeness of the person is of fundamental importance. For one group, the response to this question was simply: *Someone that you trust and have a close relationship with*.

Important characteristics of the helping person also emerge in the quotes below: trustworthiness, kindness, understanding, promise of confidentiality. Also identified is that understanding or empathy can come from the person's own struggles with mental health.

3.2.1 Parents and carers

> *Mum, dad and siblings because they are close to us.*
>
> *I speak to my mum and dad. They won't blame you for feeling down.*
>
> *I would go to my mum because she will understand me better, also my dad too.*
>
> *Yes, mum and dad. I feel like I can trust them a lot.*

Mum, she is understanding and helps me a lot with all different things.

Mum, because she has similar anxiety and she understands.

Yes, sister and mum and dad - my sister has experience of mental health difficulties, my mum as she has experience of helping my sister and my dad because my dad understands me.

3.2.2 Other family members

I tell my sister.

Grandparents are loving and caring and they won't go on about it like your parents. They are older and wiser.

3.2.3 Teachers and other adults in school

My teacher or Support for Learning assistant.

My Champion in school.

My teacher Mrs x. She's funny and approachable and listens. She's also fair and understanding.

Nurture teacher.

Teacher because I trust them, I know them, they will not discuss without my permission.

Teachers because they are closest when we are in school and they can help work problems out with you.

Nurture teacher, parents, teachers, friends, Jesus.

Teacher, parents, friends, other family. We trust them so speak to them. Our teacher also does a lot of work with us about our health and wellbeing

3.2.4 Friends

Friends because they are nice and kind and look out for you. Always there for you.

Friends because they are understanding and cheer you up.

Yes, a friend - he is really supportive and I don't really need to tell him if something is wrong and helps you.

My best friend as she is always trustworthy

3.3 Getting information: Where would you go?

Moving on to discuss how children get information about mental health and wellbeing, children

were asked to reflect on where they would go and why. Their discussion extends what we have already heard from the previous introductory question. This discussion was prefaced by this explanatory text:

Getting information
Sometimes we want to find out things about mental health and wellbeing. We can think of this as *getting information* to help us. Information helps us understand what mental health is and how we can look after our own or others' wellbeing. We might want to get information before we ask for help.

Children were asked: **If you wanted to find out things about mental health and wellbeing where would you go? What are some of the reasons you have for picking the person or place you would go to, to get information?**

3.3.1 Parents and carers

Parents and carers are the most identified source of information, with 73% (103 children) agreeing they would go to them.

> *I can speak to someone I trust like my mum.*
>
> *My mum or dad because they know me the best.*
>
> *My mums a nurse and she deals with mental health so can help me.*
>
> *Parents are trustworthy and they are kind.*
>
> *Parents or teachers as they are older and have more knowledge and experience.*
>
> *My mum or dad are always there at a time I need support.*

3.3.2 Friends

Just over half of children, 53.9% (76 children) identified a friend as a person to go to for information about mental health and wellbeing. Friends are seen as supportive and as allies.

> *Friends are the closest things to us apart from your family.*
>
> *Friends stand up for you and are on your side.*

3.3.3 Other family members

Just over half of children, 51.7% (73 children), identified a family member other than parent as a person to go to for information about mental health and wellbeing.

> *My cousin because I'm comfortable around them and we don't really judge each other.*

Grandparents. They will be supportive and not judge me.

3.3.4 Teachers

Just less than half of children, 48.9% (69 children), identified their class teacher as a source of information.

> *Teachers take care of you in school and if it was something in school like bullying they can sort it all out.*

> *Sometimes I talk to teachers too. The comment box in class is really helpful.*

> *Teachers know a lot and know how to support children.*

> *If I am worried about something I can speak to my teacher.*

3.3.5 Other adult in school

Just less than half of children, 48.9% (69 children) identified adults in school who are not their class teacher as a choice of person to seek out information.

> *Nurture teacher at school. They care about me, they understand me, help me get through the feelings, always comfort me and joke with me, they have time for me.*

> *Therapist or councillor. Ask parents to make an appointment with the school therapist.*

3.3.6 Website

A minority of children, 29.7% (42 children), reported that they would go to a website for information about mental health and wellbeing. ChildLine is a well-known resource for children of this age and most users of the service now do so digitally rather than using the traditional telephone helpline.

> *"ChildLine is good"*

> *"You don't need to speak to anyone (online)."*

For some though, in terms of a consistent theme of *trust*, the internet is not a place to go.

> *"I would rather ask someone, you can't trust the internet"*

3.3.7 Coaches

While relatively few children identified an adult in a role as coach/worker at a sport or activity as someone to go to, 14.8% (21 children) recognised these adults, therefore to those that did, the connection is of importance. It is worth remembering that a minority of children will be part of such activities, and such clubs would have had to navigate Covid restrictions and re-establish contact and relationships. With this in mind this group of adults can be seen as people who can and do provide information on mental health and wellbeing.

3.3.8 Social media

Few children, 14.1% (20 children) identify social media as a source of information, this may reflect the age of the children. Some platforms which older young people use, may not be appropriate for under 14s, but clearly a number do, and this should be acknowledged as we look to ensure good, age-appropriate information is available wherever children go to source information.

> *"Social media cause other people might feel like this and it's good to look it up to see if you can get help."*

3.3.9 Youth Worker

9.9% (14 children) identified a youth worker/youth club as a source of information. As with earlier comments regarding sports/activity coaches this level of response will be impacted by services not yet fully recovered and operational post Covid, as well as it being likely that a minority of children this age will engage with youth work provision. However small the numbers indicated, this is still an important source for some children, and likely to grow as provision opens up.

3.3.10 Counsellor or Social Worker

Few children identified a counsellor or social worker when prompted about sources of information: 5.6% (8 children) identified a counsellor and 4.9% (7 children) a social worker. Again, in terms of both these possible sources of information, it is worth remembering that a minority of children will have social work involvement or an engagement with a counselling service. In addition, children may choose not to declare within the context of a group discussion, even when facilitated by a trusted adult. For those that do, we can identify social workers and counsellors as a source of information about mental health and wellbeing.

In the context of conversations about seeking and finding information children were also asked: **Is there a person or place you would probably go to first to get information? Why them/there?**

Reflecting earlier contributions about where children might start their conversations, children confirm the importance of parents and helping adults in the school environment

> *"Parents cause I'm with them the most."*

> *"My mum because I'm comfortable talking to my mum. It's not as if I'd struggle to talk and not be able to get any words out."*

> *"Nurture teacher."*

For some children that first place to go for information is not necessarily a person but written information.

> *"Library – internet search or books to find out if you felt embarrassed cause you can always find an answer in a book and if it's not in the book then you could ask a trusted adult."*

In response some children answered more generally about the characteristics sought in a helping person, reiterating earlier emphasis given to liking the adult, trusting them, the offer of time and confidentiality.

> *"People I am closest to and trust."*

> *"Cause they would help you, tell you more information."*

> *"Because you think they're trustworthy and you're comfortable around them."*

> *"Because certain people you are really comfortable with and other people you get anxious and can't really talk at all."*

> *"A mental health charity because they help you with your issues and you can trust them because you know they work with a bunch of schools and they won't tell anyone your information unless they really have to."*

3.4 Getting information: How could we make it easier?

Having considered where they would currently go for information, we also asked children to reflect on how we could make the finding of information easier. We also asked about access to a device they could use to get online and seek information.

Firstly, children were asked: **How could we make it easier for children to get information about mental health and wellbeing?**

An important theme throughout this report is the role of the adult in **creating opportunities** to talk or ask for information or support. One group suggested adults need training to understand this role.

> *"Make us feel comfortable about asking."*

> *"Teachers and parents should talk about it more."*

> *"Ask children if they are happy and how they feel."*

> *"Train staff to see when kids need approached. They might speak more."*

Many of the responses and ideas from children suggested **good digital content and access via the child's own device**. Some of the proposals were focused on **peer support, online friendships and fun/creative content**.

> *"Develop a website and advertise it to all children- make it fun with QR codes and built in games."*

> *"Online help that you can do yourself."*

> *"An online place where you can meet new friends who have maybe been through problems of their own and then other children could give you advice."*

> *"Online questionnaire with links for help if needed depending on the results."*

> *"Q&A online for children to get more help."*

> *"Make a fun game that reads mental health stories to people."*

> *"Send a video link about options if you need help with mental health and wellbeing."*

Schools were also seen as a source/repository of information to be shared with children; some of this was information sharing but some about the importance of people. This could be fun as well as important. There was a consistent message about making **more opportunities for learning about mental health and wellbeing in school**.

> *"Email schools with information."*

> *"Lessons in school about mental health and health and wellbeing."*

> *"Continue to learn more in school."*

> *"Increase teacher talks in school."*

> *"Visitors coming into schools to talk at assembly and offer help, for example, Childline."*

> *"Health and wellbeing games to raise awareness."*

> *"Make things fun while you're also learning about it."*

> *"Someone like a nurture teacher who is available and can spend time."*

Public awareness campaigns were also proposed.

> *"Advertisements on TV, bus stops, billboards and make a programme about it."*

For some children opportunities to **connect and meet** with others in person were identified:

> *"A place where you can meet new friends if you don't have any."*

> *"Have a comfy place to go."*

Finally, reflecting earlier comments about **using non digital sources**:

> *"Books to give me advice."*

> *"Make books but a children's version instead of for adults."*

> *"You should make a book like one of those things where it's invisible but then you scribble over it with a magic pen and it tells you facts about mental health."*

> *"Readily available leaflets."*

Digital access/exclusion

Digital access/exclusion has been an issue of concern throughout the pandemic, and efforts have been made by education and other colleagues to address access to devices/laptops/tablets. In the context of accessing information, children were asked:

Do you have access to a device at home that can be used to look at online information about mental health and wellbeing? Nearly all 97.8% (38) of children participating in the facilitated groups responded yes.

3.5 Getting support: Where would you go?

Moving on from discussions about accessing information, the children then explored where they would go to get support for their mental health and wellbeing. This discussion was prefaced by this explanatory text:

Getting support

> Sometimes we want to get support for ourselves about our mental health and wellbeing. Support is talking to someone to help us understand how we think and feel about our mental health. If we get support, it can help us think about ways to cope and ways to improve our wellbeing.

Children were asked: **If you wanted to get support from someone, and talk about your mental health and wellbeing, where would you go? What are some of the reasons you have for picking the people or places you say you would go to, to talk and get support?**

3.5.1 Parents or carers

As with seeking information, parents and carers are identified as the most identified source of support and a person to talk to about mental health and wellbeing: 67.3% (95 children) identified parents/carers.

> *"I trust them. I know them. I am related to them."*
>
> *"Mum at home. They care about me."*
>
> *"Parents have been with me since birth."*
>
> *"At home with a parent because it's clam and makes you feel safe. No-one will overhear you."*
>
> *"Parents know us best and can tell when something is wrong."*

Even with parents, some persistence might be necessary.

> *"Sometimes my mum is busy on her phone and doesn't listen so I'd go to dad if he's home."*

3.5.2 Other adults in school

Adults in school, other than class teachers, are identified by a majority of children, 54.6% (77 children), as someone to go to talk and for support.

> *"I have a learning assistant who helps with my anxiety in school and that's good."*
>
> *"I have help from the learning support base and that's perfect."*
>
> *"Nurture teacher at school. They care about me."*
>
> *"The nurture teacher is available. If it is an issue about our families we would wait and talk to the nurture teacher."*
>
> *"My school councillor."*

3.5.3 Teachers

Just less than half of children, 48.9 (69 children) identify their teacher as a person to talk to and get support from.

> *"School - I feel safe and I know I will get help".*
>
> *"I can tell the teacher and trust them and they will understand."*
>
> *"Teacher, she feels close to me at school."*
>
> *"I'm mostly at school so would talk to my teacher. I'd like to write her a note."*

3.5.4 Other family members

Just less than half of children identify a family member like a grandparent, auntie/uncle or brother/sister as a source of support:47.5% (67 children).

> *"My granny. Cause she's trustworthy, I can actually talk to her and I don't stutter like what I'm doing right now."*
>
> *"I get support from my gran at her house."*
>
> *"I talk to a family member if I'm upset about something, or happy."*
>
> *"I trust my auntie."*

3.5.5 Friends

Just less than half of children, 43.9% (62 children), identify a friend as a source of support.

> *"The best friend that is the person I mentioned before. He is the only one who just gets me."*
>
> *"I'd rather talk to a friend. Some things are private."*
>
> *"I have a best friend I can share my emotions and feelings with."*

3.5.6 Website

Around 1 in 3 children, 34% (48 children), reported that they would go to a website for support about mental health and wellbeing. For children of this age ChildLine is a well-known resource, most users of the service now do so digitally rather than using the traditional telephone helpline.

3.5.7 Social media

Few children, 7.8% (11 children), identify social media as a source of support for their mental health and wellbeing; this may reflect the age of the children. Under 14s should not be users of some of the platforms that older young people will likely use, but clearly a number do, and this should be acknowledged as we look to ensure good, including age appropriate, support is available wherever children go.

3.5.8 Coach or Youth Worker

As highlighted in the earlier section about access to information, when it comes to someone to talk to and access support few children identified adults in these roles. 10.6% (15 children) identified a coach or worker at a sport or activity club; 4.9 (7 children) a youth worker/a youth club.

3.5.9 Counsellor or Social Worker

In our facilitated discussion groups 7% (10 children) would seek support from a counsellor and 2.1% (3 children) from a social worker. Again, as highlighted in the earlier section, this time in terms of both these possible sources of support, it is worth remembering that a minority of children will have social work involvement or engagement with a counselling service. In addition, children may choose not to declare within the context of a group discussion, even when facilitated by a trusted adult. For those that do, we can identify social workers and counsellors can be a source of information about mental health and wellbeing.

> *A counsellor. It's their job to help you, it's better if they play something like a game.*

In the context of conversations about seeking and finding support children were also asked: **Is there a person or place you would probably go to first to get support? Why them/there?**

In their responses children confirm **the importance of parents**.

> *"At home with my mum and dad- they know me the best and will often notice if I am down or unhappy first."*

> *"Parents because I have known my parents my whole life so I trust them, they know what to do in any situation, my mum gave birth to me so I trust her and she knows me well, and mums and dads may have a profession that is helpful to health and wellbeing"*

Specialist mental health charities were recognised by children where this service is provided.

> *"They're trustworthy and they care about your feelings, they care about your answers. They won't tell anyone if it's not necessary."*

In addition to support from a trusted adult, children also identified the role of **written information** that is supportive and can be accessed autonomously.

> *"There could be leaflets and information at museums and places children go so they didn't need to speak to anyone."*

In response to considerations of where to seek support some children answered more generally about **the characteristics sought in a helping person**, reiterating a consistent emphasis given to liking the adult, trusting them, knowing you are liked by them too, and that support is given in confidence.

> *"An adult I already know. In a private room, don't mind where as long as no one else is there"*

> *"You go to someone you like and who cares about you."*

> *"You go to someone you trust."*

> *"If they're nice."*

> *"If they know what they're doing, if they know about mental health"*

> *"I have a safe and confidential space to talk to them in"*

> *"I can trust them."*

> *"They are loyal"*

> *"These people make me happy."*

> *"They won't tell unless they have to."*

> *"They know and care about me, I trust them."*

> *"Someone who won't get angry or upset."*

We must also remember that some children feel they have no-one, or no place, to go.

> *"I can't tell anyone, maybe my teddy, my pets. Teddy is cosy and comforting and can't tell anyone."*

Digital access/exclusion

Digital access and exclusion has been an issue of concern throughout the pandemic. Efforts have been made to address access to devices/laptops/tablets and to ensure that children and young

people have reliable broadband/data to support learning. In the context of accessing support for mental health and wellbeing, children were asked:

Do you have access to reliable broadband/data at home? This would mean you can do video calls. In response to this question 90,7% (128 children) responded *yes.*

3.6 What would the best support be like?

Having considered where they might find support, we asked children to think about what might characterise the best support for them and for their peers. They considered this in terms of engaging with the support in real life/face-to-face, and then in a digital space. Discussion was supported by this explanatory text:

> **Online or in real-life?**
> Some children prefer to get support for their mental health by speaking to someone in real life. Some children prefer to go online. Some children like both options.

3.6.1 Support in real life/face-to-face

The following prompt was put to children for their consideration: **Some children like to deal with people in real life. What would the best children's mental health support be like if you were to meet someone face-to-face? Tell us anything that would make it the best experience for you or for other children.**

Several themes emerged from responses.

The benefits of real life/face-to-face support

Some responses prefaced other comments with the view that in person support is a preference.

> *"In person would help the person understand our feelings and read our body language which would be helpful."*
>
> *"I'd rather tell a relative in the real world."*
>
> *"It would be much better to speak to someone in the real world."*
>
> *"You can't trust the internet."*

The person providing the support

In most responses children said that they would like to be able to speak to a person they know. However, this is not a unanimous view, pointing to what might be a need for choice.

> *"I wouldn't feel able to talk to someone I didn't know."*

> *"It would be someone we know and trust."*

> *"It must be someone easy to talk to. Someone who is available when a child is upset. Someone not too serious. Someone who has the time."*

Children in one group reported the following:

> *"Having the choice of knowing the person who is helping or having someone who you do not know would be helpful depending what the issue may be. If you have someone you do know you might feel more secure, they know you and care about you. Equally, if it is something quite serious or you are embarrassed about it, then someone you didn't know would be good."*

In addition, some children express a preference for someone who does not know them prior to the request for support.

> *"Someone you don't know already because then it means you can get comfortable around them and you have more choices."*

The environment/location

Children described an environment which is private and comfortable. In one contribution below, and in others in this section of the report, there is also a wish for support that is available when the child needs it, at moments when they are upset and/or need to talk.

> *"We would like to meet in a more private place not a public place."*

> *"A cosy, quiet and private room."*

> *"An office where you can pop in. To have support available, at the time when you are upset"*

> *"Be good to have nice surroundings to meet in with comfy couches and cushions to help make you feel at ease."*

> *"Some place like the nurture room, which is cosy and our room. Talking with someone known and who cares. Being funny and kind and playing a game or doing art together while having a chat"*

'Doing' while talking

For children of this age many would prefer the offer of support to come with some activity, play or creative element or eat together. Having a dog or other animal in the space was also suggested.

"You could talk or draw or they have a dog to make me less nervous."

"Outdoors, maybe go for a walk. Play games. Outdoor painting with leaves and sticks."

"Drawing and painting make me feel calmer and more relaxed."

"When I meet up with them I would want to do something creative, that would make me feel better. I think they should have a pet that I can cuddle and then talk about my feelings."

"Getting food, sitting and talking about it all and I would liken if they had a pet."

"Do something with them so you can start getting comfortable around them so if you get them again you know them"

"Activities is probably better because you'd get to know people."

"I would like to play with the person as they talked."

"I would like to do something creative."

"It's easier to talk when you are doing something together."

Other key characteristics of the support

In their responses children again emphasised the need for privacy and confidentiality and raised the option of being accompanied by a parent or friend when engaging in support; although views on this differ.

"You can talk in private and know they won't tell anyone."

"I would need to know that it is confidential as that is really important to me."

"Limiting travel distance when meeting someone will make it more accessible."

"Someone to go with them (parents)."

"I'd ask my best friend to come along."

"I think it would be good to go with a trusted friend and meet in a quiet empty room with nice chairs."

"I would rather go on my own and not with my family."

3.6.2 Support in a digital space

Moving the conversation on to support in the digital space the following prompt was put to children for their consideration: **Some children prefer to contact a person and get support online. What would the best <u>online</u> children's mental health support service be like? Tell**

us anything that would help you use it or make it the best experience for you or for other children.

Several themes emerged from responses.

Accessibility and openness to all, a feeling of control

For some, the offer of online support can be more flexible than in person support, children of this age can be comfortable in online environments. The responses below indicate a willingness to engage and a view that digital spaces can have considerable reach.

> *"I would like to have someone to text. I would do it on my phone because I feel most comfortable on it."*

> *"I feel confident in using digital platforms- it feels like talking to a friend"*

> *"Develop a website and advertise it to all children"*

> *"Send links to schools for children to access and to raise awareness."*

> *"I would want to go online to text someone on my phone for support so I can take time to think about what I'm saying and to not feel as pressured to talk."*

'Doing' while talking

As with support face-to-face some children would want to play or be creative as they engaged with the support available.

> *"Make it fun with QR codes and built-in games."*

> *"I would want to do it on my own. It would be good to do something creative first or just chat to see if you liked them. "*

> *"It should be live and play a game when you are speaking to someone."*

> *"Talking and doing something fun."*

Content/How children engage

Children view the digital offer as potentially providing live engagement but also some choice about the nature of how children engage, from live chat to messaging to reviewing text.

> *"It should be live so you don't wait on a reply."*

> *"Q&A online for children to get more help."*

> *"Messaging would be a good option"*

> *"I would just want to talk. I might be too nervous to do anything else. Or too sad. "*

When/where children access the support

There are different views on where and when online support should be available, likely influenced by the other key factor of privacy and confidentiality.

> *"Yes, support when home from school."*

> *"After school because then people can't listen in."*

> *"Not at home because my little brother would come in and annoy me."*

Should children engage with a parent/another person in support?

Children identified the role that adults can play in supporting a child engage online.

> *"The best online children's mental health support service for me would be having someone you really trust to be with you while talking to the person on the other end."*

However, for other children there would be a preference to engage on their own.

> *"Mum and Dad are sometimes over protective and so being on our own would be better so I can talk."*

In one group, the adult facilitator noted that younger children would like someone to accompany them if engaging with online support, whereas the older children would prefer to engage on their own. This child expressed an inherent dilemma:

> *"I don't actually know, it depends who it is - if it's someone you've already talked to about that then yes, but if it's someone you've not talked to about it they'll probably keep butting in and ruining the chat."*

3.7 What gets in the way of children getting information or support?

Finally, in terms of accessing information or support, we asked children what barriers there might be to both. The prompt question was: **What would stop a child your age from getting the information or support they need when they need it?** Several themes emerged.

3.7.1 Knowing where to start or feeling like you cannot ask

Children of this age may not know who to go to, or how to frame a request for help or support. A barrier to seeking or asking for information or support can simply be not knowing that this is even

possible, or not having confidence that the adults in your life are equipped themselves to be that help.

> *"I don't know who to ask."*

> *"I don't know what to search for online."*

> *"You might not have encouragement from anyone to get help."*

> *"If you thought you might not get support from the person who you think might help you, or they didn't know how to help you."*

3.7.2 Being fearful of the adult's response

Children remind us with their contributions below that approaching an adult, whether online or face-to-face, needs a degree of confidence and has its risks. Being dismissed, laughed at, judged or disciplined are powerful barriers to seeking information or support.

> *"I don't want to ask for help in case they scream at you."*

> *"You might be too scared to talk to someone."*

> *"You might be shy. And not want to ask for help."*

> *"Worried that other people will know or find out."*

> *"You might think someone would dismiss you."*

> *"Someone might not be friendly or welcoming."*

> *"Being judged."*

> *"Adults might laugh at you."*

> *"They might make fun of you asking about it"*

> *"Thinking people will make fun of you, thinking you can talk and they tell someone"*

3.7.3 Worries about worrying others, or 'making it worse'

For some children there is a belief that they cannot or should not ask for help or support because this would worry parents or carers who themselves might be struggling. Other concerns are about asking for help and making things worse.

> *"I don't have anyone to speak to as I don't want to worry my parents."*

> *"I need to support my mum just now as my grandad has cancer, so she can't support me."*

> *"Sacred it might make it worse or cause a drama."*

3.7.4 Not knowing who is making the offer of support

In earlier sections, children have discussed the importance of knowing the person they can speak to. When discussing barriers to information and support this has also been highlighted. An adult facilitator noted:

> *"If it is someone the children don't know offering the service, then they would rather not go."*

3.7.5 Being stopped from seeking information or support

Children identified that an adult might not want them to seek information or support.

> *"People stop you from telling someone."*

3.7.6 Accessing online information or support

It was reported earlier that almost all children tell us they have access to a device and can get online. However, the first quote from a child below reminds us that digital access is not available to all. Another reminds us that children can find it difficult to find private time or space. The final quote is a reminder that an adult can remove children's internet access.

> *"I don't have a phone and I can't really use my mum's phone and we've no laptop at home."*
>
> *"They might not have internet or a phone."*
>
> *"If I cannot find a safe/confidential space to talk either at home or school."*
>
> *"If I have been grounded and have had my phone taken off me."*

3.7.7 Accessing support when you need it

Continuing an earlier theme, and in the context of identifying barriers to support, children emphasise that support needs to come when the child is upset or feels in crisis. They recognise that sometimes adults are too busy to help.

> *"Children want help when they feel distressed, not a long time after the event."*
>
> *"You don't get what you need if your parents are busy."*

3.7.8 A lack of privacy or others finding out

Consistently, across responses children have asked for privacy and some control over who knows the child is seeking support.

> *"If other people are there. You don't want others to know."*

> *"The child might want to keep a secret. The child might think the person they are talking to will tell someone or start gossiping about them."*

> *"I feel like if someone wouldn't go it would be because you would be worried that someone at school found out and you might not want your parents to find out and I feel like they would be embarrassed because they have to talk about their feelings."*

3.8 Hopes and aspirations

To close their group discussions children were asked by their adult facilitator to think about this prompt, and to complete with their own words: '***My hopes and aspirations for my mental health and wellbeing are…***'

In their response, some children have expressed some anxiousness about future mental health and wellbeing experience or status.

> *"I hope that I will be able to control my mental health as I grow up."*

> *"To not be emotionally unstable, to not be sad, angry or overwhelmed, to not be depressed."*

> *"To always feel like I belong and don't let anyone drag me down."*

> *"I hope my mental health is to be happy and have no dark thoughts."*

In some expressions of their hopes and aspirations, children identified immediate challenges or changes they want, or hope, to make.

> *"More self-control."*

> *"To be less angry."*

> *"Try to relax more."*

> *"Less anxious, I just can't sit still, feel my mind is constantly ticking over."*

> *"To be smarter about my feelings."*

> *"More able to speak out."*

> *"To feel less angry."*

> *"More composed and less angry."*

> *"To be able to control my emotions better."*

"To not be depressed my whole life."

"Control my feelings and know strategies to support me."

Children have a desire to be well, and to be able to cope with adversity now and as they grow up.

"I just want to be well."

"That I will be happy."

"To feel happy and excited. To have someone to talk to. To feel loved."

"Free of worry."

"To get support and to keep myself calm and unstressed. If you don't feel calm then how can you deal with life."

"To be able to deal with all situations without too much fuss."

"To be happy and calm."

"To be able to deal with situations that make me anxious and stressed."

"I want to have good anxiety - anxiety can spur you on."

"I hope I am proud of myself and feel balanced."

"That I'm not stressed like my mum."

As they grow up, children want to be surrounded by support for themselves and for their families.

"Have someone reliable to talk to, and trustworthy, and someone I'm comfortable with."

"To improve myself and have support with that."

"I hope I feel supported as an adult."

"I hope I have people to help me."

"I hope I have someone to help me make decisions about work and travel - someone to talk things through with."

"To be able to feel relaxed about pensions and all the stress of being old."

"I hope that I feel happy that my children and grandchildren (if I have any) are supported and safe."

"To always find a place to get help and not pay hundreds of pounds."

"I can find support when I need it."

"That I am able to speak to someone about my mental health and wellbeing."

As they grow up, children want someone to talk to, available when they need to talk.

"That I always have someone that I can talk to at the time I need it."

"I hope there is always someone there for me to talk to if I need it."

"I hope that I will be able to talk about my mental health and feeling openly as I get older."

"I hope I can get help if I need it."

"I hope if I'm feeling sad I can talk to someone about it."

"I hope there is always someone there to help me."

"I hope there is someone there for me when I need it and that they are nearby and will help me."

As they articulate their hopes and aspirations, children acknowledge that they can build their wellbeing through connections and self-care.

"Get more friends."

"Improve my confidence more."

"More sleep."

"Learn more about my feelings."

"Plant more trees and look after the world."

For some children aspirations for positive mental health and wellbeing is connected to being active and fit.

"That I lead a fit and healthy life in the future."

"That I have an active/ heathy lifestyle."

Children identify the need for changes to the day-to-day experiences children have, they identify more generally what every child needs.

"For bullying to stop."

"More time to play."

"That everyone has a place where they feel happy and safe. And for help to be free and easy to access."

"Stay healthy."

"Have a good life."

"Stay safe."

"Have a supportive home life."

"Have a good education."

4. FINDINGS FROM THE TOOLKIT: Children and young people aged 12 to 25 years old

4.1 INTRODUCTION

Children and young people aged 12 to 25 years old engaged with the consultation via two means: a discussion toolkit and an online survey

110 children and young people took part in a discussion group using the toolkit for children and young people aged 12 to 25 year olds. This section of the report presents the feedback from the toolkit discussions; findings from the survey are reported in the next section of the report. Information regarding the Toolkit and the children and young people who took part is included in the Appendices on page 78.

The feedback on findings from the toolkit is presented in these next sections:

> **4.2 Getting started: First thoughts on talking about your mental health and wellbeing**
> **4.3 First point of contact for support**
> **4.4 Getting support for your mental health and wellbeing face-to-face**
> **4.5 Getting online and remote support**
> **4.6 Having your say about the support you receive**
> **4.7 Hopes and aspirations**

4.2 Getting started: First thoughts on talking about your mental health and wellbeing

To support children and young people to begin their conversations, and after sharing our understanding of what we mean by mental health and wellbeing, groups began with this question: **Think about where you spend your time (home, school, clubs, training / apprenticeship, college, university, work, with friends). Do you feel you can talk about your mental health and wellbeing in these places?**

Across all groups, school, clubs, and home were identified as spaces in which they felt able to talk about their mental health and wellbeing. As well as settings where talking can happen, responses also highlighted spaces where the young person would not be comfortable to talk about their mental health and wellbeing.

Across group responses, children and young people said that they felt able to talk about their mental health and wellbeing to at least one person at home. There were mixed responses about feeling able to talk to friends and peers about their mental health. Responses were also mixed in terms of talking in school, clubs and youth groups with some viewing these spaces as safe and supportive places to talk about mental health, for others not so. Few children and young people said they felt they could not discuss their mental health and wellbeing anywhere.

Across all of these initial conversations, the theme of confidentiality emerged as a factor determining whether a young person felt able to talk about their mental health and wellbeing. Children and young people shared that they felt most comfortable talking about their mental health in spaces that would *ensure* confidentiality. Schools were frequently identified as spaces in which confidentiality could be breached, as children and young people believed teachers and school staff would be obligated to inform parents/carers about any issues they were experiencing with their mental health and wellbeing. Some also shared that they felt school staff would not take their concerns seriously.

> *"Schools should be a safe space but they're not always. Staff always pass on information and tell parents. Sometimes all I need is an ear to listen, but it'll get back to my parents."*

Youth groups were identified by some children and young people as a space in which the felt comfortable and familiar with, where they could trust a youth worker or group member to not pass on any thoughts they expressed.

The potential negative reactions or consequences of talking about mental health and wellbeing also emerged as a barrier as to where children and young people felt they could share their feelings. Children and young people who did not feel comfortable talking to friends and peers in social settings shared they did not want to "burden" their friends with their issues and felt this could have negative repercussions for their relationship. The risk of "being treated differently" after talking about mental health and wellbeing to a teacher or school staff member was highlighted as a reason for not sharing how they felt. Children and young people said that this could be stigmatising and discourage them from sharing how they feel in the future.

One participant highlighted that they did not want to discuss their mental health at a youth group or club as they saw attendance at these groups as "an escape from their problems" and that talking in this setting would disrupt the youth group environment. Another highlighted the potential negative or unhelpful reactions to talking about their mental health as a reason for not sharing with parents/carers in the home.

> *"Sometimes I can speak at home, but it can become all about my parent's feelings in response to how I'm feeling rather than [them] being supportive."*

A thread running through all responses was the importance and value of the relationships children and young people had with others in the spaces where they felt comfortable talking about their mental health and wellbeing.

4.3 First point of contact for support

Explanatory text helped to frame the conversation as it progressed. The children and young people read this text:

> *"Sometimes we want to speak to someone about our mental health and wellbeing. Other times we might want to go somewhere to learn more about our mental health and wellbeing. This can help us get support that can help us find better ways to cope and ways to improve our wellbeing."*

And then they were asked: **Where or who would you go first for support with your mental health and wellbeing?**

There were mixed responses as to who children and young people would go to first if they wanted support for their mental health and wellbeing.

Family and friends, youth workers, GPs, schoolteachers and staff members were all identified as people who children and young people would go to first. However, adding to concerns expressed earlier about schools as a place for support, most who did identify school teachers and staff acknowledged that support might not be readily available when asked for.

In relation to who children and young people would approach *first* to access support for their mental health and wellbeing this was largely determined by the kind of relationship they had with the person they were approaching and a confidence that they would receive the right support from them; reflecting the more general introductory conversation. Across all responses, three defining aspects of this relationship appeared to make someone a good person to approach to

receive support for their mental health and wellbeing: trust, being non-judgemental and understanding.

Firstly, participant's wanted their first person or place to go to be one they could **trust**. Across children and young people who said they would speak to their GP, teacher, family members or youth workers, feeling that they had a trusting relationship with that person would encourage them to ask for support.

> *"I'd speak to my doctor. I'd speak with my mum. We speak to these people cause you trust them. I know my parents and pals are always there for me."*

Many children and young people also highlighted that they would approach someone they felt was **non-judgemental**. Friends and youth workers were most frequently described as non-judgemental and where children and young people had strong relationships with school staff and teachers, it was believed that this person would not judge. One participant discussing their relationship with their youth worker shared how they would approach them because they can speak openly without judgement and that they have their best interests at heart. Other responses shared how they felt able to speak with friends and family, confident that they would not be judged for sharing their feelings.

> *"I'd speak to my best friend – I know they don't judge, and I feel I can be honest with them."*

Feeling that someone **understood** them, and their lived experience, also emerged as a key aspect of what made someone an appropriate person for children and young people to approach for support in the first instance. This was particularly true of children and young people from a minority group where they expressed the intention to speak to someone who shared the same minority identity as them. They felt this person would be more understanding of their experience and feelings, more receptive to what they are saying, and support/offer advice more appropriate to the participant.

> *"Others in the LGBT+ community relate to being gay or trans and have a better understanding of what it's like. They don't make you feel worse for talking, they make you feel better."*

4.4 Getting support for your mental health and wellbeing face-to-face

Children and young people then explored where they would go to get support for their mental health and wellbeing. This discussion was prefaced by this explanatory text:

> *"Sometimes we want to get support for ourselves about our mental health and wellbeing. Each of us need different kinds of support at different times. We want to focus now on support that happens face-to-face."*

Children and young people were asked: **If you wanted to access face-to-face support mental health and wellbeing, what would make it be most comfortable for you?**

The majority of children and young people said they would indeed want to access face-to-face support for their mental health and wellbeing if they felt they needed it. Children and young people identified the same people and spaces already identified as those they would feel comfortable receiving face-to-face support at: from people at home, school, youth groups and GP services.

What would make a face-to-face support for mental health and wellbeing comfortable largely rested on three factors: privacy, safety and familiarity.

Whether face-to-face support could ensure a participant's **privacy** was frequently mentioned as a key factor determining comfortability. Schools were identified a number of times as a space in which it would be difficult to ensure privacy when receiving face-to-face support – missing lessons to access support and the associated stigma of visiting a school counsellor or health support staff were viewed as factors limiting the face-to-face support in the school environment. Feeling that peers would know you were accessing support and the potential for information to be passed onto parents/carers were mentioned as particular concerns.

> *"School could be a good place to receive face-to-face support cause I'm familiar with the surroundings and feel comfortable there. One negative though is I'm surrounded by my friends, peers and school colleagues who may pass judgement."*

Children and young people said they would feel most comfortable receiving face-to-face support in a **familiar** setting, ideally within the community. The home was identified as an ideal location by a number of children and young people – those who wanted to receive support in their local school, youth group or healthcare clinic shared that this was because they were used to these settings and felt **safe** and comfortable there.

> *"Somewhere close to home something like a hub or centre – something accessible at different stages of life – like going to university or college."*

Reflecting much of the responses earlier, children and young people were clear that who was providing the support was central to how comfortable they would feel. Feeling that they were

receiving support from someone they can trust and who would take a non-judgemental approach to providing support. Again, the relationship they had with the person providing the support was the primary factor determining levels of trust and perceived non-judgement. The role of this person in the children and young people life varied – teachers, youth workers, GPs, parents.

Children and young people were then asked: **Is there anything that would make it difficult for you to go somewhere to receive face-to-face support?**

The most common barrier identified by children and young people to receive face-to-face support was travel, highlighting the need for support to be accessible within the community.

Children and young people identified a number of reasons why they were not willing to travel to receive face-to-face support. The time that travelling would take was the most common barrier, children and young people said that this would risk their privacy as parental curfews would restrict the time they could be out the home in evenings and weekends. Some children and young people shared that anxiety related to public transport would also restrict the distance they could travel to receive support.

Work and school obligations were also viewed as a barrier to accessing face-to-face support. Children and young people noted that most services they are aware of typically take place during school and core working hours. Work obligations at evening and weekends would also restrict their access to out of hours services.

> *"Travel is an issue, as are school timings. Services are mostly during school hours, and you might be unwilling to go after you may be too tired."*

Of course not all children and young people do want to access face-to-face support. Lacking confidence to attend support and general anxieties and worries about what face-to-face support would involve were an issue for some respondents.

4.5 Getting online and remote support

Moving the conversation on to support in the digital space the following prompt was put to children and young people for their consideration:

We now want to focus on support that people can receive remotely. This could be talking to someone on the phone, via web chat, text messages or video call.

Then they were asked: **If you were to receive online/mental health and wellbeing support, how could it be most comfortable and accessible for you?**

The majority of children and young people said they would be happy to receive support for their mental health and wellbeing with online services. Few children and young people said they would not be willing to use online services at all.

Similar to responses about face-to-face engagement, privacy emerged as a key theme that would help make using online support services comfortable and accessible. Having access to your own space where no one else could hear or see you was important to children and young people. Whether in home, at school, or in another setting, ensuring the children and young people privacy was most often mentioned as a priority. This extended to the online support programme itself where data protection and privacy was mentioned as important.

> *"Programmes that guarantee privacy would make me more comfortable, when I can get a private space in the home. That would be the ideal setting for online support."*

Again reflecting responses about face-to-face services, receiving online support in a safe and comfortable environment was important to children and young people who shared that they would want to receive online support from home, where they feel the most comfortable.

The availability of the online support around the clock was also viewed as necessary for this model to be valuable to children and young people. This was seen to be a way to address the barriers around school and work obligations as identified in relation to face-to-face support.

Children and young people were also asked: **Is there anything that would make it difficult for you to access online/remote support?**

The most common barriers mentioned by children and young people were **lack of access to devices**, **poor internet connection** and a **lack of privacy**.

A lack of stable internet connection to join video calls and use any online resources was identified as a key barrier to accessing online support for mental health and wellbeing. Children and young people also noted that those who would normally use a community/public space to access stable internet (e.g., a library or school) would likely have to forgo their privacy in order to do so. The cost of using data to access online support was discussed as a barrier too. Some children and young people also shared that parents/carers would restrict their access to internet/devices such

as phones and tablets during certain hours. They would therefore not be able to access any online support outside of these hours.

Privacy was also seen as a key barrier to children and young people who shared bedrooms and living spaces with other family members in the home. They shared that they would spend little time alone in the home – despite this being a place they feel safe and comfortable – and would struggle to get enough privacy to comfortably access online support.

> *"Most of us share a room and lack privacy. My WIFI isn't great in the house, and I often use data to check messages. If I was to use my data for something like this, I imagine it could cost a lot."*

4.6 Having your say about the support you receive

Discussion then focused on how children and young people have their say about the support they receive. This explanatory text was shared and prompt questions followed:

The people and organisations that offer support want to understand what is working well and what can be improved. Your feedback is really valuable to continue to improve services. It is your right to have your voice heard about the support you receive.

Children and young people were asked: **How would you feel most comfortable sharing feedback with services/organisations providing the support?**

Responses were mixed as to how children and young people wanted to share feedback about the support they had or might receive, with more leaning towards anonymous online feedback over face-to-face feedback.

Responses were also mixed in terms of when children and young people would offer feedback. Some children and young people expressed a desire to share throughout the support period, with more sharing that they would only want to give feedback after the final support session – preferably after some time following conclusion of the support. They felt that this would allow them enough time to reflect on the impact of the support on their individual mental health and wellbeing.

A common theme throughout responses was the children and young people desire for this feedback (both online and face-to-face) to be fed directly to someone with the ability to make changes and improve services.

> *"I want the feedback to go to someone who can actually make changes to the services directly. I want to know that my feedback is actually being heard and acted upon."*

4.7 Hopes and aspirations

To close their group discussions children and young people were asked by their adult facilitator to think about this prompt, and to complete with their own words: *'**My hopes and aspirations for my mental health and wellbeing are…**'*

In some expressions of their hopes and aspirations, children and young people identified immediate challenges or changes they want, or hope, to make.

> *"I hope it gets better, better emotional control, not to feel so tired, not to feel so angry."*
>
> *"To stop snapping and bottling stuff up."*
>
> *"To not feel as anxious all the time."*
>
> *"Not to over think and worry about the silly stuff."*
>
> *"To get better and not feel so awful every day."*
>
> *"That I can cope better with life."*
>
> *"To not be as angry about irrational things."*
>
> *"Not be as anxious in the outside world."*

Respondents were also positive and forward looking for themselves.

> *"To be able to live peacefully knowing I have the tools necessary to handle my mental health."*
>
> *"To be the best I can be with or without mental health problems."*
>
> *"To manage my life in a way that mental health and wellbeing aren't a major factor."*
>
> *"To be happy with who I am and accept it is a part of me."*
>
> *"To be able to talk about my mental health more."*
>
> *"That I am good, healthy and an inspiration to others."*
>
> *"I hope to be able to care for myself and to get myself a job and keep it"*

> *"Get to a point where it's okay to not be okay, feel that support is there when you want it. Feel that you can do anything, build yourself back up. Trusting yourself and your coping strategies."*

Some respondents hope for better responses and better services.

> *"To know I have support if it is needed, and someone to talk to."*

> *"There are more mental health services provided by people who have experienced LGBT issues."*

> *"That I'm taken seriously when I say I want support. Especially as a young person, when you can often be made to feel you're a different species who's emotions etc. are meant to be tough."*

In some expressions of their hopes and aspirations, children and young people identified improvements that services need to make.

> *"That services keep things more confidential from parents."*

> *"If someone is doing something as a "cry for help" there is still an underlying problem. There is a very negative connotation around attention-seeking, when at times people just need care and attention to help them feel better and recover from their problems."*

> *"Listen to us more rather than what you think is good for us. CAMHS waiting lists are ridiculous and not good enough. LGBTQ+ young people are more at risk of bullying which needs to look at how this massively affects your mental health."*

> *"Waiting times for CAMHS are too long. Need for more education on mental health and wellbeing in schools."*

> *"Improving access to in school support is important, support currently available is not sufficient."*

Finally, this young person expressed a hope that culturally we are in a better place when it comes to mental health and wellbeing.

> *"For mental illness to be accepted, and not seen as a weakness or something that can be used to be discriminated against."*

5. FINDINGS FROM THE ONLINE SURVEY: Children and young people aged 12 to 25 years old

5.1 INTRODUCTION

Children and young people aged 12 to 25 years old engaged with the consultation via two means: a discussion toolkit and an online survey

The survey ran between 30th March and 1st May 2022 and received **906 fully completed responses**. A further 70 respondents filled in the majority of the survey but did not provide their demographic details. These responses have also been included in analysis, taking the total to 976 children and young people. Some questions were multiple choice and therefore do not total 100%

This section of the report presents the feedback from the survey; findings from the toolkit responses are reported in the previous section of the report. Information regarding the children and young people who took part is included in the Appendices.

The feedback on findings from the survey is presented in these next sections:
5.2 Getting started
5.3 Getting information about mental health and wellbeing
5.4 Getting support for mental health and wellbeing

In writing the following words are used to describe numbers and proportions:
- *Almost all* means over 90% of respondents
- *Most* means 75% to 90%
- *Majority* means 50% to 74%
- *Less than half* means 15% to 49%
- *Few* means up to 15%

5.2 Getting Started

The initial questions in the survey were to get some context as to whether children and young people had already or recently shared their views on mental health and wellbeing, and how they felt about their mental health and wellbeing now.

Involvement in offering views on mental health and wellbeing

Around a third of respondents stated that they had already offered their views on mental health and wellbeing in the past 12 months, either via another online survey or a face-to-face discussion.

No	**50.4%**
Yes, an online survey	**25.7%**
Unsure	**16.1%**
Yes, a face-to-face discussion	**7.8%**
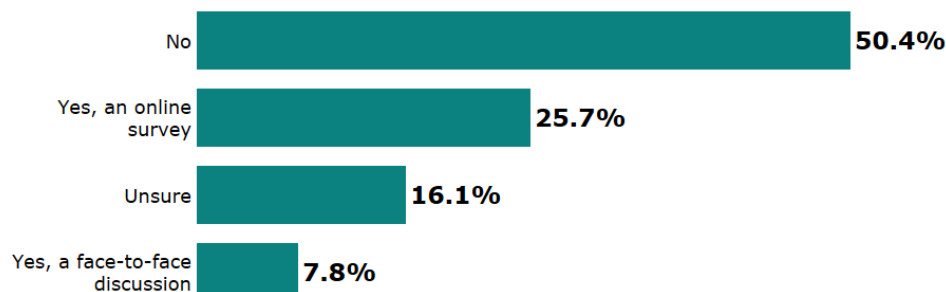
Respondents were asked to what extent they agreed with the following statement.

Statement: I feel good about my mental health and wellbeing

Only 29.9% of respondents agree to any extent that they feel good about their mental health and wellbeing. Few children and young people strongly agree that they feel good about their mental health and wellbeing. Less than half of respondents disagree to some extent with this statement. with nearly 1 in 4 expressing a neutral stance.

18.9% Strongly disagree	**28.3%** Disagree	**23.0%** Neither agree nor disagree	**24.5%** Agree	**5.4%** Strongly agree
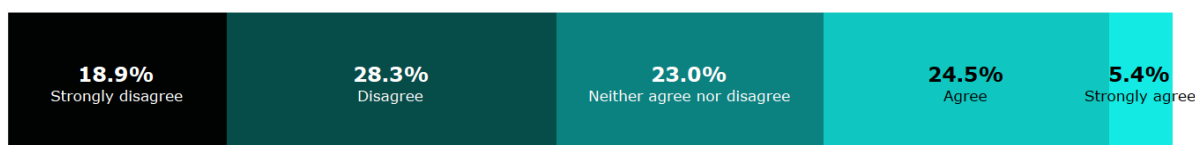
5.3 Getting Information About Mental Health and Wellbeing

The next set of questions focused on children and young people's experiences of accessing **information** about mental health and wellbeing. Respondents were asked the extent to which they agreed with the following statements.

Statement: I feel confident that I can find information about mental health and wellbeing when I need it.

A majority of respondents (**53.6%**) agreed to some extent with this statement. Around a quarter (**22.9%**) disagreed or strongly disagreed with this statement. Meanwhile 1 in 4 respondents (**25.4%**) were neutral in regard to the prompt statement.

6.5% Strongly disagree	18.4% Disagree	25.4% Neither agree nor disagree	39.0% Agree	8.9% Strongly agree
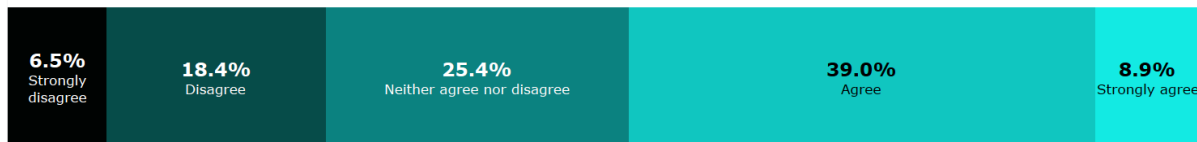
Statement: I feel confident that I will be given the correct information about mental health and wellbeing when I need it.

Less than half of respondents agreed with this statement (**41.1%** selected *agree* or *strongly agree*). Around a third (**30.7%**) disagree or strongly disagree with this statement. Again a significant number of respondents (**28.1%**) were neutral in terms of confidence that they will be given correct information when they need it.

8.8% Strongly disagree	21.9% Disagree	28.1% Neither agree nor disagree	31.7% Agree	9.4% Strongly agree
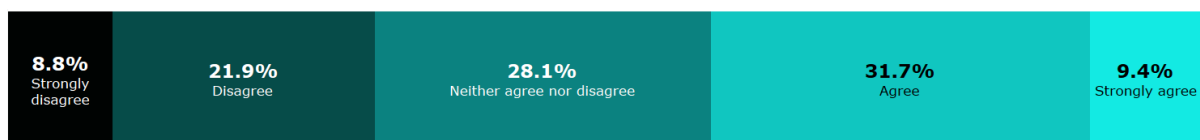
Next, developing this theme, respondents were asked: **Where or who would you go to when looking for information about mental health and wellbeing?** An accompanying list was provided. This question was multiple choice, with respondents identifying as many sources they would use, therefore results do not total 100%. As can be seen in the graphic that follows, the most commonly selected choice was to go to a website. In terms of people, almost half said that they would go to their friends or a parent/carer. The least commonly mentioned options were a coach/worker at an activity club, social worker and community group. It is important to acknowledge that not all respondents will have accessed people or places on this list, partly because community based services are in recovery from the pandemic. Therefore, results that have been selected less are not necessarily due to the efficacy of the service.

Where or who would you go to find information about mental health and wellbeing?

Website	62.8%
Friend	46.6%
My parent/carer	42.9%
Social media	29.6%
GP Practice	28.9%
Teacher	21.7%
Student support services at college/university	16.0%
Other relative	14.8%
Mental health support worker	14.1%
Other adult at school	13.6%
I have a counsellor	13.4%
A youth worker/a youth club I go to	10.6%
A coach or worker at a sport or activity club I go to	5.2%
Social worker	4.8%
Community group I already attend	3.5%
Other - please specify	3.3%

There were thirty-two respondents who selected *Other*. Of these, thirty provided a written response, which are summarised in the table below.

Primary Theme	Secondary Theme	Responses
Qualified mental health specialist	Psychiatrist	3
	Psychologist	2
	CAMHS nurse	1
	Community Psychiatric nurse	1
	Mental health consultant	1
Teacher	PE Teacher	2
	University teacher	1
	English teacher	1
	Guidance teacher	1
Online	Online (general)	4
	Anonymously on internet	1
Family	Sisters	1
	Step-parent	1
	Home	1

Romantic partner	Romantic partner	3
Work	Support at work	1
	Colleagues	1
Specific online resource	Young Scot	1
	7 cups	1
Other resources	Self-help books	1
	Helpline	1
Friend	Friend	1

From this list, children and young people were then asked:

Please pick the person or place that you are most likely to go to first for information. This question required respondents to indicate just one choice.

Website	39.7%
My parent/carer	23.3%
Friend	13.2%
GP Practice	3.6%
I have a counsellor	3.5%
Teacher	3.4%
Social media	3.1%
Other relative	2.3%
A youth worker/a youth club I go to	2.3%
Student support services at college/university	1.5%
Other adult at school	1.1%
Other - please specify	1.0%
Mental health support worker	0.9%
A coach or worker at a sport or activity club I go to	0.7%
Social worker	0.4%
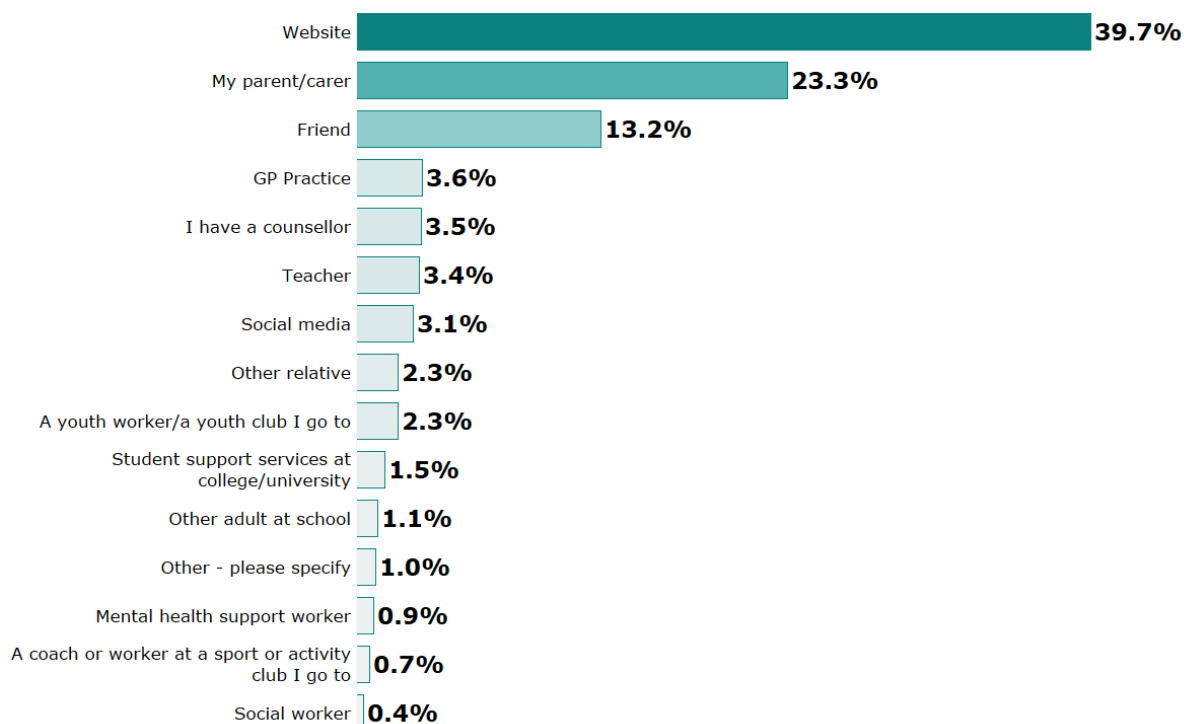
There were ten respondents who selected *Other.* Of these, eight provided a written response, which are shown in the table below.

Responses
Child line
Colleagues I am a psychological therapist
CPN
My girlfriend

My partner
Online
Partner
Personal connected person

Respondents were then asked to tell us why they chose this person/place as their first option. This question was optional and received 850 freely typed responses. The top three selections are explored in this report.

Selection: Website

528 respondents elaborated on why they chose a website to access information. Mostly, they described how websites are quick and easy to access. They were also seen as useful for finding relevant information. Some respondents stated that they found using a website easier than looking for information in person, with others stating that anonymity is a positive. Respondents also liked that websites allow them the ability to do their own research and to connect with people who have had similar experiences.

Theme	Responses	Theme	Responses
Quick and easy access	123	Views professional help as difficult to seek	14
Able to find relevant information	101	Comfort	10
Easier than in person	97	No explanation given	9
Anonymity	72	Trust	8
Ability to do own research	59	Helpful in general	5
Able to find people with similar experiences	21		

"Because it is easily accessible and I have no fear of being judged or someone telling someone. It stays within my own space"

"Can be done in own time at own pace with no added pressures from other people. To find information, using reputable sites like the NHS, and mental health charities such as the Mix, Samaritans, and Mind have good knowledge and more specific information."

"Many websites provide useful information and even links or phone numbers of other sources I can reach out to, like, breathing space or the Samaritans. Because usually when I'm feeling low I will have no energy to go out or talk to somebody in person."

"More reliable resources & access to a wider range of information. Internet is much more accessible than mental health services"

Selection: Parent or carer

249 respondents elaborated on why they chose their parent or carer to access information. Respondents described their parents or carers as being trustworthy and supportive. Some also stated that they had a good relationship with their parent or carer. Others described how they provided comfort and were understanding when talking about mental health information.

Theme	Responses
Trust	70
Supportive	59
Good relationship	47
Comfort	28
Understanding	26
Safe space	12
General	5
Difficult to get help elsewhere	1
Face to face	1

"Because my mum and myself are very close and we have both experienced/ are currently experiencing difficulties with our mental health so I feel very comfortable talking to her and she gives me great advice and I am a lot happier now as a result (and I trust that she will keep my mental health problems between us two and us two only)."

"Because they are who I trust the most, and I know that even if they don't have all the information they will help me find out more."

"I feel most comfortable talking to my parents as they understand most of what I am going through and can support me best"

"My parents know me the best so I'm more easy-going and likely to tell them things compared to someone I don't know. I know how my parents will react and that they will listen to me."

Selection: Friend

164 respondents elaborated on why they chose a friend to access information. Respondents described their friends as being trustworthy, understanding and supportive. Some also stated that they are unable to discuss mental health with their family or other adults. Others described how they provided comfort, were easy to talk to and that they had a close relationship with their friends.

Theme	Responses
Trust	37
Understanding	31
Supportive	24
Feels unable to chat with family or other adults	23
Comfort	14
Close relationship	12
Easy to talk to	10
General	6
Feels unable to chat to anyone generally	3
Feels there are no other options	2
Instant and no waiting list	2

"As I feel as though I can trust them and I don't feel as though I can trust any adults as in the past they have done nothing to help me even when I told them quite "bad" things. Whereas my friends will often try listen and try be supportive"

"I would go to a friend first as they are someone I trust and would feel comfortable asking them questions and telling them how I feel"

"I trust my friends a lot more that I trust my family with stuff like this. I'd feel safer talking to someone my age that I like rather than an adult somewhere too."

"I personally feel more comfortable around my friends discussing topics such as mental health as they are more understanding. adults often dismiss young people when wanting to talk about their mental health and usually say "it's not that bad""

5.4 Getting Support for Mental Health and Wellbeing

The following questions focused on children and young people's experiences of accessing **support** for mental health and wellbeing.

Respondents were asked to what extent they agreed with the following statements.

Statement: I feel confident that I can find out about support for my mental health and wellbeing when I need it.

Less than half of respondents (**47.9%**) agree to some extent with this statement. Around a quarter (**26.7%**) disagreed or strongly disagreed with this statement while a similar percentage (**25.4%**) responded with 'neither agree or disagree'.

8.3% Strongly disagree	18.4% Disagree	25.4% Neither agree nor disagree	39.0% Agree	8.9% Strongly agree
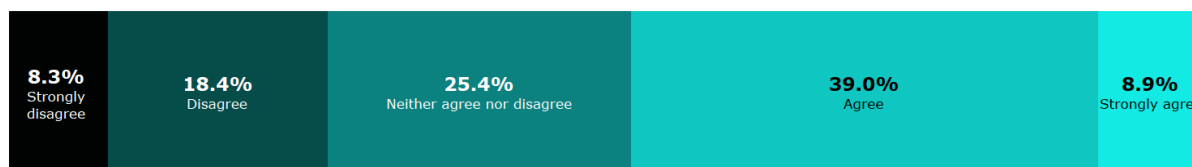
Statement: I feel confident that I will be given the right support for my mental health and wellbeing when I need it.

Less than half of respondents agreed to any extent with the statement (**38.5%**) while a similar percentage disagreed to some extent (**36.7%**). 1 in 4 respondents (**24.8%**) were neutral with regards to the statement.

13.8% Strongly disagree	22.9% Disagree	24.8% Neither agree nor disagree	29.5% Agree	9.0% Strongly agree

Building on these statements, respondents where then asked where or who they would go to for support.

Where or who would you go to get mental health and wellbeing support?

This question was multiple choice, with respondents identifying as many sources they would use, therefore results do not total 100%. As can be seen form the graphic, the most popular choices were website and friend, with around half of respondents selecting these options. Parent/carer was also a popular choice. The least common options were a coach/worker at an activity club, social worker and community group. As stated earlier it is important to acknowledge that not all respondents will have accessed people or places on this list, partly because community based

services are in recovery from the pandemic. Therefore, results that have been selected less are not necessarily due to the efficacy of the service.
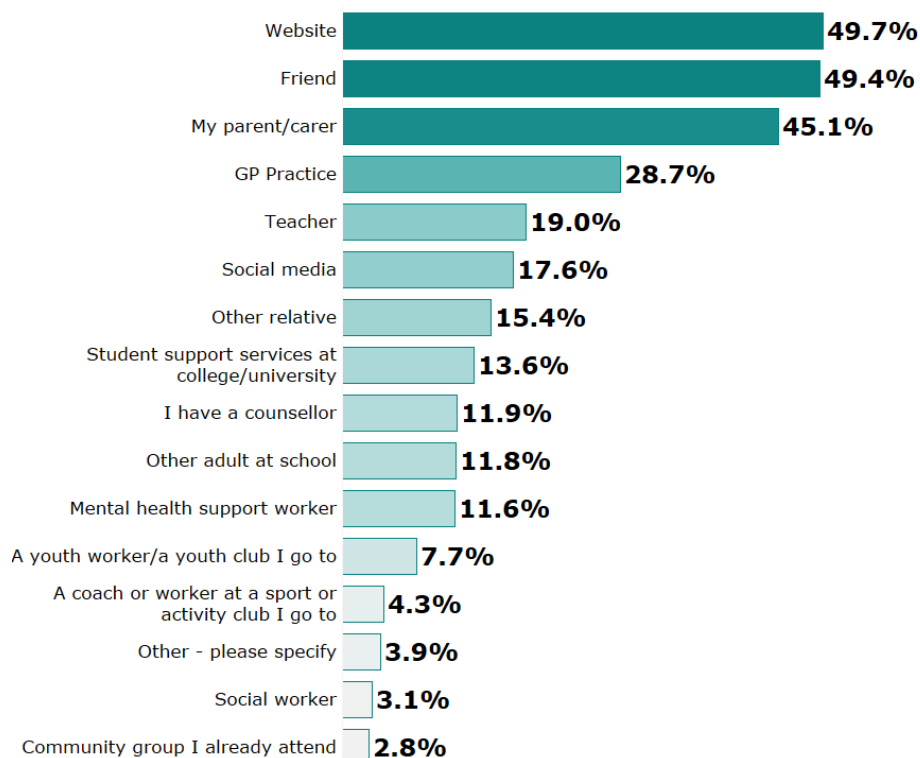
There were thirty-eight respondents who selected *Other.* Of these, thirty-five provided a written response, which are summarised in the table below. Seven respondents said a version of "nowhere".

Primary Theme	Secondary Theme	Responses
Qualified mental health specialist	Psychologist	2
	Psychiatrist	2
	Community Psychiatric nurse	1
	Therapist	1
	Mental health consultant	1
Work	Support services at work	2
	Support at work	1
	Helpline through industry	1
	Benefits through work	1
Online	Online (general)	2
	Mental health forums	1
	Online forums	1
Education	PE Teacher	2

	University teacher	1
	Guidance teacher	1
Specific online resource	Young Scot	1
	Reddit	1
	4Chan	1
Romantic partner	Romantic partner	3
Family	Sister	2
Other	Journal	1

From this list, please pick the person or place that you are most likely to go to first for support.

This question required respondents to indicate just one choice. Respondents most commonly selected parent/carer as where they would most likely go first, followed by a website.
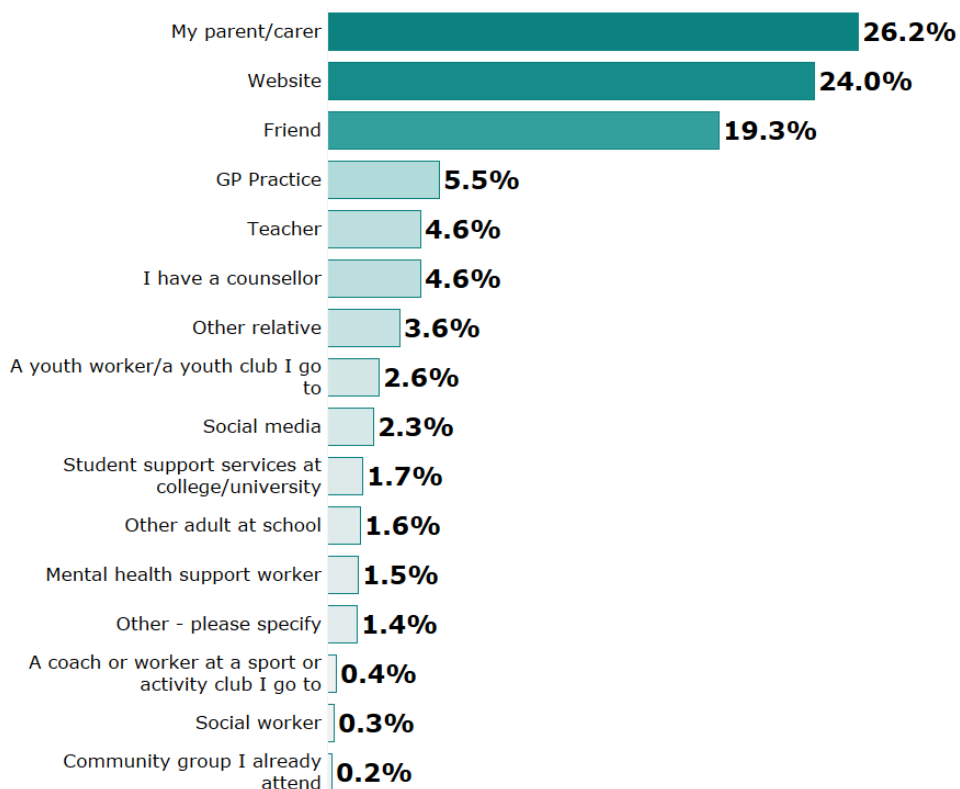
There were fourteen respondents who selected *Other.* Of these, thirteen provided a written response, which are shown in the table below.

Responses
Childline
Community Psychiatric Nurse
Deal with it as long as I can
Employer
My partner
My sister
No-one
Nothing
Online
Personal connected person
Private psychologist recommended
Psychiatrist
School nurse

Respondents were then asked to tell us why they chose this person/place as their first option

This question was optional and received **770** freely typed responses. The top three selections are explored in this report.

Selection: Parent or carer

231 respondents elaborated on why they chose their parent or carer to access support. Respondents described their parents or carers as being supportive and trustworthy. Some also stated that they had a good relationship with their parent or carer and found them easy to talk to. Others described how they provided comfort and were seen as a safe option. Some respondents were critical of professional services.

Theme	Responses
Supportive	75
Trust	58
Close relationship	40
Easy to talk to	12
Safe space	10
Comfort	9

Critical of professional services	7
Similar experiences	7
Understanding	6
General	6
Face-to-face support	1

"I think my parents would have the best knowledge of me as a person to help me get the support that would work best for me."

"They know me the best and would be able to then research further and talk to more people than I would be comfortable talking to, e.g. GP."

"They're the people I spend the most time with and know me best so when I'm not in a state to be able to assess myself they can give me a reliable opinion on how much support I need."

"Because my mum is easy to talk to and she knows a lot of stuff through her job etc. We have a great relationship thankfully."

Selection: Friend

227 respondents elaborated on why they chose a friend to access support. Respondents described their friends as being supportive, trustworthy and understanding. Others described how they had a close relationship with their friends and felt comfortable getting support from them. Respondents also stated that they found it easier to relate to their friends due to shared experiences, were easier to talk to and some felt that they couldn't discuss things with their family or other adults. There were a few respondents who were critical of professional services.

Theme	Responses	Theme	Responses
Supportive	40	Easiest to talk to	13
Trust	39	Critical of professional services	10
Understanding	36	Safe space	7
Close relationship	20	General	3
Comfort	20	Feels they have no other options	2
Easier to relate due to shared experiences	19	Feels they would waste professional time	1
Feels they cannot discuss with family or other adults	17		

"Although friends might not be as well informed about mental health issues as mental health support workers, support from friends is way more accessible, and friends can also distract me from negative thoughts and emotions instead of asking me to engage with them."

"I chose my friend as even though we both might be going through mental health issues we can still be there to understand one and other and I know that they understand and support me as I do for them too. I would feel safe sharing with them my issues or worries knowing that it's private and also knowing that they wouldn't laugh at me or view me as different or disregard my worries and feelings."

"Most people my age experience a lot of stress and even anxiety surrounding exams and important decisions in our lives and so I know that although they may not understand exactly what I'm experiencing, they can empathise easily. I have also found that due to the internet we are surprisingly knowledgeable (or have usually at least heard of things) and willing to learn when we are not."

"A friend is someone who you can have a lot of confidence with, so it can be easier to open up about whatever you need to open up about. They can also see things from the outside that you can't. However, this would just be the first step, there are many more after this."

Selection: Website

211 respondents elaborated on why they chose a website to access support. Many of the response themes reflect the reasons given for accessing a website for information. Mostly, they described how websites are easy to access. Some respondents stated that they found using a website easier than talking to someone in person, with the ability to find relevant and reliable information. Others highlighted the positive aspects of anonymity and confidentiality in accessing support via websites. Although no specific websites were referenced, several respondents mentioned "Google".

Theme	Responses	Theme	Responses
Accessible and easy	58	Able to find people with similar experiences	7
Easier than talking to someone in person	38	Free of charge	5
Able to find relevant and potentially reliable information	35	Supportive	4
Anonymity and confidential	26	Comfort	3
Able to do own research	14	Trust	2
Critical of professional services	9	General	1
Feels they have no other options	8	Safe space	1

"Easily accessible and leaves out the stress of speaking to someone in person"

"I find that searching the internet is normally my first action in most cases, it's easily available, discreet, and I can access it whenever"

"I can connect privately with the resources I need, without physically speaking about my mental health."

"Private. Doesn't need me to be perfectly articulate about what's wrong or judge. Also doesn't put my burden on anyone else"

The survey then explored what respondents would prefer in terms of how to access support in the first instance.

What would be your preferred way to get support about your mental health and wellbeing, initially?

The most selected preference was for face-to-face support. Of the virtual options, the most commonly selected was online chat. The least popular option overall was video call.

Option	Percentage
Face-to-face	48.2%
Online chat	24.3%
Direct messaging	13.5%
Phone call	5.1%
Email	4.7%
Video Call	3.1%
Other - please specify	1.1%
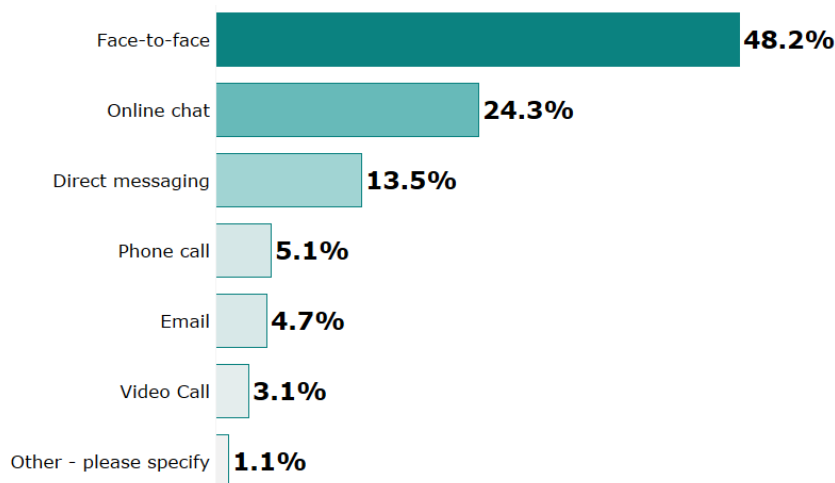
Subsequent questions went on to explore aspects of accessing support face-to-face or in person. Respondents were asked:

If you were getting mental health and wellbeing support face-to-face or in person, what would this look like?

This question was optional and received **760** freely typed responses. Responses are categorised into ten themes, presented in the graph below.
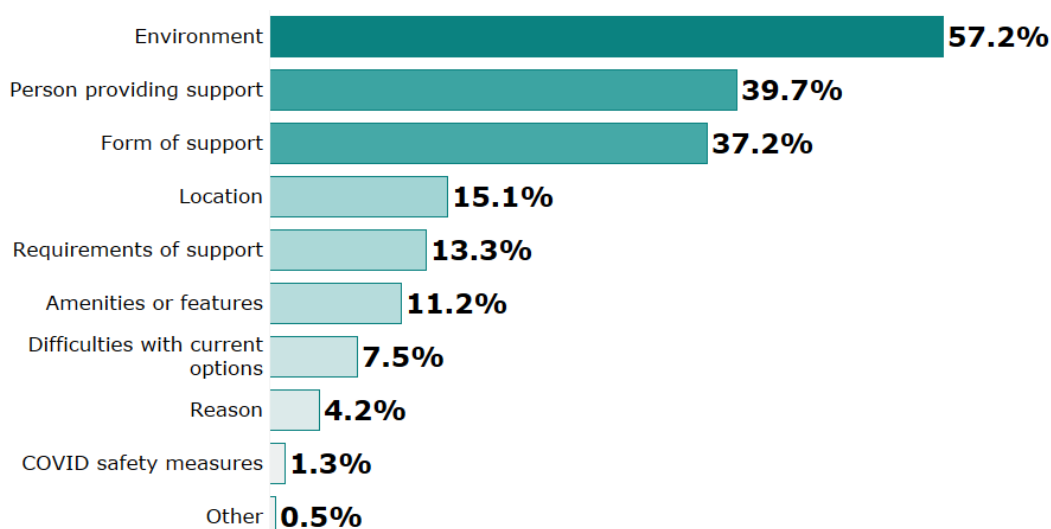
The top three main themes are explored in the text below.

Theme: Environment

435 respondents described their ideal environment for accessing support face-to-face or in person. Mostly, respondents asked for a comfortable setting. Privacy and quiet were also common requests. There were also suggestions for the environment to be casual or informal to ensure that they were more relaxed.

Theme	Responses	Theme	Responses
Comfortable	115	Bright	6
Private space	62	Small	6
Quiet	47	Warm	6
Casual or informal	43	Free from distractions	6
Relaxed	38	Professional	5
Safe	33	Colourful	5
Calm	24	Spacious	3
Homely or cosy	15	Sensory friendly	2
Nice	9	Cool temperature	1
Low or soft lighting	8	Not childish	1

"A comfortable environment without any prejudice. Where I am heard and my voice actually means something. Where my experience are considered truth and valid."

"The way you would be as if you were catching up with an old friend, just a casual relaxed feeling. Not formal but with someone professional"

"Private, quiet and comfortable area. With someone I could trust and where I didn't feel judged or pressured"

"Informal meet up maybe at a cafe to sit and talk while also having coffee and cake. So it would be less stressful and I wouldn't be worried that someone would find out by me going to a particular building. This would also help create a positive relationship with the individual"

Theme: Person providing support

302 respondents described the type of person that they would like to receive support from, or attributes of this person's character. Mostly, respondents specified that they would like support from a specialist or professional in mental health. However, several respondents stated that they would like support from a trusted person that they already knew. Respondents hoped that this person would not be judgemental or prejudiced, that they would actively listen, and that they would be understanding or reassuring. Several people stated that they would prefer to receive support from someone who they could relate to or had similar characteristics to them, such as someone who was younger or knew first-hand the issues that children and young people face today.

Theme	Responses	Theme	Responses
Specialist or professional in mental health	68	Kind or caring	12
No judgement or prejudice	37	Unknown and objective	11
Trusted person	33	Nice	8
Active listener	33	Asks easy questions	7
Understanding or reassuring	31	Specific demographic	6
Relatable or have similar characteristics	22	Calming	3
Friendly	15	Collaborative	2
Patience or no rushing	14		

"For long term comfort I believe it should be someone who has specialised in this and someone who can genuinely help me improve. I suppose a counsellor?"

"A non-judgemental person letting you explain what's going on in your head and what you need help with without interrupting or dismissing anything."

"In a situation that I could leave at any time, where I could be confident the individual that is meant to be supporting me wouldn't be biased or prejudice against me due to my protected characteristics."

"Support and understanding from someone you know, it feels the most real and sincere when someone is there to say it to your face"

What would the best support be like?

283 respondents described the form of support that they would like to receive, with most specifying that they would like one-on-one sessions. Respondents also wanted casual or informal support, with some simply describing a conversation or chat. There were also asks for the support to be available on a regular basis.

Theme	Responses	Theme	Responses
One on one	65	Drop-in sessions	3
Conversation or chat	59	Listening only	3
Casual or informal	35	Easing in to deeper discussion	3
Regular sessions	18	Coping mechanisms	3
Face to face (general)	17	Medication	3
Advice	15	Phone call	2
Online	10	Forms of therapy	2
Video chat	9	Helpline or text line	2
Walk	7	Peer	1
Allowed another person present	7	Creative tools	1
Personalised to what works for the individual	7	Variety of options	1
Group sessions	5	Consistency	1
Written	4		

"I would be most comfortable in calm and anonymous place, speaking to a person one on one"

"A conversation - no pressure"

"It would be a chat about how I am and it would feel relaxed. It wouldn't be an interrogation"

"I would love to have a weekly space to share my ups and downs with. Somewhere relaxing, with coffee or something which comforts me."

Exploring preferences further, respondents were asked about the time of day face-to-face support should be available.

If you were to access support face-to-face or in person, what time of day would be most suitable for you?

The most common selection was the afternoon, with around half of respondents choosing this option. Evening was also preferable to morning.
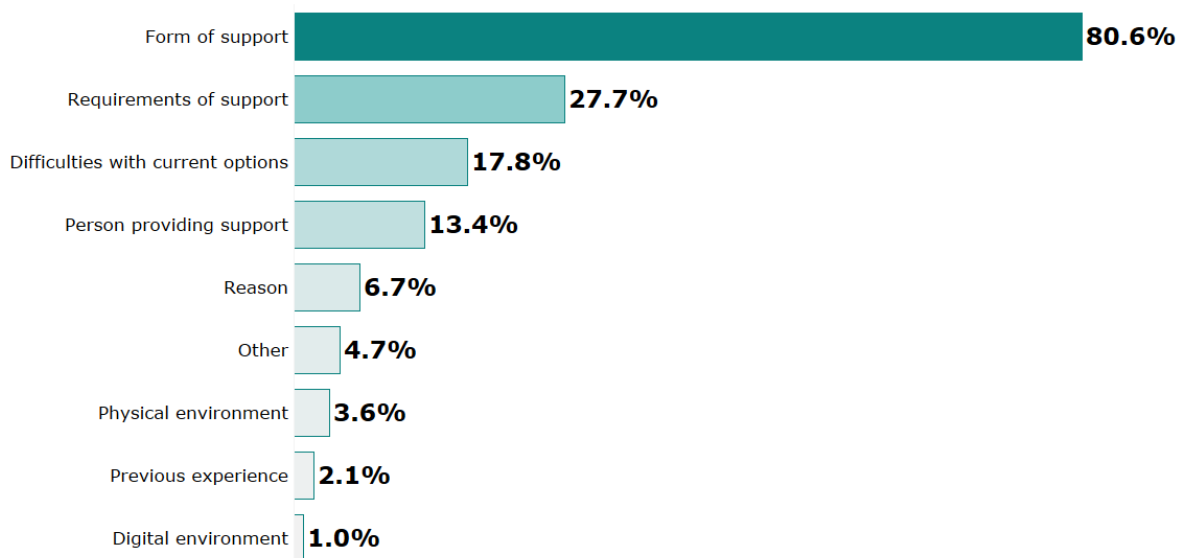
Morning	18.5%
Afternoon	51.5%
Evening	30.0%
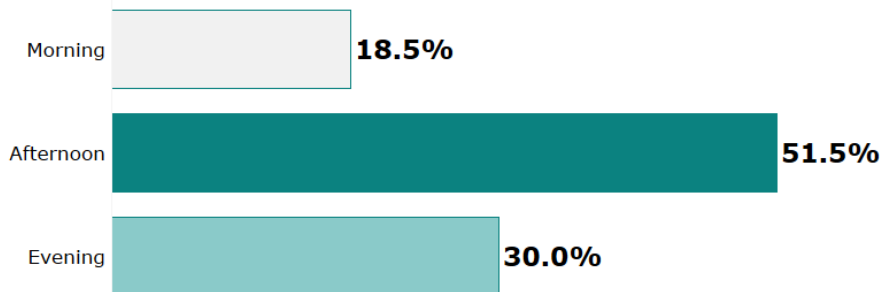
Survey questions then went on to explore aspects of accessing support digitally/online. Respondents were asked:

If you were getting mental health and wellbeing support online, what would this look like?

This question was optional and received **726** freely typed responses. Responses were categorised into nine themes, presented in the following graph.

Form of support	80.6%
Requirements of support	27.7%
Difficulties with current options	17.8%
Person providing support	13.4%
Reason	6.7%
Other	4.7%
Physical environment	3.6%
Previous experience	2.1%
Digital environment	1.0%

The top three themes are explored in the text below.

Theme: Form of support

585 respondents described the form of support that they would like to receive, with most wanting a text or messaging service. Video calls were also a common suggestion, as were phonecalls.

Theme	Responses	Theme	Responses
Texting or messaging	186	Online (general)	9
Video call	100	App	5
Phone call	75	Social media	4
Virtual conversation	56	Prompting questions	3
Conversation or chat (general)	19	Questionnaires or quizzes	3
Email	18	Interactive	2
Casual or informal	16	Signposting	2
Website	15	Coping mechanisms	1
Group chat or chat room	13	Allowed another person present	1
Face to face	11	Virtual classes	1
Advice	11	Presentation	1
Regular or consistent	10	Online videos	1
Helpline	10	Blogs	1
One on one	10	Forms of therapy	1

"Direct messaging with someone I don't know and someone who can't tell anybody/ would keep it a secret."

"I think messaging through text would help if it was digitally. I struggle to speak on the phone and I'll often stutter."

"A video call or a text chat would work best. A video call allows you to see the other person, which is great for feeling like you're not just talking to a wall, and receive input into the conversation at least through visual cues that they are listening, which can be lacking in a phone call."

"Anonymous service where you can contact them by text or call any time of the day including at night"

Theme: Requirements of support

201 respondents stated requirements that they had for support, with most asking for anonymity. Others wanted the support to be private or secure. In terms of times, some respondents wanted there be accessibility at all hours, with others calling for flexibility for the time of day/day of the week that support could be accessed. Some respondents mentioned technical aspects of the

support in terms of cameras – several asked for cameras to be able to be "off" during support whether others preferred them to be "on". There were asks for ease of use, and for the support to be provided by "real" people who were not following a script.

Theme	Responses	Theme	Responses
Anonymity	32	Clear structure	1
Accessible at all hours	22	Task to ease in	1
Private or secure	20	Muted microphones	1
Flexibility with times	14	See when other person has read messages	1
Cameras off	14	Details sent in advance	1
Easy to use or access	10	Support to access local services	1
Real people, not bots	9	No pressure	1
Quick responses	9	Admit approach is not working	1
Cameras on	9	Appointment to be on time	1
Given time to get to know person giving support	9	Scheduled in advance	1
Confidentiality	8	Accessible via phone	1
Stop at any time	4	Short messages	1
Good connectivity	4	Person leading the session can't leave during conversation	1
Taken seriously	4	Ability to fidget	1
Not following a script	4	Physical resources	1
No time restrictions	3	Information on place in phone queue	1
No interruptions	2	Free of charge	1
Inclusivity	2	Ability to choose topics	1
Lower waiting times	2	Quick	1
Space to offload	1	Clear structure	1

"It should be anonymous and with someone who knows a lot about mental health"

"Private, confidential, and readily available. i.e. ChildLine"

"Having immediate support, not being left for hours before a reply. 24/7 services especially night time support."

"I would want it to be a real person responding to me, not a robot, and I would not want to have to wait long periods of time for a response"

What gets in the way of children getting information or support?

129 respondents stated that they had difficulties with current options for accessing support. Most respondents stated that they would not like to access support via phone, while others said they would not like video chat.

Some respondents stated that digital generally was not suitable for them compared with in-person support, with a few stating that it was not a long-term solution. A few respondents also stated that they would not like to access support via texts.

Theme	Responses
Phone call not suitable	48
Digital in general not suitable	47
Video chat not suitable	20
Texting not suitable	8
Digital not a long-term solution	5
Would not like an app	1

"An online messaging system most certainly. Online video chat or phone calls make me, and most other people I know, anxious or on-edge. Online messaging means you maintain your anonymity, and puts less pressure on the children and young people."

"A phone call would likely be my preferred option. Text is too impersonal. Video calls are weird for me, I spend half the time looking at my own box on the screen."

"I honestly don't think online is the best for me because it's just easy to lie about how you're feeling and not be honest."

"For me, I think this would be far more of a superficial, check-in kind of thing. I can't imagine using this to get deep into my mental health, especially during a crisis, but maybe for like, how a treatment is going?"

Exploring preferences further, respondents were asked about the time of day online support should be available.

If you were to access digital support, what time of day would be most suitable for you?

The afternoon and evening were preferable to morning for digital support, with minimal difference between these options.

Morning	15.1%
Afternoon	41.0%
Evening	43.9%
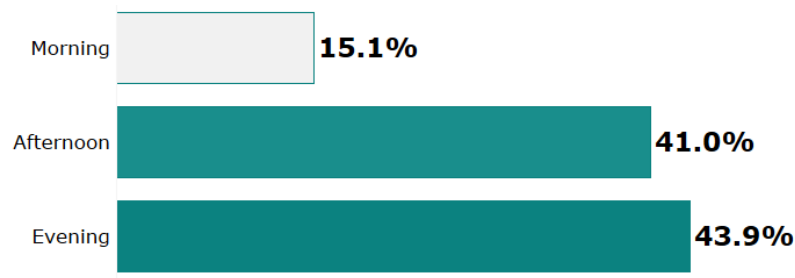
Do you have access to a device at home that you can use to look at online services?

There is an awareness that this survey was conducted online and results are likely to be biased. This was noted during survey development but partners agreed it would be useful to include this question in the survey. Great efforts have been made during the pandemic, by schools, community based youth work and 3rd sector, to ensure that a device is available in every home. With this in mind, almost all respondents selected *Yes* (**96.7%**).

Do you have access to reliable broadband/data at home?

This is an important part of digital inclusion/exclusion. Almost all respondents selected *Yes* (**93.5%**).

Access to private space for an online conversation

Most respondents stated that if they were to have an online conversation about mental health and wellbeing, they have access to a private space: **76.4%** answered yes. This does show however that 1 in 4 children and young people do not have access to a private space.

6. APPENDICES

6.1 Appendix 1: Details of the toolkits and online survey

6.1.1 The toolkit for 8-12 year olds

The toolkit was available as a download, word document and could be completed online. To begin, the toolkit explained what we mean when we talk about **mental health and wellbeing**:

> **Mental Health and Wellbeing**
>
> We all have physical health and mental health.
>
> Our mental health is our feelings, thinking, emotions and moods.
>
> Positive and negative emotions come and go.
>
> At times you can feel down, angry, overwhelmed. Maybe you have times when don't feel like yourself.
>
> At other times you can feel happy, positive and carefree.

To start the conversation children were asked to consider this question:

> **Question**: Do you have someone that you chat with about your feelings and emotions and moods? This could be someone in your family or friends or someone else.

Following on, children then explored how they get information about mental health and wellbeing. This explanatory text was offered with questions to follow to support the conversation:

Prompt: Getting information: Sometimes we want to find out things about mental health and wellbeing. We can think of this as *getting information* to help us. Information helps us understand what mental health is, and how we can look after our own or others' wellbeing. We might want to get information before we ask for help.

Questions:
- If you wanted to find out things about mental health and wellbeing where would you go? *(Children were prompted with a list of adults)*
- What are some of the reasons you have for picking the person or place you would go to, to get information?
- Is there a person or place you would probably go to first to get information? Why them/there?
- How could we make it easier for children to get information about mental health and wellbeing?

- Do you have access to a device at home that can be used to look at online information about mental health and wellbeing?

In terms of what we mean by **getting support** this explanatory text was offered, then again followed by a set of questions for discussion:

Prompt: Getting support: Sometimes we want to get support for ourselves about our mental health and wellbeing. Support is talking to someone to help us understand how we think and feel about our mental health. If we get support, it can help us think about ways to cope and ways to improve our wellbeing.

Questions:

- If you wanted to get support from someone, and talk about your mental health and wellbeing, *where would you go? (Children were prompted with a list of adults)*
- What are some of the reasons you have for picking the people or places you say you would go to, to talk and get support?
- Is there a person or place you would probably go to first to get support? Why them/there?

As we were also interested in whether children want to access information in digital environments or face-to-face we also offered this prompt text and accompanying questions:

Prompt: Online or in real-life? Some children prefer to get support for their mental health by speaking to someone in real life. Some children prefer to go online. Some children like both options.

Questions:

- Some children like to deal with people in real life. What would the best children's mental health support be like if you were to meet someone face-to-face? Tell us anything that would make it the best experience for you or for other children.
- Some children prefer to contact a person and get support online. What would the best <u>online</u> children's mental health support service be like? Tell us anything that would help you use it or make it the best experience for you or for other children.
- What would stop a child your age from getting the information or support they need when they need it?

Finally, hopes and aspirations for mental health were explored and identified with this prompt sentence stem: *My hopes and aspirations for my mental health and wellbeing are…*

6.1.2 The toolkit for 12 to 25 year olds

The toolkit was available as a download, word document and could be completed online. To begin, the toolkit explained what we mean when we talk about mental health and wellbeing:

> **Mental Health and Wellbeing**
>
> We all have physical health and mental health.
>
> Our mental health is our feelings, thinking, emotions and moods.
>
> Positive and negative emotions come and go.
>
> At times you can feel down, angry, overwhelmed. Maybe you have times when don't feel like yourself.
>
> At other times you can feel happy, positive and carefree.

Throughout the toolkit further explanatory text was provided, followed by questions for discussion. To start, some general conversation was encouraged about seeking and finding places to talk:

> **Prompt**: Sometimes we want to talk about our mental health and wellbeing, such as feelings, emotions and moods, with people around us, in the places we spend our time.

> **Q:** Think about where you spend your time (home, school, clubs, training / apprenticeship, college, university, work, with friends). Do you feel you can talk about your mental health and wellbeing in these places? To help, think about the following questions: Who would you talk to? Could be friends, family or someone else. What would make you feel more comfortable to have these conversations?

Progressing the discussion, this further explanatory text was offered with questions to follow, this time looking to identify the first port of call for a young person.

> **Prompt:** Sometimes we want to speak to someone about our mental health and wellbeing. Other times we might want to go somewhere to learn more about our mental health and wellbeing. This can help us get support that can help us find better ways to cope and ways to improve our wellbeing.

Q: Where or who would you go first for support with your mental health and wellbeing? What makes this first point of contact best for you?

To preface the next part of the discussion, moving on to getting support face-to-face, this text was offered, then questions were posed:

Prompt: Sometimes we want to get support for ourselves about our mental health and wellbeing. Each of us need different kinds of support at different times. We want to focus now on support that happens face-to-face.

Q: If you wanted to access face-to-face mental health and wellbeing support, what would make it be most comfortable for you? To help, think about the following questions.
When would you most like to access face-to-face support? E.g. (morning / afternoon / evenings or weekends / weekdays) Why is this time best for you?
Where would the support take place? E.g. school, clubs, GP Practice…
What makes this space an ideal place to receive support?
How far would you be comfortable travelling to get support? And how are you likely to travel there?

Q: Is there anything that would make it difficult for you to go somewhere to receive face-to-face support? E.g. barriers, caring responsibilities, travel, confidence?

Moving on to introduce discussion about online/remote support, this explanatory text was shared, with questions to follow:

Prompt: We now want to focus on support that people can receive remotely. This could be talking to someone on the phone, via web chat, text messages or video call.

Q: If you were receiving online/remote mental health and wellbeing support, how could it be the most comfortable and accessible for you?
To help, think about the following questions –
When would you most like to access face-to-face support? E.g. (morning / afternoon / evenings or weekends / weekdays) Why is this time best for you?
Where would you access the online/remote support from? Your home or somewhere else? Why is this best for you?

Q: Is there anything that would make it difficult for you to access online/remote support? E.g. having a dedicated space, privacy, having a device you can use, Wi-Fi access…

Discussion then focused on how young people have their say about the support they receive. This explanatory text was shared and prompt questions followed:

Prompt: The people and organisations that offer support want to understand what is working well and what can be improved. Your feedback is really valuable to continue to improve services. It is your right to have your voice heard about the support you receive.

Q: How would you feel most comfortable sharing feedback with services/organisations proving the support?
To help, think about the following questions –
How would you prefer to do this? E.g. Face-to-face, online, a survey, a text?
Who would you like to give your feedback to?
When would you like to give feedback? E.g. at a certain point while receiving the service to check on how it's going? Afterwards?

Finally, hopes and aspirations for mental health were explored and identified with this prompt sentence stem: *My hopes and aspirations for my mental health and wellbeing are…*

6.1.3 The online survey for 12 to 25 year olds

The survey was an open sample online survey hosted on Alchemer. It was open for one month between 30th March and 1st May 2022.

Survey questions were developed by the partnership of agencies involved in the commission, along with the Scottish Government.

The questions in the survey were primarily quantitative, with a few open questions included in each section. There were five survey sections in total, including consent and demographics.

Promotion of the survey was done through social media channels for all partner organisations, and the link was disseminated to relevant partners for sharing. There was some paid promotion on Young Scot social media channels for one week (between 18th and 24th April 2022).

An incentive was offered to respondents to enter a prize draw to win a 12-month subscription to Headspace.

6.2 Appendix 2: About the children and young people who participated

6.2.1 The toolkit for 8 to 12 year olds

Children's Parliament shared the under 12s toolkit via our networks and social media reach. We also shared with a range of primary school colleagues who are connected to other of our programmes. Two groups of children who are Members of Childrens Parliament (MCPs) in Glasgow and East Lothian took part in groups facilitated by Children's Parliament directly. Other toolkit responses came from primary schools in: Comhairle Nan Eilean Siar (Western Isles), East Dunbartonshire, Inverclyde, Stirling and West Lothian.

141 children aged 8 to 12 years old took part in a facilitated group conversation using the under 12s toolkit. Adult facilitators were asked to provide further information about the participating children.

When asked for the sex of participants adults reported:
- Boys: 61
- Girls: 77
- Sex/prefer not to say: 3

Adults were also asked to identify the numbers of children who had these characteristics:
- Black/Minority ethnic: 4
- Care experienced: 6
- Disability/long term health condition: 3
- Neurodiverse[1]: 19
- Young Carer: 3

Participating children live in these 8 Local Authorities: Aberdeen, Comhairle Nan Eilean Siar (Western Isles); East Dunbartonshire; East Lothian; Glasgow; Inverclyde; Stirling; West Lothian.

6.2.2 The toolkit for 12 to 25 year olds

YouthLink Scotland recruited focus groups through social media channels including Twitter and Facebook. It was also promoted in a fortnightly newsletter which is sent to over 1000 email addresses. In addition YouthLink Network members were sent information, including the Health and Wellbeing in Youth Work Network, Digital Youth Work Network, Equality and Diversity Network and the Local Authority and Voluntary Organisation Youth Work Managers.

SYP recruited research participants by approaching our Health & Wellbeing committee, who currently work on a range of mental health topics as part of their committee priorities. Convener

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[1] Includes ADHD, Autism, ADHD, Dyslexia, Dyspraxia, Dyscalculia, Dysgraphia, and Tourette's syndrome.

and Deputy Convener of the committee promoted the project among committee members and opened project participation up to the whole membership on our internal channels. Convener and Deputy Convener led facilitation of the research sessions, supported by a member of SYP staff team.

Education Scotland and Further Education Networks were approached by Scottish Government to include information in their newsletters.

After receiving expressions of interest the Partnership held two information sessions during which organisations could find out more about expectations, seek clarity on the toolkits and decide whether it was suitable for their groups. The following organisations ran focus groups and submitted responses:

- Rossie (Moray)
- Unidentified school (Glasgow)
- Youth 2000 (Midlothian)
- Inverclyde Pride LGBT Group (Inverclyde)
- Royston Youth Action (Glasgow)
- Fare Scotland (Glasgow)
- St Mungo's Academy (Glasgow)
- Formatine Youth Project (Aberdeenshire)
- SYP (National)
- Two individual responses from Aberdeenshire

110 children and young people took part in a facilitated group conversation using the toolkit for 12 to 25 year olds. they described themselves as follows.

Participating children and young people reported the following in terms of sex/gender:

Male: 41

Female: 55

Non-binary: 6

Other/prefer not to say: 8

Participating children and young people reported the following in terms of other characteristics:

As having a disability or long-term health condition: 12

As having experienced homelessness: 2

Black/Minority Ethnic Community: 11

Care experienced: 15

Criminal justice experienced: 1

LGBTI+: 33

Neurodiverse: 31

Young carers: 5

Participating children and young people live in these 5 Local Authorities: Aberdeenshire, Glasgow, Inverclyde, Midlothian and Moray. A group of MSYPs identified as a national grouping. (National)

6.2.3 The online survey for 12 to 25 year olds

905 children and young people responded to the online survey for 12 to 25 year olds.

Age

12	**4.2%**	17	**11.0%**	22	**2.5%**
13	**13.6%**	18	**7.7%**	23	**1.7%**
14	**10.6%**	19	**5.7%**	24	**3.0%**
15	**12.5%**	20	**5.5%**	25	**3.8%**
16	**12.4%**	21	**5.7%**		

Local Authority

The survey received responses from children and young people from all 32 Local Authorities.

Aberdeen	**3.5%**	Highland	**4.0%**
Aberdeenshire	**2.9%**	Inverclyde	**0.9%**
Angus	**1.1%**	Midlothian	**1.9%**
Argyll & Bute	**1.3%**	Moray	**0.7%**
Clackmannanshire	**0.9%**	North Ayrshire	**2.0%**
Comhairle Nan Eilean Siar (Western Isles)	**0.2%**	North Lanarkshire	**6.0%**
Dumfries and Galloway	**2.1%**	Orkney Islands	**0.4%**
Dundee	**4.6%**	Perth & Kinross	**2.7%**
East Ayrshire	**1.8%**	Renfrewshire	**1.4%**
East Dunbartonshire	**2.1%**	Scottish Borders	**1.1%**
East Lothian	**1.4%**	Shetland Islands	**0.4%**
East Renfrewshire	**1.7%**	South Ayrshire	**2.4%**
Edinburgh	**11.3%**	South Lanarkshire	**5.4%**
Falkirk	**3.3%**	Stirling	**1.8%**
Fife	**5.2%**	West Dunbartonshire	**8.8%**
Glasgow	**13.4%**	West Lothian	**3.3%**

Breakdown of respondents by Scottish Index of Multiple Deprivation Decile[2]

The Scottish Index of Multiple Deprivation is split into five quintiles, with Quintile 1 representing areas with highest deprivation and Quintile 5 representing areas with lowest deprivation. Respondents were asked to optionally provide their postcodes. These postcodes were freely typed and **406** were able to be mapped against the SIMD20 Decile data. The figures below are a breakdown for the postcodes that were able to be mapped.

SIMD Quintile 1	**23.9%**
SIMD Quintile 2	**20.4%**
SIMD Quintile 3	**20.2%**
SIMD Quintile 4	**18.2%**
SIMD Quintile 5	**17.2%**

Sex/Gender

Female	**61.0%**
Male	**24.8%**
In another way	**6.4%**
Non-binary	**4.4%**
I prefer not to say	**3.4%**

Care experienced

There were **84** respondents who identified as being care experienced.

Young Carers

There were **128** respondents who identified as being a young carer.

Long-term illness or disability

There were **198** respondents who stated that they have a long-term illness or disability expected to last at least 12 months.

Education/Employment status

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[2] More information can be found at
https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/

Secondary school	**61.2%**
College	**8.3%**
University	**16.4%**
Apprenticeship/Training	**1.3%**
Employment (part-time)	**11.4%**
Employment (full-time)	**6.9%**
Actively looking for work	**6.2%**
Other	**2.1%**
None of the above	**2.4%**
I prefer not to say	**2.1%**

Ethnicity

17.3% of respondents identified as Minority Ethnic[3].

African/African Scottish/African British	**3.1%**
Arab/Arab Scottish/Arab British	**1.0%**
Asian/Asian Scottish/Asian British	**6.1%**
Black/Black Scottish/Black British	**0.7%**
Caribbean/Caribbean Scottish/Caribbean British	**0.3%**
Chinese/Chinese Scottish/Chinese British	**1.1%**
Gypsy/Traveller	**0.2%**
Irish	**1.0%**
Mixed or Multiple Ethnic Groups	**2.3%**
Polish	**1.2%**
White Other	**3.8%**
White/White Scottish/White British	**72.9%**
Other	**1.3%**
I prefer not to say	**5.0%**

6.3 Appendix 3: Ethical Considerations

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[3] This definition includes respondents who identified as:
African/African Scottish/African British, Arab/Arab Scottish/Arab British, Asian/Asian Scottish/Asian British, Black/Black Scottish/Black British, Caribbean/Caribbean Scottish/Caribbean British, Chinese/Chinese Scottish/Chinese British, Gypsy/Traveller, Mixed or Multiple Ethnic Groups, Polish or Other

All responses from the online survey and focus groups were anonymous in order to eliminate response identification. Respondents of the online survey were also asked if they would be happy for their responses to be anonymously quoted – all quotes in the report documents are from respondents who selected *Yes* to this question.

Children and young people's wellbeing was considered due to the sensitive nature of some of the topics included, and questions were reviewed by the mental health charity Penumbra to ensure that questions were not triggering. Participants completing the survey were signposted to national and local support through telephone/online support helplines and signposting to websites on the final page and there was a further support section with mental health organisations added to the toolkit which accompanied the focus group materials. The toolkit included support services and consent forms for young people and parent/guardians to complete to ensure they were comfortable with the topic and activity. Two information sessions were held so that the focus group facilitators could ask questions and gain clarification on the purpose of the activity and the range of questions.

Instead of the partnership delivering the focus groups with children and young people, organisations which were currently working with and supporting them were asked to undertake the workshops themselves as they already have positive, healthy relationships with them and can provide consistent individual and group follow up if required.

There was a prize draw for a £50 Headspace voucher for survey respondents as a thank you which relates to the theme.

The partnership used the Research and Ethics Policy to ensure the project was ethically sound https://www.youthlinkscotland.org/media/6606/youthlink-scotland-research-ethics-policy-final-approved-version.pdf

In line with the Research and Ethics Policy the Partnership will publicise the report findings to ensure that children and young people are informed of how their input shapes decision making and recommend that Scottish Government share changes which have been implemented as a result of responses.