A Consultation With Young People Around Mental Resilience: What Keeps Young People Emotionally Well in Walsall?

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Consultation Completed By The MindKind Projects

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Executive summary

Public Health Walsall has commissioned this consultation through The MindKind Projects, a Walsall based wellbeing organisation with extensive reach into communities who have worked in partnership with the University of Sheffield. It is based on the perspectives of young people, their parents, carers and professionals who work with young people in Walsall. The consultation has set out to explore the factors that influence and support children and young people's mental wellbeing in Walsall. The Consultation methodology has included questionnaires, one to one interviews, and focus groups to provide a deep representation of the views expressed by participants.

Post pandemic the findings reveal that children and young people are facing a number of challenges and uncertainties. Our findings have highlighted the school transition period as being a pressure point for young people. (it is worth noting this consultation has taken place during both primary and secondary school exam periods.) Uncertainty about the future, and the cost of living crisis adding to feelings of being overwhelmed and depletes emotional resilience. Relationship breakdown both in the family and home and friendships were cited by participants as a key reason for negative emotions. Unsurprisingly connectedness featured in much of the consultation, with participants agreeing the pandemic has exacerbated these issues and led to enduring effects. The need for trusting relationships with professionals, parents, teachers, and peers was pervasive

throughout the consultation. The children and young people also pinpointed a need for local, in community resources and facilities to support mental and emotional wellbeing.

We have seen an increase in the use of social media and technology as a channel for children and young people to connect with friends and access online services, however these tools can also have a negative impact posing a threat to safety and mental wellbeing.

Bullying in school or elsewhere caused concerns for many respondents and often it is linked with body shaming. Based on the knowledge of these threat factors, we proposed a series of action recommendations are summarised below:

Call to action:

- Recommendation 1: Building and maintaining trust between service providers and trusted adults and children and young people is the first step in enabling children and young people to open up and communicate about their mental wellbeing.
- Recommendation 2: Family, friends, and teachers are the primary support network that most children and young people seek help from, particularly parents and friends. It is essential that we promote social connectedness and age-appropriate mental health literacy to dispel stigma, ensure the existence of support networks and enhance the ability of those confided in to effectively support children and young people.
- Recommendation 3: Barriers to engagement and access to services for minority groups should be addressed to reduce health inequality.
- Recommendation 4 - Children and young people need to be guided in how to use social media safely in a manner conducive to supporting mental wellbeing and resilience and more knowledge of and access to appropriate online resources for wellbeing is required.
- Recommendation 5 - Waiting times for some mental health services are a systemic issue that needs to be urgently addressed to ensure children and young people are receiving support at the right time as well as taking a preventive approach.
- Recommendation 6 - There is a need to increase efforts in the area of anti-bullying education and positive self-image and to help children and young people build healthy coping strategies and resilience in terms of bullying and body shaming.
- Recommendation 7 - Peer support and localised knowledge can be utilised to improve the services and take preventative actions to address pressure on core services.
- Recommendation 8 - More locally accessible and inclusive youth clubs are needed to enable children and young people to participate in diverse activities and build a sense of connection to enable resilience.

- Recommendation 9 -Well-connected, multi-agency holistic support for families Is needed to support the emotional and mental wellbeing of Walsall's children and young people.
- Recommendation 10 - A multi-agency approach to increase the future educational, economical, and professional prospects of young people with Walsall will support the emotional resilience of our younger population.
- Recommendation 11 - Increasing Physical Safety and The Feeling of Safety Across Settings Must Be Central To Strategy

Research background

Walsall has an estimated population of 286,700 with approximately 1 in 5 citizens being under 16 (Walsall Council, 2022). This consultation with Walsall citizens between the ages of 10 - 25 was undertaken to gain an understanding of the emotional wellbeing needs of the younger population. This population forms approximately 19% of the overall Walsall population and has been cited as a key priority within the Walsall Joint Local Health & Wellbeing Strategy which also underlines Mental Wellbeing as another key overarching priority (Walsall Council, 2022).

The 2019 Index of Multiple Deprivation ranks Walsall as the 25th most deprived English local authority (out of 317) and Walsall ranks 17th on The Income Deprivation Affecting Children Index (IDACI) which measures the proportion of all children aged 0 to 15 living in income-deprived families. In Walsall 1 in 3 children (29.9%) aged under 16 years are living in low-income families, higher than the national average of 20.1% (HMRC, 2016) This is particularly meaningful given the known links between deprivation and young people's mental health and wellbeing (Visser et al, 2021). There was a total of 1,009 referrals to Walsall Healthcare NHS Trust's School Nursing Service in the Spring term of 2023 alone. This service provides care from reception up to 19 years of age. The most common primary reason for referral was Emotional Health and Wellbeing, with 67.5% of referrals being for this reason (681 referrals). In consideration of the health and education statistics for Walsall being significantly below the national average, there is an urgent need to address the mental wellbeing needs of younger people in Walsall.

This report has acted as an engagement tool to amplify the voice of children, young people, their parents, carers and professionals who work with young people in order to inform future thinking for the young people of Walsall.

Methodology

The project used a quantitatively and qualitatively-driven multiple-method approach to collect data minimising each method's limitations or weaknesses. A case study approach has been taken to enable in-depth insights into the current emotional wellbeing of Walsall's children and young people between the ages of 10 and 25.

MindKind (MK) have utilised questionnaires consisting of a mixture of Likert scaling questions and open answer questions focussed on what negatively and positively impacts participants mental and emotional wellbeing and resilience, experiences with services, the impact of the Covid-19 epidemic and lockdown. Likert scaling questions (in which responses are collected on a 1 - 5 scale, for example 1 = Not all all, 5 = All the time) allows us to understand the frequency of responses and the weighting of such responses. Questionnaires have been completed both online through a link and in person utilising paper based questionnaires distributed through MindKinds community reach and partner organisation. Paper based questionnaires were completed at diverse venues including places of worship, libraries, hospitals and community based sports activities.

One to one semi-structured interviews and focus groups have also been conducted to provide deeper and richer qualitative views . One to one interviews were arranged by approaching young people and families within community settings and reaching out to allied partners within community and statutory sectors. Allied organisations have included, the NHS Walsall Teen Pregnancy Team, local community groups and charities, faith groups and sports clubs such as wrestling and Tai chi. MK has used it's local knowledge and experience with working with young people to engage in settings and areas that are typically viewed as "hard to reach" to ensure the views of those who need access the most but are often "left behind" have been given the opportunity to express their views and inform future thinking.

Focus groups were held within venues such as the community centre settings, Primary school settings and the Transition and Leaving Care Hub in Walsall. Participants were sourced with support from allied professionals and teams such as the NHS School Nurses service, the Transition & Leaving Care Service and the Patient Relations team at Walsall Manor Hospital.

Focus groups were facilitated by The MindKind Projects Lead Mental Health Social Worker. The structure of focus groups was arranged to capture what things negatively and positively impact on participants' wellbeing, experiences with services, the impact of the Covid-19 epidemic and lockdown. Focus groups also consisted of a task in which participants were asked to write a postcard to the 'King of Walsall' focussed on suggestions to improve children and young people's mental and

emotional wellbeing within Walsall. This activity was designed to empower participants to make aspirational suggestions unrestricted by current systemic challenges by evoking a character with unlimited resources and strategic power. This activity was built upon The MindKind Project's work on applying future design thinking to solutions for wellbeing. Data was recorded through audio recordings as well as workbooks.

All participants have been advised and have agreed to their data and answers to be anonymised. Participant permission and parental consents have been collated in accordance with MK'S policies and ethical standards for research of this type.

In order to provide a broad perspective in the context of services delivered and comprehensive insights to this consultation, stakeholder interviews and focus groups were carried out as well as focus groups with parents. Stakeholders included members of the Walsall Healthcare NHS Trust Healthy Child Program and Walsall Allied Healthcare Professionals for NHS Healthcare Trust including school nurses, senior leaders, clinical team leaders, as well as social workers, a social housing youth temporary accommodation worker and a senior CAMHS commissioner. All who participated in this consultation contributed their insights about the challenges children and young people are facing, the challenges the system is facing and recommendations about how to address these challenges to improve children and young people's mental wellbeing in Walsall. Parents also gave their experiences about what challenges their children are facing, how they are trying to support their children, the barriers they face in order to access services, and what needs to be done to support the mental wellbeing of children and young people.

The questionnaire data was imported into excel for analysis. Each question was analysed individually, with the consideration of differences of age, gender, and ethnicity. Focus group and interview recordings were transcribed and imported into NVivo for analysis. The coding was carried out inductively and mainly focused on what impacts and supports children and young people's mental wellbeing. Initial codes were re-categorised into main themes to structure the content of this report.

Participants

The consultation took place between May and July 2023. In total, this consultation involved 192 participants. 160 of these were the young people between the ages of 10 and 25, 16 parents and guardians and 14 stakeholders who work with children and young people in Walsall.

Demographics - Questionnaire

A total of 128 completed questionnaires were collected from children and young people. Questionnaire participants were aged between 10 to 25. Just under 20% were aged 10-11, almost 33% were 12 to 15, almost 34% were 16 to 17 and just over 14% were 18-25. 36.72% of questionnaire participants were males and 63.28% female. Women between the ages of 16 and 24 are almost three times as likely (26%) to experience a common mental health issue as males of the same age (9%). We are aware through experience that male participation in seeking support and taking part in studies of this nature is generally lower.

39.06% of questionnaire participants' stated their ethnicity was White (English, Welsh, Scottish, Northern Irish or British) with 61.04% coming from ethnic minority backgrounds. Asian or Asian British - Pakistani accounted for 35.16% of respondents.

The significant representation of ethnically diverse groups and minority groups is owing to MK'S ability to engage with underrepresented groups within Walsall and their network of allied professionals. 11.72% of questionnaire participants had previously or currently received additional support in school for special educational needs, and 9.38% considered themselves to have a mental health condition.

According to the Indices of Multiple Deprivation (IMD) almost 86% of questionnaire participants lived in the top 20% most deprived areas of England falling into decile 1 and 2 with almost 56% belonging to decile 1.

Demographics - Focus Groups and Semi-Structured Interviews

A total of 41 children and young people took part in semi structured interviews and focus groups. 8 of these participants had previously filled in questionnaires. Participants were aged between 10 to 25. Just under 27% were aged 10 to 11, just over 10% were 12-15, almost 41% were 16 to 17 and just over 22% were 18 to 25. 25% of focus group and semi structured interview participants were males and 75% female. 4.87% of participants identified as having a disability, and 7.3% considered themselves to have a mental health condition.

Just over 50% of focus group and semi structured interview participants identified as White (English, Welsh, Scottish, Northern Irish or British), with just under 50% of participants identifying as being from an ethnic minority background. Just over 34% stated they were from an Asian or British Asian background and just under 15% of respondents identified as Black or Black British or

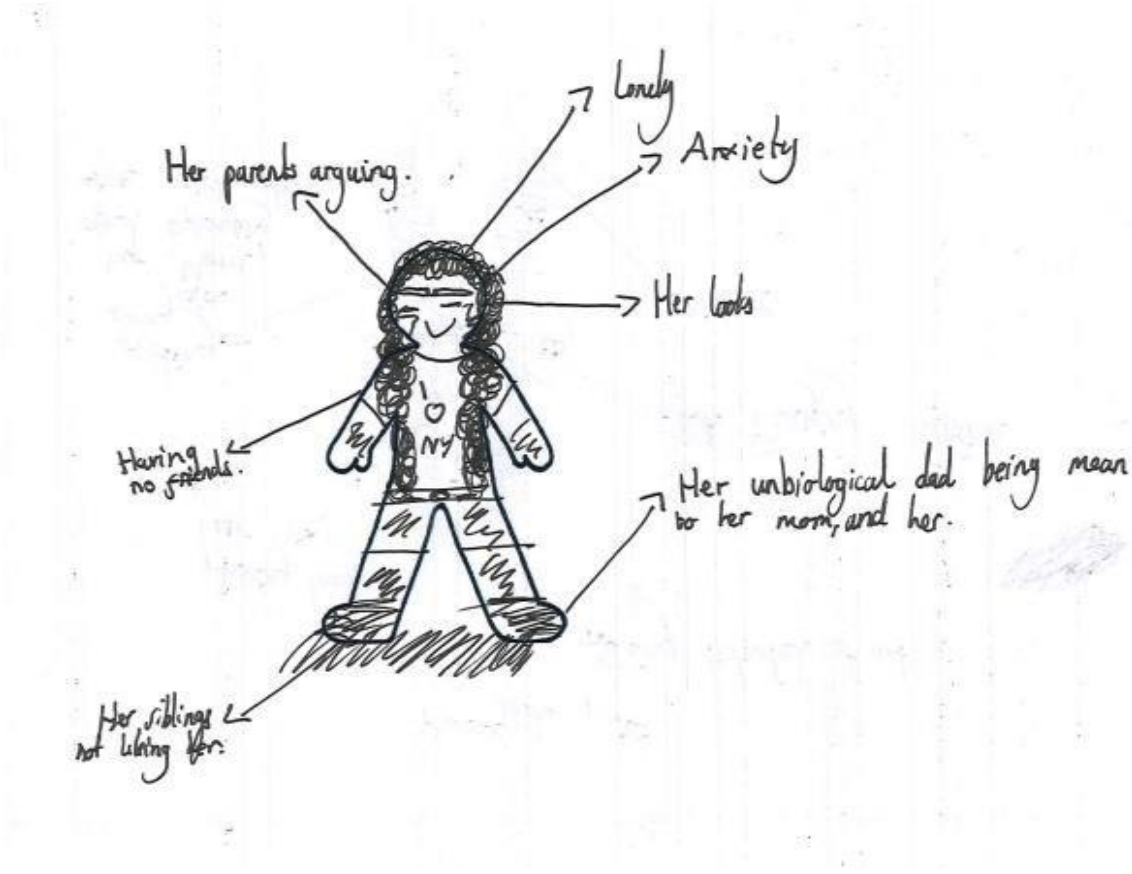
Mixed ethnicity. The representation of participants is reflective of the ethnic diversity across Walsall.

According to the Indices of Multiple Deprivation almost 83% of focus group and semi structured interview participants lived in the top 20% most deprived areas of England falling into decile 1 and 2 with almost 65% belonging to decile 1.

In total 15 parents took part in this consultation across 3 separate focus groups. 33.3% were male and recruited through the MK Father's Peer Support Group. 93.3% of participants lived in the top 20% most deprived areas of England falling into decile 1 and 2. One of the focus groups was translated from Urdu into English by MK's translator for coding.

Consultation Findings

What impacts children and young people's mental wellbeing?



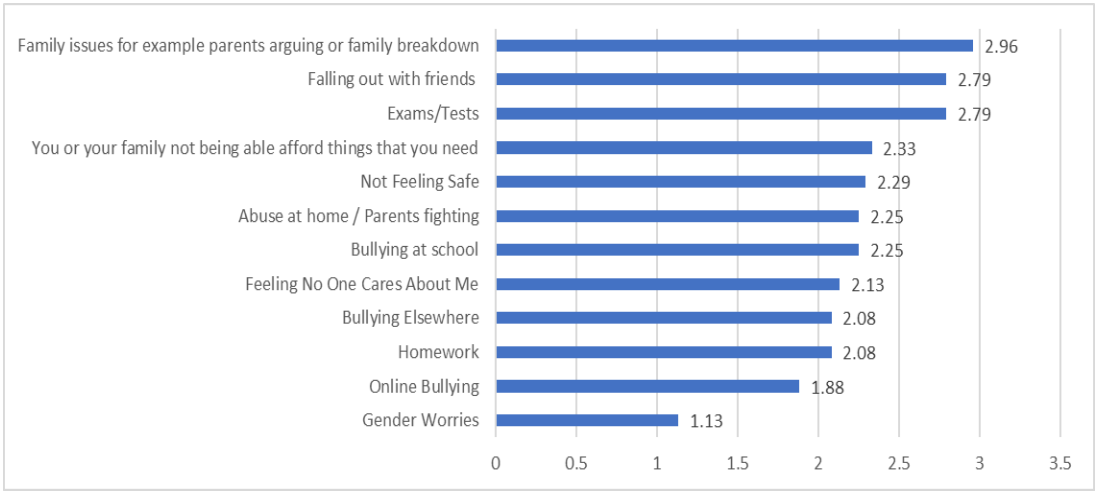
Above: Worksheet Completed by a 11 year old White British female living in Index of Multiple Deprivation Decile 1 area explaining what negatively impacts mental wellbeing.:

The factors affecting the emotional and mental wellbeing of participants changed dependent upon age and circumstance and was evidenced by the average scores given to the Likert scaling question "Tell us about the things that affect your emotional/mental wellbeing and mental health, these are things that might make you feel worried or upset" (1 = Not At All, 5=A Lot) (Figure 1, 2 and 3- pg. 10-13).

Participants between the ages of 12 to 15 years old and 16 to 25 years old expressed that worries about the future - from an educational, employment and more generalised perspective had the strongest detrimental impact on emotional wellbeing and mental health. This was reinforced by findings within the semi structured interviews and workshops explored below including for participants aged 10 to 11.

The quality of interpersonal relationships and connections, bullying, isolation and aspects of wider family life are also evidenced as impacting the emotional wellbeing of participants. This highlights the need for healthy relationships with family, friends and peers as essential support networks for positive emotional wellbeing and mental resilience from the perspective of CYP who took part. Again, this is also reflected in answers given in workshops and semi-structured interviews.

Additionally, the inability to afford necessary items also emerged as a key issue, stemming from the strain of rising living costs. This financial strain significantly impacts the mental well-being of children and young people.



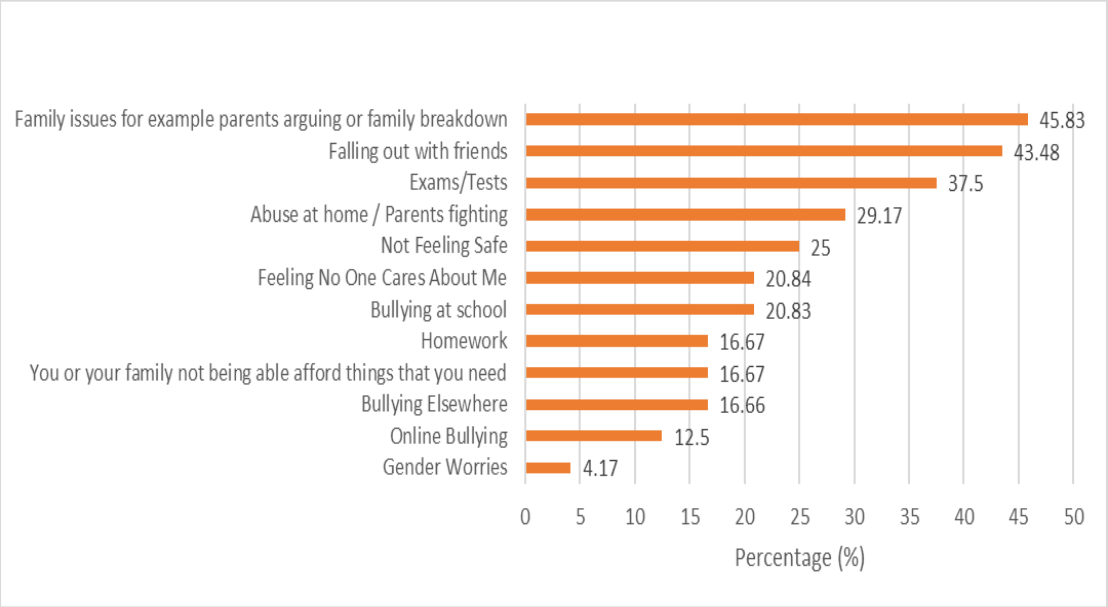
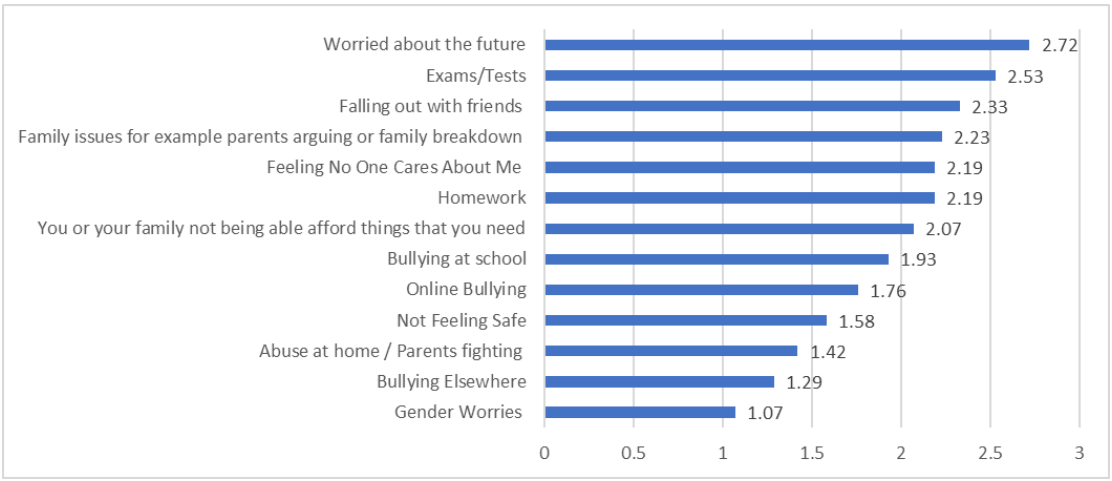


Figure 1 Above - Average answers given by 10 - 11 year olds to the Likert Scaling questionnaire question (1 = Not at all. 5 = A lot) "Tell us about the things that affect your mental/emotional wellbeing and mental health, these are things that might make you feel worried or upset", Below - Percentage of these participants that selected 'A Lot' or 'Quite A Lot' to the same question.



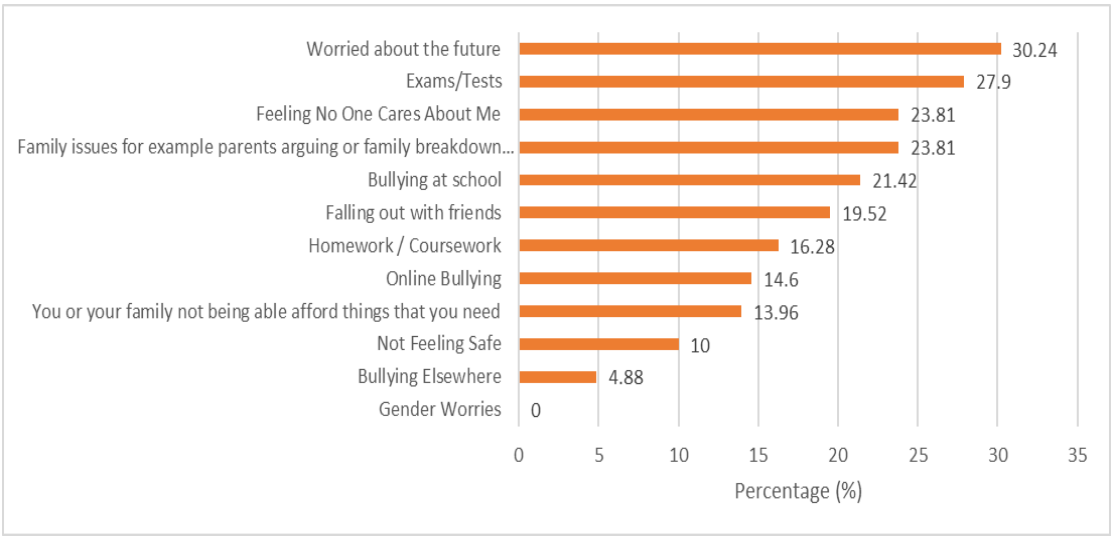
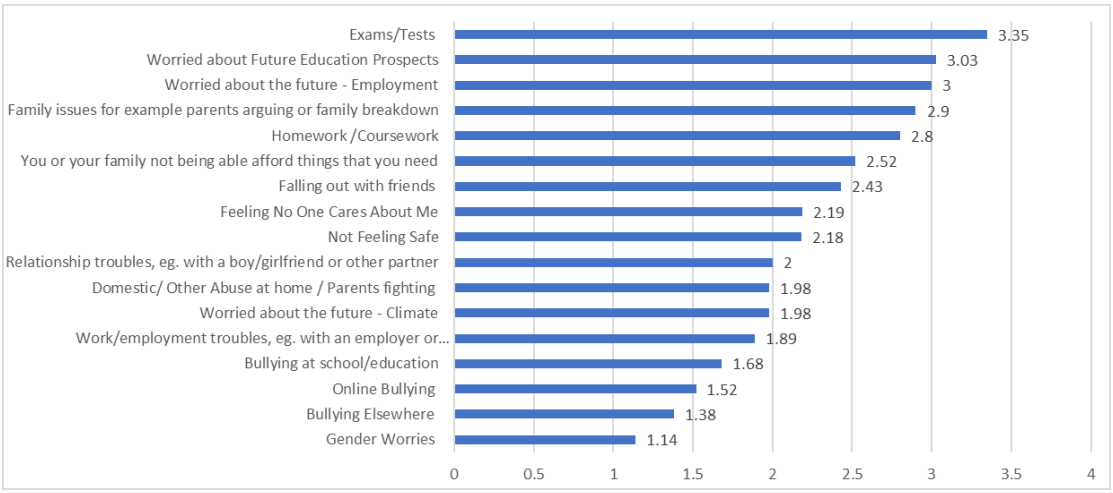


Figure 2 Above - Average answers given by 12 - 15 year olds to the Likert Scaling questionnaire question (1 = Not at all. 5 = A lot) “Tell us about the things that affect your mental/emotional wellbeing and mental health, these are things that might make you feel worried or upset”, Below - Percentage of these participants that selected ‘A Lot’ or ‘Quite A Lot’ to the same question.



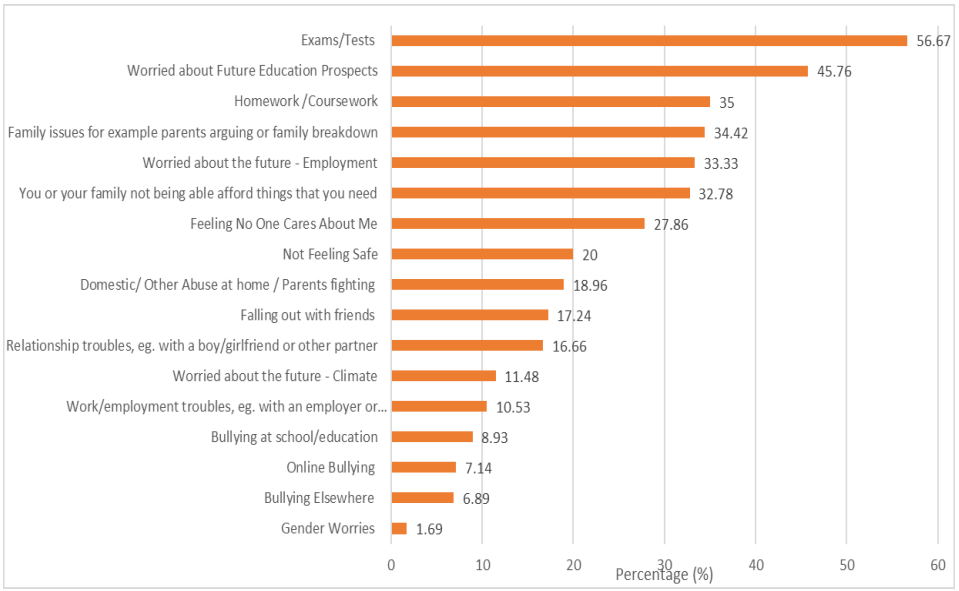


Figure 3 Above - Average answers given by 16 - 25 year olds to the Likert Scaling questionnaire question (1 = Not at all. 5 = A lot) "Tell us about the things that affect your mental/emotional wellbeing and mental health, these are things that might make you feel worried or upset", Below - Percentage of these participants that selected 'A Lot' or 'Quite A Lot' to the same question.

Anxiety About The Future- Education, Housing and Employment

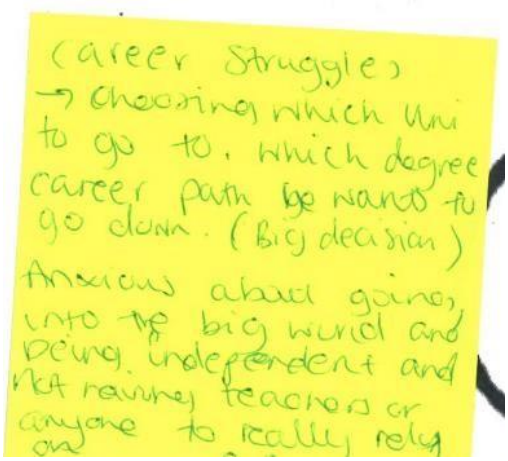
As evidenced in Figures 1 to 3 (pg. 11 - 13) and Figures 4 to 7 (pg. 14 - 15) many participants in both the questionnaire and semi structured interviews and workshops discussed worries about their futures having a strong detrimental negative impact upon emotional wellbeing. The impact of worrying about the future is evidenced across age brackets demonstrating that uncertainty about the future is felt not only by those transitioning from childhood into young adulthood but also younger participants. However, some of the factors with the strongest negative impact on

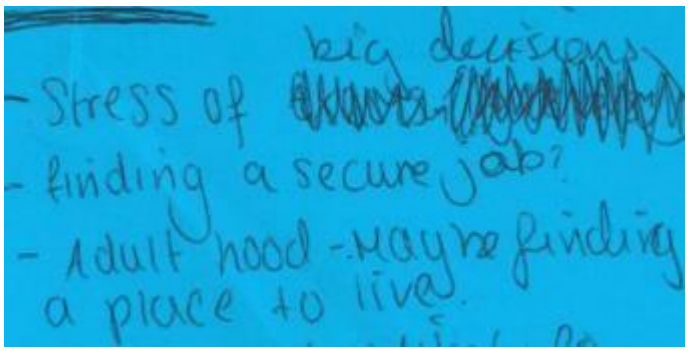
emotional wellbeing across all ages groups was the impact exam stress and future educational and employment prospects had on 16 to 25 year old young people within Walsall.

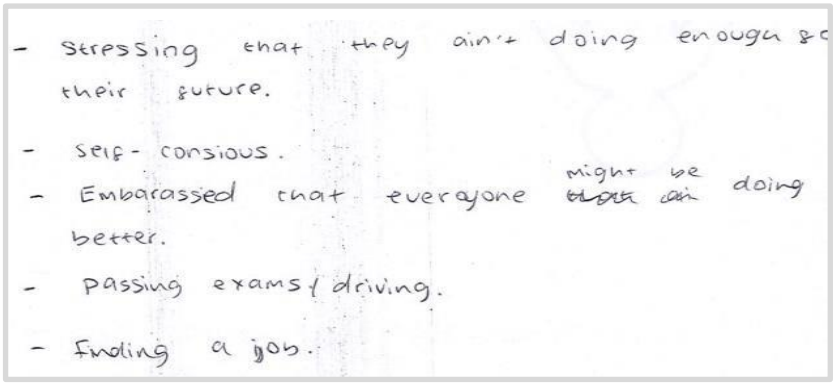
Around 56% of questionnaire respondents within the 16 to 25 age bracket felt that exam stress had impacted emotional wellbeing considerably with 1/3rd of questionnaire respondents stating it had negatively impacted their wellbeing 'a lot'. Approximately 44% of respondents within the same age group reported significant impact on emotional wellbeing from educational concerns (as indicated by selecting 'quite a lot' or 'a lot' for this question), whilst roughly 33% cited similar levels of impact from worries about future employment.

Educational concerns were expanded upon within our focus groups and semi-structured interviews. Many individuals cited exam-related stress and the pressure to meet their educational goals as their primary sources of educational stress. A significant number of participants also mentioned the challenges associated with securing suitable work placements for their courses. In the context of high unemployment and low educational attainment rates within Walsall these findings are in line with calls to actions to provide preventative capacity building and resilience tools to enable young people to take up opportunities as a health protective factor. Additionally, the report addresses the effects of Covid-19 restrictions on education in a dedicated section.

Across the focus groups and semi structured interviews concerns around social factors associated with adulthood were seen as wider sources of a detrimental impact upon participants emotional wellbeing. Concerns around job opportunities and career prospects, appropriate housing opportunities, exam worries linked to future prospects and educational attainment were all expressed and this may be linked to perceived poorer prospects for Walsall residents (figure 7, pg15)







Focus group participants' answers to what they feel does/will negatively impact the wellbeing of 16 to 25 year olds in Walsall. (Figure 4 - Left - 17 year old Pakistani British female. VCSE Focus Group) (Figure 5 - Right - 14 year old Pakistani-British female) (Figure 6 - Below - 17 year old Pakistani British Female. Hospital Focus Group)

> *"When we were younger and you would ask a child what they wanted to be you would have all of these big dreams. When you are at an age when you are actually picking a career you want to go down that shouldn't change. You should feel confident enough to say actually, yeah, I want to be an astronaut, I want to fix cancer…we shouldn't be restricted. Kids that live in areas like Walsall the world should be open to them. Being from Walsall hinders your opportunities and this impacts your wellbeing"*

Figure 7- A quote from a semi structured interview conducted with a 16 year old Pakistani British girl.

Whilst this generalised worry about the future was expressed across demographics some participants advised that their concerns about the future were compounded by experiences linked to health and wellbeing inequalities. All of the care experienced young people interviewed expressed frustration with unsuitable housing options upon leaving care and a lack of ability to learn adult 'life skills' due to their upbringing.

> *"We would like lessons and help with housing such as how to pay bills (and) get wifi"*
>
> - 19 year old Mixed Heritage - Black African/White Male Care Leaver

Another participant advised having a baby at 15 increased her emotional resilience as it gave her purpose, however the *only* thing that she felt impacted her emotional wellbeing is the waiting lists for suitable housing options and concerns about how to run a house, a skill she feels she hasn't learnt due to inappropriate examples within the family home.

> *"Because (I've been) on the waiting list for a house since 15 I've had to live with my mom who has mental health. I need independence as a mom…I've had no support with housing…or how to live (in) or maintain a house."*

- 19 year old mother - Other Mixed Heritage

Acute pressures felt by wider society such as the housing crisis having an impact on the emotional wellbeing of children and young people in Walsall was also evidenced in the fact that "You or your family not being able afford things that you need" was determined as impacting wellbeing 'A Lot' or 'Quite A Lot' by 16.67% of 10 to 11 year olds, 13.96% of 12 to 15 year olds and 32.78% of 16 to 25 year olds. Demonstrating a correlation between the current cost of living crisis felt by wider society and the emotional wellbeing of questionnaire respondents and that acute financial pressures within the family home are felt more by young people aged 16 to 25, with the percentage of those impacted almost doubling compared to younger peers. (Figures 1- 3 pg pg. 11 - 13).

Interpersonal Relationships - Family and Friend Disharmony and Turmoil

Family, Carers and Guardians

The quantitative and qualitative data gained from the consultation questionnaires, focus groups and semi-structured interviews underscore that when children and young people grapple with emotional distress, the majority tend to confide in their family members and friends (discussed in 'Who Do Children and Young People Speak To?' below). Whilst strong family support can act as a protective factor, instability and pressures at home can also have a negative impact on emotional wellbeing (Figures 1 to 3 pg.11-13). "Family issues for example parents arguing or family breakdown" was placed highly for all participants. For participants between the ages of 10 and 11 these family issues had the biggest impact on their emotional wellbeing with just under 46% of 10 to 11 year old participants stating that these family issues impacted their emotional wellbeing 'quite a lot' or 'a lot.' whilst those aged 12 to 15 and 16 to 25 ranked this factor as having the fourth biggest impact on emotional wellbeing.

A number of participants across from our questionnaires, semi structured interviews and focus groups also mentioned that support for their wider family would also in turn support their own emotional wellbeing with financial, mental health and emotional support for families members all being touched upon.

All of the care experienced participants interviewed expressed that for them their experiences with some foster families felt an additional negative impact on their emotional wellbeing as they were unable to foster the strong familial connections needed to act as protective factors and were treated differently to foster siblings.

"...they didn't want me to be seen with them…family days out I would walk behind them…"

- 18 year old Mixed Heritage Black African/White British Female Care Leaver

"...certain things I couldn't do or have that my foster brothers could…certain food I couldn't have." - 19 year old White British Female Care Leaver

A number of participants also mentioned how they have been negatively impacted due to the death of a friend or loved one. Experiences differed with some participants explaining that support from parents and teachers had acted as a protective factor however 2/3rds of care experienced participants had mentioned that the emotional impact of the deaths of biological family members was exacerbated by not being able to go to the funeral due to care arrangements and uncaring and unsupportive foster parents.

Worryingly a number of participants stated that "Feeling Like No One Cares" had a big impact on their wellbeing, demonstrating the impact that isolation and neglect can have on children and young people's mental health and wellbeing. Just over a quarter of 16 to 25 year olds, just under a quarter of 12 to 15 year olds and just over 20% of 10 and 11 year olds stated that this feeling of no one caring had a big impact on their wellbeing (as indicated by selecting 'quite a lot or 'a lot' for this question). The steady rise in impact is also worth noting, pointing towards this feeling of isolation increasing for some as they continue along the life course.

Friends and Peers

The ramifications of the breakdown in friendships are profound on the mental wellbeing of children and young people. For younger participants between the ages of 10 and 11 'falling out with friends' had the 2nd biggest impact on their emotional wellbeing with 43% of this cohort stating that these interpersonal issues between friends impacted their wellbeing 'quite a lot' or 'a lot'. Results for the same question for those aged 12-15 placed this as the 3rd biggest impact on wellbeing and the 8th biggest impact for those aged 16 - 25. (Figures 2 and 3, pg.12 - 13). However it is worth noting that the average Likert scoring for both cohorts is similar (2.33 for those aged 12 to 15, 2.43 for 16 to 25) and just over 17% of 16 to 25 year olds and just under 20% of 12 to 15 year olds felt that falling out with friends impacted wellbeing 'a lot' or 'quite a lot'. This points towards older participants being impacted to a similar extent by disharmony with friends as our younger population but with additional concerns around family life, education, employment and the future in general having a larger impact on wellbeing as succinctly demonstrated in the below quote.

"Year 7,8,9 it is all about fitting in, Year 11 and beyond it is exams and other stress that takes over"

-Semi structured interview with 17 year old Pakistani-British female

Another concern raised across consultation mediums is that falling out with friends can trigger feelings of isolation and prompt abrupt shifts in habitual activities that formerly contributed to their mental wellbeing.

> *"The main one for me the last couple years has been about falling out with our friends…I used to go to the gym quite a lot with him. Yeah. And a bit of an argument like fell out and just been really unmotivated to go."*
>
> -Semi structured interview with 17 year old Pakistani-British female

Bullying

Our findings demonstrate children and young people have increased worries around traditional transition periods along the life course. The transition period from Year 6 to Year 7 is an obvious and arguably self-explanatory point in the life course in which emotional wellbeing is potentially compromised due to uncertainty and worries linked with going to high school. All of the 15 Year 6 pupils that took part in a focus group within a primary school advised that transitioning into secondary school was a source of worry primarily due to concerns around bullying. Further to this all of the questionnaire participants currently in Year 6 that were asked to take part in follow on semi structured interviews advised that moving to secondary school caused them to worry about the future. Older participants also reflected on this period as particularly difficult due to concerns around bullying.

> *"High school worries me…bullying, getting lost in the school…at school we are doing a lesson about transition and what it will be like and that is a good idea"* -Year 6 white British male

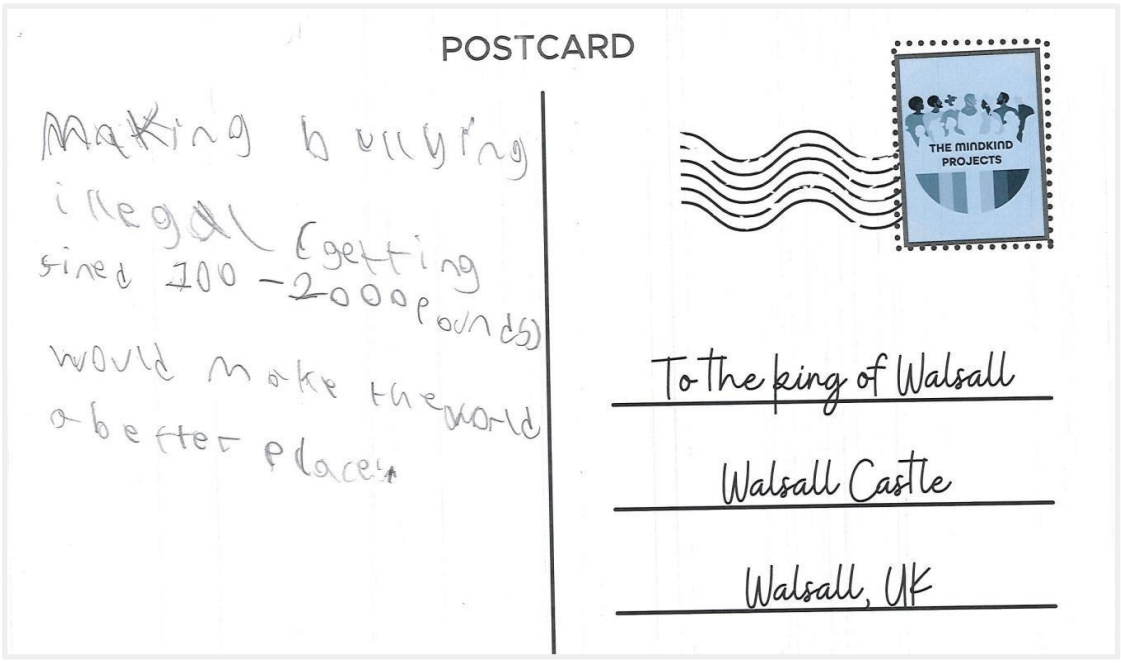


Figure 8 - Answer to the 'King Of Walsall' activity - 11 year old Black British Male

Poor Body Image and Body Shaming

Many younger participants linked bullying concerns to their appearance. Across focus groups and interviews younger participants spoke of body shaming by peers as having a strong negative impact on emotional wellbeing. Within focus groups younger participants were obviously mindful of body image, evidenced by the fact that many detailed body shaming, negative selfimage and eating disorders were identified as impacting the emotional wellbeing of children and young people (Figures 9, 10, pg.19 - 20) and one participant suggested a website that offers compliments to counteract negative body image and its impact on young people's wellbeing. Whilst negative body image was predominantly mentioned by female participants it was also mentioned by one male as impacting his wellbeing.

"Being called a bag of bones and skinny (impacts my wellbeing)"

- Male, White British, 11 year old Focus Group participant
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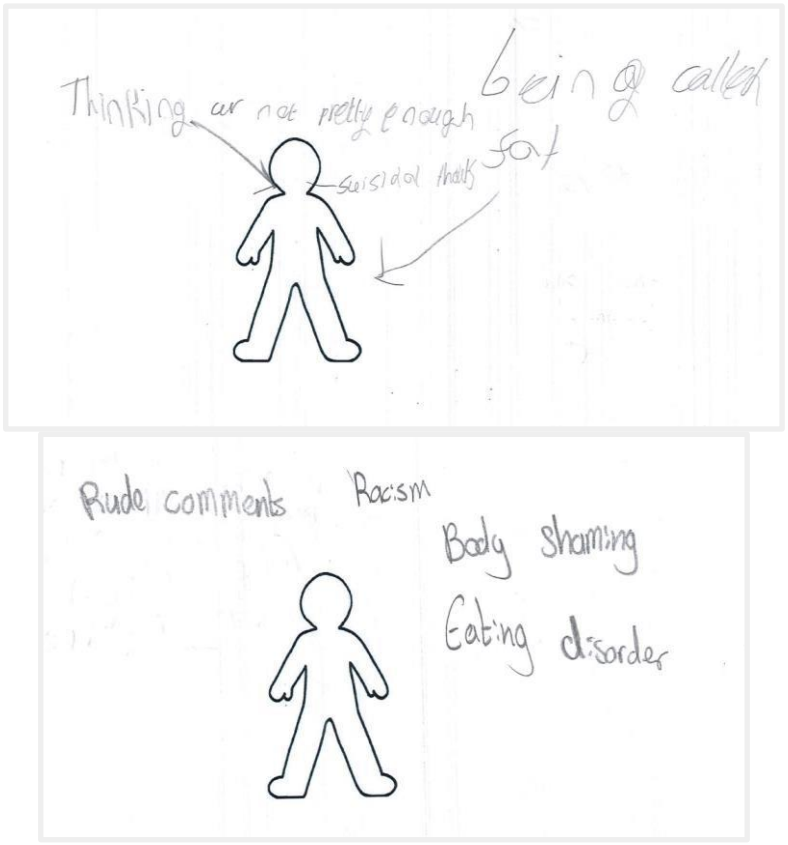


Figure 9- Answers to the question 'What negatively impacts a young person's wellbeing' by younger participants often mentioned body image. Answers given by two different 11 year old white British females.

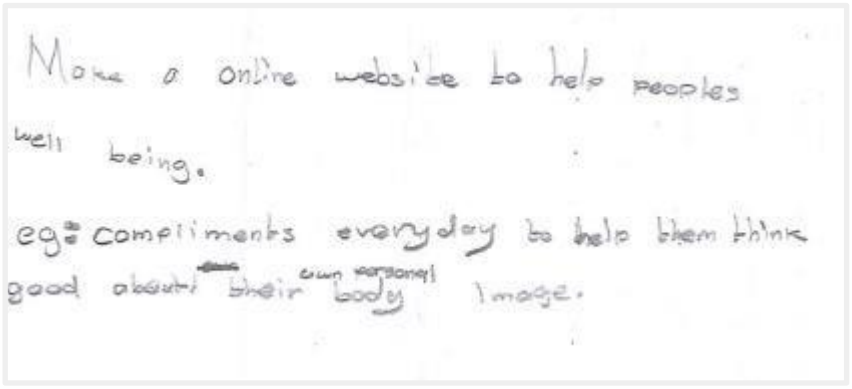


Figure 10- Participant suggested a website that offers compliments to counteract negative body image - 11 year old black British female.

Social Media

For older participants poor body image was less linked to overt bullying and name calling and more an internalised feeling that often led to negative self-talk and self-harming often encouraged by social media. Participants across demographics noted the potentially negative impact that social media can have on children and young people's wellbeing.

"I believe social media is a plague to society .TikTok makes mothers neglect their kids." -Male, 16, Asian or Asian British - Indian

Across stakeholders, parents and young people's consultation activities social media was mentioned as a having a negative impact on emotional wellbeing due in part to the 'compare-ism' that it invokes in which children and young people (as well as adults) compare themselves to how others look and the idealised images presented online and what others have and this has a negative image on wellbeing.

"Social media is very influential on mental wellbeing… People's opinions and bodies…It pressures kids my age that we have to have to look like that or we have to have certain beliefs…Instagram is a big one and Tiktok… they are just for influencing."

-17 year old British Pakistani female

Within stakeholder and parent focus groups social media was also seen as a potential risk for children and young people's emotional wellbeing because it potentially moved children away from other, more healthy activities that could potentially support emotional and mental wellbeing and towards unhealthy coping mechanisms such as self-harm and normalising other unhealthy behaviours such as drug taking.

"...definitely there should be more services whether that is online, in schools or mosques. However, the issue is are the kids willing to use them because as soon as they have a phone in their hand they far too concerned with social media like Tik Tok instead"

-Pakistani British mother of 2 (translated from Urdu)

However whilst some children and young people consulted mentioned the potential risk factor of social media many mentioned that it was in fact a source of positive emotional wellbeing through accessing resources such as meditation videos and mental wellbeing literacy videos. The online places that participants mostly used are Tiktok, Snapchat, YouTube, Instagram, and WhatsApp. It is worth noting although digital literacy is lower in Walsall compared to the national average no participants raised any barriers to accessing online resources although a stakeholder mentioned that getting Wi-Fi data packs out to young people can sometimes be difficult and this is made worse by the cost of living crisis, leaving some digitally excluded.

Not Feeling Safe - Knife Crime

Safety concerns in Walsall were raised in multiple focus groups and questionnaire submissions, particularly by older participants. 20% of respondents aged 16 and over marked "Lots" or "Quite a lot" on the relevant Likert scaling question (Figure 3, pg13), indicating that safety concerns had a

significant impact on their emotional wellbeing and many participants felt that increasing safety within their community would support positive mental wellbeing.

The rising knife crimes within Walsall was mentioned within 2 focus groups as a leading cause of these safety fears and young people have suggested that looking at the knife crime through the lens of emotional wellbeing may support it's reduction (Figure 11, pg22).

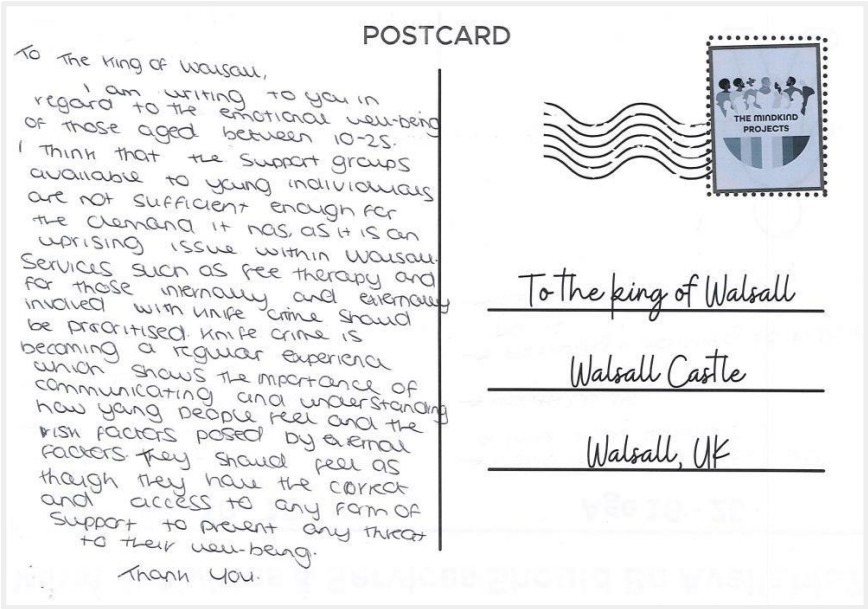


Figure 11 -King of Walsall focus group activity submission - 18 year old Mixed Black Caribbean/White Female

The Impact of Covid-19

Examination of the questionnaire data reveals a considerable proportion of respondents, both those aged 10 to 15 and those aged 16 and above, reporting being affected to widely varying degrees. Notably, more than 35% of participants in both age groups indicated substantial impact, as indicated by the "Lots" and "Quite a bit" options. There are more participants aged 16 and over being slightly impacted with the percentage over 40%, and about 35% of participants aged between 10 to 15 not being affected.

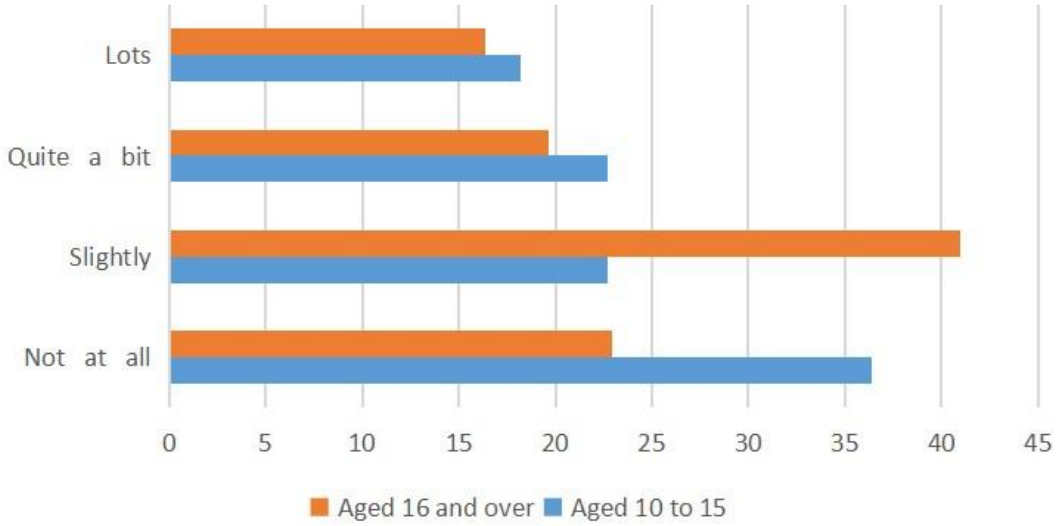


Figure 12 Percentage of participants feeling if their emotional wellbeing was negatively impacted by Covid

A number of participants expressed that they experienced increased quality time with their families, appreciated time at home and a heightened appreciation for relationships during the lockdown period.

"I was quite happy to be honest got to stay at home and got to learn new skills. " -18 year old Pakistani female questionnaire participant

However, the prevailing sentiment amongst many was that the pandemic induced a profound sense of isolation and anxiety. Some participants expressed that they were afraid that they themselves or loved ones would catch Covid and some participants advised that they had lost friends and family members.

"I was just afraid that when I had covid my family (e)specially my grandparents would catch it"

"Fear of death and feeling lonely in isolation "

-Responses to the questionnaire open question 'Please tell us what was it that affected your emotional wellbeing/made you feel sad/or happy?' Above - 11 year old Pakistani British female. Below - 16 year old Bangladeshi British male

Isolation, stemming from the inability to meet with friends, emerged as a significant contributor to the mental well-being challenges faced by children and young individuals and the protective factor of support networks.

"It had a bad impact on my wellbeing because I couldn't go out and didn't have any possible connection with my friends."

- 11 year old Black British female focus group participant

Another impact on children and young people is the effect it had on educational studies, with many participants falling behind, leading to anxiety. Particularly impacted were those looking towards GCSEs and beyond into young adulthood.

"It really affected my daughter in regard to her studies in a negative way, she enjoys her schoolwork and felt like she was falling behind & may fail in her exams. She is still stressing over these exams now. "

- Parents Stakeholder Focus Group Participant - Pakistani British mother of 2 (Translated from Urdu)

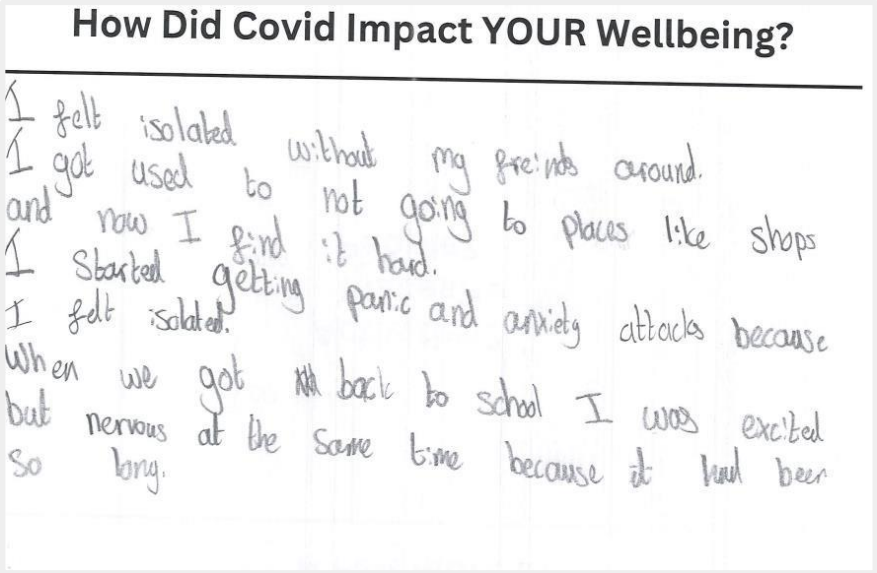


Figure 13 - Focus Group Participant, Female White British Age 11.

The disruptions caused by the pandemic extended to the daily routines of participants. Participants' daily routines were disrupted as they were unable to do 'normal' things such as go to the gym, see friends and take holidays and then felt less motivated as a result. These mental wellbeing issues weighed on our children and young people and depleted their resilience. The difficulties were markedly amplified for those necessitating services, such as meeting with social workers or undergoing foster placement changes, as the restrictions imposed by the pandemic posed significant hurdles.

"I was in a placement that I didn't want to be in. Because of COVID and there were no other foster placements I could go into. I was stuck in a house with people I didn't like. "

- 19 year old White British Care Experienced Female

In the aftermath of the pandemic, children and young people's anxiety still lingered, some presented as afraid not to be able to go to school or college, whereas others presented as anxiety of meeting new people, delay in developing new social skills, and school refusal. Many participants mentioned that they feel the repercussions of Covid 19 and that the impact that it had on their emotional wellbeing lingers.

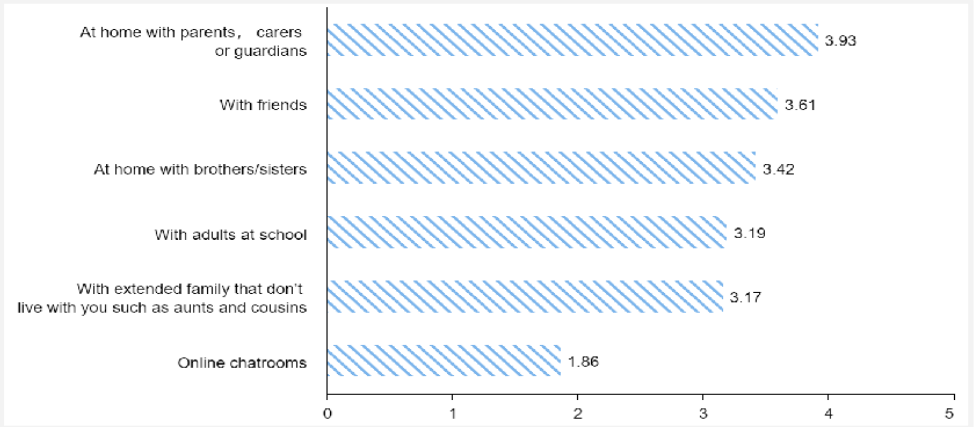
> *"I felt isolated without my friends around. I got used to not going out to places like shops and now I find it hard. I started getting panic and anxiety attacks because I felt isolated. When we got back to school I was excited but nervous at the same time because it had been so long*
>
> *-11 year old. White British Female*

> "Covid forced isolation cut me off from any support and deteriorated my mental health to point of collapse pushing me in to heavier depression, losing a relationship, suicidal tendency's (sic) and alcoholism."

- 24 year old White British Male,

Who do children and young people speak to?

The results from the questionnaire prompt 'How open/able are you to talk about your emotional wellbeing with… ' demonstrates that for the majority of children and young people are mostly comfortable talking about their emotional wellbeing with parents, carers, or guardians, friends, and siblings and partners for those 16 and above (Figures 14 and 15, pg. 25-26).



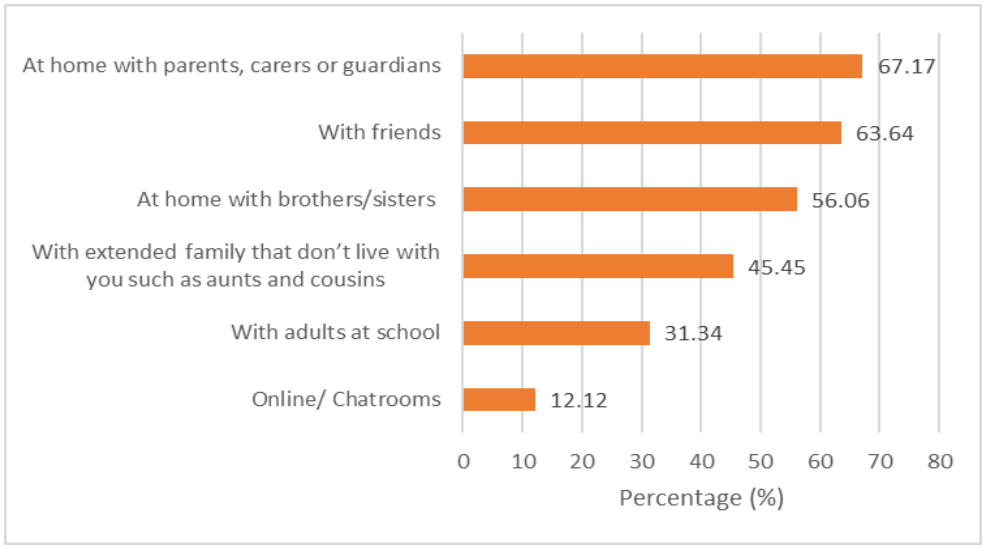
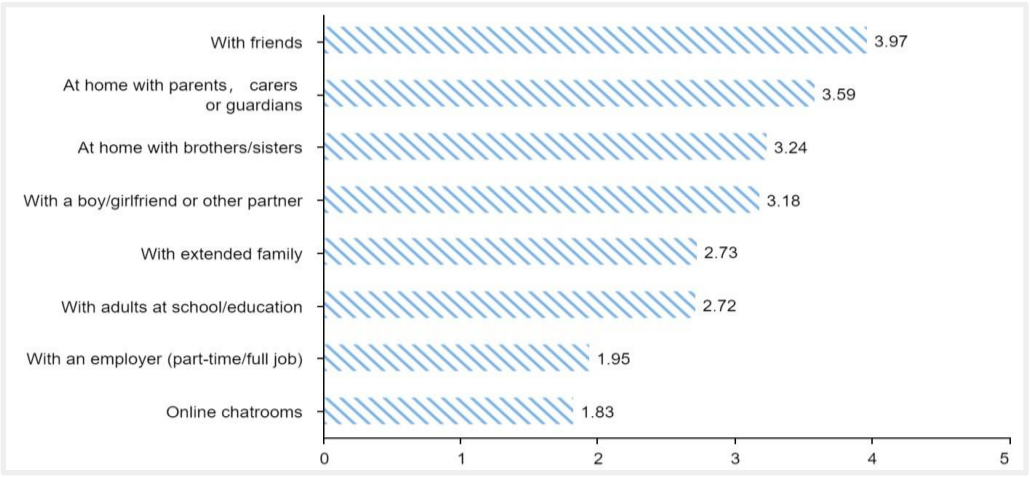


Figure 14 Above - Likert scaling Averages for question "How open/able are you to talk about your emotional well-being and mental health with", age 10 to 15 . Below -Percentage of these participants that selected 'I am Open/Able' or 'I am Very Open and Able'' to the same question.



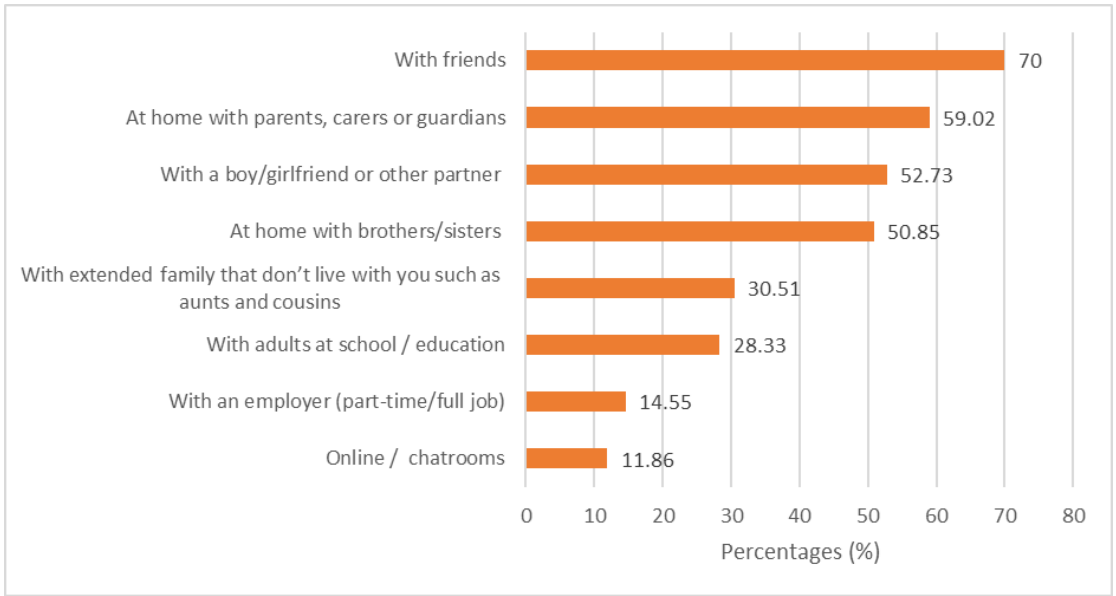
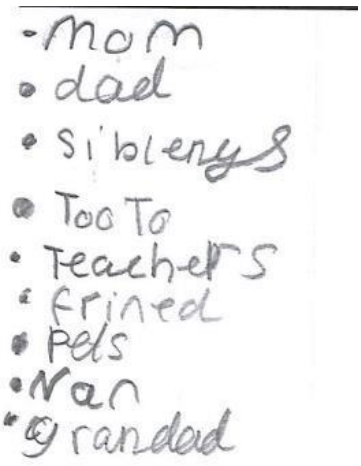


Figure 15 Above - Likert scaling Averages for question "How open/able are you to talk about your emotional well-being and mental health with", age16 to 25 . Below -Percentage of these participants that selected 'I am Open/Able' or 'I am Very Open and Able'' to the same question.

These findings were also supported by responses from most participants in the focus groups and semi-structured interviews who stated that they felt most comfortable talking to friends and family members amongst others.



- Figure 16 - Worksheet response to the question "Who can they (child and young person) speak to (about emotional wellbeing and worries)? - 11 year old Black Caribbean British male

It's worth noting that ethnicity and age has a big impact on how comfortable and open participants are with talking with their parents, carers or guardians about their emotional wellbeing. As the data in Table 1 demonstrates the number of participants from ethnic minority backgrounds who are either open or very open to talking about emotional wellbeing to parents, carers, or guardians decreases considerably between the ages of 10 to 15 to the ages of 16 to 25. Interestingly the inverse of this is true for white participants, who become more open to speaking with parents, carers and guardians about emotional wellbeing. Concerningly 16 to 25 year olds are 35.67% less open to talking to parents, carers and guardians than their white counterparts.

Table 1. Number and percentage of participants are open or very open to talking about emotional wellbeing to parents, carers, or guardians

Ethnicity	**Age**	**Number**	**Percentage**
White	10 to 15	18 out of 28	64.29%
Ethnic minority backgrounds	10 to 15	27 out of 39	69.23%

White	16 and over	18 out of 22	81.82%
Ethnic minority backgrounds	16 and over	18 out of 39	46.15%

In order to understand the full impact of this data on the wellbeing of 16 to 25 year olds from ethnic minority backgrounds within Walsall it is worth noting that this cohort are less open or very open to speaking to any of the eight options given other than with siblings at home in which they are significantly more open than their white counterparts and with adults in an educational setting in which they are only slightly more open than their white peers of a similar age.

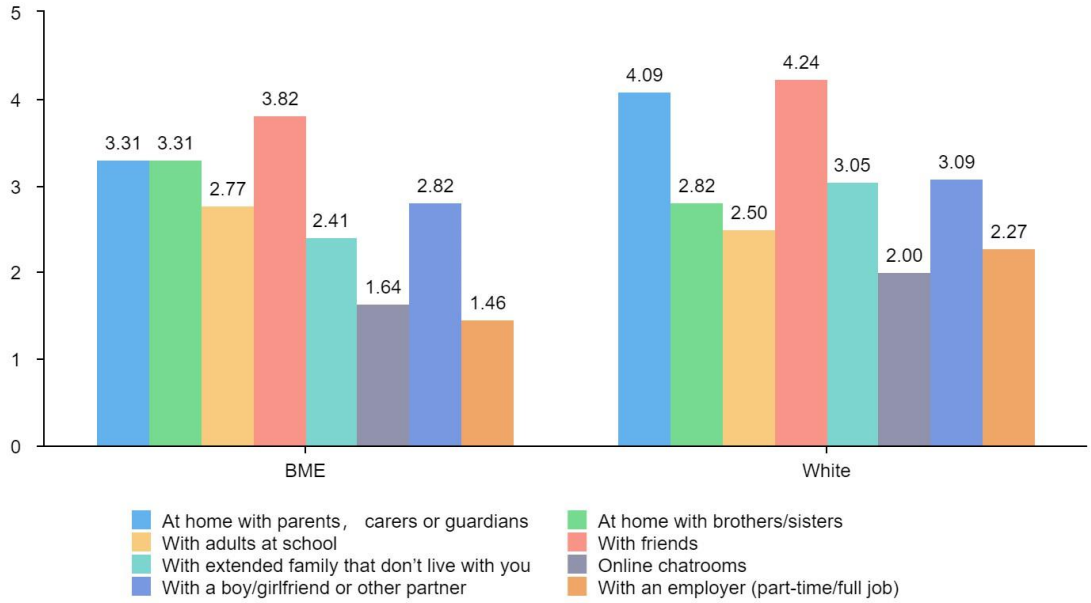


Figure 17 - A bar chart showing White British and Ethnic Minority Backgrounds 16 - 25 year old participants answers to the Linkert scaling question 1-5 question (1 - Not at all, 5 – Very Open) 'How open/able are you to talk about your emotional well-being and mental health in the following places'

In regard to what are the people, services and professionals that children and young people *have* spoken to that support their emotional wellbeing, the results from participants who aged between 10 to 15 years old showed that family still stands as the first options, followed by teachers or lectures, wellbeing officers, safeguarding officers, and doctors. Participants over 16 years of age had the same results as above, with a slightly higher response rate in CAMHs. The cumulative percentage of these options exceeds 80% (Figure 18, pg29). Under the option "other", respondents often referred to school nurses.

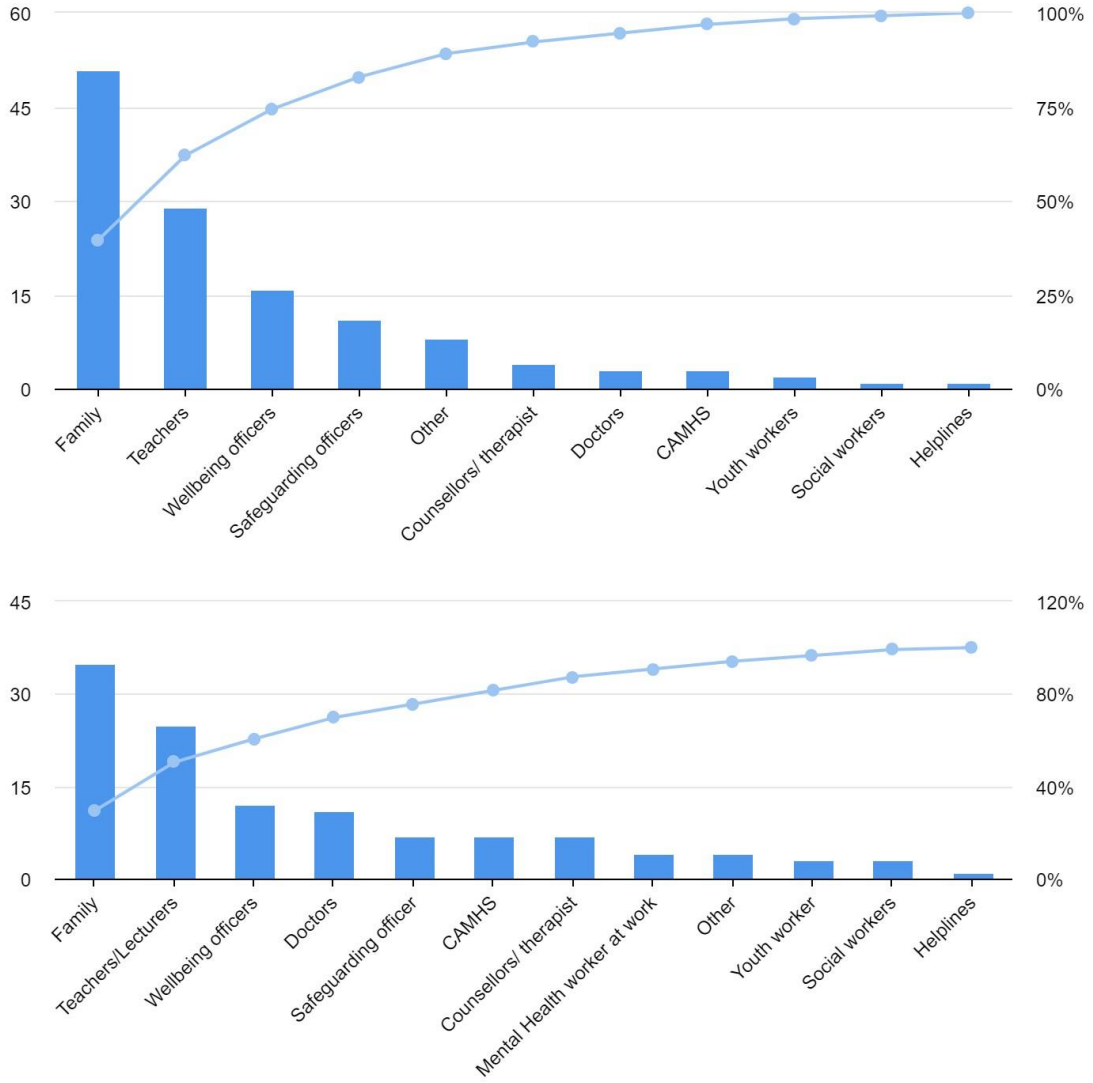


Figure 18 Pareto chart for question "There are people, services and professionals who support young people with their emotional well-being, please tick all the ones you HAVE spoken to", age 10 to 15 (above), age 16-25 (below)

When the question becomes what are the people, services, and professionals that children and young people would talk to or would be able to help, family and teachers still act as a primary source for children and young people aged between 10 to 15 seeking help (Figure 19, pg30). These are followed by wellbeing officers, safeguarding officers, and counsellors. It is worth noting that more participants aged 16 and over may be more open to counsellors, doctors, and youth workers, as more of them think they would be able to help, than the age group of 10 to 15.

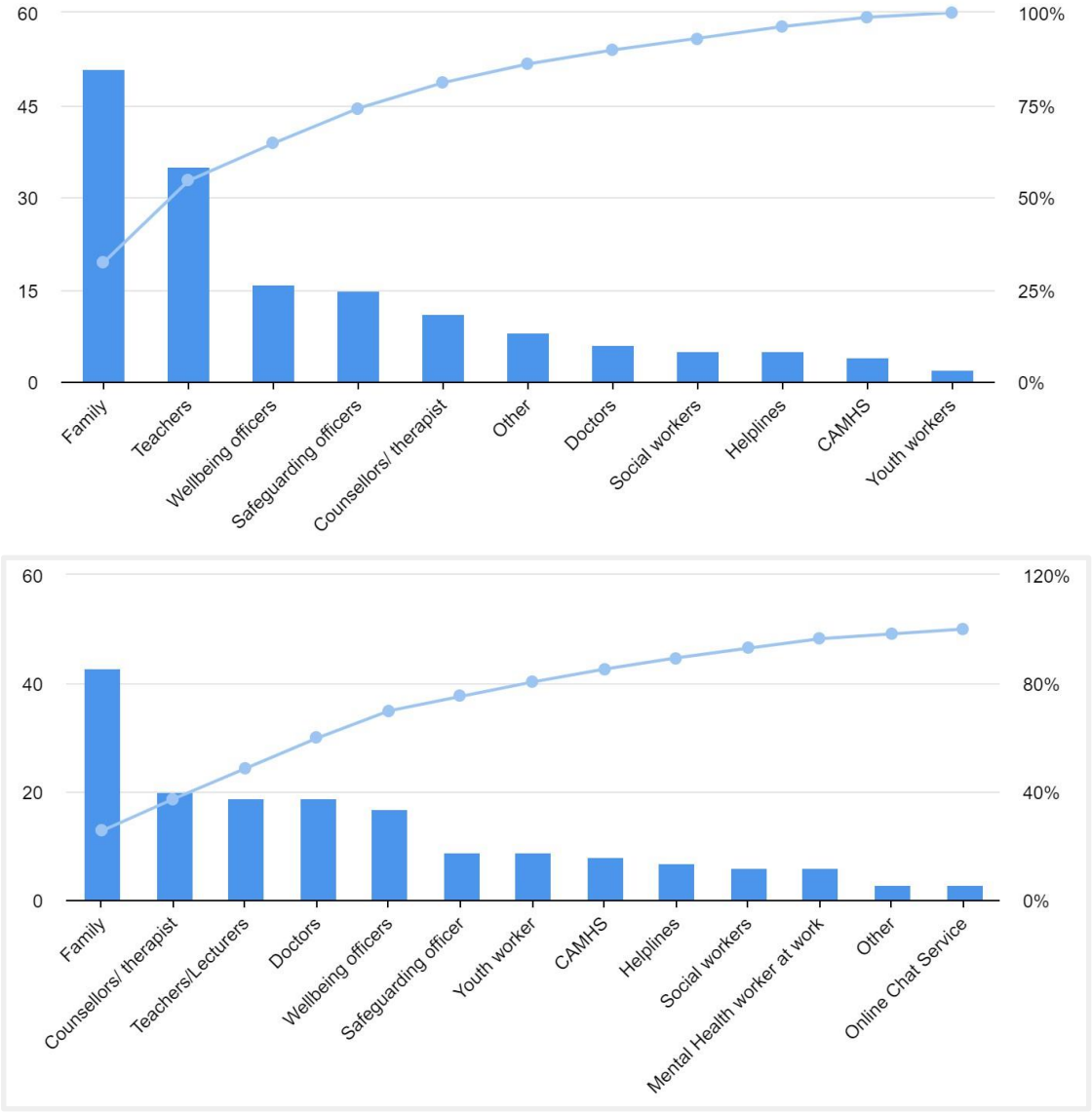


Figure 19 Pareto chart for question "There are services and professionals who support young people with their emotional well-being, please tick all the ones who you WOULD talk to about your wellbeing/ you THINK they would be able to help", age 10 to 15 (above), age 16+ (below)

Again when considering what professionals Walsall children and young people may engage with for emotional wellbeing support it is worth looking at the data through different demographic lenses to ensure the social determinants of health and wellbeing inequality are considered. First if we consider the gender of our respondents at age 10 to 15 males were less likely to feel that they would engage with any of the professionals listed and that they would be able to help (including school nurses who make up the majority of suggestions under 'other'). (Figure 20 pg.31) The only exceptions to this are social workers where female respondents were 82% less likely to engage with and feel that social workers would help than their male counterparts. Worth noting is that over a

quarter of female respondents between the age of 10 to 15 felt that a counsellor or CAMHS worker would help and they would speak to them (these options were split to ensure respondents had an option to pick if they were unaware of the CAMHS service) whilst only 3.57% of male respondents felt the same.

Considering the same gender variable but applying it to young people between the ages 16 - 25 shows are larger discrepancy between the genders with males significantly less likely to engage with or feel that any of the services could help them than females. As evidenced in the data presented in figure 20 (pg31) males between 16 to 25 advised they were less likely to utilise support from all of the professionals listed, in some cases significantly less likely, with the exception of seeing a mental health professional within the work setting.

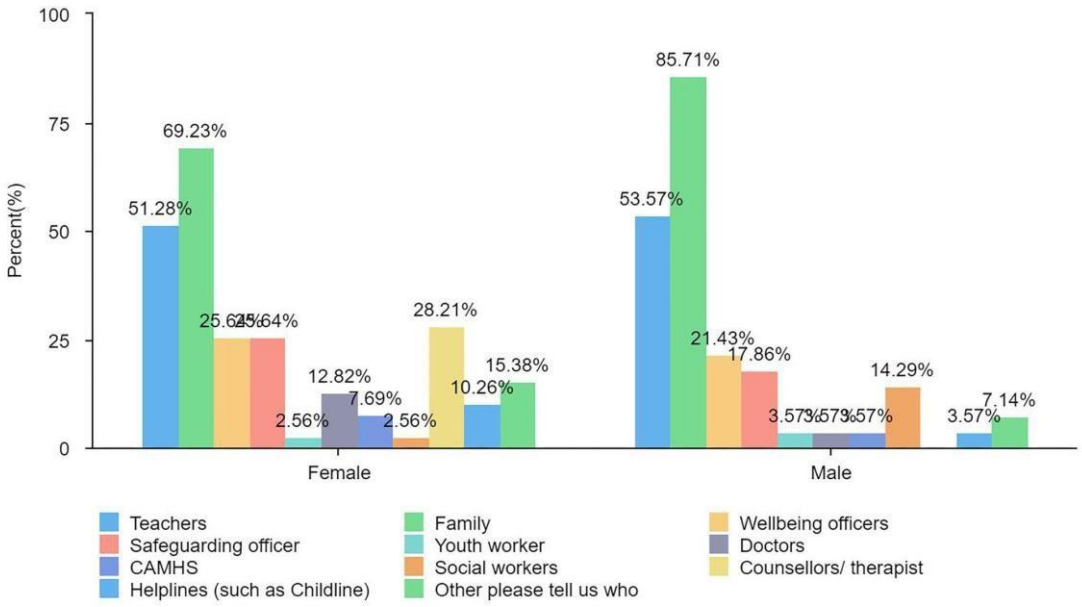
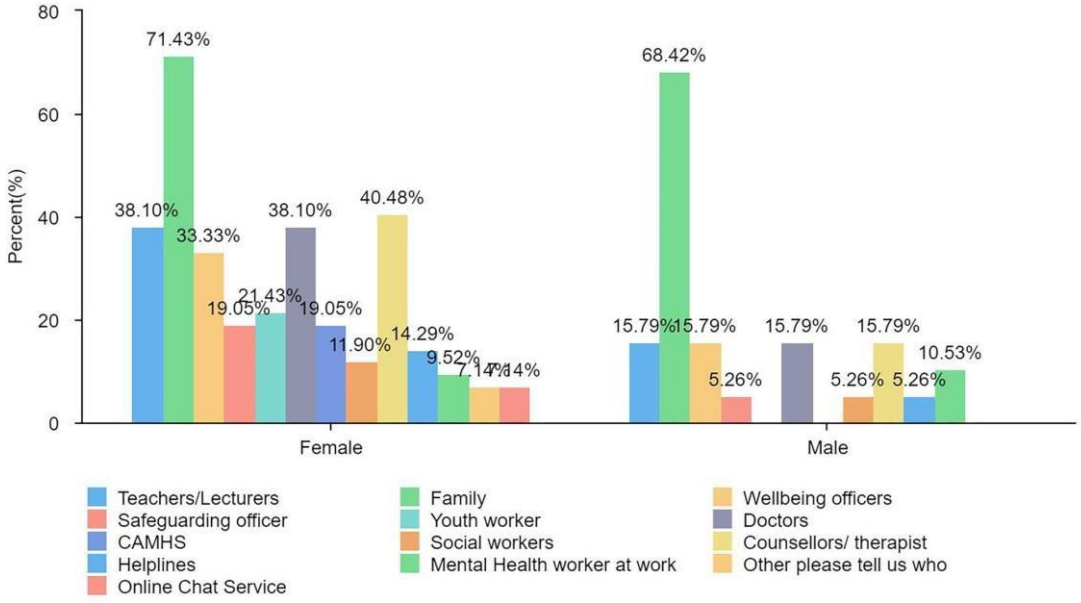


Figure 20 - Bar chart for question "There are services and professionals who support young people with their emotional well-being, please tick all the ones who you WOULD talk to about your wellbeing/ you THINK they would be able to help", age 10 to 15 (above), age 16+ (below) with gender variable.



When we look at the same question through the lens of ethnicity it becomes clear that those from ethnic minorities are generally less likely to engage with professionals to support emotional wellbeing. For those between 10 and 15 years of age the difference is less stark with responses being only marginally less than white counterparts across almost all domains. For those aged between 16 and 25 the difference becomes more profound across some domains. This cohort were marginally more likely to engage with wellbeing and safeguarding leads, access counsellors, mental support in the workplace, engage with social workers and faith leaders. Engaging with CAMHS, youth workers and doctors around emotional wellbeing and feeling it would work was less likely. For CAMHS less than half of ethnic minority questionnaire respondents over 16 selected CAMHS as an option for a service that they would engage with (for many respondents they would not fall into the CAMHS referral criteria due to age, although this would be mirrored in white respondents). However, most concerning is that this cohort were approximately 36% less likely than white respondents of the same age to engage with a doctor around mental wellbeing.

We spoke to a female Pakistani community lead who shared her insight. She advised us often within South Asian community languages the vocabulary for nuanced discussions around mental health does not exist and mental health issues are often seen as a weakness in an individual. As young people become more aware of the social expectations placed on them by peers, their community and wider culture their ability to engage and connect with professionals reduces. In her experience the prevalence of mental health issues is no less than White British young people however, the means to engagement need to consider the wider culture the young person is experiencing in order to “meet them where they are”.

With that being said a number of participants, particularly those from ethnically diverse backgrounds, across ages mentioned a place of worship as being both a source of positive emotional wellbeing and adults at these places of worship being confidantes.

I Speak To 'No One' About My Mental Wellbeing

When asked about questionnaire participants' usual confidantes when feeling down or their mental wellbeing was poor a noteworthy 17% of respondents from the survey indicated that they confided in 'no one'—neither a professional, a peer, a friend, nor a family member. Within this subgroup, 7% comprised individuals between the ages of 10 and 15, with a notable 60% hailing from diverse ethnic backgrounds, all of whom were female. Interestingly, nearly 28% of respondents between the ages of 16 and 25 disclosed that they, too, spoke to no one.' Among this demographic, approximately 70% were male, while just under 60% were from ethnic minorities backgrounds.

Support Online or Face to Face?

The overwhelming majority of questionnaire respondents, over 75%, prefer in-person support as their primary choice. Some respondents express a desire for a combination of in-person and online support, while only 8.33% show a preference for online support only (Figure 21, below)

However, this was not the case for all, with focus group and semi structured interview participants mentioning that they felt that online support through apps and virtual appointments were beneficial.

"I wouldn't use an online service to talk about wellbeing, I wouldn't trust it, but for my friend it worked well" - 17 year old British Pakistani Female

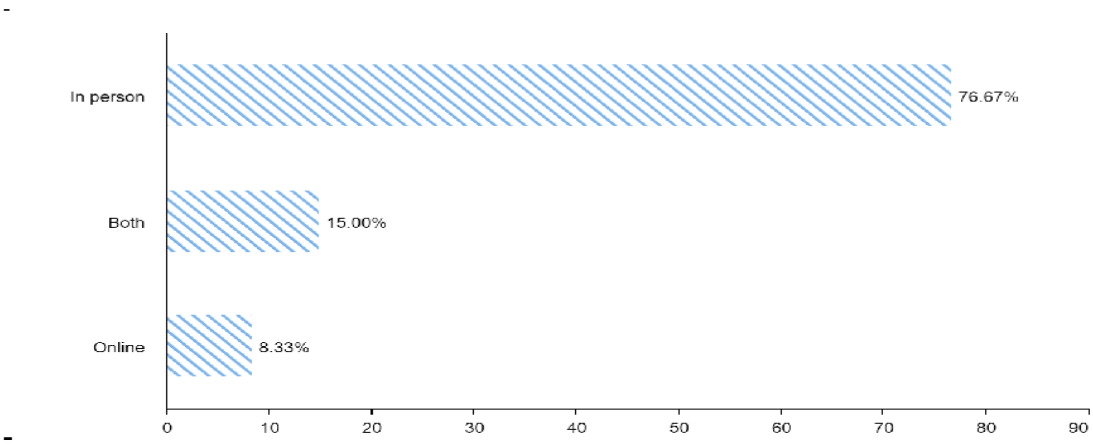


Figure 21 Percentage of participants prefer to get help online, in person, or both

What impacts who children and young people speak to?

Across our semi structured interviews and focus groups the most pervading influences on who children and young people speak to is trust. A high number of participants when asked what influences who they speak to describe the need for trust in the person they were confiding in and in the process to underpin the interaction. The need for trust was underscored by the fact that for many of our young people the stigma of poor emotional wellbeing and mental health was pervasive. Younger participants alluded to the fact that they were fearful that in seeking help others would find out and rumours would spread leading to bullying. Participants also mentioned that a fear of being judged by peers, family members and the community was a potential barrier to seeking support.

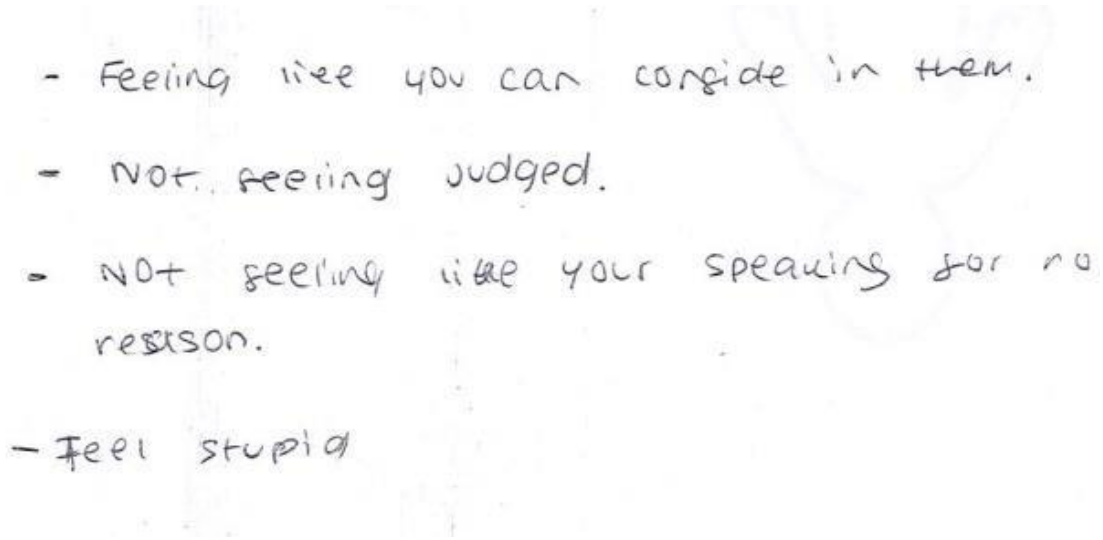


Figure 22 - 17 Year Old Pakistani British Female Focus Group Participant answering 'What Impacts Who You Speak To?'

Some younger participants also mentioned that they were concerned that if you were seen speaking to the Safeguarding Lead at their school that others would know that something was going on and that this may lead to rumours, judgement and bullying. Although it is also worth noting that participants also mentioned having a good relationship with their safeguarding lead.

> *"I feel as the child spends more time with their teacher, they should be the 1st point of contact, so teachers should be more friendly with their pupils. The safeguarding only gets involved when the issue has got worse."*
>
> -Pakistani British mother of 3 children (translated from Urdu)

As explored previously, children and young people generally felt more comfortable speaking to adults and peers that they had built up a relationship with so that trust had already been established. As such teachers, siblings, friends, and parental figures were the first port of call when

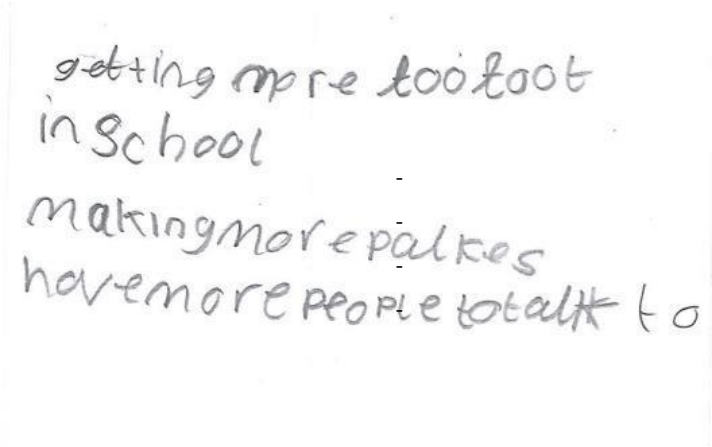
discussing emotional wellbeing for most participants and it would appear that having the time to build this trust was key.

> *"I had the same teacher Year 7 to Year 12 so I got to know them. Had I been chopped and changed I would have found it much more difficult to build trust"*
>
> - 17 year old British Pakistani Female

However some participants mentioned that the fear of judgement and embarrassment was still a barrier to engagement so either speaking to someone anonymously through technology or speaking to a professional who they did not know previously was preferred.

> *"I don't like admitting help to those that know me. I think it is embarrassing"* -
> 19 year old White British Care Experienced Female

A number of Year 6 participants in one of the school based focus groups mentioned the positive impact of the app Tootoot and that the anonymous nature of reporting things such as mental health distress and bullying to a teacher within the school was helpful.



- Figure 23 - 11 year old white British male focus group participant answering the question 'What one thing would support better wellbeing for children and young people.'

For those that had engaged with services one of the key barriers was timing. Participants mentioned that waiting lists impacted their wellbeing, with CAMHS waiting times having a strong impact on wellbeing for those impacted. One participant mentioned that when they were assigned a CAMHS worker they had not felt ready to engage and was discharged and then had to wait a long time to be reassigned another worker.

For some participants the barriers were greater to engage with travel time, parents and carers wishes and feelings around CAMHS, fears around others finding out and other logistics proving a barrier.

> *"...my previous parent did not like my CAMHS worker…my second CAMHS worker my carer didn't want me to go because of the travel times and because they would have to wait for me…"* - 19 year old White British Female Care Leaver

What participants told us would support children and young people's mental wellbeing?

The questionnaire responses underscore the crucial role of fostering connections and closeness between children and young people and those around them to support their mental well-being. Around 75% of all participants highlighted that feeling closer and more connected to those around them contributed positively to their well-being (Figure 24, pg37). Participants of all ages stated that positive interpersonal relationships and feeling connected with friends and peers around them supports positive mental wellbeing (Figure 25, pg38).

> *"I think you could open up more support groups and support centres…because there could be other people going through the same stuff as each other and they would also understand each other and would like some help to go through that. It will also be a very positive environment going through some stuff but can't talk to parents and friends…"*
>
> -19 year old Pakistani British female

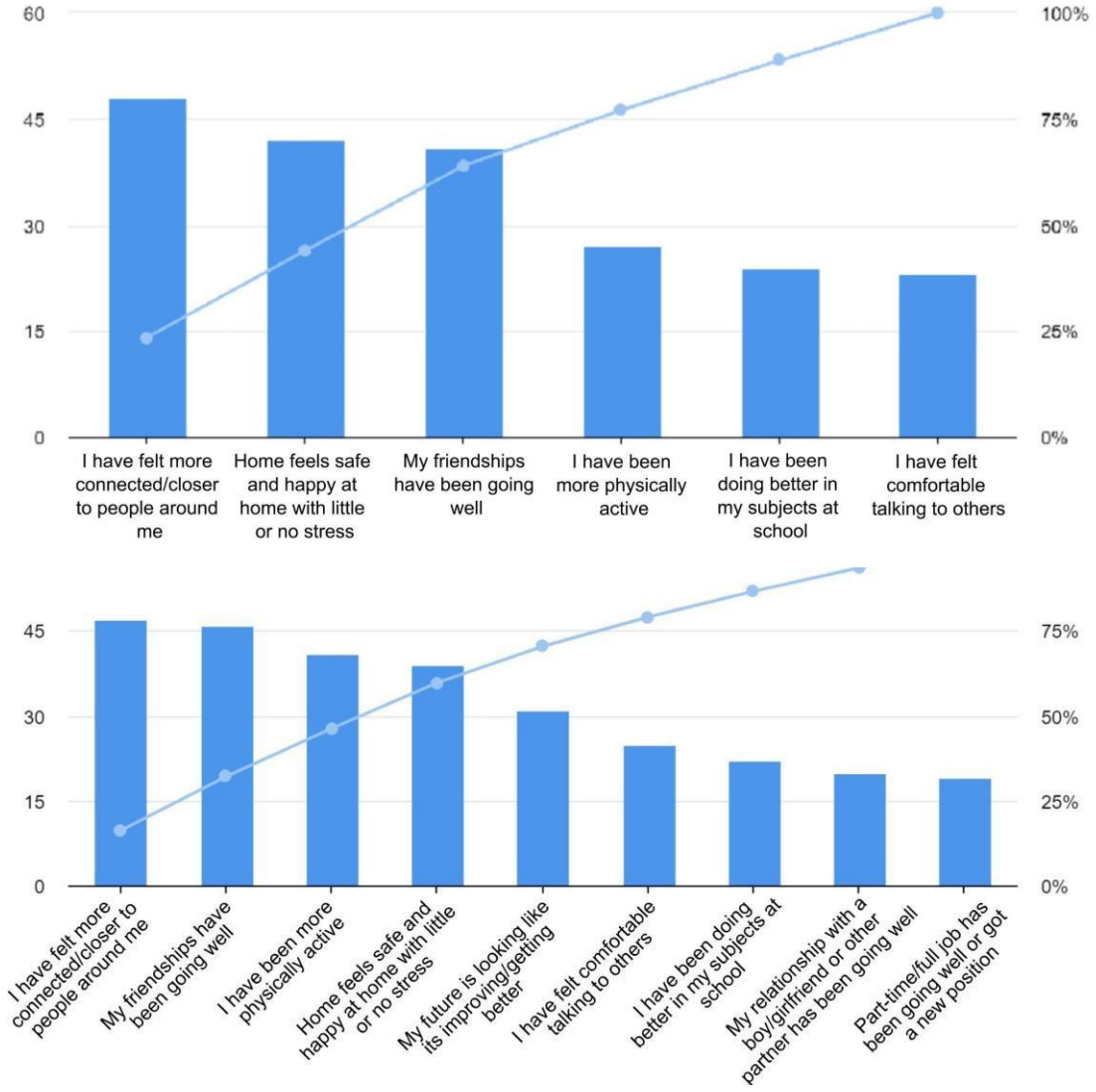


Figure 24 Pareto chart for question “When you think about times when your emotional and mental wellbeing is at its best, what are the things that have helped with this?”, age 10 to 15 (above), age 16+ (below)

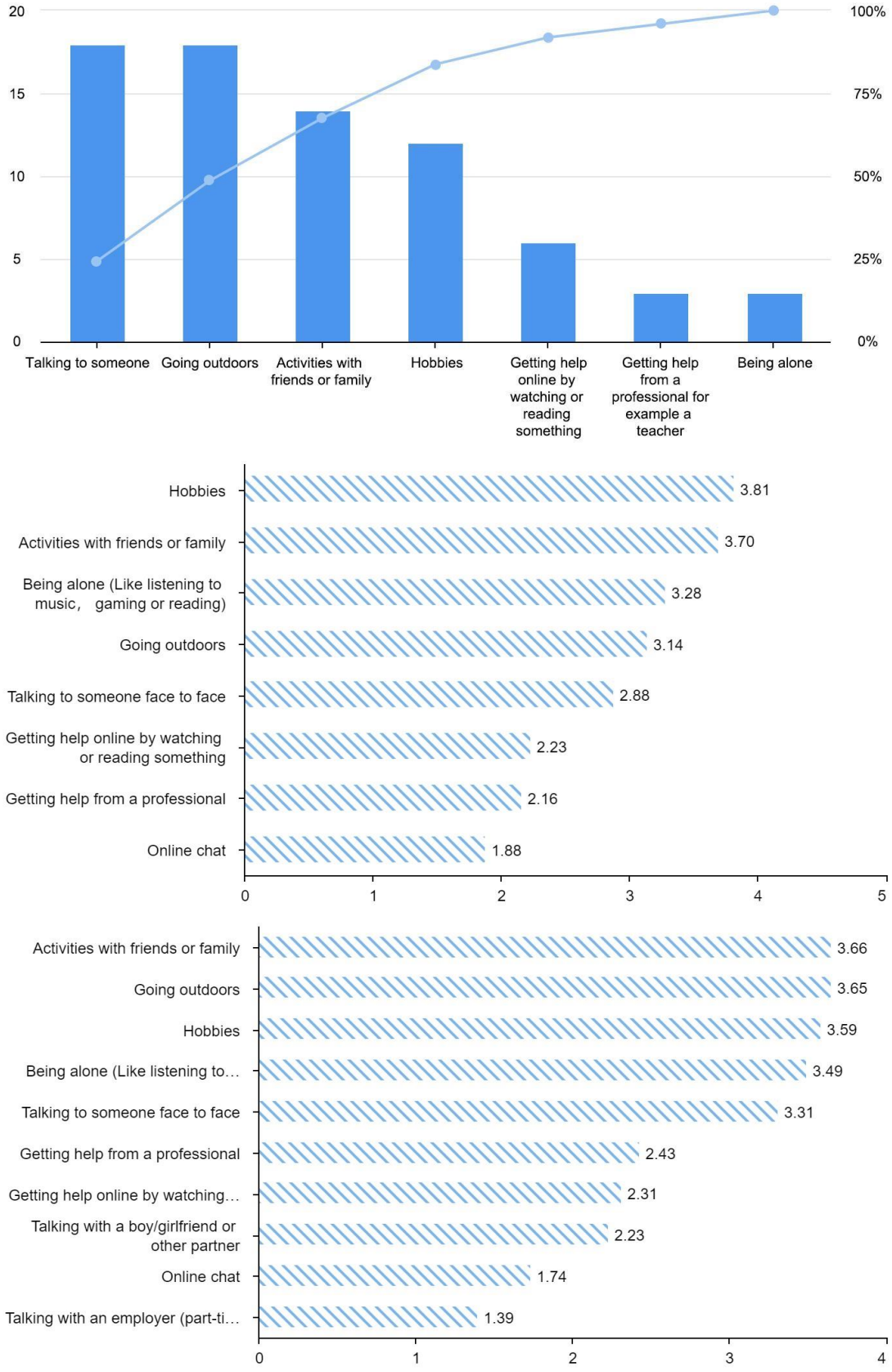


Figure 25 Pareto chart for question "When you have needed help to manage your thoughts and feelings in the past, what are the things that have helped you ", age 10 to 11(top), and likert averages charts for answers from participants aged 12 to 15 (middle), and 16-25 (bottom)

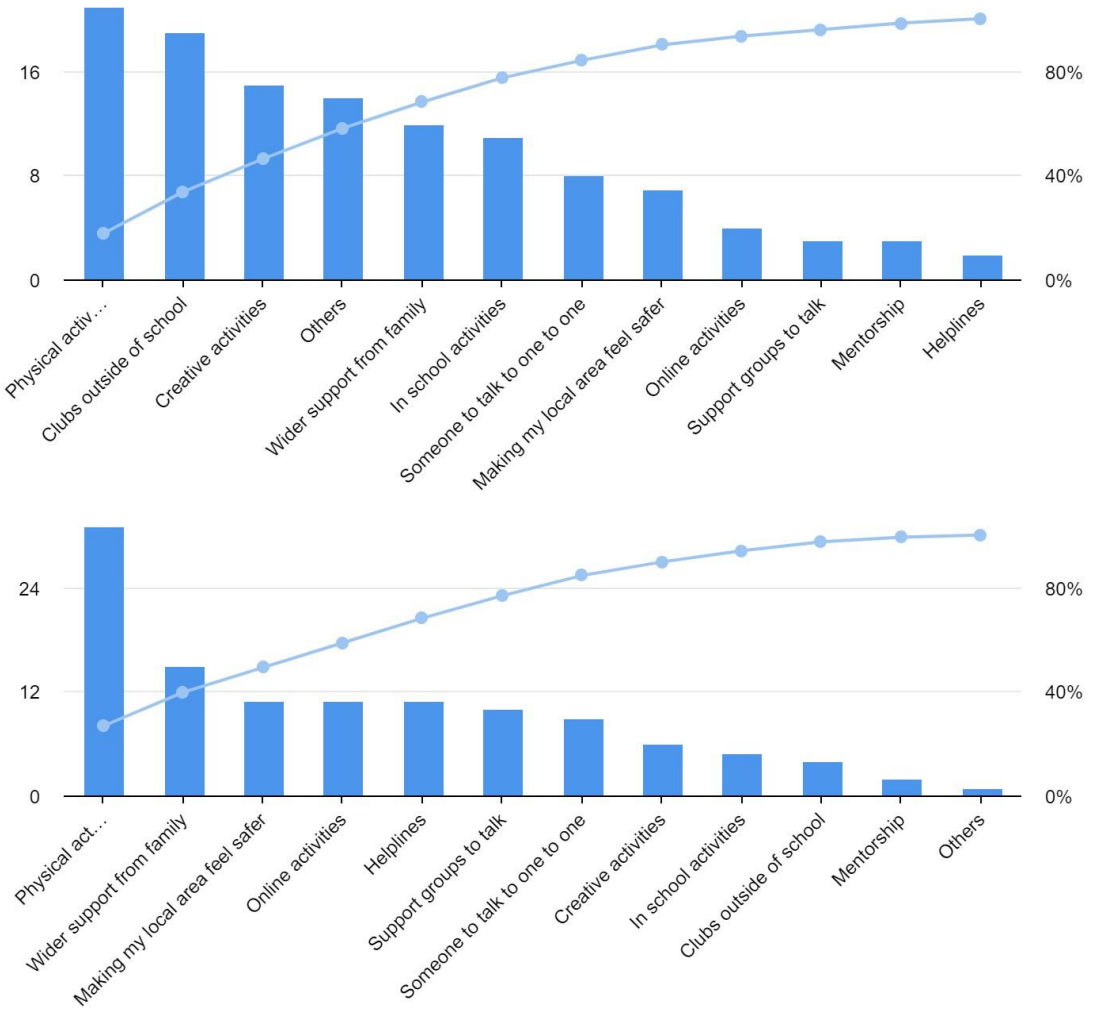


Figure 26 Pareto chart for question "Please tell us about new or existing activities and services that you think would help you to stay emotionally well", age 10 to 15 (above), age 16+ (below)

A Selection of Completed 'King of Walsall' Semi Structured Interview and Focus Group Workbook Activities

-To improve the wellbeing of young people in walsall, you can provide free fun activities that allow young people to make friends, do what they like and get right support to achieve their dreams.

-There can be more awarness on who to speak to if needed.

- There can be children's clubs for those who cannot afford the luxury of go paying for extra curricular activities.

- Figure 27 - -21 year old Pakistani female

As you are in control i think that you could help with young childrens Emotional wellbeing. you could introduce more local youth centers and maybe have talks with young people this could help them express theire feelings and make hem feel more comfortable in walsall.

Figure 28 - 19 year old Pakistani British female

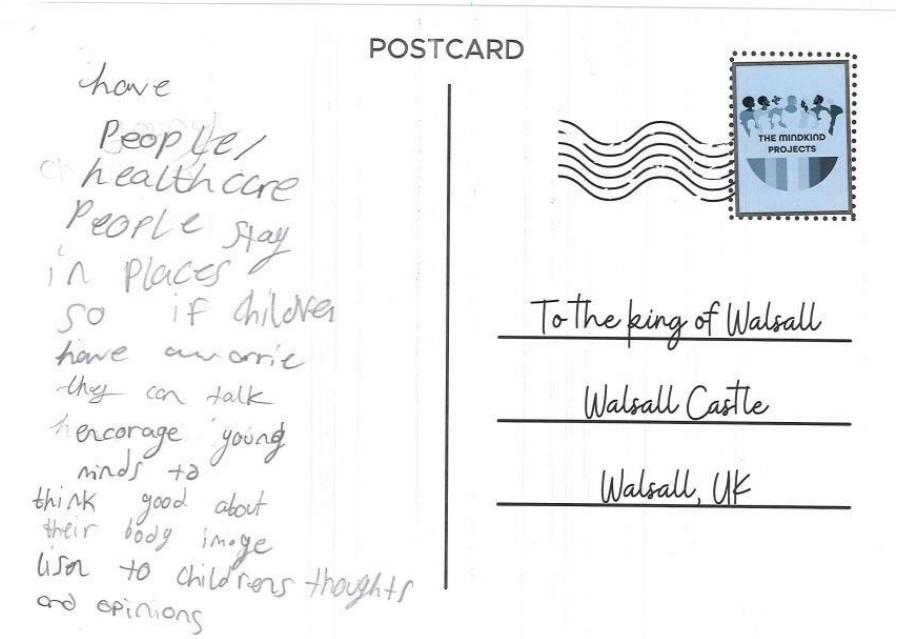


Figure 29 -11 year old white British female

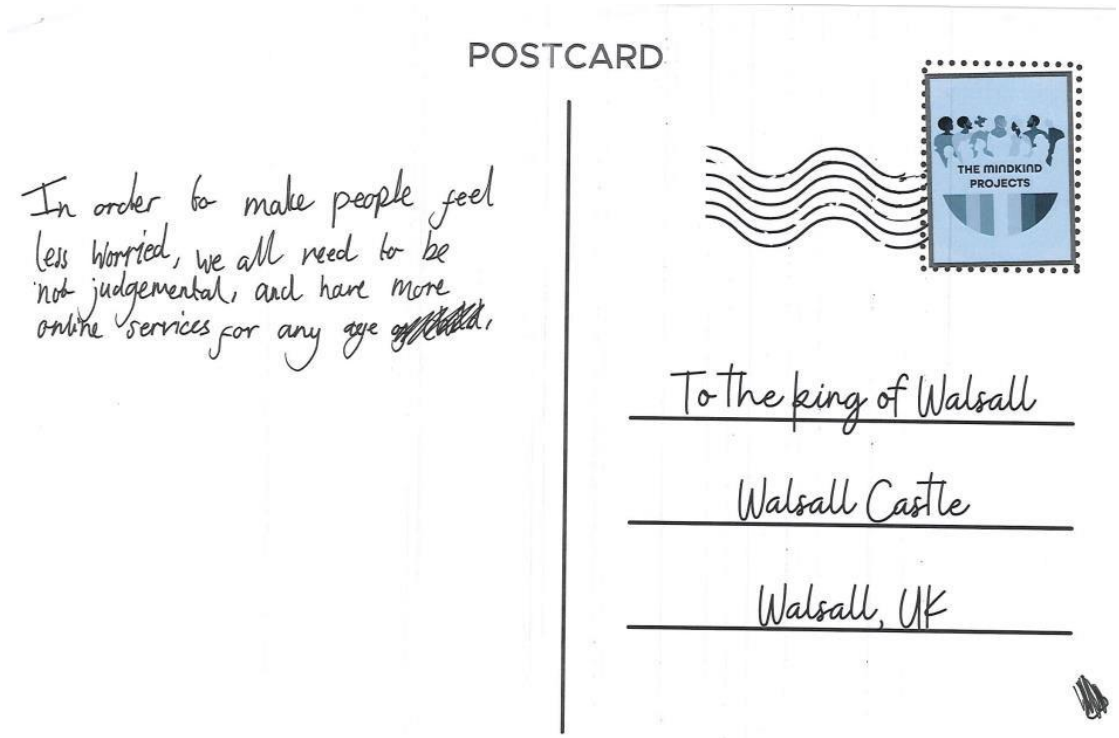


Figure 30 -11 year old white British male

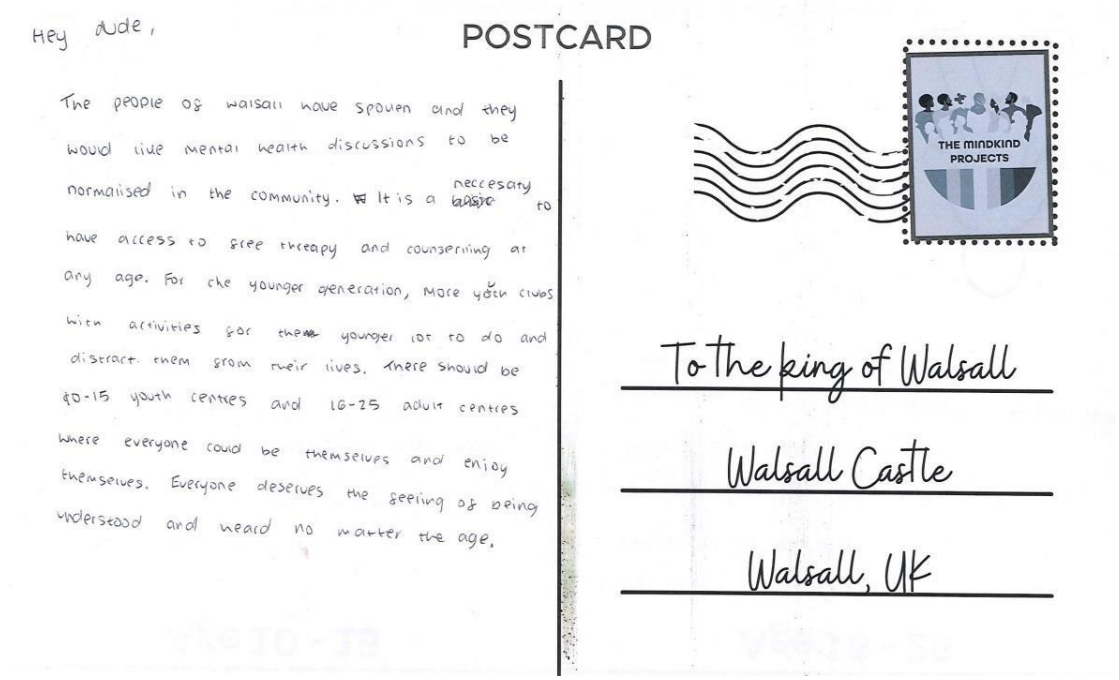


Figure 31 -17 year old Pakistani British female

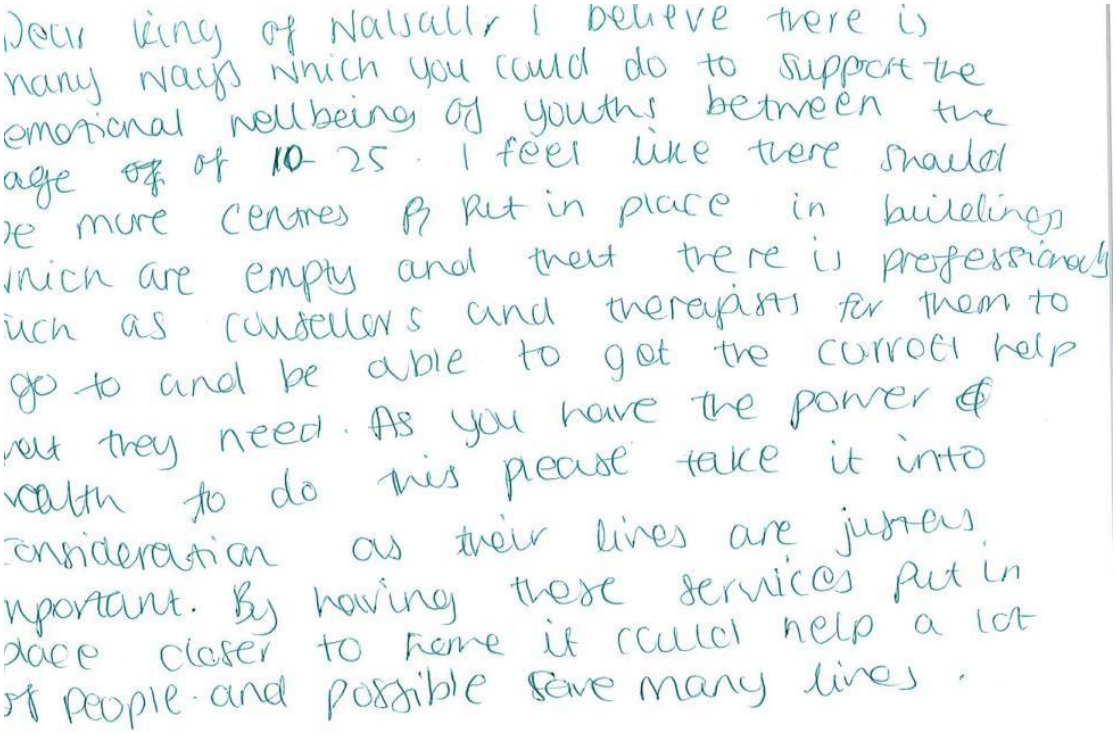


Figure 32 - 17 year old Pakistani British female

Increased Activities - Hobbies, Sports and Time Outdoors

The link between physical activity and mental wellbeing and resilience was recognised by participants across age cohorts with increased physical activities being the number one suggestion to the question what activities and services would support them to stay emotionally well and increase mental resilience. (Figure 26 p39) and around 45% of questionnaire respondents between 10 to 15 and around 70% of respondents between 16 - 25 stating that physical activity supported them to feel their most mentally and emotionally well (Figure 24, pg37). Many participants across the consultation mediums suggested sports activities including football, dance, skateboarding, cricket and swimming.

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Taking part in hobbies and activities with friends were also mentioned as particular protective factors against poor mental wellbeing by a high number of participants (Figure 25, pg38) and creative activities and clubs were also suggested by around 30% of participants aged between 10 and 15 as activities that would support emotional and mental wellbeing. (Figure 20, pg31). Within focus groups and semi-structured interviews, the need for activities to take place within communities at no cost to the young person or their family was also suggested (Figure 27, pg40).

The need for Walsall children and young people to take part in activities, away from home within the community was reinforced by stakeholders consulted.

> *"So for me, a child should be engaging in their world, their world shouldn't just be school, home, and their bedroom, there should be something about engaging in that leisure activity or you know, the community group or physical activity in terms of helping with your mental wellbeing and all of that."*
>
> -Head of CAMHs Commissioning for Black Country Healthcare NHS Trust

As was the need for mental resilience building activities and interventions to be no cost to participants or families, particularly in light of the current cost of living crisis.

"When they've paid their bills…they've got no money to socialise, they've got no money to do anything other than sit in the flats"

-Young Persons Temporary Accommodation Officer - Social Housing Organisation operating in Walsall

Across age ranges a high number of questionnaire participants responded that spending time outdoors has been utilised by them in the past when mental wellbeing was low (figure 19 pg30) and was in the top two most frequently used coping strategies by those aged 10 to 11 and 16 to 25 and the fourth for those between 12 and 15 . Demonstrating an understanding of the link between being outside and the potential positive this can have on mental wellbeing.

"...better parks, I like them but the equipment is kind of child like, and more swings please." - British Asian - Indian 12 year old male

"More green spaces lots of trees really helps"

- White British 18 year old female

Youth Centres and Community Provisions -

Around 30% of questionnaire participants aged between 10 and 15 suggested that a club outside of school hours would support mental wellbeing for young people. (Figure 26 p39) Although the figure was much lower for questionnaire participants aged 16 to 25 this cohort ranked activities with friends and hobbies as key copying activities when resilience was low (Figure 24, pg37) and also ranked physical activities such as sports as their number one suggestion to support emotional and mental wellbeing amongst Walsall children and young people (Figure 26).

Across the semi structured interviews and focus groups many participants noted the desire for community based, 'youth clubs' in which more focussed mental health work could be conducted by professionals and activities to support the building of mental resilience amongst attendees.

"...introduce more local more local youth centres and maybe have talks with young people this could help them express their feelings and make them more comfortable in Walsall"

- 19 year old Pakistani British female (Figure 33)

"...by having these services put in place and closer to here it could help a lot of people and possibly save many lives"

- 17 year old Pakistani British female (Figure 34)

"mental health discussions to be had within the community. It is necessary to have access to free therapy and counselling at any age for the younger generation"

-17 year old Pakistani british female (Figure 35)

The desire for community-based resources to address Walsall children and young people's mental health and wellbeing needs is in line with a wider health systems shift towards a place based, community approach to health and wellbeing.

Well facilitated community-centred initiatives and resources such as creative and physical activities and mental health literacy activities possess the potential to not only foster mental resilience but also promote interconnectedness amongst children and young people. The strategic implementation of preventive measures and foundational Tier 1 services, alongside intermediate Tier 2 mental health interventions like counselling, within the community holds the promise of mitigating potential hindrances to engagement, such as extended travel durations. Moreover, integrating qualified practitioners into community venues that concurrently offer youth-oriented activities serves the dual purpose of cultivating trust between children and young people and professionals through heightened interaction, whilst also raising awareness regarding other available Tier 1 and Tier 2 services, extending benefits to children, young adults, and parents alike.

"parents have said to me that they're not aware of what the service or what we provide. When they think about like emotional support they just think of CAMHs from I don't think they're aware of like the support that we offer sometimes."

Stakeholder - School Nursing Team - Walsall Healthcare NHS Trust

Whole Family Approach

As detailed previously within this report the family home and those within it can act as both a strong protective and risk factor for the mental wellbeing and resilience of Walsall young people. Given the known impact on mental health and wellbeing that things such as adverse childhood experiences, growing up in poverty and experiencing parental mental health can have it is essential that when considering the wellbeing of Walsall children and young people. Almost 20% of questionnaire respondents to a question around what new or existing services would best support children and young people's wellbeing in Walsall advised that support for their family would increase their mental wellbeing and resilience. (Figure 26, pg.39)

Conclusion and recommendations

In line with previous studies the mental health of children and young people was negatively affected in many ways during the pandemic (Jones et al, 2023), including isolation and anxiety. This consultation identified that the negative impacts still lingered and had long term repercussions for some of our young people, including developmental delays, falling behind in studies, school refusal and anxiety in social interaction. These aftereffects are explained because of the accumulation of risk, the recurrence of stress, and the possibility that children and adolescents' physiological systems that govern stress responsiveness may be depleted and recalibrated, thus altering the way they cope with future challenges (Wade et al, 2020). It is within this context that we find many of our 10 to 25 year olds, with depleted emotional resiliency as a result of the pandemic and as such less able to navigate their future pathways along the life course. These pathways are also perceived to be more tenuous due to the current landscape relating to education, employment, and other factors such as housing.

Throughout this consultation it has become apparent that for the children and young people of Walsall the primary protective factor offered by being able to disclose wellbeing worries and concerns are with those that the young person already has an existing, trusting relationship with. It also demonstrates the link between social connectedness and wellbeing for our children and young people. This is in line with correlational evidence suggesting a link between poorer social relationships and poorer family connectedness and mental health problems in children and young people (NHS Digital, 2021a). As such it is essential that the development of social connectedness is encouraged strategically, although this is caveated with the need to ensure the as social capital increases as does the mental health literacy of the population of Walsall.

In conclusion, the mental wellbeing of children and young people in Walsall is profoundly influenced by a confluence of intricate factors. Various stages of the life course of a child and young person within Walsall offer different challenges to mental health and wellbeing, some of these challenges are unavoidable. In undertaking this consultation we are able to pinpoint actionable suggestions and steps that will support the mental resilience of Walsall citizens between the ages of 10 and 25. These actions and steps are in line with the 'Walsall Joint Local Health & Wellbeing Strategy 2022 - 2025' (2022) priority that "Children are safe from harm, happy and learning well with self-belief, aspiration and support to be their best." Some of the recommended steps are being taken within Walsall through new initiatives such as the Walsall Family Hubs Model.

Recommendation 1: Building and maintaining trust between service providers and trusted adults and children and young people is the first step in enabling children and young people to open up and communicate about their mental wellbeing.

Building trust with children and young people and supporting them to feel respected, listened to, not judged, and supported, are the pre-conditions needed to encourage engagement with professionals. (Rickwood et al, 1997). As evidenced within focus groups children and young people are acutely aware of the stigma of poor mental wellbeing and as such the need to trust those that they discuss their wellbeing with is essential. This is particularly important given the fact that 17% of participants stated that they speak to 'no one' when they are suffering with poor mental wellbeing and that a high number of participants across age brackets stated that the feeling of 'no one caring about them' had a big impact on their wellbeing. If one professional were to build trust with such a young person, the impact could be life changing. However this can be difficult given cultural distrust of services, feelings of being let down by services in the past (influenced by a multitude of pressures upon these services) and the time often needed to effectively build trust and a meaningful relationship to facilitate the 'space' needed for wellbeing discussions and wider disclosures including safeguarding. These barriers are often amplified due wider systemic pressures on services and understaffing. With wider pressures post-covid it is essential that the building of trust and meaningful relationships is not neglected by the need to 'catch-up' with waiting list times nor academic performance indicators. As such sufficient time and space must be created and maintained so that trusting relationships and dialogue can be built around emotional wellbeing and mental health between children and young people and trusted adults and professionals. The use of self-disclosure and role models will also strengthen the building of

Recommendation 2: Family, friends, and teachers are the primary support network that most children and young people seek help from, particularly parents and friends. It is essential that we promote social connectedness and age-appropriate mental health literacy to dispel stigma, ensure the existence of support networks and enhance the ability of those confided in to effectively support children and young people.

Throughout this consultation it has become apparent that for the children and young people of Walsall the primary protective factor offered by being able to disclose wellbeing worries and concerns are with those that the young person already has an existing, trusting relationship with. It also demonstrates the link between social connectedness and wellbeing for our children and young people. This is in line with correlational evidence suggesting a link between poorer social relationships and poorer family connectedness and mental health problems in children and young people (NHS Digital, 2021a).

Recommendation 3: Barriers to engagement and access to services for minority groups should be addressed to reduce health inequality.

As detailed within this report those that belong to ethnic minority backgrounds do not experience the same access to services and support as others. This is particularly concerning given the known links between the social determinants of health, health inequality and poor mental health outcomes.

Our findings show that those coming from an ethnic minority background are more likely to speak to 'no-one' about poor mental wellbeing and if they are above 16 are less likely to engage with different professionals and are less likely to speak to parents about emotional wellbeing concerns than white British counterparts.

The reasons for this are multifaceted and, in some cases, built upon services historically failing to engage with communities effectively in a culturally competent manner. As one stakeholder pointed out, culturally traditional solutions to mental wellbeing issues can be the primary solution for some families and individuals.

> *"So what we've been told in some areas of the Black Country is that for young people who have emotional distress, emotional difficulty, actually, they will be encouraged to access a faith healer. First and foremost, and so, traditional Western medicine, intervention, therapy, whatever you want to call it, that will be so far down the line. And it's the faith healer first and foremost"*
>
> - Stakeholder Interview Participant

In order to address this, it is essential that interventions and education is offered in a culturally competent manner. As this consultation has underlined for many places of worship can be seen as protective factors in the building of mental resilience. As such effective engagement with such venues and key community leaders could be used as leverage to build trust in services when needed and also support effective preventative interventions to increase community capacity around our children and young people's emotional wellbeing. The engagement with places of worship and community leaders must be approached in a manner that is equitable. Mental health literacy training would support faith leader's engagement with children and young people's wellbeing concerns and allow for effective conversations and signposting where necessary. However, this engagement must acknowledge the reciprocal nature of the relationship. Whilst the protective factor offered by places of worship can be strengthened through support from relevant professionals, so can the effectiveness of support offered by professionals. By utilising the community knowledge of faith leaders interventions, the cultural competency of interventions and professional conduct can also be increased. As such coproduction and co-design with faith leaders and places of worship should be undertaken.

In order to support parents and young people to be able to effectively discuss mental wellbeing in an equitable manner, barriers such as language must be removed. Parents and stakeholders have informed us that a lack of translation services and training and resources in a variety of languages has caused a barrier to engagement.

" I have had issues as I am not entirely familiar with the language so another service which would be good would be a translator"

- Pakistani mother of 3"

In the same vein a stakeholder informed us that their service sometimes had issues delivering parenting and mental health literacy training to non-English speakers due to a lack of interpreters.

If we are to support this cohort of young people to maintain emotional resilience then all must be done to meet people where they are in a culturally competent manner. By placing preventative services within existing, trusted community assets and increasing emotional and mental health literacy for children, young people and community leaders through co-produced and co-delivered interventions trust can be built and stigma reduced.

The need for co-production and co-delivery moves beyond ethnic and cultural considerations. Within this consultation we engaged with cohorts of participants that present with wants and needs that are either more represented (such as males between 16-25 being less likely to engage with services and more likely to speak to 'no one' about wellbeing) or with unique barriers to good mental wellbeing (such as care leavers requiring extra support to transition to adulthood). In order to address this hyper focussed solutions, co-produced and co-designed by specific cohorts that intersect the social determinants of good wellbeing are needed.

Recommendation 4 - Children and young people need to be guided in how to use social media safely in a manner conducive to supporting mental wellbeing and resilience and more knowledge of and access to appropriate online resources for wellbeing is required

As evidenced within our findings according to participants, social media and online resources can support positive mental wellbeing dependent on what is accessed and as such signposting and knowledge of safe, evidence based online resources is needed.

More support is needed to regulate children and young people's use of social media. An increase in the ability to recognize the authenticity of information on the internet, interpret the intentions behind content and recognize potential biases are needed. Reducing their pressure to constantly project an ideal image online and encourage them to value their authentic selves are important to foster better mental wellbeing. They also need to recognise the impact of their online actions on others to engage with the online world in a responsible and resilient manner.

Beyond this social media resources for emotional wellbeing were also mentioned as a key protective factor for our participants. One of the key issues with this is that it is difficult to ensure

that these resources are evidence based and do not actually undermine wellbeing. As such the creation of social media/online resources and the signposting to sources of sound emotional wellbeing strategies and coping mechanisms should also be a priority.

Recommendation 5 - Waiting times for some mental health services are a systemic issue that needs to be urgently addressed to ensure children and young people are receiving support at the right time as well as taking a preventive approach.

As detailed within the consultation, waiting times can be a barrier for those that need support.

> *"The waiting list for things like CAMHs are horrendous. So they're, you know, they're sort of stay waiting, and we work on a pathway. So we can put some sort of lower interventions in place for them in the meantime. But it is a bit sort of how it's just been described as sort of referrals or will be sent to one person, but then it's sent back to another person, because it's, you know, looks like it's more likely that this person can help. So you've got that sort of going around. And it's quite frustrating for parents then because they want that help."*
>
> - Stakeholder Participant

It is essential that strategically a focus must be placed upon reducing existing wait times both nationally and locally. This will not only support those that need it but also encourage the building of trust in services essential for those feeling let down and likely to disengage. When waiting times are considerable those referred must be 'held' by organisations to ensure children and young people do not fall between the gaps between pathways, exacerbating need and system pressure.

With that being said, when asked what services and interventions should be put in place or changed to increase emotional resilience and wellbeing the majority of participants focussed upon preventative measures that will reduce pressure upon stretched services.

Recommendation 6 - There is a need to increase efforts in the area of anti-bullying education and positive self-image and to help children and young people build healthy coping strategies and resilience in terms of bullying and body shaming.

As evidenced within this consultation bullying has a detrimental impact on the wellbeing of our children and young people, particularly younger children. The links between positive social connectedness and wellbeing has been explored and for those impacted by bullying the isolation felt can be disastrous for mental wellbeing.

> *"Bullying has been a major factor that impacted on the anxiety…(and the) low self-esteem from bullying."*

-Stakeholder Participant

Evidence shows that bullying, whether as bullies, victims, and bully–victims, is associated with poorer outcomes. Bullying involvement leads to worse psychosocial adjustment, greater health problems, and poorer emotional and social adjustment. The likelihood of being diagnosed with a psychiatric disorder in early adulthood is raised if the child has been bullied or has committed bullying (Vanderbilt and Augustyn, 2010). Whilst in school bullying was the biggest factor that impacted wellbeing, our children and young people are growing up in a more connected world in which potential respite from bullying at home may be compromised by social media. Whilst stakeholders and children and young people mentioned the efforts by schools to reduce bullying in order to reduce the impact of bullying, more education is needed, particularly for younger children transitioning to high school. One participant suggested support from older pupils, offering peer support and a point of contact for those impacted by bullying, reducing isolation.

Poor negative self-image related to how a child and young person looks was also mentioned by a number of participants and was a key focus for many taking part in the focus groups and semistructured interviews. Again, this could be linked to bullying by peers but also internalised negative self-image in part due to the impact of social media. This was particularly impactful (but not limited to) female participants. As proposed by Choukas-Bradley et. al (2022) the intersection of the mechanisms of social media (idealised images of peers, quantifiable feedback) with adolescent developmental factors (e.g., salience of peer relationships) and sociocultural gender socialisation processes (e.g., societal over-emphasis on girls' and women's physical appearance) creates the "perfect storm" for exacerbating girls' body image concerns leading to poor mental wellbeing for girls and women. Our consultation points towards these issues occurring not only in adolescence but also from a younger age. As such a multi-faceted approach to address this is needed; one that supports children and young people, professionals and parents and communities to be educated on the impact that this can have.

Recommendation 7 - Peer support and localised knowledge can be utilised to improve the services and take preventative actions to address pressure on core services.

This report acknowledges the importance of adopting a localised approach to promoting emotional and mental wellbeing, as outlined in other recommendations. By establishing and reinforcing local resources, we can enhance community capacity for improving the mental wellbeing of children and young people. To achieve this, it is crucial to map and connect preventive resources effectively, incorporating them into clear pathways. This approach ensures that local insights into preventive activities and support groups are disseminated within the community and among professionals.

These networks also facilitate the consolidation of localised knowledge about the children and young people in the area, strengthening the effectiveness of professional interventions when they tap into and apply this knowledge.

Recommendation 8 - More locally accessible and inclusive youth clubs are needed to enable children and young people to participate in diverse activities and build a sense of connection to enable resilience.

In order to facilitate a culture of emotional resilience and the fostering of protective factors around a child and young person, resources and facilities must be placed within communities. Utilising and leveraging existing assets and building more resources and capacity within communities will have a multilayered positive impact upon children and young people's wellbeing within Walsall.

In delivering within communities with a hyper localised focus the stigma around mental health and wellbeing will be addressed by building the capacity of the community and network around a child and young person. Trust will also be built as individuals and communities become more familiar with professionals. Allowing for professionals to be seen as part of the community as opposed to an outside force not to be trusted.

As evidenced within this consultation children and young people are seeking local activities, physical and creative activities, access to nature and youth clubs that can support the building of emotional resilience and investment must be made to support this. However, it is essential that these services are supported to be available long term and well connected with statutory services and communities if they are to support the wellbeing of children and young people long term.

> *"I think if we could get to a point where some emotional mental health and wellbeing services were jointly commissioned on a recurrent basis, that gives us all buy in to it from local authority and lead provider. I think whilst you have people delivering stuff on a hop and a catch, you can end up working in silos and not have people working together or fully understanding"*
>
> *"So whole family, schools, whatever that if a young person in distress, that there was something that we could access so that anyone around them could access that instantaneously and get answers that were accurate and evidence based and good""*
>
> Stakeholder Group Participant

Recommendation 9 -Wider, well-connected, multi-agency holistic support for families Is needed to support the emotional and mental wellbeing of Walsall's children and young people.

As evidenced within this consultation familial disharmony and the socioeconomic pressures felt by families has a direct impact on the wellbeing of children and young people. Children do not exist in isolation but are, on the whole, members of families and they are directly and indirectly affected by their prevailing economic and social conditions. As such wider support for families is needed

and across agency referral pathways for children and young people in families in difficultly must be robust. This support must keep young people at it's core to protect against the harms of economic crises, including social and health harms (Treanor and Troncoso, 2022). The Family Hubs and Community Spokes Model and provision currently being rolled out in Walsall as part of the Walsall's Children and Young People Strategic Alliance is seeking to address many of the multifaceted factors that can impact a family and in turn the wellbeing of children and young people within Walsall.

One of the key factors of success of such a model and any wider strategic aims will be the relationship between allied organisations. It is essential that organisations whether business, VCSE or statutory, that engage with families that are experiencing hardships and acute social pressures commit to guiding principles with Children and Young People's Emotional and Mental Wellbeing perspectives in mind. Practically this will involve continuous mapping of such wider organisations and provisions and ensuring that up to date information are known and shared and pathways for referrals and safeguarding well established. As

Recommendation 10 - A multi agency approach to increase the future educational, economical, and professional prospects of young people with Walsall will support the emotional resilience of our younger population.

In order to support the emotional wellbeing of young people we must instil in them a sense of excitement and opportunity about their future. To do this extra emotional support must be provided to those approaching the transition to adulthood. Beyond this, key agencies must be brought together to ensure that the We Are Walsall 2040 strategic aim of Walsall being "a borough of opportunity for young people with broad options for apprenticeships, graduate roles, and pathways for careers in local business" is brought to fruition and felt by our children and young people.

Recommendation 11 - Increasing Physical Safety and The Feeling of Safety Across Settings Must Be Central To Strategy

As evidenced within the consultation not feeling safe at home, within the community and school setting is a particular source of poor mental and emotional wellbeing for Walsall's children and younger population. To facilitate positive emotional and mental wellbeing outcomes strategic aims and policy must be built upon a foundation of safety.

Reflections

Whilst all steps were taken to ensure that participants were reflective and representative of the child and young person population of Walsall one limitation of this consultation was that extrapolating the information and data given by 192 participants to a much larger population is difficult. Extending the consultation period would allow more participation and support greater application of the findings on a population level. It is also worth noting that whilst the data gathered has allowed us to see the frequency and level of impact of certain factors other issues that we know are impactful to mental wellbeing outcomes amongst children and young people such as gender dysphoria. To ensure factors highly impactful to mental wellbeing that may not be as widespread across the general population are addressed and considered in strategy further consultation involving case studies may support representation.

The timing of the consultation period also impacted engagement. The consultation was conducted over the last few weeks of the end of term. This was a particularly busy time for schools who were preparing for exams and transitions. This time period also could have impacted the outcoming of the consultation, skewing the data towards transitions away from school and exam worries having a bigger impact on wellbeing. However whilst this could be seen as a limitation it could also be seen as more reflective of emotional wellbeing within Walsall as this time period is clearly demonstrated as a time when acute wellbeing concerns are exacerbated and as such at the forefront of minds. As such the data accrued and conclusions drawn as actually more reflective.

The consultation has enabled us to understand the viewpoints of children and young individuals regarding emotional well-being, mental health, and resilience. Subsequently, conducting a longitudinal study that centres on both qualitative and quantitative results of the enacted strategies will facilitate the establishment of a robust foundation of evidence for shaping future strategies.

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