Southend Youth Council’s
School Mental Health Survey
Results Report

November 2018

Report prepared by:
Southend Youth Council Mental Health Committee

A consultation on Mental Health Support in
Southend Schools
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Background

According to statistics, Mental Health problems affect about 1 in 10 children and young people. With greater dependency on local Mental Health services, more frequently used in-school counselling, long NHS waiting lists and a vast inconsistency in outcome and a higher number of clinical diagnoses for Mental Health conditions, the need for better Mental Health provision in the UK is essential and Southend Youth Council (SYC) is fully aware of the extent of the crisis. SYC believes these issues are no different in Southend, and as such, addressing Mental Health issues in schools is the obvious solution.

To begin this important work for change, SYC have conducted a survey across the borough in order to gather the opinions of young people and to identify the issues they have with accessing support for their Mental Health. The survey was conducted in and focused on, the place young people spend most of their time: school. The consultation was emailed to all Southend Schools and was open for one month between December 2017 and January 2018. The survey was delivered and analysed in the successive months by a small committee of young people in SYC.

Out of the estimated 16,000 young people aged between 11-18, we gathered 1757 responses. From the thousands of data points collected, SYC believes the state of young people's Mental Health can be improved via a series of small systematic changes in Southend's schools. This report was created with the intention of providing an insight into the problems that young people face and letting their voice and experience inform school policy. The overall goal is to provide evidence for signing up to SYC's Mental Health Charter, improving the consistency, quality and outcomes of the Mental Health provision available in schools. SYC believes young people's Mental Health can be improved via a series of small systematic changes in Southend's schools in response to the experiences gathered through this survey to inform school policy: giving a valuable opportunity for local secondary schools to help create a better atmosphere towards those with Mental Health issues.

Signed by the Southend Youth Mayor and the Southend Deputy Youth Mayor on Behalf of the Southend Youth Council Mental Health Committee
Survey Participation Analysis

School Survey responses by Year

![Circle graph showing survey participation by year.]

We achieved good range of responses from all year groups. However, as the Key Stage 3 years made up a disproportionately large number of the respondents, we decided to **weight the responses** to give each school year **equal representation**. Except for graphs based on themed comments or when otherwise stated, the graphs are based off of weighted results.

Participation varied from school to school. Responses were **received from 16 schools** in the Southend on Sea Borough, with levels of participation between schools being varied. One of the grammar schools received 901 responses, which was the highest number of responses from any participating school; the second highest was a comprehensive school which received 545 responses. Due to high levels of participation from both a grammar school and a comprehensive school we feel that the diversity in student perspectives and responses is maintained.

Overall, the response from schools to promote the survey to their students was wholly positive and the online survey worked well as a consultation method. One school chose to advertise the survey on their homework sharing platform, allowing students to submit their answers in their own time. Another school scheduled time during ICT lessons for students to submit their survey responses. By schools dedicating lesson time to the survey this has shown the commitment from schools in Southend for students to give their views on Mental Health.

Participation across year groups was fairly consistent. **Year 7 pupils gave the highest number of responses (345)**, contributing to 20% of all responses. Conversely, **Year 13 pupils had the least participation, consisting of just 104 responses**. Overall, students of the **Key Stage 3 group (Years 7-9) made up the majority of all responses (58%)**, both suggesting that keenness to participate was stronger and that Mental Health issues are indeed just as prevalent among younger pupils.
Observations on the available Mental Health services

What Mental Health and wellbeing provision does your school currently provide?

After breaking down the response by Key Stage group and comparing them, PHSE, peer support and exam stress information remain the most common forms of Mental Health support throughout the different Key Stage groups. Less available forms of support across all Key Stage groups are Relaxation and Wellbeing sessions and referral to outside Mental Health services.

Other common mentions were pastoral support, and internal and external counselling. The high number of mentions of this is an indication that a large percentage of all those students who access the counselling services in general find it useful. The increased availability of external counselling services in Key Stage 5 could reflect the discontinuation of school/college counselling when leaving for university/apprenticeship and the idea that Key Stage 5 students are more able to seek Mental Health support outside school and so rely on that more than in-school counselling. This could also be due to the transition to adult services that would occur in Key Stage 5.
Furthermore, comments made suggested that, although many schools do offer internal counselling, it is not always known of, and not all students are willing to ask for more information about it. This is a sign that more help could be available to the ‘self-diagnosed’ or ‘silent’ sufferers of Mental Health issues who the schools are not currently aware of. This also suggests a sense of futility regarding the current efforts made by schools.

“I do not think there are any means of contacting a counsellor directly. Instead you have to ask a member of staff.”

Although services are available, it is clear that there are either mental or environmental barriers precluding students from accessing the available services. In other instances, perhaps students are simply unaware that these services exist, indicating that greater advertisement or Mental Health awareness would be useful in helping students access these services.

“Teachers ask you to talk but don’t create an environment where it’s okay to talk.”

Another common mention was exam stress information. Other useful services mentioned by students were Careers lessons and Relaxation and Wellbeing sessions, which in some schools are offered exclusively to Sixth Form students. It is interesting to note that these last two services were not given as examples in the list presented in the survey. As students have thought of, and commented on these services themselves, this suggests that they resonate with pupils and are found to be productive.

“Are there any services listed that you think your school should provide but does not currently do so?”

Are there any services listed that you think your school should provide but does not currently do so?
After breaking down the responses by Key Stage groups and comparing them, there appears to be a consensus that **Relaxation and Wellbeing sessions are very highly sought after by students** themselves. Some schools already provide these sessions; this indicates that many students would favour a less intense, relaxed approach to tackling Mental Health issues which in turn would lead to improved performance around exam time. In this instance, these sessions could provide a brief opportunity to retire from the stresses of the school day. This approach may be best for those who, whilst not experiencing Mental Health issues, seek greater wellbeing in their school environment. This is also encouraging as it is a less costly option; currently some schools have an upper limit of six counselling sessions per student, which would be costly or not feasible to extend to a greater number of students. However, it has also been noted that concerns about exam stress information appears to decrease with age, which could indicate an increase in resilience and exam experience in older year groups.

"... some students can’t get this help, so they end up not telling anyone and exploding inside like I did. No one helped when I suffered from anxiety. I tried to open up but no one listened. I managed to overcome it by talking to my parents, which most people don’t feel comfortable with, I can’t explain the feeling you go through with anxiety when you break down inside.”

"There is a lot of pressure in grammar schools to do well in exams so a lot of us get very stressed out. The school does nothing to calm us down - their idea of a good relaxation session is colouring in. If the teachers are going to stress us out we need a program in place that can ease our nerves and allow us to work efficiently.”

"Pupil & family care was used at my old school and definitely worked for many students there. It allows students to have certain teachers that are always there for them and a place, if things are really bad at home or in school, for them to talk to these teachers and even do their lessons in there, if for other reasons they can’t be in the lessons.”

"Having a professional counsellor would give students someone they could easily trust and confide in. Having teachers is all well and good, but they are just teachers at the end of the day.”

**Outside referral** and **an external school counselling service** are also desired, particularly in Key Stage 3 and Key Stage 4. This indicates that while the younger years have access to internal counselling support and pastoral support, there is demand for referral and links to Mental Health support outside of school.

“I think that more should be done to educate people on mental disorders, but not about what they involve, but more about how these are actual issues people face every day, not just a label to give yourself. I feel as if too many people self-diagnose with issues such as anxiety and depression.”
A number of additional suggestions were given including group talking sessions, a different type of counselling such as CBT and youth groups or clubs to support those with Mental Health issues or part of the LGBTQ+ or ethnic communities.

“Why would these services benefit students?”

The next question asked students to comment on why certain services, existing or not, would be of benefit to them and their wider school community. Students offered concerns about a small range of issues, such as stress, academic pressure, and the need to reform social outlook. One such response to this question exemplifies these views:

“A lot of children suffer silently. Although we do learn about mental illness, we don’t learn enough. Outside sources, and more support would make the person with mental illness not feel alone. Learning more wouldn’t really change the attitude of staff (who are supportive) but the students. Many don’t understand the severity of mental illness until they are older. This means the attitude of the school could be bad for someone suffering. With exam stress, we do a lot of exams for every subject. We are a grammar school but exams can get stressful. Some teachers don’t seem to understand that.”

Whilst some students feel that their existing school environment is not entirely cooperative or welcoming, many students have expressed that they see opportunities for making their school environment seem more enjoyable, kind and promising for those in need of help. The majority of comments indicate that this change can only happen if attitudes within the school change. This will make existing and future services become more useful and desirable to those who need to access them. The comments on making students feel more comfortable/confidentiality were varied, with respondents referencing how students would prefer to talk privately, to an external counsellor or to talk to friends. Many referenced confidentiality being an issue in school.

"I don’t know whether they would benefit. Just because something exists doesn’t mean it’s any good. I’d rather have quality over quantity. If you are going to change things then actually make them half decent."
“Have you accessed any of these services in the last 12 months, and were they useful?”

27.1% pupils said that they had accessed these services in the last 12 months: over 1 in 4 of all survey participants. Whilst this displays a strong need for existing Mental Health services, it indicates that more would be used, if made available. Furthermore, this also explains the existing high dependency on external Mental Health support services, such as the Essex Mental Health and Wellbeing Service (EWMHS), who offer counselling and family support for Mental Health issues.

Students were also asked to comment on which services, out of the ones they had accessed, they found useful. By far, the most mentioned was PSHE. This is a positive indication for two reasons. Firstly, as PSHE lessons are allocated in the students’ timetables, this confirms that it is a productive and appreciated use of timetabled hours. Secondly, students commented that they liked the fact it was available to everyone and that Mental Health was openly discussed. This is another indication that students are more reluctant to enquire about Mental Health or ask for help directly; they prefer being informed by the school. Some felt that this was a form of comfort and understanding about their own Mental Health, as well as others’.

“I think it would be better to have more than one counsellor because there is a long waiting list.”
Observations on the school environment

“Do you think that your school/organisation provides you with a SAFE place to share your issues and concerns around Mental Health and wellbeing?”

The answer to this question was overall a positive one. 1220 pupils answered ‘yes’, which equated to over 82% of the total replies. However, this also means that 264 pupils answered ‘no’. These pupils were asked to elaborate. It is worth noting the ambiguity of the question; some students interpreted it as ‘is there a safe space within the school to go to?’ and others ‘is the school itself a safe environment?’

The results also show how students not telling their school about Mental Health concerns increases with age and that this isn’t always linked to barriers to support or not being provided with a safe place for concerns. Respondents feeling the school is not a ‘safe place’ or that there are barriers to support peaks through years 9, 10 and 11, whereas Year 7s experience the least difficulty with Mental Health support. The fact that the years experiencing difficulties are those that typically are studying for the GCSEs implies that Mental Health support is insufficient in supporting students through the stressful experience of taking their first official exams, and that increased Mental Health provision would likely enhance exam performance.

“It’s not clear what options there are for help so it’s hard to access them. Also, the whole topic of Mental Health feels judged by other students and so embarrassment and nerves act as a barrier.”

"Students want to feel cared about by their school. We often feel hated and scared of teachers, we believe that they dislike us, or feel we’re stupid. How are we meant to trust teachers with our Mental Health worries when they never let us know it’s okay to do so, or that we’ll be taken seriously? Teachers with next to no education on Mental Health disorders try to diagnose children on a regular basis. There is a lack of understanding, trust, and sense of security."
The responses from those students who interpreted the question as referring to whether the school offered a safe location, some students said that they “don’t know where to go”, or “they don’t tell us where to go”. This suggests that it would benefit students if there were common knowledge about a more secure place to go to.
Barriers to accessing support

“Are there any barriers to accessing wellbeing and Mental Health services provided by your school? If yes, why is this?”

It is obvious that because some students do not feel they can share their Mental Health/stress experiences, they would feel that there are barriers in place that cause this. Those who answered “yes” were asked to elaborate. 14% of young people indicated that they felt there were barriers to accessing support. Some comments from those who answered “yes” regarded waiting lists for counsellors, lack of anonymity when asking for help and social stigma. Other general comments mentioned lack of knowledge and lack of courage.

“It’s not clear what options there are for help so it’s hard to access them. Also, the whole topic of Mental Health feels judged by other students and so embarrassment and nerves act as a barrier”

“They do not have an appropriate attitude towards sixth formers struggling. They view it as a weakness.”

Overall, the issues, or ‘barriers’ identified regarding accessing the Mental Health support provided are namely:

- Confidentiality and privacy
- Comfort talking to support staff and the feeling that staff don’t care about their mental wellbeing
- Having access to services and knowing about services
- Bullying and stigma
Attitudes towards ‘opening up’ about experiences of stress and Mental Health issues

72% of students answered ‘yes’ regarding telling their peers, and 83% said ‘yes’ regarding telling their family. This is a strong indication that the majority of students feel a sense of trust and confidence in those around them, whilst also suggesting that telling family would feel more appropriate.

However, 17% of pupils said they felt they could not ‘open up’ to friends and family. Some reasons include:

- Fear of being judged
- Feeling embarrassed – which was the most common reason
- It is no-one else’s business
- It may add to already stressful family situations
- Family would worry too much
- They would not be able to understand or support them

As seen from the chart, in year 7 students are most likely to tell their family about any mental health issues. However, over time, the likelihood of telling family and school decreases so that students are more likely to confide in their friends than family and the majority of students wouldn’t tell their school about stress or Mental Health issues. The decrease in reliance on family and school could be due to the fact they are less available if students are leaving for university or an apprenticeship.

“A lot of teachers and students don’t take Mental Health issues seriously; they put it down to being a teenager and having exams. This stops people getting help and makes them feel ashamed.”
It is also worth noting that due to the decreased reliance on school/family, it appears **students are less likely to tell anyone** if experiencing stress or Mental Health difficulties **by the time they reach year 12**. This is a worrying trend as it leaves adults with less mental health support than initially upon leaving school.

“A lot of teachers and students don’t take Mental Health issues seriously. They put it down to being a teenager and having exams. This stops people getting help and makes them feel ashamed.”

There should be a focus on educating students on mental illnesses as this would improve peer support and mean that serious Mental Health issues can be referred through friends. This would improve the extent to which students get help with Mental Health issues as they transition to adult life.

“Bullying is not dealt with properly and punishments won’t help. What we should focus on is encouraging children from a young age to be more tolerant and to look out for their peers.”

“I don’t want them to feel like they should treat me differently like wrapping me up in bubblewrap. Plus it’s not their problem”
Students are also afraid to go to their school for help and feel that there will be a lack of support if they seek help. Finally students simply find it difficult to know how to start informing their school about Mental Health issues.

Students expressed, with considerable understanding, their feelings of self-worth and self-awareness. Unlike the results from other comprehensive schools in the borough, students from grammar schools expressed views of lack of self-worth, lack of hope and lack of purpose concerning why they feel they cannot disclose their stress/ Mental Health experiences. Students expressed a considerable range of reasons, some stating they:

- Would feel uncomfortable
- Would rather tell family members
- Wouldn’t want to “play the victim”
- Dislike the aspect of mixing school and personal life
- Would not be believed
- Are not confident enough
- Distrust the school
- Don’t want their teachers to know about their private issues
- Would be seen as weak
- Feel they are told they ought to “man up”
- Are scared of being talked about (by peers and staff)
- Should ‘deal with it’ themselves
- Would prefer to see a doctor

It is evident that bullying continues to be an issue, along with judgement by both students’ peers/friends and their family; this is likely a symptom of a lack of education on Mental Health and stigma.

Concerning families, families, students appear to feel that they can’t talk about their own mental health problems due to fear of it adding to current stress and worry, and a small portion of respondents indicated that their family is the cause of their Mental Health issues.
"No because it makes me feel less manly."

"They are the reason for 80% of it."

"Because teachers would make fun of me and expose my secrets."

"I do not feel like I would be taken seriously. I feel like I would be blacklisted as "that's the one who has the disorder - watch out for her!" I do not feel as though I could trust them."

"It's easy for people to find out if you are having counselling."

"Telling parents and carers of counselling sessions and needing their consent for this is a problem as this could block children from help if they have abusive parents or carers, or unsupportive parents and carers."

"If the school thinks it's too serious they take it home and tell your parents where some people might not want their parents to know."

"I would feel responsible for burdening other people with my problems, especially when I myself am in the best place to fix them"
Prevalence of Mental Health Issues

Percentage of respondents who have had personal experience of a Mental Health issue

Caveat 2 – see appendix
The graph shows that overall the largest Mental Health issue that people told us that they had experienced was anxiety and the second largest was depression. Phobias also appear to be an issue, with a large number of the proportion having phobias being Key Stage 3 students.

“How well do you think you understand the following Mental Health issues?”

Students were asked, for each Mental Health issue, to select how much they understood these issues. The options were

- “Not at all”
- “I know a little”
- “Reasonably well”
- “I know a lot”
- “I have personal experience”

From the responses, it is evident that anxiety is the most commonly understood issue amongst students, both in terms of personal experience and knowledge. 50% of students said that they understand anxiety either “reasonably well” or they “know a lot”.

However, the results also show that over 1 in 5 pupils attending Southend schools suffer anxiety. This figure should also take into account that some answers may have been self-diagnosed, as opposed to being professionally diagnosed. This is also further explanation as to why the ‘reasonable’ understanding of anxiety was higher compared to other Mental
Health issues; as well as there being a higher number of pupils with direct experience, more pupils are also likely to know another pupil with anxiety.

This is evidence that there is a community within schools for those with experience of Mental Health issues, who are in need of support. It is known that students with certain manifestations of anxiety have faced issues such as being unable to participate in class, attend lessons or sit the same timetabled exams. This is cause for concern that some sufferers of anxiety may not have viable alternatives, such as independent study rooms (for lower school pupils in particular) and members of staff to talk openly with.

**Depression is equally understood** amongst pupils with 59% of respondents saying that they understand depression either “reasonably well” or “know a lot” about it. A slightly lower amount of pupils described themselves as having personal experience, amounting to 16% of responses.

However, it is interesting that for one grammar school, exactly the same number of pupils who said they had “personal experience” with anxiety, said they do with depression as well. In the instance that this is not entirely coincidental, it is clear that amongst the pupils, anxiety and depression are like a prerequisite of one another and that students and staff face a particular challenge in that significant numbers of students suffer from more than one Mental Health issue. As such, it is essential that students feel supported and understood in their school environment. Comments on this were made later on in the survey.

**Obsessive Compulsive Disorders (OCD) and Panic Disorders were not as widely understood** by pupils. Phobias were more commonly understood, but this trend decreased with age, with a significant decrease in the number of mentions form Year 13 pupils. This could suggest that perhaps as, in Year 13, students will soon be moving to university, hence they have more stressors, meaning that phobias are a smaller concern.

Students commented most commonly that they knew “a little” about panic disorders, which equated to 40% of the responses. The number of students saying that they had direct experience varied from around 135 to 145. This suggests that school pupils experience a range of Mental Health issues and therefore, schools should be made aware of each personal experience. This relates to combatting the self-abatement made by pupils, as well as the hostility felt by peers and their school in general. Attitudes towards the school environment were given later on in the survey.
Cyberbullying

It is understood that cyberbullying can have a profound and damaging effect on Mental Health and wellbeing; not only can it increase insecurity, but it can also spread personal thoughts and experiences in a very harmful way. Students were asked two questions; the first asks if they had experienced cyberbullying; the second asks that, if they had experienced cyberbullying, whether or not they felt affected by it.

On the one hand, 83% of responses to the question asking if they had experiences cyberbullying were “no”. This is relieving and suggests that current preventative measures against cyberbullying are effective. However, it is important to note that this trend was not endemic across all Southend schools. In particular, students from one school indicated that there is a large problem with cyberbullying. Many common observations made by students were:

- It worsened their wellbeing
- They were unable to focus on schoolwork
- It lessened their confidence in person
- They received verbal abuse
- Often peers were the culprits of cyberbullying attacks.

The number of people who indicated that they felt they had been ‘affected’ by cyberbullying:

For those who had experienced cyberbullying, the identification of the perpetrator:
The charts imply that the majority of cyber bullying situations are perpetuated by people that respondents know in person and that a significant portion of victims of cyberbullying felt unaffected by their experience. Further analysis of the responses found that respondents were far more likely to be affected by their experience if the perpetrator was someone they knew in person.

“People were saying nasty comments to me online sharing things which I didn’t know they had, it affected me bad to the point I thought my only option was to self-harm which soon progressed into suicidal thoughts and near suicide attempts”

In some isolated cases, there were references to racial abuse or suicidal thoughts occurring as a consequence of cyberbullying. This indicates that for those with existing Mental Health issues, cyberbullying could impact on their poor mental wellbeing, and some pupils in particular are at risk of having their Mental Health experiences worsened through being victimised online. Some of the cited platforms for cyberbullying mentioned were online games, online chat rooms or on social media. Some cases of bullying specified by respondents were either racially motivated, provoked to expose personal information, or even to exacerbate the victim’s existing Mental Health issues.

“An entire friendship group created group chats with me to insult me and claimed my mental illnesses were fake and were for attention. It put me in a bad state of depression and I attempted on my own life”

“Someone who I thought was a friend started bullying me with abusive words and then she moved on to cyber bullying me. It affected me rather badly and knocked my confidence, I started to get panic attacks when I was in situations that I couldn’t deal with”
Concluding Observations

Above all, it is clear and encouraging that to pupils in Southend schools, Mental Health and wellbeing issues clearly matter and are valued significantly. This has given great insight into the main causes of stress and concern for pupils, particularly within their school environment. Students have commented on what they feel the school environment prohibits permits and causes, with regard to pupils’ own Mental Health and wellbeing. Students offered what they felt would improve the school community as a whole to help those “silently suffering”. Some plans of action are:

- Removing the stigma within the school.
- Reduce the likelihood of potential teasing and bullying for those who want to access help.
- Provide better insight and information to students so that mental health and wellbeing is better respected.
- Provide spaces in the school where students feel safe and supported with their Mental Health.
- Making existing services more available to students, particularly amongst Key Stage 3 pupils.
**SYC’s Draft Mental Health Charter**

SYC has developed a draft charter, based from the observations in SYC’s Mental Health report, containing a series of recommendations and actions that we desire schools to implement in order to improve the mental health of their students. Each item on the charter was directly inspired by the personal experiences and statistics revealed in our survey. The charter is colour coded allowing for greater transparency regarding our aims to improving four key areas: privacy and confidentiality, referral, internal school services, and stigma. The charter is intended to be cost neutral where possible and to be adopted by all schools in the borough with the support of Southend Borough Council.

### Privacy and Confidentiality

If a teacher is made aware of a student’s Mental Health problem, they may not discuss it with anyone without prior permission from the student. If the teacher believes a legal/safeguarding issue is involved they may inform the head of pastoral.

Counselling must be provided and accessed discreetly, with the location of the support services being out of view from students engaged in regular school activities.

Students must be able to access school Mental Health services without going through a member of staff via direct email address and a sufficiently confidential location where the conversation cannot be overheard e.g. a counsellor’s office.

Schools must not inform parents of student use of Mental Health services, except when legally required to do so or when consent is given. Students must be informed a reasonable time before parents are contacted in all instances.

Students cannot be removed from lessons by a member of staff in order to use Mental Health services. Any students wishing to access counselling services must be informed of an appointment a reasonable time beforehand, and teachers of that lesson must be informed that their student will not be attending (though reason need not be given).

### Referral

Students must be made aware of the school pastoral support services available to them (designated email and room to talk to pastoral support).

Staff and students must be made aware of external Mental Health support services (suicide helplines, support helplines, online counselling) and the current contact information.

School Mental Health support staff must contact Southend’s current Mental Health provider for their updated contact details once per term.

Students must be made aware of any referral made on their behalf a reasonable time beforehand.
**Internal school services**

In order to provide the best care to students, pastoral support staff should be aware of Mental Health disorders as shown on the NHS’ website or Southend’s official Mental Health service provider.

Schools should publish their current Mental Health and anti-bullying strategies and policies on their website.

Students and staff must be informed of the schools policies on privacy and confidentiality once per term and if a student accesses services they must also be informed again at the start their service use.

Members of stuff must be given sufficient Mental Health education as part of teacher’s training.

Schools must ensure that there is a designated ‘safe space’ room in the school vicinity for students with Mental Health issues to freely use: allowing them to briefly retire from the school community through access to a discreet, comforting and private location.

**Stigma**

Schools should deal with issues such as bullying or cyberbullying consistently and immediately.

Students must be given sufficient Mental Health awareness and education, in the forms of school assemblies, year group assemblies etc. in order to combat social stigma faced by peers.

More focus and attention of Mental Health issues must be provided in the school’s PSHE sessions. These sessions should include positive reassurances about Mental Health issues and focus on common problems such as anxiety or depression in order to reduce stigma. Lessons could include case studies that can lead to group discussions.
Appendix

Detail 1
Where there is the (n=<number>) header to a graph, n represents the number of responses for the question which formed that graph. The number of responses varies due to drop off in respondents through the survey and the fact that number of responses for comment-based questions varies based on respondents’ answers. In comment theming charts only the comments which could be themed were included in the total number.

Method 1
For the percentage answers, a percentage of respondents is taken for each group (all year groups and “Other”) and multiplied by its corresponding percentage in the chart above. These fractions of the total percentage are then combined by adding them together to give a final percentage which is adjusted to account for each year group equally.

Caveat 1
The adjustment in weightings means that any percentages will reflect the average percentage given that each year group is given equal representation, rather than literal percentage of respondents, unless stated otherwise.

Caveat 2
The number of respondents was taken to be the number of responses from the previous question. This was because this question only counted the number of responses. Therefore the percentages of people who claimed a service was provided may have been slightly underestimated due to drop off in the number of respondents between questions.

Caveat 3
The Mental Health issues listed are self-reported rather than diagnosed mental illnesses. Therefore the percentages have the possibility of being overestimations of the actual prevalence of the mental illnesses.

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