



# Young Peoples' Experiences of Mental Health in Croydon February 2020

## Findings in brief

Social media, self-image and relationships negatively affect young people's mental health.

**19%**  
needed help but did not seek it.

**Females**  
were more likely to need help than males (49% to 22%).

Of those that had a diagnosis, more than half found it unhelpful.

Increased awareness, professional support and better access to services is needed say young people.

**Family and friends**  
are key to young people's mental health.

## Recommendations in brief

**Build conversations:**  
Let young people be heard and prioritise their concerns.

**Wide-reaching:**  
Higher awareness in schools, youth clubs and places where young people are.

**Focus on the individual:**  
One size does not fit all - focus on personalised care.

**Utilise existing tools:**  
These can help young people to best support each other.

**A mixed provision is required:**  
Face to face, on line, drop-in and appointments.

**Easy to access signposting:**  
This needs to reflect user experience.

# Executive Summary

We spoke to 146 young people about their experiences of mental health. We undertook the survey in mental health week to both raise awareness of mental health and to learn more about young people of Croydon's views and experiences. Three-quarters of lifetime mental illness starts before the age of 25, so this is an important area to look closely at. This topic was chosen by six T Level students from Croydon College we worked through the summer of 2019, who all said the topic was closely related to them.

We found that:

**Social media, self-image and relationships negatively affect young people's mental health:** These issues contrast with some of the key public information campaigns around crime in Croydon and bullying, which met the lowest responses. While these campaigns are important, there are more significant issues that need focus on. (See p.23).

**19% of young people needed help but did not seek it:** When compared the act of seeking help with the feeling of needing help, we found that 19% (27%) sought help when they felt they needed it, but the same number did not seek help even though they expressed they needed it. Of those who felt that they had needed help, 38% did not seek it. This suggests a barrier to access on their part which needs future exploration. (See p.18).

**Females were more likely to need help than males (49% to 21%):** The gender breakdown showed us that females were more likely to feel that they needed help with their mental health with 23% of females and 14% of males were not sure. (See p.16).

**Increased awareness, professional support and better access to services is needed say young people:** These are the future support or improvements listed by young people that they would like to see. (See p.35-40).

### **Family and friend relationships key to young people's mental health:**

Relationships were the top factor for both positive (see p.22) and negative (see p.24) effects on respondent's mental health. Family and friends scored much higher than professional health in who you would turn to. (See page 29).

### **Of those that had a diagnosis, more than half found it unhelpful due to stigma:**

A third of our sample had been given a mental health diagnosis but over half felt it was not helpful as there was a stigma attached to it, suggesting more awareness and understanding is required. (See p.33-34).

Based on our findings we make the following recommendations for providers and commissioners:

- **Build conversations:** It is important that young people be heard and that promotional campaigns prioritise their concerns. This research is only a beginning, regular views of young people need to be seen. Let young people know that they are heard and will be supported. (See pages 32 and 45).
- **Wide-reaching - higher awareness in schools, youth clubs and places where young people are:** Most young people are ready to have the conversation, services need to be prepared to 'meet young people where they are' in terms of readiness to listen, signpost and support. This includes schools, Croydon Drop-In, Oasis, Off the Record, GPs and youth organisations need to be aware that a high number of their attendees may have concerns and be confident about where to send young people. (See pages 38-39, 41,44-45)
- **Focus on the individual: One size does not fit all, focus on personalised care.** Young people who have the same issues want them to be addressed in different ways. (See page 38).
- **Utilise existing tools: These can help young people to best support each other.** Teenagers turn to each other most frequently; they need to be helped so they can continue to support each other and have awareness of when it's time to escalate. Also, as we know that young people turn to their friends and family, give them the resources to reassure and support each other, let them know when to escalate. Schools can access free resources

and toolkits to prioritise wellbeing such as [Young Minds 360 degree programme](#).

- **A mixed provision is required: Face to face, online, drop-in and appointments.** Young people have different preferences, some prefer online but others wish for face to face support and everything in between. (See page 38,40 and 45).
- **Easy to access signposting: This needs to reflect user experience.** Spaces where young people congregate in the community and online need to be equipped to signpost young people at the point of readiness of the young person. There are resources that friends, families and organisations can utilise for anyone concerned with a mental health problem. Let young people know where they can self-refer, and publicise throughout the community. (See page 37).
- **Ensure diagnosed have the full support they need:** To overcome the stigma that is associated with diagnosis more support on young person's terms are needed. (See page 35).
- **Work together to share best practice:** From our presentation, it was suggested that it may be useful for stakeholders to hold a talking group and share ideas on what had been successful and unsuccessful to share tools, best practice, and ideas relating to Croydon.

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# 1 Background

## 1.1 Context

### About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to your voice. From improving services today to helping shape better ones for tomorrow, we listen to your views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

### About Croydon College T Level

We inducted six T-level students on 1 April 2019 from Croydon College. They were:

- Adrianna
- Amelia Kotula
- Elisabeth Jardine
- Khateeja Hingah
- Lance Bogle
- Stela Gkioka

We credit the students as follows:

- **Phase 1- Research, scoping, administration:** Adrianna, Amelia, Elisabeth, Khateeja, Lance and Stela
- **Phase 2- Design, Testing:** Amelia, Elisabeth, Khateeja, Lance and Stela
- **Phase 3 and 4- Outreach and distribution:** Amelia, Elisabeth, Khateeja and Stela
- **Phase 5- Presentation:** Elisabeth, Khateeja and Stela
- **Phase 6- Analysis and report writing:** Elisabeth and Khateeja

We worked regularly with them until 27 July 2019, through six phases of this project and credit the students as set out above. Special thanks to Elisabeth Jardine who continue to support the project by final polishing and presenting of the report.





## National level:

According to the NHS, mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year. Half of all mental health problems have been established by the age of 14, rising to 75 percent by age 24. One in ten children aged 5 - 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent). Children from low-income families are at highest risk, three times that of those from the highest.

Those with conduct disorder - persistent, disobedient, disruptive and aggressive behaviour - are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison.


Yet most children and young people get no support. Even for those that do the average wait for routine appointments for psychological therapy was 32 weeks in 2015/16. (NHS England, 2016)<sup>1</sup>

The NHS conducted a major survey on children and young people's mental health from February to October in 2017 which found one in eight (13%) of 5 to 19-year olds had at least one mental disorder and one in 20 (5%) had two or more. This has been reported to have risen to 17% at aged 17-19 which represents one in six young people.

Disorders were grouped into four broad categories: Emotional, Behavioural, Hyperactivity and Less Common Disorders. From age 17 to 19 mental health was reported to rise with young women, who have been identified as a high-risk group. Half of young women surveyed had self-harmed or attempted suicide (53%) almost

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<sup>1</sup> NHS England, 2016. *The Five Year Forward View for Mental Health*, s.l.: NHS.



one in four young women across mental and emotional categories (24%) aged 17-19 have a mental disorder or 22% having an emotional disorder. (NHS Digital, 2018)<sup>2</sup>.

This summer mental health charity Young Minds published the results of a survey of more than 7,000 young people who have looked for mental health support in the UK. The results show that two thirds 67% of respondents were unable to find mental health support when they needed it, three quarters 78% reported that they had to manage their mental health on their own and only 17% of young people felt confident to do this. (Young Minds, 2019)<sup>3</sup>.

### Local level:

According to the Croydon Health and Wellbeing Strategy, it is estimated that 47,978 adults are living with a common mental health problem at any one time, with three-quarters of lifetime mental illness starting before the age of 25, and half by age 14 (Flowers, 2017) the strategy suggests that better support for mothers and improved links with schools will bring better experiences for service users, as well as emphasising the transition from child to adult services. (Health and Wellbeing Board, 2019).

Children's service has since been extended to support young people until aged 25 to ease this transition and reduce the sharp drop of support that has been recognised previously. The transition from child to adult services was not mentioned throughout the survey, 25 being our top limit, and potentially no respondents having to have transitioned from child to adult services.

Since its launch in October 2017, Croydon Council has run the 'Choose your Future' campaign<sup>4</sup>, driven by young people (Croydon Council, 2019) This initiative aims to get young people to think about the choices they make regarding stress, crime, looking after themselves and achieving their goals . The mental health phase of the campaign began in 2019.

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<sup>2</sup> NHS Digital, 2018. *Mental Health of Children and young People in England*.

<sup>3</sup> Young Minds, 2019. *Huge Gaps in early support for Young People new survey*.

<sup>4</sup> Croydon Council 2017. *Choose your Future: Croydon urged to back new campaign*.

## 1.2 Rationale and Methodology

We worked closely with the six T Level students from Croydon College who chose their own topic to research. They chose young people's mental health as they felt this area was so relevant to them. We wanted to gain insight into the scale of treated and untreated mental health in young people, who is helping, what is working well, identify gaps and community assets as well as the factors that may influence young people's mental health in Croydon today.

## 1.3 Method

The students researched, scoped, designed and tested their own survey supported by the Healthwatch Croydon team.

We distributed this at Croydon College and Croydon Central Library during Mental health week, May 2019, and circulated the survey on social media before and after this. We also contacted local organisations and asked them to publicise our survey. We asked young people the following:

- Have you ever felt you needed help with your mental health?
- Have you ever sought help for your mental health?
- If not, why not?
- Is there anything in your day to day life that negatively affects your mental health?
- Is there anything in your day to day life that positively affects your mental health?
- Who did you turn to?
- What happened? (tell us your experience)
- If you had a diagnosis was it helpful?
- What could you suggest for future support or improvements?

The young people we spoke to were Croydon residents and were surveyed face to face across two sites. The two sites were Croydon College and Croydon Central Library, which we visited twice during the week. The survey was open to young people aged between 13-25, who were Croydon residents and was also accessible online via Smart Survey during this time.

Venue	Number of respondents
Croydon College	53
Croydon Library	67
Smart Survey	26

All surveys were filled in on a voluntary basis and some participants did not answer all the questions, some questions could elicit more than one answer. We appreciate all the responses we received from young people who were willing to talk about this sensitive issue.

### Thank you

Thank you to Croydon Central Library and Croydon College.

For their support to the Healthwatch Croydon staff team we also thank Healthwatch Croydon Deputy Chair Martin Faiers, and our Healthwatch Volunteers: Megan Nash, Carole Hembest and Michael Hembest.

We also thank our students: Adrianna Krajewska, Amelia Kotula, Elisabeth Jardine, Khateeja Hingah, Lance Bogle and Stela Gkioka.

We credit the students as follows:

- **Phase 1- Research, scoping, administration:** Adrianna, Amelia, Elisabeth, Khateeja, Lance and Stela
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### Limits of the research

This is a hard-to-reach group as young people can be hard to engage. The sample is 146 which had limits in terms of statistical significance but gives a good insight into how young people typically felt on a given day.

With the exception of our on-line respondents, the people we spoke to were actively in the community, engaged in their studies or utilising the library. This could mean that young people not in employment, education or training (NEETS) were not readily captured, so their voices may not be heard. NEETS are a group who have been identified as being more vulnerable to poor mental health. (Kings College, 2015)<sup>5</sup>.

Prior to the publication of this report, we presented our initial findings, where we invited stakeholders to hear these early findings and held a discussion.

It was the experience of some organisations that even where young people are involved in co-production it is difficult to involve them further. The young people more likely to engage in services may well be represented by those already willing to engage, such as those who were involved in this project, and leaves aside those who experience barriers to engagement and involvement.

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<sup>5</sup> Kings College, 2015. *News*

# 2 Insight results

## 2.1 About our respondents

Our survey was aimed at young people aged 13-25, residents in Croydon.

We spoke to 146 of these, the average age of our respondents was 17, the majority were females (58% or 85 out of 146), and 40% or 59 out of 146 were males. Two respondents preferred not to disclose their gender, the age and gender of our respondents are displayed in figures 1 and 2 below.

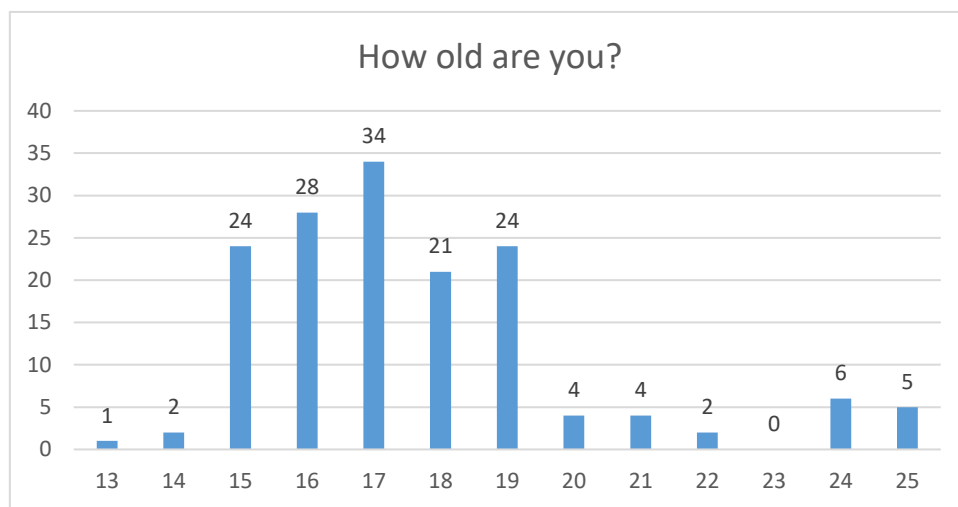


Figure 1 - How old are you?

How old are you?	Number value	Percentage value
13	1	1%
14	2	1%
15	24	16%
16	28	19%
17	34	23%
18	21	14%
19	24	16%
20	4	3%
21	4	3%
22	2	1%
23	0	0%
24	6	4%
25	5	3%
Total	146	100%

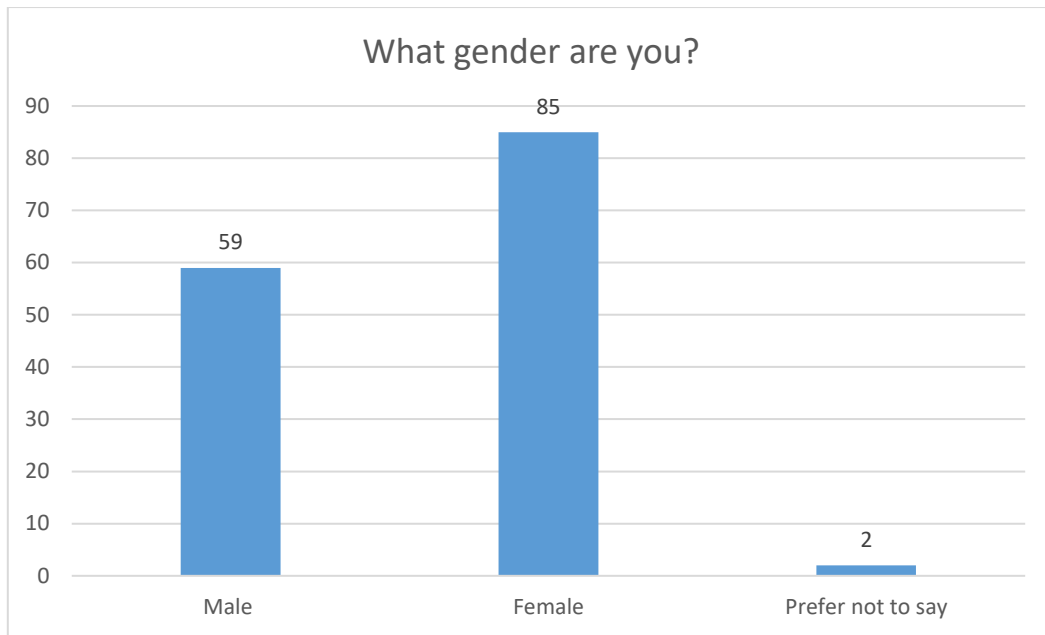


Figure 2 - What gender are you?

What gender are you?	Number value	Percentage value
Male	59	40%
Female	85	58%
Prefer not to say	2	0%
Other	0	1%
Total	146	

## 2.2 Feelings: Have you ever felt you needed help with your mental health?

This showed us how young people feel about their mental health. Our respondents have not necessarily sought treatment or received a diagnosis; however, they have identified themselves as feeling that they needed help.

In this study, 38% (55) of young people stated yes, they had felt they needed help, compared to 43% (62) stating no, they have not felt they needed help with their mental health. The remainder, 19% (27) stated that they were unsure if they had needed help or not.

The gender breakdown showed us that 49% of the females we interviewed had felt that they had needed help with their mental health alongside 22% of males, 23% of females and 14% of males were not sure.

Public health at present is driving the focus on prevention, this question may provide a useful indication of how young people really feel about their mental health.

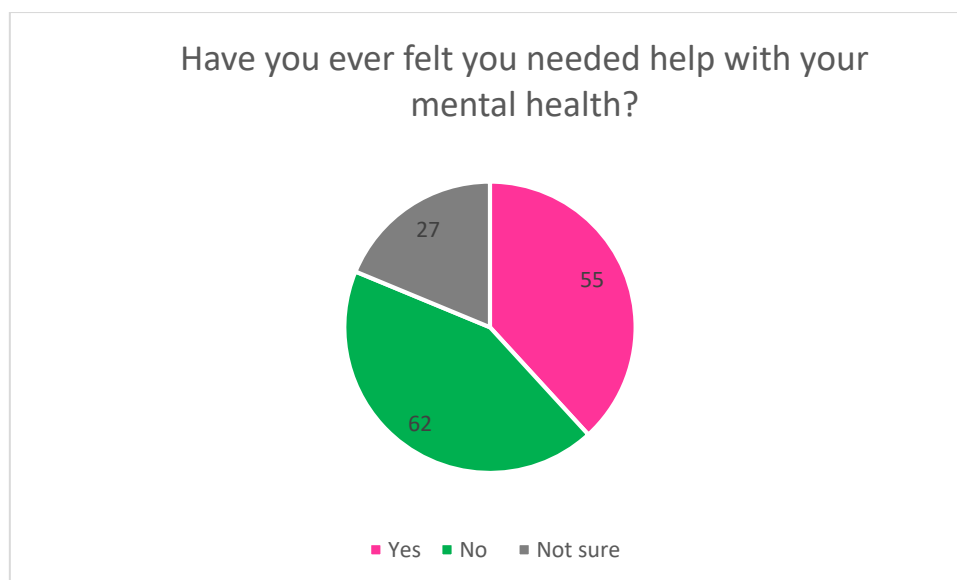


Figure 3 – Have you ever felt you needed help with your mental health by %



**Have you ever felt you needed help with your mental health?**

	All	All %	Male	Male %	Female	Female %
Yes	55	38%	13	22%	41	49%
No	62	43%	38	64%	23	28%
Not sure	27	19%	8	14%	19	23%
<b>Total</b>	<b>144</b>		<b>59</b>		<b>83</b>	

Have you ever felt you needed help with your mental health by gender?

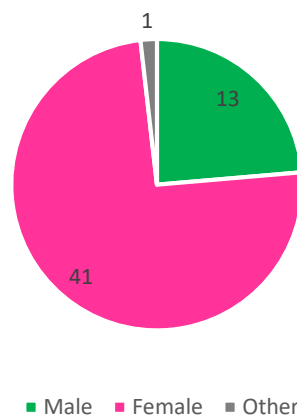


Figure 4 - Have you ever felt you need help with your mental health by gender?

## 2.3 Actions: Did you seek help for your mental health?

We asked young people if they had ever sought help for their mental health, as not everyone who felt that they needed help has sought it. Overall just 22% (33 out of 146) said that they did seek help with their mental health, compared to 72% (106 out of 146) saying that they didn't, and 8 out of 146 gave other responses.

However, when we compared the act of seeking help (Q.4) with the feeling of needing help (Q1) we found that 19% (27%) sought help when they felt they needed it, but the same number did not seek help even though they expressed they needed it. Furthermore, 17% (24%) did not seek help and did not know if they needed it.

These results suggest that there is still a significant amount of young people not seeking help (including non-professional help). This could mean there is stigma or unwillingness to talk about mental health concerns within the community, with young people turning to friends instead which is evidenced throughout our survey. It is not clear if young people prefer to turn to their friends or if they do so as there is little appropriate alternative support. There is a need for improved communication and awareness of what constitutes a problem and where people can go for support.

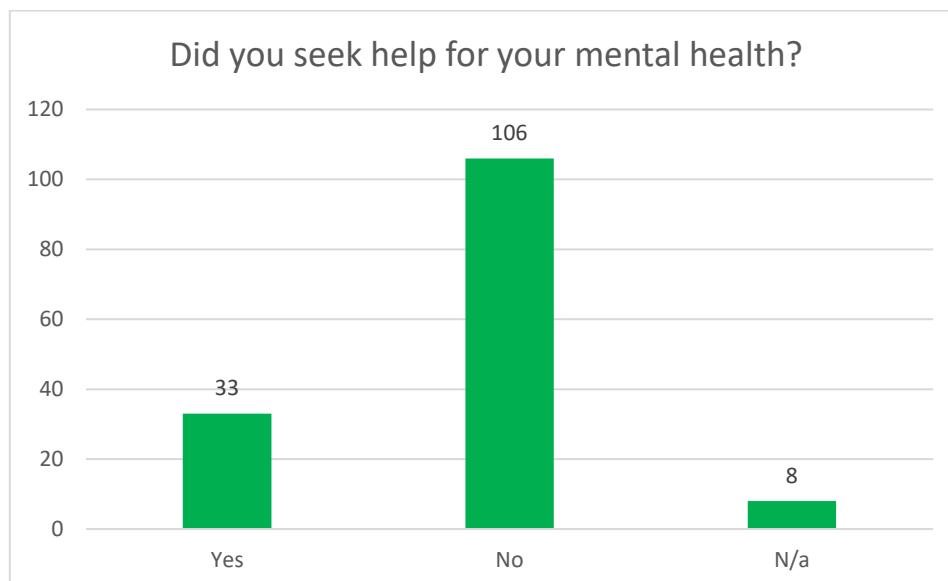


Figure 5 - Did you seek help for your mental health by number?

Did you seek help for your mental health?	Number value	%
Yes	33	23%
No	106	73%
N/A	8	5%
Answered	146	
Total	146	

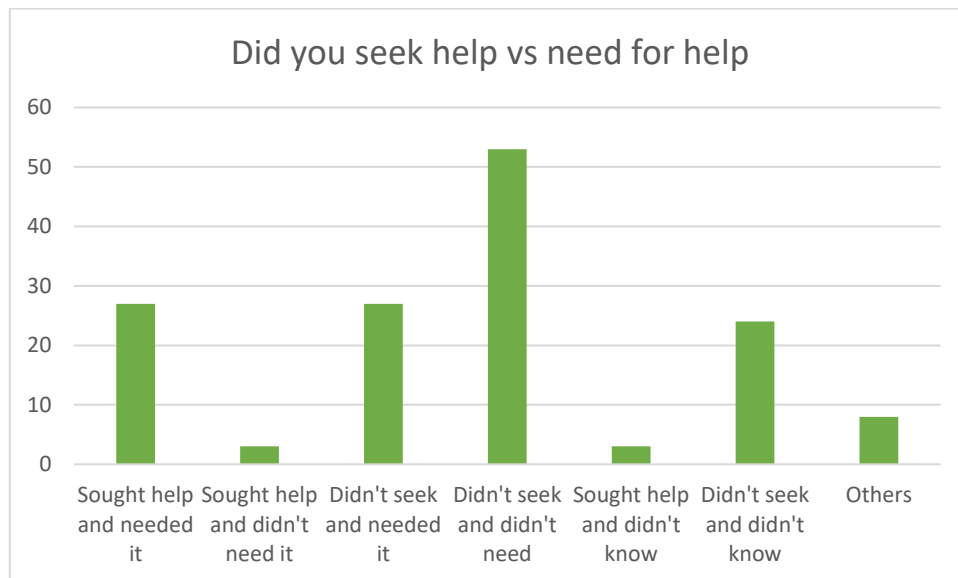


Figure 5 - Seeking help vs Need for help

Did you seek help for your mental health?	Values	%
Sought help and needed it	27	19%
Sought help and didn't need it	3	2%
Didn't seek and needed it	27	19%
Didn't seek and didn't need	53	37%
Sought help and didn't know	3	2%
Didn't seek and didn't know	24	17%
Others	8	22%

## 2.4 If you didn't seek help, why not? (if not, why not?)

This question explores the various reasons given by young people for not seeking mental health help. The most common answer was (I don't know) with 38% (40) of respondents saying they didn't know why they had not sought help with their mental health. The next most common answers were that they were (dealing with it alone), and (it got better on its own) at 19% and 17% respectively. Some teenagers may be unsure about initially seeking help, due to lack of awareness regarding services, or if their struggles 'qualify' for formal support.

Although the answers relating to negative experiences are low there were young people still being put off due to embarrassment (8%), judgement (7%) and unsupportive environments (2%) however, seven young people (7%) reported that they had nowhere to go, indicating that although stigma has lowered, young people may still struggle to get the help they need in Croydon.

Overall 25 (24%) responses indicate that some sort of bias/judgement or external pressure prevented them from seeking help with their mental health. A further 38 respondents or 36% did nothing to address their mental health concerns, citing that they were dealing with it alone or that it got better on its own. There were seven individuals that could not access help as they had nowhere to go.

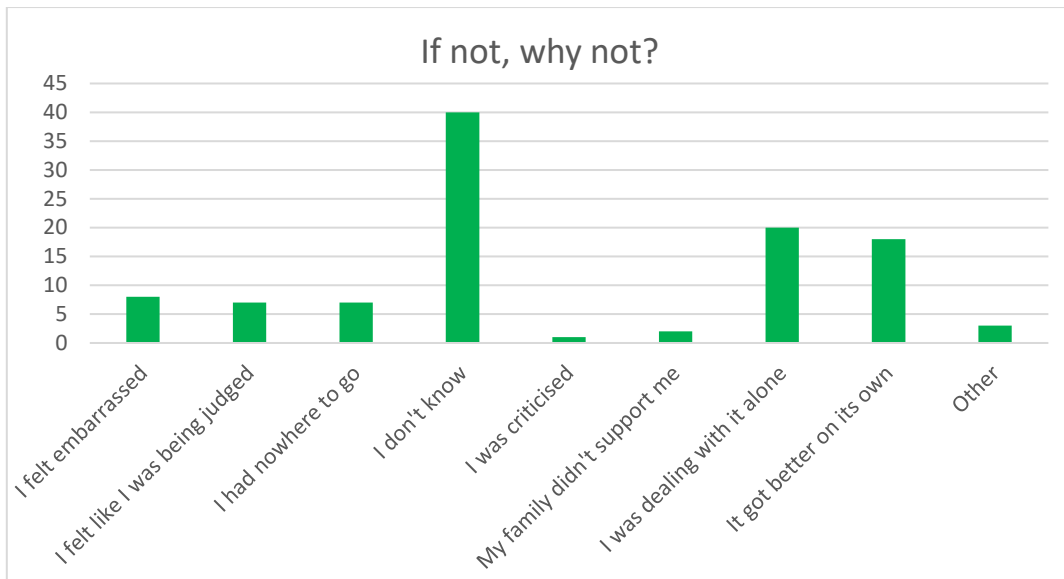


Figure 6 – If services were not sought why not by %

If not, why not?	Number value	Percentage value
I felt embarrassed	8	8%
I felt like I was being judged	7	7%
I had nowhere to go	7	7%
I don't know	40	38%
I was criticised	1	1%
My family didn't support me	2	2%
I was dealing with it alone	20	19%
It got better on its own	18	17%
Other	3	3%
Total	106	
Answered	118	
Skipped	28	

## 2.5 Is there anything in your day to day life that negatively affects your mental health?

We wanted to find out what factors contributed to feelings of poor mental health in young people. This question was multiple-choice, with options based around existing research, so young people could select all the options that concerned them.

There was a yes/no option, so young people could affirm if they were sure certain things did or did not negatively affect them.

We listed:

- a) social media
- b) peer pressure
- c) relationships
- d) bullying
- e) self-image
- f) health
- g) lack of opportunity
- h) housing situation
- i) budgeting/money
- j) daily life and
- k) risk of crime in the local area.

These options were generated as areas of concern from what our T level students perceived were young people's concerns and from the scoping phase of our research project.

Relationships, social media, self-image and daily life were found to have the largest negative effects, with 54 of our respondents citing this. Social media and self-image collected 52 responses each.

Risk of crime in the local area (15) and bullying (14) had the lowest responses as contributing factors to negative effects on young people's mental health. This may

show the possible effectiveness of targeted local and national campaigns or it may be that the collective perception of what worries young people is inaccurate.

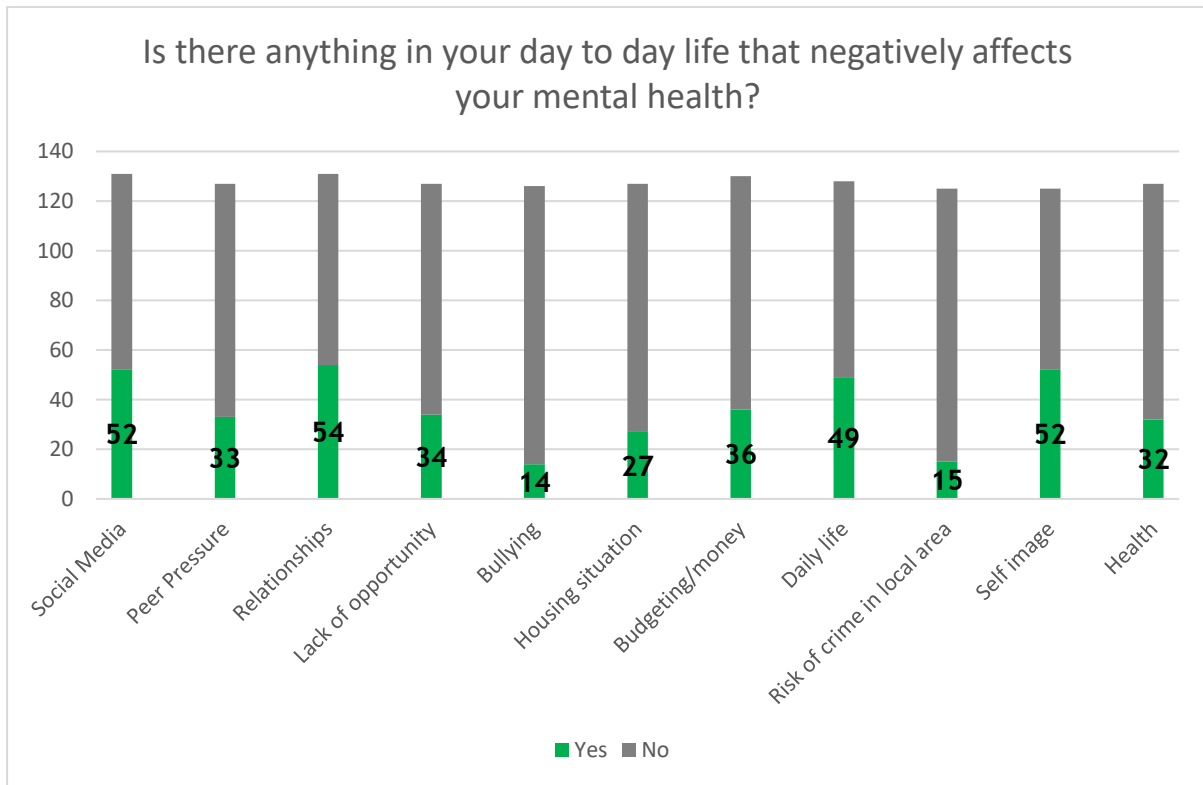


Figure 7- Is there anything in your day to day life that negatively affects your mental health?

Is there anything in your day to day life that negatively affects your mental health?	Yes%	No%	Total answered	Yes-number value	No-number value
Self-image	42%	58%	125	52	73
Relationships	41%	59%	131	54	77
Social Media	40%	60%	131	52	79
Daily life	38%	62%	128	49	79
Budgeting/money	28%	72%	130	36	94
Lack of opportunity	27%	73%	127	34	93
Peer Pressure	26%	74%	127	33	94
Health	25%	75%	127	32	95
Housing situation	21%	79%	127	27	100
Risk of crime in local area	12%	88%	125	15	110
Bullying	11%	89%	126	14	112
<b>Total responses</b>			<b>1404</b>	<b>398</b>	<b>1006</b>

Is there anything in your day to day life that negatively affects your mental health?	Number of yes responses	% of responses that said yes
Relationships	54	14%
Social Media	52	13%
Self-image	52	13%
Daily life	49	12%
Budgeting/money	36	9%
Lack of opportunity	34	9%
Peer Pressure	33	8%
Health	32	8%
Housing situation	27	7%
Risk of crime in local area	15	3%
Bullying	14	4%
<b>Total responses</b>	<b>398</b>	

Below is a selection of comments:

“Expectations.”

“Past trauma, leaving my house, any form of change.”

“Lack of meaningful purpose.”

“Family.”

“Family issues.”

“Parents having mental illness.”

“Just general stress at school.”

“Pressure to succeed and get into university.”

“School.”

“GCSE’s.”



## 2.6 Is there anything in your day to day life that positively affects your mental health?

There were 108 individual responses, 38 participants skipped the question with no comment. Out of the 108 responses there were 162 different comments, which produced an average of 1.5 answers per person.

The highest response to what affected young people’s mental health positively was relationships, at 46% or 74 answers. 45% (33) of those answers were mentioned as ‘friends’, which we can view as informal peer support. Personal interests were the second most popular answer at 30% (49 responses) of answers. Treatment was only 4% (6) answers.

A culture of talking about our mental health may reduce the tendency to withdraw and cope alone, hoping it goes away. What was clear from the comments young people made, is that the majority are willing and able to have a conversation about mental health given space, place and opportunity.

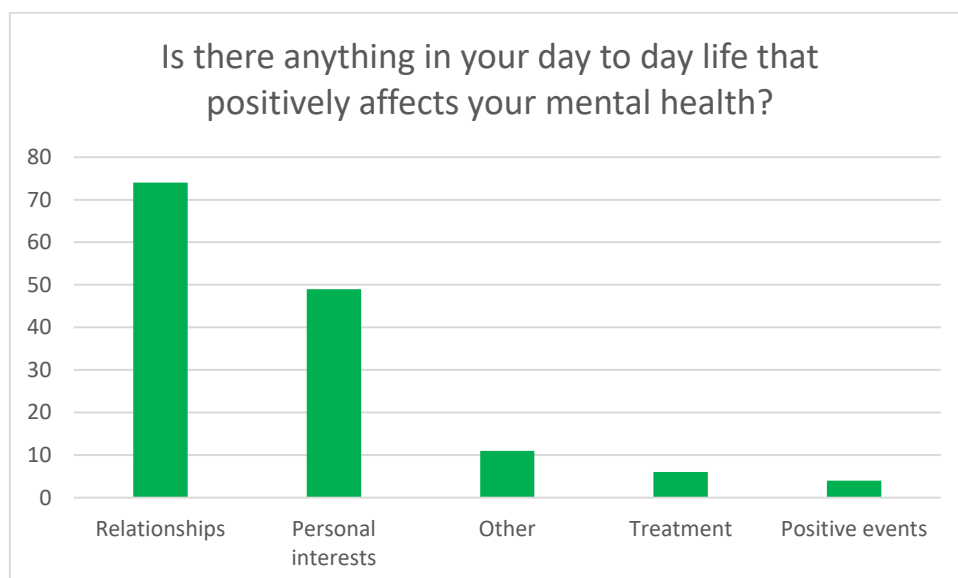


Figure 7

Is there anything in your day to day life that positively affects your mental health?	Number value	Percentage value
Relationships	74	46%
Personal interests	49	30%
N/A	18	11%
Other	11	7%
Treatment	6	4%
Positive events	4	2%
Total responses	162	
Answered	108	
Skipped	38	

We grouped the following into ‘relationships’

“Honestly my art teacher really helps me.”

“My cats.”

“I have some very supportive friends who help me.”

“My daughters.”

“Mi mudda, mi fadda, mi brudda, myself.”

“My boyfriend/family.”

“Talking and being surrounded by my friends who help me & make me laugh.”

We grouped the following into 'personal interests':

"Art, dancing, talking to friends, my voluntary work, taking my meds, going to the gym."

"Social media (twitter)."

"Netflix and my best friend and Kpop."

"Playing video games."

"Yes, my family, my friends and my hobbies."

"Music, writing, friends and reading fanfiction."

"Food."

"Family, Entertainment, Relaxing."

"Yes, like to talk to people."

"Friends + self-care."

"People/friends. My faith."

"Doing things for yourself/  
positive self-care."

"All the options to question 6."

"Music; Taking a poo."

"Good vibes; Meeting certain people."

"A lot of things including my rather carefree approach to life in general."

## 2.7 Who did you turn to?

This question was a multiple choice, where participants were given an option to select more than one response from what we highlighted. We did not name specific services.

We categorised different options, such as seeking professional help (GP, Other Professionals and Educational Support) or informal help (Family, Friends). This is to determine the type of treatment individuals receive when seeing professionals compared to non-professionals for their mental health.

41 responses (30%) mentioned seeking professional help (GP, Other Professionals, Educational Help), compared to 85 responses (62%) for seeking informal help (Family, Friends) and 2 responses for (Other).

Young people reported that they most commonly turned to friends, representing 31% (65 individuals) who told us that they went to friends for help. This was followed by family, as 23% (48 individuals) young people turned to family members. Having a strong positive family or friend base supports the young person in their mental health.

The GP is still the first port of call for young people seeking help, above any other professional such as school or other help with 17% or 30 individuals going to see a GP for help with their mental health.

The graph shows detail to the question of who young people turned to where they accessed help. The GP is clearly the preferred place where young people access professional help. There were also comments about what other professional help people had accessed.

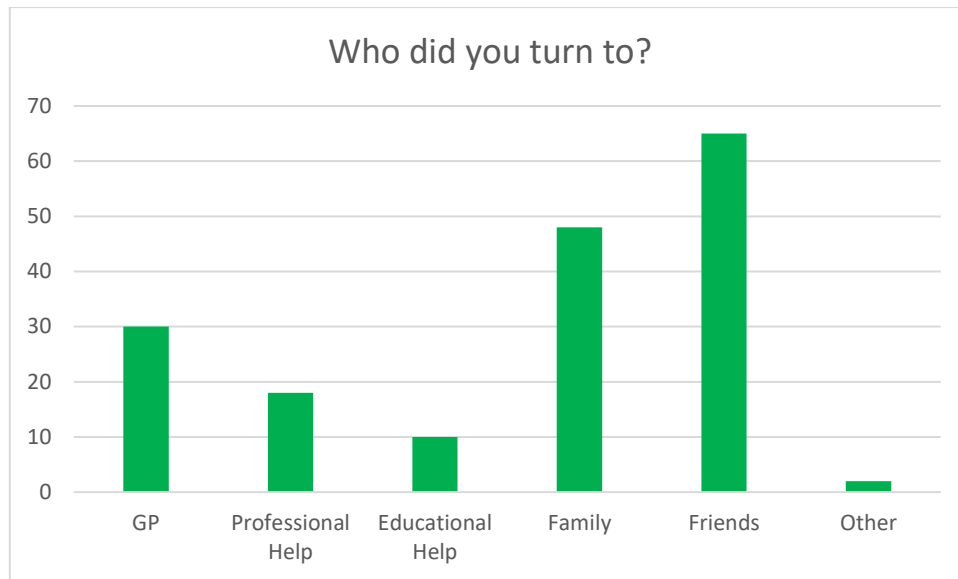


Figure 8- Who did you turn to?

Who did you turn to?	Number	Percentage
GP	30	15%
Professional Help	18	9%
Educational Help	10	5%
Family	48	34%
Friends	65	32%
Other	2	1%
Total responses (can be more than one)		173
Answered		138
Skipped		8
Total		146

Type of help	Number of responses	Percentage value
Professional help	58	34%
Non-professional help	113	66%
Total responses (can be more than one)	171	
Answered	138	
Skipped	8	
Total	146	

“Social services.”  
 “CAMHS, hospital.”  
 “Psychologist (psychologist).”  
 “Snap team.”  
 “GP referred me to a counsellor.”

## 2.8 What happened? (Tell us your experience)

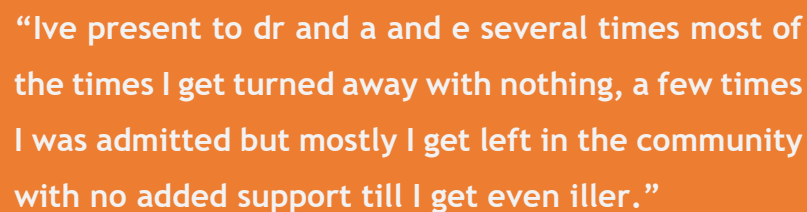
Where young people chose to go to receive help was important, but also the type of help they receive, as having a good experience with services when it comes to receiving treatment which can be critical to improving young people's mental health.

Figure 9 displays the most common responses when seeking professional help, 22% (33 responses) were "Offered talking therapy", this was the most common response, followed by 17% (10 responses) "Offered Medication" as the second most common response.

"Referral" and "Signposting" both totalled 16% (9 responses). The lowest response was seen by a professional was "Nothing Happened" with 12% (7 responses) reporting that nothing happened.

Although it is good that it is the lowest reported answer, there were still seven individuals where nothing occurred post seeking professional help regarding their mental health. With the 43% of the respondents who answered "Nothing Happened" they also answered to being offered other treatments, such as talking therapy.

One respondent commented in the free text comment below, their answer suggesting that despite being offered treatment nothing came of it:



"I've present to dr and a and e several times most of the times I get turned away with nothing, a few times I was admitted but mostly I get left in the community with no added support till I get even iller."

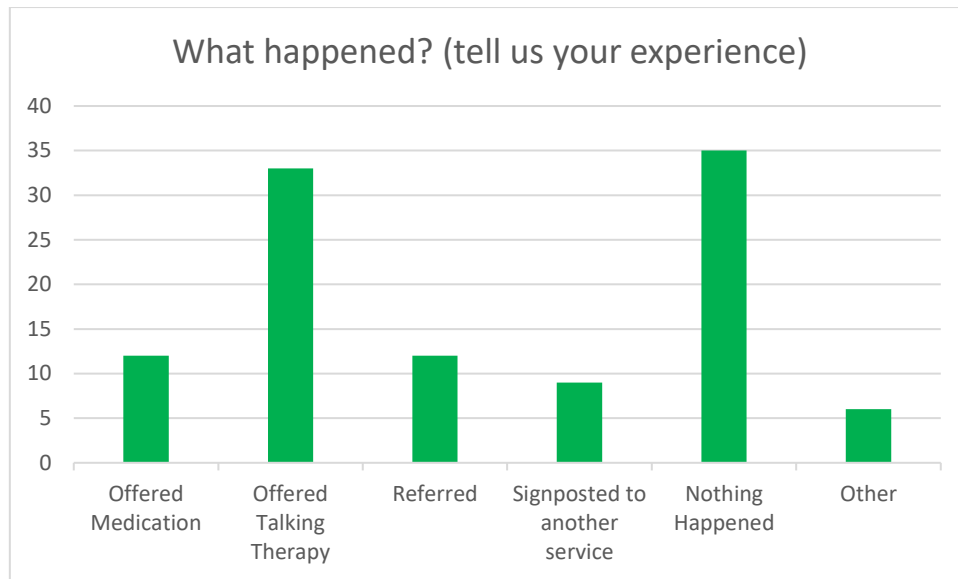


Figure 9 – What happened when you asked for help with professionals?

What happened? (tell us your experience)	Number	Percentage
Offered Medication	12	8%
Offered Talking Therapies	33	22%
Referred	12	8%
Signposted to another service	9	6%
Nothing Happened	35	23%
N/A	44	29%
Other	6	4%
Total responses	151	
Answered	126	
Skipped	20	
Total	146	

Professional responses after seeking help	Number	Percentage value
Offered Medication	10	17%
Offered Talking Therapies	23	40%
Referral	9	16%
Signposting	9	16%
Nothing	7	12%
Other	0	0%
Total	58	

“Someone at school spoke to me for a bit but it didn't last.”

“Gave me someone to talk to”

“Spoke about my issues and was given advice.”

“I just talk to people about how I feel and they listen and give me advice as well as try to make me feel better which can be very helpful.”

“Gave me advice.”

“They helped me cope with pressure.”

“To speak to youth worker continuously.”

“I read books.”

“CAMHS referral.”

“TALK.”

“Snap provides a service where I was able to be supported by a social worker. I was supported Housing; Relationships (I currently live-in Semi-Independent living thanks to the snap team.)”



## 2.9 If you had a diagnosis was it helpful?

Being diagnosed can lead to correct treatment but can also lead to stigma. A diagnosis can enable a young person to be given the appropriate support within education and employment. This includes a diagnosis of mental illness and other related conditions. A diagnosis can assist in keeping vulnerable young people safe.

We wanted to know where young people did have a diagnosis if they found it helpful. Figure 11 shows the graphs combined, including whether there was a diagnosis, and if it was helpful. This shows that 65% (84 responses) were not given a diagnosis, and 35% (46 responses) were diagnosed. Out of those who were diagnosed, 41% (19 responses) said that their diagnosis was helpful to them, however, a larger number 48% (22 responses) said that their diagnosis was not helpful. This could be because of stigma, depending on the diagnosis itself. This has been termed as ‘a hierarchy of stigma’ where physical illness is laid at the bottom, and ‘dangerous’ mental health diagnosis are at the top. In this way, a diagnosis of anxiety may trigger a different response from others as say, a personality disorder, and is an area that could benefit from further research. Only 4% mentioned their diagnosis however did not specify whether their diagnosis was helpful. This may mean that there was no perceived helpful or unhelpfulness as a result of receiving a diagnosis.

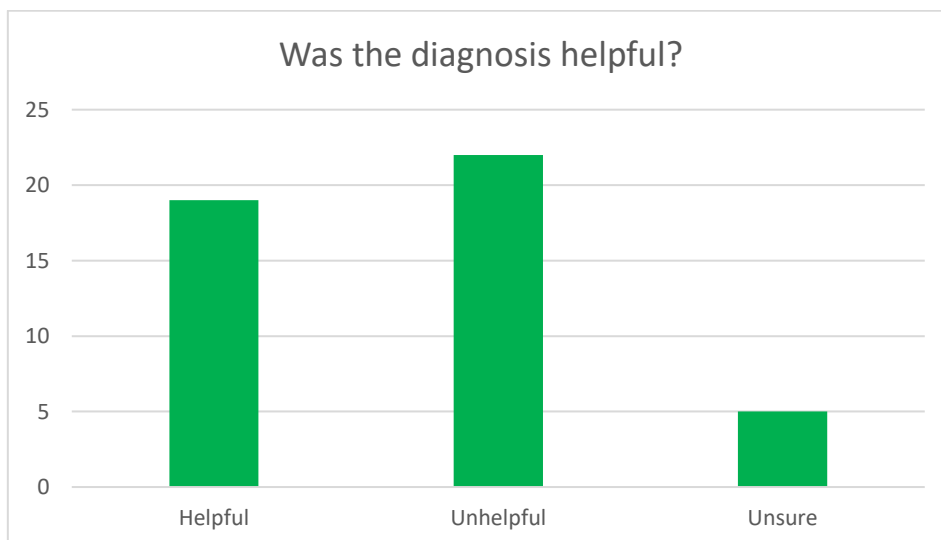


Figure 10 – Was the diagnosis helpful?

Was the diagnosis helpful?	Number of responses	Percentage of responses
Helpful	19	15%
Unhelpful	22	17%
Unsure	5	4%
No diagnosis (N/A)	84	64%
Did not answer	16	
Total responses	130	
Total	146	

Comments on the helpfulness of a diagnosis:

“In the moment coping mechanisms.”

“Anxiety - Was able to get help in school with exam arrangements etc.”

“Awareness - It helps identify what I support I needed through life in order for the right adjustments can be made for the best quality of life.”

“Therapy for 6 months.”

“Mentoring and counselling.”

“Mix because it starts then stops.”

“Bpd (borderline personality disorder) has made it able to get referred to specialists’ therapy, it’s also helps me get other support like ESA.”

There were also comments on what type of diagnosis people received, two being diagnosed with anxiety, two with depression, and two with ‘others’ saying BPD, and attention Deficit Hyperactivity Disorder (ADHD).

## 2.9 What could you suggest for future support or improvements?

Here we gave respondents the opportunity to suggest what kind of support they would like to receive or suggest improvements that they feel need to be made to mental health services: 87 people out of 146 responded to this question or 59%.

The biggest suggestion of improvement was increasing awareness across all levels with 27% of participants suggesting this. Other responses suggested improvements in professional support (20%) and service improvement (19%). A few suggested personal change (4%) and more suggested accessibility (17%).

Overall these suggestions do show that there needs to be greater professional change, as although there were highlights on the improvement of services, such as long waiting times, most suggestions revolved around general awareness, or staff awareness on how to deal with young people suffering from poor mental health.

When one young person spoke about the helpfulness of their diagnosis, they reported that it was ‘mixed’ as the provision ‘starts and then stops’, when young people have surmounted barriers to seeking help, sought help, and then been offered treatment, it is important that the offer is accessible, available, reliable and consistent.

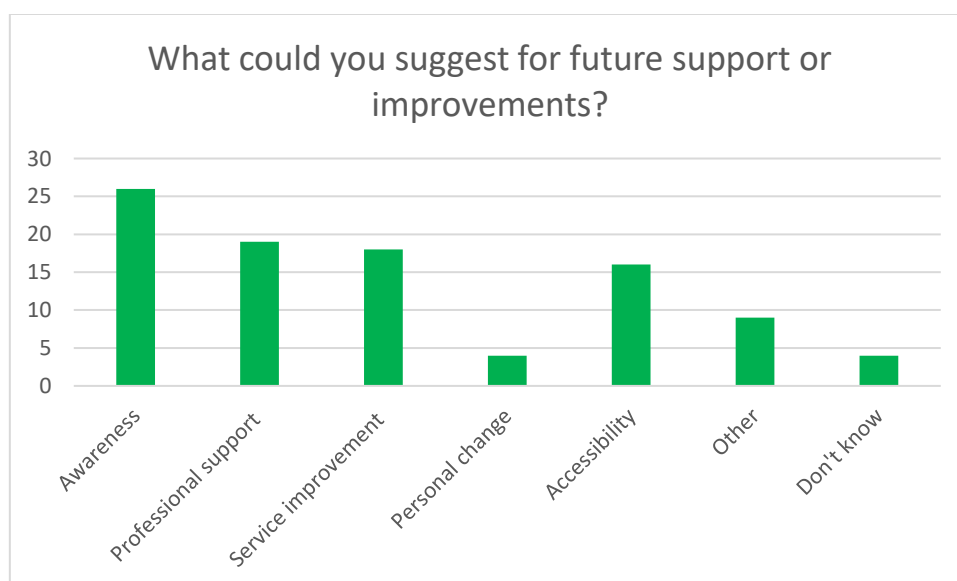


Figure 11 – What could you suggest for future support or improvements

What could you suggest for future support or improvements?	Number	Percentage value
Awareness	26	27%
Professional support	19	19%
Service improvement	18	19%
Personal change	4	4%
Accessibility	16	17%
Other	9	9%
Don't know	4	4%
Total responses	96	
Answered	87	
Skipped	59	
Total	146	

#### Comments:

Here are the rest of the comments young people of Croydon had to say about this question:

**Being listened to / a tailored approach:** Being taken more seriously and making the experience more positive and on their terms was considered important.

*“Taken more seriously.”*

*“Making it more positive.”*

*“People Getting directed to the right help they need/ Those in need receiving the correct help suited to them.”*

*“One-to-one sessions - people can have someone to hear them out and talk to.”*

*“Being so liable is very important because it makes them not to be socially exclusive. Being able to understand how they feel and not discriminate them because of the understanding ‘stereotyping’.”*

*“Not discriminating people for their mental state.”*

**Education and signposting:** A key aspect of this was around raising awareness and discussions, giving the information in the right time and in the appropriate way.

*“More understanding / Awareness on what mental health is (e.g. paying more attention to those who are quiet and sad) not a lot see it as an option, they may not know that counselling exists.”*

*“More education on medicine.”*

*“To have discussions on mental Health.”*

*“Advice on how to deal with mental health.”*

*“Letting people seek help.”*

*“Information on where to get help (Names of companies or those that could help with mental health issues).”*

*“More activities to help reduce stigma.”*

*“Enlighten people on examples and symptoms of mental illness - some people may not know.”*

*“Regular check-ups - resources such as an app when physical support isn't at hand.”*

*“More advertisement between young people.”*

*“I think that young people need to be encouraged/ educated as early as possible about mental health and that it is not a bad thing to be go and admit to family or professionals that they feel or think a certain way.”*

*“Targeting specific age groups e.g. young people, especially teens in school.”*

**Personal Approach:** A considered approach through schools and families is needed as well as the option of regular health checks. We also see opposing statements as below, one respondent wishes for family participation, another without, the range of comments throughout this research demonstrates that one size does not fit all and that the services that are offered need to be built around the need of the young person in question.

*“Making mental health an easy talked about subject (In schools, at home etc.)”*

*“Listen without parents.”*

*“Therapists and other professionals to be more understanding, open minded not just ask ‘how does this make you feel?’.”*

*“Allowing families into meeting - Involving families.”*

*“Making visiting the GP compulsory for the public - every year or two to diagnose peoples Mental Health.”*

*“Visiting a GP should be compulsory for the public & every year or two to diagnose their mental health.”*

*“Curing and pressure free environment would be a good idea.”*

*“Not just telling people to call a phone number but actually a more face to face friendly approach.”*

**Focus on schools:** They have a role to play in providing a supportive environment for young people in prevention, awareness and support.

*“Schools and colleges could hand out this kind of questionnaire so teachers can be made aware of mental health of their standard and deal with it.”*

*“Schools to encourage all students to do some sort of exercise / Yoga.”*

*“More mental health professionals in schools.”*

*“Get people to talk about it more in school so that it is widely spoken about and no longer a taboo topic.”*

*“Teachers who really care and really know what they are talking about, there is one teacher at my school who is educated enough to help and she has been the most helpful so far however she can't possibly help everyone which is completely fair enough so i would say we need more mental health professionals in school.”*

*“Schools being more involved in supporting those in need of mental health services or services already in place.”*

**Professional support:** This is important, providing it is friendly and appropriate.

*“Having a Therapist.”*

*“Having a counsellor.”*

*“More support from specialists.”*

*“Friendly and appropriate support.”*

*“More support from professionals.”*

*“More friendly & appropriate support”*

*“More support from people - you never know what someone is going through.”*

*“Support groups long term.”*

**Access and quality of service:** We have found issues in waiting for services, and access to advocates as well as the services themselves. There is a consideration that those providing services could reflect the backgrounds of the service users.

*“More funding, more early interventions, a less overburdened service to shorten waiting times, more education on medicine, advocates should be easier to access.”*

*“Making services more Open and accessible- not a lot see it as an option, they may not know that counselling exists.”*

*“Increase in services.”*

*“People of a higher cast of ethnic backgrounds to support.”*

*“More drop-in sessions with mentor for young people to help motivate young people.”*

*“Patients not having to wait too long - efficient counselling.”*

*“Quicker referrals.”*

*“Make it online.”*

*“Quicker referral - allowing families into meetings.”*

*“To be honest, one to one sessions for people who have mental health problems and need someone to hear them out and talk to.”*

*“Regular check-ups.”*

*“Resources, i.e. an app to use when physical support isn't at hand.”*

*“To be more open and accessible. I only know of the talk bus which is a place anyone can go and talk about anything. But I feel like schools should be more open about the counselling that they have in place and if they don't then they should incorporate it.”*



**Connections:** Looking beyond medical and education services, there are many ways services can connect and support young people in a much more informal setting such as parks, youth clubs and support networks. Accessibility can cover physical availability, affordability and appropriateness.

*“More Local activities in the area for younger people - (Encouragement to go out more.) (It is said people with autism isolate themselves with lack of support).”*

*“More Funding (towards mental health services, youth projects groups chance to expand).”*

*“More Opportunities.”*

*“More funding for youth project (Groups): chance to expand.”*

*“Finding ways which are Focused on a younger generation rather than the adults/Older people to combat Mental Health - targeting Teens in School.”*

*“Speak out (to people or friends for support).”*

*“More youth clubs / social clubs.”*

*“More libraries.”*

*“More safe environments (parks).”*

*“Group Talks.”*

*“Provide a medium for young people to be able to talk with feeling.”*

*“Keeping active helps mental state, improvement on physical activities (Dancing, Tai chi, Sport (Meditation)).”*

*“More group activities for kids/ younger people - (encouragement to go out more) to prevent people from isolating themselves.”*

*“Being surrounded by good people - Having a good support network.”*

**Personal change:** Young people also had advice for each other to consider that went beyond any service change:

*“Deal with each day as it comes.”*

*“Just be you.”*

Personal improvement mentioned things people could do themselves to further improve their mental health:

*“Dancing.”*

*“Tai chi.”*

*“Sport.”*

*“Meditation.”*

*“Just to speak out more often. seek out for help regularly.”*

## 2.10 Reflections from our student researchers in their own words



### **More awareness and understanding about Mental Health**

Some responses were related to the lack of understanding and awareness of Mental Health with respondents suggesting that when they sought advice from people they weren't taken seriously. This may be due to insufficient knowledge with regards to mental health issues. Things like "To have discussions on mental health" or "finding ways which are focused on a younger generation ... to combat mental health" were suggested by young people living in Croydon today. This way we can make an improvement which will help benefit young people who are struggling to be recognised, heard and understood by others.

### **More support from health professionals**

A lot of people have said that they needed more support from health professionals or "Getting someone to talk to". Some people have responded saying that having a therapist or counsellor would really benefit people. People have also said that there should be an increase in support from specialists and professionals. However other

people also believe that Therapists and other professionals need to be more understanding and “open minded” and to “not just ask how does this make you feel?”

#### **Some of the issues:**

- Therapists shouldn't make the persons issue their only focus, rather they could incorporate more questions regarding things that don't relate to their mental health problems.
- More positive things could be considered, to help young people feel comfortable.
- Questions shouldn't be pressurising.
- The place and space should also be welcoming.
- Being asked a set of questions beforehand can help people feel less stressed and more at ease.
- Being referred to when you don't feel comfortable especially in schools can be daunting to young people, therefore it should be a choice for the person and not enforced upon them.

#### **Increased improvement of mental health services to support those in need and having easy access to services/help when needed**

Improving the mental health services has also been a recurring suggestion made by a lot of people as well as having easy access to the services when help is required. As a result, this can help young people get the right support and the help they need; hence leading to awareness to those who may not be aware that support and help exist. Some further added that there is a high demand for more mental health support services in schools. It is also important that people who seek help are getting the correct help which suits them. Therefore, increasing funds towards mental health services and local youth projects groups could definitely help in doing that.

#### **More support in schools**

The majority of the responses were about schools not providing enough support to their students and that there should be more focus towards supporting services in schools and “more Mental Health professionals in schools”. Another person said that

we should be “Finding ways which are focussed on a younger generation rather than the adults/older people to combat Mental Health - targeting teens in schools”. Lastly, someone else said that schools should be “more involved in supporting those in need of mental health services or services already in place”. This suggests that there is more that can be done by schools to support the needs of young people who may need mental health services.

**More opportunities for young people to share their experiences with others**

Ways in which young people can start to feel more comfortable when talking about this issue, could have included “more drop-in sessions with a mentor for young people to help motivate young people” or to “provide a medium for young people to be able to talk with feeling.”

# 3 Responses to our insight

## South London and Maudsley NHS Foundation Trust

South London and Maudsley NHS Foundation Trust (SLaM) welcomes this report which highlights the national picture of mental health through the NHS Five Year Forward View and then the experience of young people in Croydon. The Trust applauds Healthwatch Croydon for their work with young people over a six month period to produce this important report. We feel fortunate to have met some of the young researchers at one of the Joint local Healthwatch and SLaM meetings held last year where they presented their plans for this work.

The Trust welcomes the 8 recommendations, the below response relates directly to the two recommendations below:

- Wide-reaching - higher awareness in schools, youth clubs and places where young people are:
- Utilise existing tools: These can help young people to best support each other

### **Mental health professionals in schools:**

The Trust is pleased to see that this report has identified the role of schools in supporting conversations about mental health with young people. Our Child and Adolescent Mental Health Services (CAMHS) has given focus to this over the years and have developed two schools based sessions for schools in Croydon to utilise:

- Primary: CUES-Ed is a package of resources developed by the Trust to improve emotional wellbeing and resilience of primary school children. See more information [here](#)
- Secondary / College: DISCOVER is a school-based workshop programme for 16 - 18 year olds who experience anxiety, low mood and stress. The programme is delivered by clinical psychologists in partnership with school

staff to support the emotional wellbeing of students. In 2020, this programme will be adapted by and for teenage care leavers in Croydon. See more information [here](#).

### **Working together - signposting and best practice:**

In the report, when respondents were asked if there is anything in their day to day life that negatively or positively affects their mental health, the top response was 'Relationships' for both. Seeing that 31% of respondents said that they turned to friends for help, and 23% turned to family further highlights the importance of strong supportive relationships for young people.

The Trust also values strong relationships, it is important to us that we connect with people and organisations to best support local diverse communities, young and old, in Croydon.

- [Changing Lives](#) is the Trust's strategy with one of our five strategic aims being 'Partnerships'. We are committed to working together with service users, their support networks and whole populations to realise their potential through a number of initiatives. We look forward to welcoming communities to our mental wellbeing partnership event in the summer where guests can learn more about mental health provision in Croydon
- Croydon Independent Advisory Group (IAG) and the Joint Working Group (JWG) brings community representatives with members of staff from SLAM to work on Quality Improvement projects within the Trust. The Croydon IAG is currently working with Foster Carers to improve communication and access to support, this is to offer the best care for foster children in the Borough
- [One Croydon Alliance](#) works together to help people live the life that they choose. We are proud to be an Alliance partner with [Croydon Health Services NHS Trust](#), [Croydon Clinical Commissioning Group](#), [Croydon Council](#), the [Croydon GP Collaborative](#), and [Age UK Croydon](#). This helps us work together to uphold best practice in the services and support for local

communities. We are working as a whole system to transform mental health provision, build on community strengths and personal assets.

Finally, we would like to thank Healthwatch Croydon for their continued engagement with local communities and for their valued commitment to working with the Trust through our regular meetings.

**Dr John French, Croydon GP and Paediatric Clinical Lead for NHS Croydon Clinical Commissioning Group:**

“The pressures young people face are growing and changing, and health and care organisations in Croydon are working together to find ways to support the mental wellbeing and resilience of children and young people in the borough.


“For example, we received national funding last year to introduce new mental health support teams in schools - giving 16,000 more young people and their families access to the early emotional wellbeing support they provide.

“Our Partnership Board ensures the ongoing integration of our work and has already overseen the implementation of a single front door to all services to support young people experiencing emotional, wellbeing and mental health issues. This will reduce the burden on both families and referrers to help identify the correct support at the earliest possible time from our range of providers, including South London and Maudsley NHS Foundation Trust, Croydon Drop In, Off the Record and the NSPCC. This will be further supported next year as we are increasing investment in Children and Young People emotional health and well-being services.

“Our thanks goes to Healthwatch Croydon for this insightful report and the focus they are bringing to this important area and to help us ensure that young people are at the centre of shaping and transforming services for them alongside all health and care partners in the borough.”

Further lines: The funding, announced in July 2019, included money for two new mental health support teams in supporting clusters of schools in Croydon, focused





on building emotional resilience of children and young people through early intervention. For more information please go to:

<https://www.swlondon.nhs.uk/2019/07/major-funding-boost-of-4-3m-for-school-based-mental-health-services-in-south-west-london/>

**Councillor Alisa Flemming, Croydon Council's cabinet member for Children, Young People and Learning:**

“We welcome Healthwatch Croydon’s findings to help us gain further insight into how we can all better support children and young people in the borough.

“Croydon Council is already working hard to make it easier for young people, and their families, to develop the tools needed to improve their emotional resilience and mental wellbeing. We are working with schools and other organisations that have contact with young people to reduce stigma around mental health and provide structures that allow young people to thrive and access the services when and where they need them. Health and social care teams are now working more closely in the community to identify and better address complex needs and we will continue to further invest in children and young people’s mental health services.

“The council’s Choose Your Future campaign, which began more than two years ago, also supports young people who are feeling worried or anxious by encouraging them to talk to someone about their concerns and signposting them to nearby help through social media, youth events and other platforms.”

**Gordon Knott, Director of Croydon Drop In:**

“Young people continue to tell us what’s important to them, where the gaps are, what’s important for us to know and reports such as this confirm how crucial it is that we continue not only to listen but to take action. To keep lobbying for more resources, to work better in partnerships and to be inclusive, flexible and creative in our responses.

“There is no excuse in the present day for support services not to know how to respond to the needs of the community. This report offers a young person-led and

totally contemporary opportunity for local providers, decision-makers and commissioners to listen to the voice of the younger community and to respond to help support the varied needs of young people living, studying or working in Croydon.

“At CDI all our intentions are young people-centred and we wholeheartedly agree that early intervention and prevention is still the key motivation - every child still matters. It’s also true to say that at the heart of everything is a meaningful relationship, one that is of high quality that offers trust, respect and safety to young people.

“We have a very vibrant and skilled local voluntary and statutory sector and we continue to be committed to the children, young people and families with whom we engage, we want the best for them and they are right to demand the best from us.”

**Geoff Jones, Assistant Director, Off the Record:**

“Congratulations on an excellent report. This report is extremely helpful and valuable and will help us in our thinking. At Off The Record we are very much concerned with continuing to develop and improve our offer to young people. Many of the comments and proposals in the report echo what we too are hearing from young people themselves eg: open-access drop-in sessions, expansion of online counselling, counsellors working with Young People in the community, a broad menu of offers. We believe that it is crucial that we always see the human being and not just a mental health issue and that counsellors are in places where young people are. We are just beginning a new piece of work as partners in the new Mental Health Support Teams which will see increased mental health support being delivered in schools. We recognise that young people are asking for dynamic, compassionate and accessible Talking Therapy services with low waiting times. We will use this report in the coming months in our training, discussions with our staff and our strategic planning in order that we can continue to rise to the challenge.”

# 4 Quality assurance

## Design

Does the research ask questions that:

**Are pertinent?** This research asks young people about their experiences of mental health. We aimed to get an idea of how young people feel about their mental health in Croydon and the issues they may be facing

**Increase knowledge about health and social care service delivery?** This research helps the community to better understand what may be going on for young people and how to approach them. We also gained insight into the pathways young people with diagnosis have been put on. This will help inform knowledge for the future delivery of services.

Is the research design appropriate for the question being asked?

a) Proportionate:

b) Appropriate sample size:

Have ethical considerations been assessed and addressed appropriately?

Has risk been assessed where relevant and does it include?

- a) **Risk to well-being:** None.
- b) **Reputational risk:** Careful checking and referring to relevant organisations has been undertaken before publication.
- c) **Legal risk:** There was no need to refer to legal resources for this research.

Where relevant have all contractual and funding arrangements been adhered to? This did not relate to any specific contractual or funding arrangement.

## Data Collection and Retention

Is the collection, analysis and management of data clearly articulated within the research design? Yes.

Has good practice guidance been followed? Yes.

Has data retention and security been addressed appropriately? Yes.

Have the GDPR and FOIA been considered and requirements met? Yes.

Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act. None required for this research.

Has appropriate care and consideration been given to the dignity, rights and safety of participants? Yes, alongside the survey, we signposted young people to self-referral local support networks.

Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes.

## Collaborative Working

Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? There was not contractual agreement for this research, but our working with partners was clearly agreed in advance of research taking place

Have any potential issues or risks that could arise been mitigated? These are shown below:

Risk factors	Level of risk	Contingency
Cannot access key people to research	low	Going to places where young people congregate

Organisations let you down	medium	Outreach
Question set does not work with group	low	Written by young people for young people
Data is seen as being out of date	low	See above
Not enough respondents	medium	Extend survey time

**Has Healthwatch independence been maintained?** Yes, this research is shared with partner organisations before publication for their comment, but only factual inaccuracy would be reviewed. This does not affect the comments of experiences we receive.

### Quality Controls

**Has a quality assurance process been incorporated into the design?** There was a proper process of scoping and testing.

**Has quality assurance occurred prior to publication?** Data collection was checked and re-checked.

**Has peer review been undertaken?** No peer review was undertaken. It was not required for this research project.

### Conflicts of Interest

**Have any conflicts of interest been accounted for?** No conflict of interest

**Does the research consider intellectual property rights, authorship and acknowledgements as per organisational requirements?** The research is owned by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

**Is the research accessible to the general public?** It appears on our website as of 11 February 2020.

**Are the research findings clearly articulated and accurate?** To the best of our knowledge, we believe they are.

## 5 Further information

If you need any more information or support about mental health issues as a young person, please see this list of contacts below:

### **Croydon Drop-In**

132 Church St, Croydon, CR0 1RF

020 8680 0404 [enquiries@croydondropin.org.uk](mailto:enquiries@croydondropin.org.uk) [www.croydondropin.org.uk/](http://www.croydondropin.org.uk/)

### **Off the Record**

72 Queen's Road, Croydon, CR0 2PR,

020 8251 0251 [info@talkofftherecord.org](mailto:info@talkofftherecord.org) [www.offtherecordcroydon.org/](http://www.offtherecordcroydon.org/)

**Kooth** - Free, safe and anonymous online support for young people

Download the Kooth app or visit website at: <https://www.kooth.com/>

### **Emotional Well-Being & Mental Health Services (ex-CAMHS)**

020 3228 0000 [www.croydon.gov.uk/ewmh](http://www.croydon.gov.uk/ewmh)

**Croydon Improved Access to Psychological Therapies (IAPT) for 18+ (Talking Therapies)**

020 3228 4040 [CroydonIAPT@Slam.nhs.uk](mailto:CroydonIAPT@Slam.nhs.uk)

<https://slam-iapt.nhs.uk/croydon/welcome-to-croydon-iapt/>

### **MIND in Croydon**

26 Pampisford Road Purley CR8 2NE

020 8763 2064 [counselling@mindincroydon.org.uk](mailto:counselling@mindincroydon.org.uk)

<https://www.mindincroydon.org.uk/>

### **Rape Crisis - South London**

0808 802 9999 [info@rasasc.org.uk](mailto:info@rasasc.org.uk) [www.rasasc.org.uk](http://www.rasasc.org.uk)

There are lots of services listed on the Croydon Council website:

- <http://news.croydon.gov.uk/help-and-opportunities/>

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