

**time to change**

**Wales**

let's end mental health discrimination

**#WeCan  
WeWill**



# Time to Change Wales - Young People's Programme

Evaluation Report

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## FOREWORD



*When we embarked on this pilot Programme three years ago, we probably underestimated the impact our work would have, not only on those who worked directly with Time to Change Wales but also on the lives of those young people, their peers, teachers, family and friends that we set out to reach.*

Our mission was to directly support young people with poor mental health by eradicating the stigma and discrimination we know they face, using a peer-led approach to increase awareness and understanding of mental health and an empathy towards those experiencing mental health problems.

But we also wanted to learn how this could be done at scale so as to influence the environment in all parts of Wales. This learning could not come at a better time as Welsh Government develops its approach and the focus on children and young people's mental health is a clear national priority.

Over the course of the three years, we were constantly learning and adapting to ensure that we not only reached our goals, but also created a lasting legacy of resources, tools and learning so that Wales continues to benefit.

We very much hope that our research and insight, in particular, are valuable for any future anti-stigma initiatives at a time when Welsh Government is rolling out its whole school approach to addressing mental health in relation to children and young people.

We believe that this is a necessary condition for change. It empowers young people to talk about mental health in a very real and relevant way and increases empathy and understanding amongst peers.

By empowering those with lived experience to tell their story, we have left a lasting legacy in the hands of those who are best placed to drive it. The example set by our Champions encourages others to speak openly about their experiences, making it safe to do so within a range of settings. It has - and continues to be - transformational.



We are confident too that our investment in working with youth organisations (their staff and volunteers) will bring long-term dividends in terms of furthering the anti-stigma campaign in workplace settings. A vital cornerstone of embedding our work within these organizations is the access they have to the Employee Champion Training programme, which provides the capacity for individuals to lead change from within. Furthermore by developing and establishing strong strategic partnerships with organisations as channels and distributors of our messaging and materials, there is a sustained commitment in driving forward the anti-stigma agenda.

Our collective social marketing and communications activities have resulted in a repository of rich materials and our deliberate focus on developing long shelf life materials has ensured a future-proofing of anti-stigma work. The young people pages and resources on the Time to Change Wales website will, at the very least, continue to be available until the end of the adult campaign which is currently funded until March 2021. And our work with journalists and the media has ensured that the way mental health is talked about, and the language used, is being 'normalised' and improved upon each day.

We worked with 14 schools during this pilot. As well as improving empathy and understanding amongst pupils, our goal was to embed a whole school approach to anti-stigma and discrimination with a focus on staff and parents as well as pupils. Crucially for future work, our intervention highlighted the lack of resources available to embed such an approach - and was one of the determining factors for some schools disengaging from the Programme.

The positive responses to our intervention from students and staff - and their willingness to open up about their own experiences of mental health often served to highlight the lack of actual provision within the school setting to support mental health. For those young people who disclosed a mental health problem, too often, there was no clear pathway to support.

Had we been better resourced ourselves, we may have been able to extend our work to the entire staff cohort (both teaching and non-teaching staff) and to even incorporate some element of face-to-face parental support. Most schools told us that they would absolutely have welcomed this.

### Which leaves questions about who should or could operate in this space in the future?

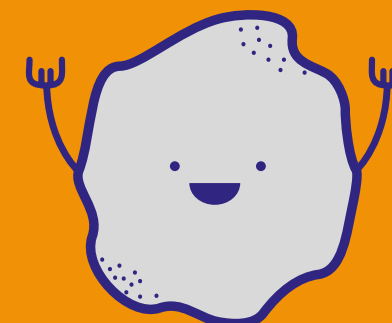
It is clear from this pilot and our work with adults that a focused Programme tackling stigma and discrimination - including self-stigma and fear - is still needed in order to increase empathy and understanding and to provide the necessary conditions for living well with a mental health problem and for feeling confident enough to seek support. Champions were powerfully effective in leading the way and in changing minds. We would urge the Welsh Government to ensure that this is a key component in their 'Whole School Approach' and that the resources and learning from this pilot are fully utilized. Whilst Time to Change Wales will continue to remain at the heart of anti-stigma campaigning, there is an opportunity for other players to take the delivery of this work forward.

Our work has also shown that schools need more support and re-sourcing to deal with poor mental health and to build resilience and understanding amongst the whole school community. Schools really valued the work that we did and wanted much more. For the 'missing middle' - those who need emotional and psychological support but fall below the threshold for CAMHS - normalizing their experience and building empathy and understanding are a crucial first step that needs to be followed up. National and regional coordination to ensure consistency and clarity are also important. Schools in Wales are ready for this and crying out for change.

“CHAMPIONS WERE  
POWERFULLY EFFECTIVE IN  
LEADING THE WAY AND IN  
CHANGING MINDS”



## ACKNOWLEDGEMENTS



YOU ROCK!

*Sincere thanks are owed to every school that participated in the Young People's Programme. Without your commitment, gaining access to young learners for the purpose of our intervention would have been impossible.*

*Time to Change Wales is also extremely grateful to our Young Champions who sit at the core of this social movement.*

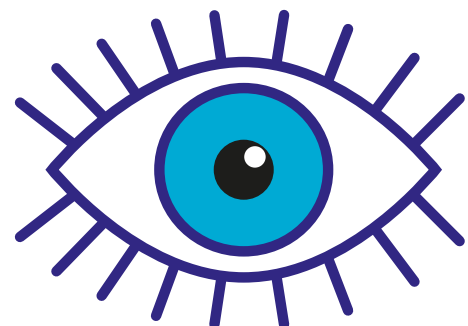
*Your contributions have been both valuable and significant in the writing of this report.*

# EXECUTIVE SUMMARY



*This report is a comprehensive evaluation of the Time to Change Wales Young Person's Programme - which not only highlights its achievements, but more importantly, captures the learning that we identified in the course of delivery.*

As with all pilot projects, the idea was to test a concept and delivery model; to report on what worked and what didn't - and to be able to confidently inform others wanting to operate in this space in the future.



## Our Programme highlights include:



TRAINING AND  
SUPPORTING 54 YOUNG  
CHAMPIONS IN WALES



3,000



DELIVERING INTERVENTIONS TO  
YOUNG PEOPLE WITHIN SCHOOL SETTINGS

REACHED  
1,000,000  
AND ENGAGED 70,000 INDIVIDUALS  
THROUGH OUR SOCIAL MEDIA CAMPAIGN



ENGAGING WITH  
27 EMPLOYERS VIA  
OUR YOUTH EMPLOYER  
PLEDGES

## Throughout the lifecycle of the Programme, we also uncovered the following:



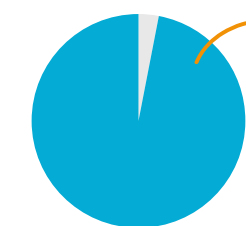
A STATISTICALLY  
SIGNIFICANT  
IMPROVEMENT IN  
EMPATHY FOLLOWING  
OUR INTERVENTIONS



1 IN 5 YOUNG PEOPLE HAVE EXPERIENCE  
OF A MENTAL HEALTH PROBLEM



70% OF YOUNG PEOPLE SAY THAT THEY SPEAK  
TO A PARENT OR GUARDIAN IF THEY WERE  
FACING A MENTAL HEALTH CHALLENGE



97%  
UNDERSTAND THAT MENTAL  
HEALTH PROBLEMS CAN  
HAPPEN TO ANYONE

For evaluation purposes, a variety of data collection methods were used.

In schools, young people completed questionnaires on their attitudes to mental health before and after the intervention, with a follow-up questionnaire three months later to see whether any improvements had been maintained. We interviewed teachers at the schools to discuss the impact of the Programme on pupils and wider attitudes within the school.

Our Young Champions also completed a questionnaire on their wellbeing and capabilities - when undergoing their Champion training, and with a follow-up a few months later. At the end of the project, we interviewed a number of Young Champions about their experiences of hosting the sessions within schools and participating in the Programme in general.

We also measured the reach of the social media campaign and the engagement of young people with our different social media platforms.



# BACKGROUND

## About Time to Change Wales

Led in partnership by two leading mental health charities in Wales – Hafal and Mind Cymru - Time to Change Wales is the first national campaign to highlight and address the entrenched stigma and discrimination that surrounds mental health. Since it was launched in 2012, our work has transformed from a single campaign to become a growing movement for change, mobilising people across the country to alter how they think and act about mental health problems. Our voice is stronger and louder thanks to funding from Welsh Government, Comic Relief and the Big Lottery Community Fund. Our campaign is led by two organisations but its impact is attributed to the hundreds of organisations and individuals who have joined us to help make this change happen.

## The Young People's Programme

We received funding from the Big Lottery Community Fund to run a three year pilot (Sept 2016 to August 2019 inclusive) for a focused anti-stigma and discrimination Programme, led by, and for young people and building on our existing work with adults. The Programme was initially managed by three existing partners (Mind Cymru, Gofal and Hafal), and by Hafal and Mind Cymru from March 2018 onwards.

Time to Change Wales commissioned independent evaluators WIHSC (Wales Institute of Health and Social Care) to assess the landscape, which identified the lack of any national Programme working with young people to promote mental health awareness to their peers.

Our proposal was aligned with Outcome 7 of the Welsh Strategy Together for Mental Health (2012), which identified the need for people with mental ill health to experience less stigma and discrimination, and Talk To Me, the Welsh Government's action plan to reduce suicide and self-harm (2009). The Donaldson Review on the Welsh Curriculum (2015) also identified the need for nurturing "ethical informed citizens", with health and wellbeing identified as one of six areas for "learning and development". Our proposal addressed the need raised by this review.

Time to Change's delivery model for this Programme was grounded in the belief that listening to and learning first hand from the experiences of young people with mental health problems, would be the most effective way to change behaviour and attitudes.

In order to achieve the Programme's goals, TtCW staff concentrated their efforts across three inter-dependent threads: school interventions involving Young Champions; a bespoke social marketing campaign and the Employer Pledge for youth-focussed organisations.

# YOUNG CHAMPIONS

## Young Champions

We were targeted to recruit and train 50 young people (aged between 18 and 30) to lead on the development and delivery of training sessions and mental health awareness raising projects across Wales. These sessions would primarily take place in schools, colleges and universities, but also in more informal youth settings, using other community venues (such as youth clubs) and events to publicise the campaign. These Young Champions would be recruited from those already supporting the TtCW Adult Campaign and through a call to action via our social networks.

Fifty-four Young Champions across Wales were recruited and supported throughout the Programme.

They each received training over two days, in sessions developed and led by TtCW staff, on how to give a presentation on mental health and to share their own personal experiences within a school and youth setting.

## Champion Recruitment

Interested Champions were advised to contact the campaign to make an expression of interest and were then booked on the next available training course in their area. Detailed information was provided on the website on what were the expectations of becoming a young Champion. Previous experience of training adult Champions indicated a funneling process whereby there is a drop off between expression of interest and attendance at training sessions, and between attendance at a training session and actually going on to give a presentation. It should be recognized that this type of volunteering role is quite unique. Young Champions were expected to share often intimate personal experiences about their mental health which at the very least is an emotive and complex process for the individual. The Time to Change Wales team provided continuous support to Champions allowing them to opt-out of the initiative at any point.

As a result, it was recognised from the outset that both a pipeline of trained Young Champions would be required to deliver the proposed timetable and that the number of trained Young Champions needed to be greater than the number theoretically required to deliver sessions.

Given that there was a greater number of existing trained Young Champions in the South Wales area, it was agreed that work would commence with pilot schools in South Wales, allowing more time to develop a cohort of Young Champions and training in other parts of the country. In total, 15 Young Champions attended presentations at schools as part of the Programme.

Evaluation and Analysis

At the start of their training, Young Champions were asked to complete a benchmark questionnaire related to their wellbeing and self-efficacy. Young Champions were asked to complete a follow-up questionnaire between 4 and 6 months after carrying out their training to measure whether there had been an improvement in skills, confidence and wellbeing.

The questionnaire included two standard instruments, the Short WEMWBS (Short Warwick Edinburgh Mental Well-Being Scale) and the Schwarzer-Jerusalem General Self-Efficacy Scale. In the first questionnaire, Young Champions used a labelled five point Likert scale on each of the seven items to identify their wellbeing. In the second questionnaire, Young Champions used a labelled four point scale on each of the ten items to identify their capacity to achieve certain tasks.

Forty-two respondents completed the initial questionnaire. Thirty-nine of these were female and 3 were male. Thirty-nine of the 42 respondents said that they had used mental health services. Sixteen valid responses were received to the follow-up questionnaire, a response rate of 38%. Results were analysed by comparing responses from Young Champions who completed both surveys.



Short WEMWBS Responses - Valid 16 Results Survey 2

	Survey 1 (mean)	Survey 2
I've been feeling optimistic about the future	3.69	3.50
I've been feeling useful	3.19	3.25
I've been feeling relaxed	2.69	2.69
I've been dealing with problems well	3.38	3.38
I've been thinking clearly	3.38	3.25
I've been feeling closer to other people	3.56	3.38
I've been able to make my own mind up about things	3.88	3.44

Schwarzer- Jerusalem General Self-Efficacy Scale - Valid 16 Results Survey 2

	Survey 1 (mean)	Survey 2
I can always manage to solve difficult problems if I try hard enough	3.31	3.06
If someone opposes me, I can find the means and ways to get what I want	2.88	2.88
It is easy for me to stick to my aims and accomplish my goals	2.94	2.63
I am confident that I could deal with unexpected events	2.81	2.69
Thanks to my resourcefulness, I know how to handle unforeseen circumstances	3.00	2.75
I can solve most problems if I invest the necessary effort	3.25	3.13
I can remain calm when facing difficulties because of my coping abilities	2.75	2.56
When I am confronted with a problem, I can usually find several solutions	3.00	2.88
If I am in trouble, I can usually think of a solution	3.06	3.00
I can usually handle whatever comes my way	3.06	2.75

The surveys show generally positive answers from respondents. The mid-point for the 5-point Short WEMWBS is 3. The mean response for six of the seven items are above this point in both the benchmarking and follow-up questionnaire, with only 'I've been feeling relaxed' being lower than 3.

For the Schwarzer-Jerusalem General Self-Efficacy Scale, the mid-point for the 4-point scale is 2. All of the items are above this point and one item, 'I can always manage to solve difficult problems if I try hard enough', is well above an average of 3 across all respondents.

Amongst respondents who completed both questionnaires there is a general reduction in scores across the two questionnaire instruments. However, this is not statistically significant, and so no change has been shown.





Champion Testimonies

We interviewed a sample of Champions who had been directly involved in the sessions in schools to get a clearer understanding of the experience from their perspective. This exercise uncovered some positive impact as well as some challenges which are outlined below.

Impact

On questioning Champions about the impact of their involvement on them personally, one Young Champion commented that participating as a TtCW Champion gave her the confidence to speak up *"At the time I forced myself to sign up three years ago, I wouldn't speak to anyone. Now nobody can keep me quiet! It's given me confidence and a voice I didn't have before."*

Another Champion commented that

"I LOVE DOING IT, OF ALL THE STUFF I'VE DONE WITH TtCW, GOING INTO THE SCHOOLS WAS DEFINITELY THE HIGHLIGHT."

On commenting on the practicalities of delivering a school session, one Young Champion said that *"I loved going to the schools, I really enjoyed that."* One Young champion commented that it took time to warm up pupils for the sessions *"sometimes it would start slowly but then they would come alive. Having someone tell a story makes it come real for them, rather than just be another lesson."* It's evident from the feedback that Young Champions gained a lot out of delivering sessions. It should also be remembered that there is no one norm for mental health, no one form of treatment and that no one form of support or project will be of benefit to everybody. The TtCW Young People's Programme was one outlet which gave voice to Champions to tell their story and help to reduce stigma, but it is not the answer for everyone and does not replace expert trained medical support to help people deal with their problems.



Challenges

Champions were also encouraged to provide candid feedback about the delivery of sessions in schools. Most Champions referred to the sessions not being long enough and having to cram content into short periods of time.

"THERE WASN'T ALWAYS ENOUGH TIME TO DO THINGS. LONGER SESSIONS WOULD BE GREAT, BUT THAT'S UP TO THE SCHOOL, I SUPPOSE."

Another Champion commented that *"sometimes it was exhausting."* This is no surprise considering that most schools opted for back-to-back workshops for timetabling purposes.

One Champion commented about a negative response to her talk by a teacher. Whilst these types of reactions were isolated cases, it could provide an interesting hypothesis around where stigma derives from and also further justifies the need for such intervention within schools.

One Champion questioned whether schools were the right settings for such interventions claiming that:

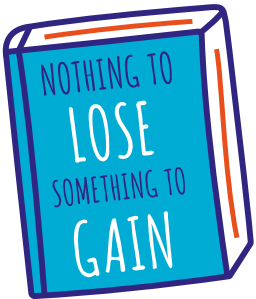
"I THOUGHT THAT THE PROGRAMME SHOULDN'T REALLY BE DELIVERED IN A CLASSROOM SETTING. I'M NOT A TEACHER. I WOULDN'T HAVE OPENED UP FOR A TEACHER WHEN I WAS YOUNG. WHILST WE WERE LIMITED TO DELIVERING SESSIONS WITHIN SCHOOLS AS PART OF THIS PILOT, IT DOES POSE AN INTERESTING QUESTIONS ON WHERE FUTURE ANTI-STIGMA SESSIONS COULD BE DELIVERED."

One Champion suggested that the following the interventions *"maybe there could be a debrief session for teachers."*

*Something that's like 'what could we do next?' 'how did that affect you?'* The same Champion also commented that "If these things had existed in school when I was younger then maybe I'd have spoken out earlier." Another Young Champion suggested that an improvement to the process - having an initial *"school wide introduction to explain the Programme would help"*.

Young Champions: Summary of key learnings and challenges

- Capturing data was a challenge and because of the difficulty in getting Young Champions to complete the evaluation questionnaires it was hard to evidence empowerment as a result of the TtCW intervention.
- The practicalities of being able to get to sessions had a detrimental effect on delivery due to the distance required to travel and availability during specified periods.
- Concerns were raised about the capacity to appropriately support our Young Champions. Our experience shows that these are vulnerable young people with greater volatility in their mental health problems compared to older Champions. With limited parameters of evaluating this, it is unclear whether participation in the Programme provided tangible benefits in the Young Champions' mental health journey, and relapses have appeared more common in this cohort.
- TtCW staff felt they weren't appropriately qualified nor expected to provide support at this level of intensity, or had the resources to do so alongside other commitments.
- The inability to appropriately support Young Champions was a barrier to the expansion of the pilot. With the exception of a small number of Young Champions, Young Champion engagement was inconsistent, leading to an over-reliance on a small number of committed Young Champions. This resulted in the non-completion of follow-up survey instruments to monitor progress and experience and only small numbers indicating a willingness to attend focus group discussions on the Programme.
- Late notification of withdrawal from sessions by Champions posed an issue for the Programme. In order to remedy this, a pre-recorded Young Champion video was prepared so that school sessions could go ahead. It is unclear whether this was as effective as the personal presentation, although it is assumed to have been less effective, and was always considered a 'backstop' in case of emergencies.





# SCHOOLS



*The Programme's initial aim was to train Young Champions (with their own lived experience of mental health problems) who would share their stories and experiences at 9 pilot schools across Wales, in order to reach a total face-to-face audience of 5,000 young people.*

The Programme worked with 14 schools, reaching an audience of just over 3,000 pupils - with 5 of these schools completing all three stages of the evaluation process and it is this data set that has been used for the purpose of the statistics quoted in this report.

## School Engagement

Working in partnership with 9 schools clustered in three areas across Wales (one North, one Central and one South), we endeavoured to embed a whole school approach to mental health awareness, anti-stigma messaging and activity. Led by the Young Champions, we worked with teachers, parents and other school staff to develop a long-term Programme that would sustain beyond the life of this Programme.

## Recruitment of Pilot Schools

Schools were approached through a variety of means. Initial contacts were made through presentations at the National Association of Head Teachers conference in 2015 and again in 2016.

After receiving an initial expression of interest from a school, TtCW staff met with a member of the School Management Team to explain the aims and methods of the campaign before reaching a mutual decision on whether or not to continue with their engagement. This process had the advantage of 'weeding out' schools which were unwilling to provide wholehearted support, including full participation in the evaluation process.

## Challenges

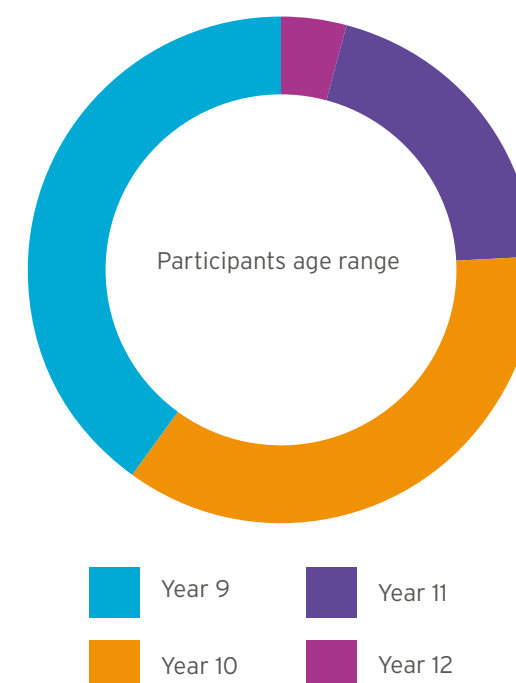
The main areas of concern were in respect of training sufficient Young Champions to deliver interventions across Wales and engaging with schools outside of South Wales.

This was partially due to lack of adequate resource in North Wales which had a direct correlation with Programme recruitment. It is clear that school liaison, particularly in terms of developing sustainable links with new schools was crucial for the Programme's delivery and this shouldn't be underestimated nor under-resourced in any future intervention.

## Young People's Mental Health Questionnaire

In order to evaluate the success of the intervention, pupils were asked to complete an initial benchmarking questionnaire which indicated their attitudes and knowledge regarding mental health. The questionnaire had previously been used and tested by Time to Change in England. Pupils were then asked to complete the questionnaire once more after the workshop, and then approximately three months later. This allowed us to understand any changes which took place as a result of the intervention and whether they had been sustained.

Demographic data was collected from participants, and generally reflected Welsh population norms. Reflecting the age range of the presentations, 46% of participants were in Year 9 of their education, with 30% in Year 10, 20% in Year 11 and 4% in Year 12. A little fewer than one in five respondents (19.3% of valid responses) said that they had personal experience of a mental health problem, while 58.4% of valid response said that they knew somebody with a mental health problem.



## Attitudes towards Mental Health

We consider that the most important information generated from the questionnaire is whether there was an improvement in levels of empathy from pupils.

To test this, young people were given a short monograph about a fellow pupil called Charlie who is suffering a mental health problem, followed by questions which asked how they would respond to Charlie, including:

- Would you be afraid to talk to Charlie?
- Would you feel upset or uncomfortable to be in the same class as Charlie?
- If you spent more time with Charlie, would you be worried that you could develop these things yourself?
- If someone in your family was experiencing similar things to Charlie, would you be worried about your friends finding out?

These were tested using a four point scale which measures changes in attitudes.

Analysis of the results showed a significant improvement in responses provided to questions regarding empathy, with an increase from the initial questionnaire to the post-workshop that was sustained in the follow-up questionnaire three months later.

Working on the assumption that an increase in empathy will lead to more considerate behaviour around somebody with a mental health problem, this is a positive finding for the campaign.

Respondents were also asked how they would respond to Charlie being bullied. Most common responses were to 'check if Charlie is ok', and to 'speak up for Charlie', whilst the least frequent responses were to 'laugh' or 'think it was funny'. Results were broadly similar across all three questionnaires, but showed small improvements.

**58.4% OF VALID RESPONSE SAID THAT THEY KNEW SOMEBODY WITH A MENTAL HEALTH PROBLEM**



Discussing Mental Health

Pupils were asked where they would go for help if they faced a mental health challenge similar to that of Charlie. Results for all three surveys were quite similar.

In the initial questionnaire, around 70% of respondents said that they would turn to a parent or guardian, with 49% saying that they would talk to a friend.

Thirty-one percent said that they would talk to a teacher (increasing by 5% in the post-workshop survey), with the same saying that they would talk to a sibling or a doctor. Twenty-four percent said that they would talk to another family member and 21% to a psychologist/nurse/counsellor/ social worker.

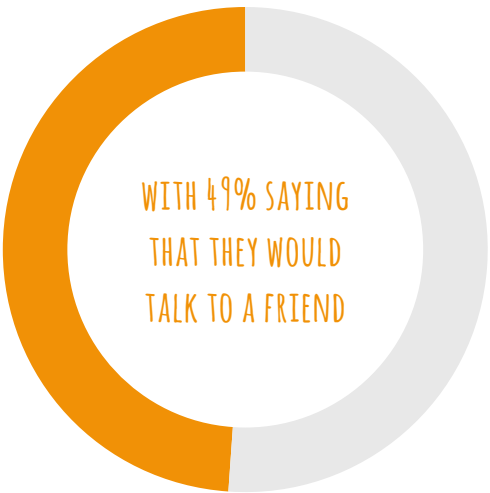
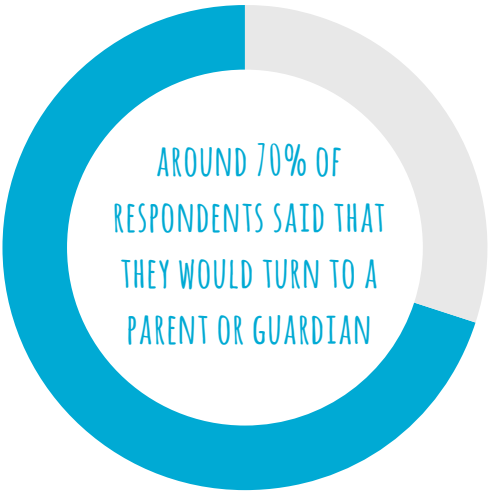
The importance of personal contact is highlighted here, with fewer people saying that they would search online (23%), 3% saying that they would look for help on a public forum such as Facebook, 5% saying that they would search for online help anonymously and 8% that they would phone a service such as Childline.

Only a small number say that they would turn to a community leader, such as in a youth club - 6%, a religious leader - 2%, another member of the teaching support staff - 7%.

This information is useful in understanding that young people are most likely to confide in close personal contacts, and shows the importance of wider mental health literacy within society so that families and friends are confident in providing support and signposting towards mental health services.

This is borne out to some extent by the number of conversations which young people are actually having regarding mental health. Respondents were asked to note whether they had had a conversation about mental health with family, friends or teachers in the past month. Over the three questionnaires, between 36% and 42% said that they had spoken with friends, between 29% and 34% with family and 14% to 28% with teachers. For all three groups, the highest recorded number of conversations were noted in the questionnaire following the workshop.

It is notable that, although young people say that they would turn to their family if they were facing a mental health problem, more have regular conversations with their friends on the subject. This data suggests that large numbers of young people do not speak regularly with family, friends or teachers about mental health.



Mental Health Knowledge

The questionnaires also provided us with information on young people's knowledge of mental health, responding to a series of six questions as to whether a statement was true, false or they didn't know.

Statements included:

MENTAL HEALTH PROBLEMS CAN HAPPEN TO ANYONE

MENTAL HEALTH PROBLEMS ARE WHEN SOMEONE FINDS IT DIFFICULT TO LEARN NEW SKILLS OR INFORMATION

PEOPLE CAN HAVE SOME CONTROL OVER THEIR MENTAL HEALTH

PEOPLE WITH MENTAL HEALTH PROBLEMS CANNOT ENJOY FRIENDSHIPS, MEET CHALLENGES OR DEVELOP THEIR TALENTS

PEOPLE WITH MENTAL HEALTH PROBLEMS CAN GET BETTER

PEOPLE ARE BORN WITH MENTAL HEALTH PROBLEMS

For all six questions there was an increase between the first and third questionnaires in the number of young people who answered correctly. Sometimes this was a stepping stone in which the most correct answers came in the final questionnaire. In others, the highest response came in the questionnaire immediately following the workshop. Again, this is a positive finding, showing that young people have greater knowledge of mental health as a result of the intervention.

There were sometimes very clear responses, e.g. 93% of respondents agreed that 'mental health problems can

happen to anyone', rising to 97% by the final questionnaire, but other questions saw a large number of 'don't know' responses, e.g. 26% of people weren't sure whether people can have some control over their mental health at the time of the final questionnaire and 35% were unsure if people were born with mental health problems. This evidences the need for greater general mental health literacy, with schools being one place where this can be introduced, but also within wider society.

Data tables are available in Annex 1.





Wordclouds

As part of the questionnaire survey, young people completed a ‘write-in’ task about ‘what sort of words and phrases might you use to describe someone who experiences mental health problems?’.

Responses in English were more likely to directly refer to mental illnesses, such as ‘depression’ or ‘anxiety’, whilst Welsh language replies were more likely to mention feelings and emotions, such as ‘sadness’, and less likely to use medical language. This perhaps reflects less frequent use of medical terms about mental health in Welsh, and is an important point to be considered in future Welsh language school based interventions.

There were a small number of negative responses, using language such as ‘psycho’ and ‘nuts’. Less common mental health illnesses, such as schizophrenia or PTSD, were barely referenced at all. Across the three surveys there was a positive improvement in the responses to the exercise.

The Wordclouds can be seen in Annex 1.

School Staff Feedback

Qualitative feedback was collected from a sample of the schools to supplement the data and provide for a more comprehensive evaluation.

Successes

School staff commented about the impact of such intervention. One teacher commented that “pupils were talking about the issues raised well beyond the duration of the actual sessions” and “you could hear a pin drop in some of the sessions”. A further teacher commented that “there was certainly an impact – the kids really sat up and listened.”

This evidences that the overall impact of Young Champions’ talks was significant within the schools. One teacher commented that the intervention has transformed the dynamics of the classroom and that “the pupils already had a lot of knowledge, but they are now far more open to discuss any problems now, with me.” Commenting on the relevance of the intervention and materials, one teacher observed that “the resources were relevant, fitted the age group and engaged the children. Having a real person, rather than just someone telling you, made it more personal and the story more engaging.” One school said that as a result of the TtCW intervention, “we’ve put in place lots of in-school support. We have about 4-5 external agencies. We make them welcome, give them a room for drop-in sessions...”

The feedback from teachers also shone a light on the provision required within schools to deal with pupil disclosures as well as mental health issues within the wider school community. One teacher commented that “CAMHS waiting lists mean they come to me looking for a strategy”. Another teacher stated that these sessions “opened up wider discussion around staff and parents’ mental health”.

Challenges

As with any intervention of this nature, there were challenges faced by schools during delivery. One teacher commented about the issues around timetabling the sessions: “it was difficult to timetable sessions for year 11 – ironic as they probably need the most”. A number of teachers commented about the amount of excessive paperwork involved with one staff member commenting that “the surveys were a nightmare...but we appreciate why it’s done.” Another teacher said that “I’d like to be able to do the surveys immediately on the iPad”.

Another teacher commented that “I took on this role a few months ago, taking over from somebody else, so I didn’t really have a handle on it”. This highlights the importance of early buy-in from the school and TtCW’s role in ensuring that schools are fully briefed on their expectations in terms of paperwork and that this shouldn’t be underestimated. Another teacher reinforced this statement by stating that “the same staff helped throughout – same two all the way through. Continuity of staff was helpful.”

As well as practical challenges, perhaps most notably was the feedback around the impact of Champion stories. One teacher commented that they “felt it was very hard-hitting, not necessarily in a bad way, but we did have concerns about whether they were glorifying their situation. It got the message across though.” Another teacher commented that “sometimes it felt like the envelope was being pushed a bit too far. I know you want to get the message across, but is it too far?”

Teachers also commented that the sessions opened up wider discussions on staff and parents’ wellbeing and parents: “schools raising awareness opened discussion about families, not just personal experiences.” This statement is further reinforced by another teacher commenting that “So many parents suffer from problems that it’s not surprising that the children encounter this at home, out of school. Staff are often unprepared and don’t know how to respond to it.”

Another teacher commented that “we took pupils out of all sorts of classes, not just PSE – their mental health is paramount – it should be a priority for head teachers”

One teacher highlighted a common view that this intervention has led to the school ensuring that there are adequate support mechanisms in place for pupils. One commented that “we will be doing more in the September Assembly, but there’s also a danger in highlighting these issues. Pupils need to know that they’re supported.” Teachers also commented on the challenges around offering this provision from a budgetary perspective: “Staff wellbeing surveys are carried out. Workload is the main concern. It’s very important to the Headteacher and Senior Leadership Team that we continue to monitor this. Like most schools, budget makes it a little tougher.”

One school told us about being let down by a Young Champion who on the day was unable to attend and deliver the sessions commenting that “we felt let down before when somebody didn’t turn up and didn’t tell us until 8:20am in the morning, which left us in a bit of a hole for the lessons. There needs to be a backup plan, to have somebody in reserve to fill in”. We took this feedback on board and as a result produced recorded Champion talks to use as a back-up if the Young Champions couldn’t deliver. Young Champions’ absences were isolated cases but it did serve to highlight the volatility of Young Champions’ mental health throughout this process, a very real issue in the delivery of this Programme.

“THE RESOURCES WERE RELEVANT, FITTED THE AGE GROUP AND ENGAGED THE CHILDREN. HAVING A REAL PERSON, RATHER THAN JUST SOMEONE TELLING YOU, MADE IT MORE PERSONAL AND THE STORY MORE ENGAGING”



Summary of key learnings and challenges

- There was a significant improvement in empathy amongst pupils following the intervention. This suggests that a speaker with lived experience had a positive impact upon their audience, and is appropriate for this age group (Yr 9 -Yr 12). One teacher commented that “empathy is a key word. On leaving sessions, the children were very calm, they’d taken on board the sharing of experience”.
- This was the key performance indicator for the success of the pilot. However, it should be noted that schools usually supplemented our intervention with other PSE work so there may be a cumulative impact being picked up within our evaluation.
- The Theory of Change is that increased empathy will lead to reduced stigma and discrimination faced by people suffering from mental health problems. However, it was difficult to measure this within a school setting, particularly as our data was anonymized.
- Around 1 in 5 young people responded to the anonymous survey to say that they had lived experience. Another 1 in 5 say that ‘don’t know’ whether they have or have or not. This, and other responses, shows the need for greater mental health literacy amongst young people.
- The Programme highlighted an inherent but sometimes ill-defined tension between its aim of increasing understanding and empathy amongst pupils in order to reduce stigma and discrimination and the schools, which wanted to provide pastoral support to young people suffering mental health problems. It also highlighted the lack of human and fiscal support to sustain the pastoral offer within schools.
- Some schools engaged with the Programme but then withdrew or reneged on their pilot status. Reasons include that our Programme did not tackle their specific mental health literacy and support needs, or that pre-existing schemes (linked to other specified curricular activity) within the school were considered more useful, or moreover a priority over our intervention - particularly when competing for already stretched staff resources within the school.
- Initial analysis showed a greater use of medical language around mental health in surveys completed in English, e.g. references to depression and anxiety, whereas feelings are more prominent in Welsh language surveys, e.g. ‘teimlo’n drist’ (‘feeling sad’). This is important for future Welsh language interventions as pupils may have insufficient vocabulary (or knowledge of) to understand or express themselves regarding mental health issues.
- Pilot schools have generally engaged with the Programme, using it to complement a suite of interventions in their PSE lessons. Some schools used TtCW as part of a carousel day whilst others carved out time within the normal school day. Early discussions with schools about timetabling was a determining factor in the likelihood of success of the intervention.
- The TtCW school link was usually at Assistant or Deputy Head level with a strong commitment to pastoral issues within the school. There wasn’t always as much buy-in from other teachers and staff at the school. Positive comments were reported following staff engagement sessions organised by TtCW staff. This should have been better integrated into the buy-in from the school to ensure that the intervention helped embed the wider aspirations for a whole-school approach. However resources didn’t allow for this.
- In the main, the school link members were very positive about the presentations, and remarked that pupils were very engaged, paying particular attention to the testimonies of the Young Champions.
- However there was some criticism of the language used by one Young Champion presenter and the inappropriateness of the content by others.
- Some schools have noted an increase in disclosures following the intervention. Although schools were asked to prepare for this, there was still concern that there was not enough support in the ‘missing middle’ for young people disclosing problems which are not considered serious enough for attention from CAMHS. Schools also expressed concern in advance of the presentations about ‘social contagion’, although in general they felt this had largely not happened.
- There were difficulties in survey collection. Attempts to collect responses online were problematic as schools did not prioritise this compared to the immediacy of a paper form. Schools understood the reason for what appeared to be excessive amounts of paperwork but still found it frustrating. Such paperwork would not be required in future - i.e. in embedding a whole-school approach - as this was the means of evaluating the pilot so delivery will have been evidenced.



YOUNG PEOPLE’S ORGANISATIONS



Outside of the school-focused approach, this pilot sought to leverage TtCW collateral by spreading the anti-stigma and discrimination message within youth-focused organisations, complementing the TtCW employer engagement strand.

We targeted youth focused organisations to sign up to the TtCW Young Person’s Programme Organisational Pledge. Twenty-seven organisations working with young people have pledged to date against an original target of 25.

Signing the Young Person’s Programme Organisational Pledge is a public commitment to support the mental health and wellbeing of young people, employees, volunteers and other stakeholders, to positively change an organisation’s policies and practices around mental health.

The pledging journey involves creating and signing an action plan, embedding it within the organisation and having access to Employee Champion Training for key members of staff to ensure that the action plan and the recommendations within it is ‘owned’ and rolled out within the organisation.

Organisations are encouraged to treat their plan as a living document. Whilst neither a quality mark nor endorsement is needed for the pledge to have real value, it should lead to some practical action.

Action plans are developed on the basis of six grounding principles:

1. Demonstrate senior level buy-in
2. Raising Awareness

3. Update and implement policies to address mental health problems for young people accessing services and employees
4. Encourage people to share their personal experiences of mental health problems
5. Equip your organisation to have conversations about mental health
6. Provide information about mental health and signpost to support services

Summary of Key Learnings and Challenges

- Practical issues around evaluation meant that we were not able to engage with young people associated with non-school youth focused organisations despite growing demand.
- This was never part of the initial proposal although anecdotal evidence from a number of FE and HE colleges indicated that there is very much an appetite for this work and that with adequate resources this could quite easily be replicated.
- The Programme did provide one-off support for schools and other groups, external to the evaluated project where resource allowed.
- There continues to be demand from youth organisations in signing the Organisational Pledge which beyond the Programme will be supported through our Employer work on the Adult Programme.



# SOCIAL MARKETING CAMPAIGN



SHARE THE LOVE

*Without a doubt the social marketing element of the campaign was a clear success.*

We estimated a total Programme target reach of just over 20,000 - but we exceeded this in the first year of the campaign and reached over a million people. Final figures - following the final campaign burst this summer will be made available at the end of the Programme.

The social marketing campaign was designed to complement and amplify the messaging of the adult campaign to maximise awareness of the anti-stigma and discrimination agenda and change attitudes and behaviour amongst young people using creative and tools which would appeal to our young audiences. Following consultation with a panel of young people, we agreed to work in the following way and over the course of the three years we:

- Created a brand new online and offline marketing campaign aimed at young people.
- Promoted and profiled the campaign at local and national stakeholder engagement activities to raise awareness of our intervention.
- Used a range of digital communications (Facebook, Twitter,

Flickr, Instagram, website, email and newsletters).

- Used speaking opportunities to promote the campaign at national conferences and events to demonstrate the impact of our work.
- Provided Young Champions with media training and support to be the voice of the campaign.

We officially launched the Young People's Programme at Blackwood Comprehensive School in May 2017. It received good press coverage, including bilingual TV and radio interviews with our Champions and members of the TtCW team.

(Press release here: <https://www.timetochangewales.org.uk/en/about/news/new-campaign-getting-welsh-schools-talking-about-mental-health/> )

In November 2017 we launched the #WeCanWeWill / #GallwnAGwnawn marketing campaign - a movement of people changing the way people think and talk about young people's mental health - complete with a positive and inclusive strapline:

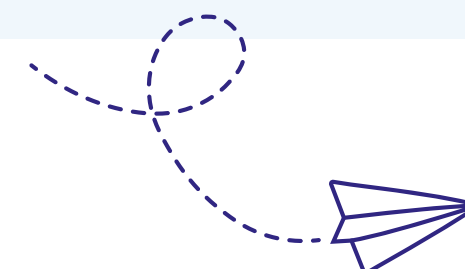


The campaign was published across social media with a campaign video featuring an original poem narrated by one of our Champions. This was accompanied by a series of professionally-filmed vlog-style videos featuring our Champions, either by themselves or with someone who had supported them, talking openly about their mental health experiences.

These videos were all promoted on our social media channels and our website regularly and have become a valuable resource, being shared widely and shown at events.



In addition, we created a virtual movement wall on our website (<http://themovement.timetochangewales.org.uk/>) where people could pledge their support to the campaign and share the message on their social media channels.





Resources

With help from Time to Change England and sessions with our pilot schools, we developed a suite of resources to instigate conversations about mental health which included:

Presentations for schools / groups language exercise

- Games
- Conversation starters.
- Posters
- Talking tips card
- Postcards
- Stickers
- Flyers



As well as being freely available on our website, these resources have also been distributed at events including the National Eisteddfod and Pride Cymru.

Since the launch we've produced our main campaign video created with musician The Honest Poet, several Champion videos, published regular blog posts written by Young Champions, shared stories on our social media channels and helped our Young Champions contribute to media stories around mental health.



Our Champions have also contributed to our activity on mental health awareness days, writing blog posts and creating videos for Time to Talk Day, Children's Mental Health Week, Mental Health Awareness Week and World Mental Health Day.

Summary of key learnings and challenges

- Our social media reach targets have been well exceeded, but measuring impact upon users is difficult and depends on their reasons for accessing our materials. For the purpose of Programme evaluation, reach numbers are considered sufficient to evidence success.
- The content of the blogs and videos posted by young people on our channels coupled with the volume of engagement from young people can be construed as evidence of the need and appreciation of such on-line fora.
- The success of the social media campaign means that we become at risk of losing a core captive audience when the funding comes to an end.



ANNEX 1

Responses to the Pupils' Questionnaire.

Q1. Individual Identity Code

Q2. How old are you?

Year	
13	424 (20.2%)
14	563 (26.8%)
15	493 (23.5%)
16	189 (9.0%)
17	23 (1.1%)
Not valid	408 (19.3%)
Total	2100

Q3. If you are in school, in which school year are you?

Year	
9	975 (46.4%)
10	613 (29.2%)
11	412 (19.6%)
12	92 (4.4%)
n/a	8 (0.4%)
Total	2100

Q4. What is your gender?

Male	1082 (51.5%)
Female	995 (47.4%)
Other	7 (0.3%)
n/a	16 (0.8%)
Total	2100

Q5. Have you ever identified as transgender?

Yes	34 (1.6%)
No	2013 (95.9%)
n/a	53 (2.5%)
Total	2100

Q6. How would you describe your sexual orientation?

Bisexual	69 (3.3%)
Gay	14 (0.7%)
Heterosexual/Straight	1947 (92.7%)
Lesbian	5 (0.2%)
Any Other	21 (1.0%)
n/a	44 (2.1%)
Total	2100

Q7. What is your religion?

No Religion	1534 (73.0%)
Buddhist	3 (0.1%)
Christian (any denomination)	502 (23.9%)
Jewish	6 (0.3%)
Muslim	7 (0.3%)
Sikh	4 (0.2%)
Any other response	20 (1.0%)
n/a	24 (1.1%)
Total	2100

Q8. How would you describe your ethnicity?

Asian or Asian British Bangladeshi	5 (0.2%)
Asian or Asian British Indian	5 (0.2%)
Asian or Asian British Pakistani	6 (0.3%)
Any other Asian background	6 (0.3%)
Black or Black British Caribbean	6 (0.3%)
Any other Black Background	2 (0.1%)
Arab	2 (0.1%)
White and Asian	14 (0.7%)
White and Black African	4 (0.2%)
White and Black Caribbean	4 (0.2%)
Any other Mixed Background	12 (0.6%)
White Welsh/English/Scottish/Northern Irish/British	1896 (90.3%)
White Irish	6 (0.3%)
White Gypsy or Irish Traveller	7 (0.3%)
Any Other White Background	65 (3.1%)
Any Other Background	4 (0.2%)
n/a	56 (2.6%)
Total	2100

Q9. Welsh language skills

Can you understand spoken Welsh	1089 (51.9%)
Can you speak Welsh	1338 (62.7%)
Can you read Welsh	1377 (65.6%)
Can you write Welsh	1451 (69.1%)
None of the Above	408 (19.4%)
Base response	2100

Q10. Do you have a physical or learning disability?

Yes	114 (5.4%) (8.4% of those who responded)
No	1238 (59.0%) (91.6% of those who responded)
n/a	748 (35.6%)
Total	2100

Q11. Do you have experience of a mental health problem?

Yes	396 (18.9%)
No	1651 (78.6%)
n/a	53 (2.5%)
Total	2100

Q12. Do you know someone who has experience of a mental health problem?

Yes	1202 (57.2%)
No	855 (40.7%)
n/a	43 (2.0%)
Total	2100

Q14. Tick whether you think the following statements are true or false

Mental Health Problems Can Happen To Anyone

	True	False	Not Sure	Valid
S1	1931 (93.3%)	27 (1.3%)	111 (5.4%)	2069 (2100)
S2	1552 (96.2%)	15 (0.9%)	46 (2.9%)	1613 (1622)
S3	1691 (96.7%)	7 (0.4%)	51 (2.9%)	1749 (1756)

People with mental health problems cannot enjoy friendships, meet challenges or develop their talents

	True	False	Not Sure	Valid
S1	160 (7.8%)	1502 (72.9%)	399 (19.3%)	2061 (2100)
S2	149 (9.3%)	1172 (72.3%)	286 (17.8%)	1607 (1622)
S3	111 (6.4%)	1388 (79.0%)	246 (14.1%)	1745 (1756)

Mental health problems are when someone finds it difficult to learn new skills or information

	True	False	Not Sure	Valid
S1	477 (23.3%)	842 (41.1%)	732 (35.6%)	2051 (2100)
S2	350 (21.9%)	706 (44.1%)	545 (34.1%)	1601 (1622)
S3	349 (20.0%)	794 (45.4%)	605 (34.6%)	1748 (1756)

People with mental health problems can get better

	True	False	Not Sure	Valid
S1	1520 (74.0%)	120 (5.8%)	415 (20.2%)	2055 (2100)
S2	1349 (84.0%)	75 (4.7%)	181 (11.3%)	1605 (1622)
S3	1383 (79.5%)	74 (4.2%)	282 (16.2%)	1739 (1756)

People can have some control over their mental health

	True	False	Not Sure	Valid
S1	1173 (57.4%)	259 (12.7%)	611 (29.9%)	2043 (2100)
S2	1020 (63.8%)	188 (11.8%)	391 (24.4%)	1599 (1622)
S3	1081 (62.0%)	217 (12.4%)	446 (25.6%)	1744 (1756)

People are born with mental health problems

	True	False	Not Sure	Valid
S1	531 (25.9%)	745 (36.3%)	777 (37.8%)	2053 (2100)
S2	330 (20.5%)	716 (44.6%)	560 (34.9%)	1606 (1622)
S3	370 (21.2%)	758 (43.5%)	615 (35.3%)	1743 (1756)

Q15. In the last month, have you spoken to any of the following about mental health?

Friends

	S1 (2100)	S2 (1622)	S3 (1756)
Yes	726 (36.9%)	630 (41.9%)	612 (35.7%)
No	1106 (56.2%)	780 (51.9%)	1006 (58.6%)
Not Sure	136 (6.9%)	92 (6.1%)	98 (5.7%)
Total	1968 (2100)	1502 (1622)	1716 (1756)

Teachers

	S1 (2100)	S2 (1622)	S3 (1756)
Yes	276 (14.5%)	405 (27.6%)	333 (19.5%)
No	1457 (76.3%)	945 (64.3%)	1242 (72.7%)
Not Sure	176 (9.2%)	120 (8.2%)	133 (7.8%)
Total	1909 (2100)	1470 (1622)	1708 (1756)

Family

	S1 (2100)	S2 (1622)	S3 (1756)
Yes	606 (30.7%)	511 (34.0%)	496 (28.7%)
No	1235 (62.5%)	903 (60.0%)	1136 (65.7%)
Not Sure	135 (6.8%)	90 (6.0%)	96 (5.6%)
Total	1976 (2100)	1504 (1622)	1728 (1756)



Q16. Would you feel afraid to talk to Charlie?

	Definitely	Probably	Probably Not	Definitely Not	Don't Know	(Valid) Total	Mean Avg
S1	64 (3.5%)	138 (7.5%)	703 (38.0%)	945 (51.1%)	177	1850 (2027)	3.3670 (sd 0.77)
S2	54 (3.6%)	95 (6.3%)	479 (31.8%)	877 (58.3%)	94	1505 (1599)	3.4478 (sd 0.77)
S3	43 (2.6%)	80 (4.9%)	633 (38.7%)	880 (53.8%)	96	1636 (1732)	3.4364 (sd 0.71)

Would you feel upset or uncomfortable to be in the same class as Charlie?

	Definitely	Probably	Probably Not	Definitely Not	Don't Know	(Valid) Total	Mean Avg
S1	42 (2.3%)	134 (7.3%)	510 (27.8%)	1151 (62.7%)	195	1837 (2032)	3.5079 (sd 0.73)
S2	40 (2.7%)	96 (6.4%)	402 (26.8%)	960 (64.1%)	91	1498 (1589)	3.5234 (sd 0.73)
S3	21 (1.3%)	86 (5.2%)	451 (27.5%)	1082 (66.0%)	92	1640 (1732)	3.5817 (sd 0.65)

If you spent more time with Charlie, would you be worried that you could develop these things yourself?

	Definitely	Probably	Probably Not	Definitely Not	Don't Know	(Valid) Total	Mean Avg
S1	66 (3.7%)	183 (10.2%)	556 (30.9%)	995 (55.3%)	234	1800 (2034)	3.3778 (sd 0.81)
S2	50 (3.5%)	124 (8.7%)	399 (28.1%)	849 (59.7%)	168	1422 (1590)	3.4395 (sd 0.80)
S3	25 (1.6%)	94 (6.0%)	478 (30.3%)	981 (62.2%)	155	1578 (1733)	3.5304 (sd 0.68)

If someone in your family was experiencing similar things to Charlie, would you be worried about your friends finding out?

	Definitely	Probably	Probably Not	Definitely Not	Don't Know	(Valid) Total	Mean Avg
S1	204 (11.5%)	348 (19.7%)	544 (30.8%)	673 (38.0%)	260	1769 (2029)	2.9531 (sd 1.02)
S2	134 (9.5%)	250 (17.7%)	500 (35.4%)	529 (37.4%)	178	1413 (1591)	3.0078 (sd 0.97)
S3	87 (5.5%)	269 (17.1%)	557 (35.4%)	659 (41.9%)	160	1572 (1732)	3.1374 (sd 0.89)

If you were experiencing similar things to Charlie, would you go for help?

	Definitely	Probably	Probably Not	Definitely Not	Don't Know	(Valid) Total	Mean Avg
S1	669 (37.7%)	739 (41.6%)	256 (14.4%)	111 (6.3%)	252	1775 (2027)	1.8924 (sd 0.87)
S2	509 (36.3%)	602 (42.9%)	215 (15.3%)	77 (5.5%)	185	1403 (1588)	1.9002 (sd 0.85)
S3	486 (32.0%)	694 (45.7%)	262 (17.3%)	76 (5.0%)	216	1518 (1734)	1.9526 (sd 0.83)

Q17. If you said that you would definitely or probably go for help, where would you go? You can tick more than one answer

	S1 (2100)	S2 (1622)	S3 (1756)
Parent or guardian	1472 (70.1%)	1127 (69.5%)	1176 (67.0%)
Brother or sister (including step or half)	645 (30.7%)	521 (32.1%)	489 (27.8%)
My cousin	290 (13.8%)	260 (16.0%)	223 (12.7%)
Another family member	495 (23.6%)	385 (23.7%)	326 (18.6%)
My doctor	632 (30.1%)	469 (28.9%)	540 (30.8%)
A community leader (e.g. an adult at a youth group)	116 (5.5%)	108 (6.7%)	93 (5.3%)
A religious leader (e.g. an adult at a church or mosque)	42 (2.0%)	39 (2.4%)	45 (2.6%)
Talk to a friend	1022 (48.7%)	785 (48.4%)	836 (47.6%)
A teacher	654 (31.1%)	586 (36.1%)	605 (34.5%)
A psychologist/nurse/ counsellor/social worker	435 (20.7%)	343 (21.1%)	399 (22.7%)
A teaching assistant	150 (7.1%)	145 (8.9%)	127 (7.2%)
Another staff member	139 (6.6%)	113 (7.0%)	111 (6.3%)
Chat/write online publicly (e.g. Facebook)	72 (3.4%)	74 (4.6%)	66 (3.8%)
Chat/write online anonymously (e.g. advice blogs)	109 (5.2%)	84 (5.2%)	95 (5.4%)
Search for information on the internet	466 (22.2%)	310 (19.1%)	359 (20.4%)
Call a helpline, e.g. Childline	182 (8.7%)	175 (10.8%)	142 (8.1%)
Don't know	93 (4.4%)	77 (4.7%)	53 (3.0%)
Other	58 (2.8%)	45 (2.8%)	35 (2.0%)
None of the above	95 (4.5%))	49 (3.0%)	65 (3.7%)

**Q18. When Charlie returns to school, you noticed another student laughing and calling Charlie ‘crazy’ during the lunch break. Which of the following would you do?**

	S1 (2100)	S2 (1622)	S3 (1756)
Speak up for Charlie	1125 (53.6% )	935 (57.6%)	969 (55.2%)
Laugh	36 (1.7%)	23 (1.4%)	17 (1.0%)
Feel worried or uncomfortable	352 (16.8%)	270 (16.6%)	337 (19.2%)
Tell an adult	792 (37.7%)	699 (43.1%)	742 (42.3%)
Ignore it	175 (8.3%)	108 (6.7%)	146 (8.3%)
Think it was funny	27 (1.3%)	11 (0.7%)	13 (0.7%)
Check if Charlie is ok	1287 (61.3%)	1039 (64.1%)	1096 (62.4%)
Walk over and ask Charlie if they want to join what you’re doing	651 (31.0%)	566 (34.9%)	624 (35.5%)
Other	106 (5.0)	60 (3.7%)	77 (4.4%)

**Q19. On average, how many young people experience mental health problems each year? Tick one answer.**

	S1	S2	S3
1 in 3	591 (30.3%)	153 (10.0%)	594 (35.4%)
1 in 10	867 (44.5%)	1212 (78.9%)	785 (46.8%)
1 in 50	261 (13.4%)	69 (4.5%)	168 (10.0%)
1 in 100	147 (7.5%)	63 (4.1%)	75 (4.5%)
1 in 1000	89 (4.2%)	40 (2.6%)	54 (3.2%)
Total	1948 (2100)	1537 (1622)	1676 (1756)

**Q20. A bit about you**

Has anybody in your close family (not including you) ever had mental health problems?

	S1 (2100)	S2 (1622)	S3 (1756)
Yes	726 (37.0%)	586 (38.4%)	603 (35.8%)
No	636 (32.4%)	505 (33.1%)	613 (36.4%)
Not Sure	600 (30.6%)	434 (28.5%)	467 (27.7%)
Total	1962 (2100)	1525 (1622)	1683 (1756)

Have you ever had mental health problems?

	S1 (2100)	S2 (1622)	S3 (1756)
Yes	342 (17.5%)	306 (20.3%)	295 (17.7%)
No	1279 (65.5%)	931 (61.7%)	1072 (64.2%)
Not Sure	333 (17.0%)	271 (18.0%)	302 (18.1%)
Total	1954 (2100)	1508 (1622)	1669 (1756)

If yes, has anyone at school been unkind to you in the last month because of your mental health problems?

	S1 (2100)	S2 (1622)	S3 (1756)
Yes	93 6.0% (4.4% total)	82 7.1% (5.1% total)	84 8.5% (4.8% of total)
No	1245 79.9% (59.3%)	874 76.1% (53.9%)	752 75.7% (42.8%)
Not Sure	220 14.1% (10.5%)	193 16.8% (11.9%)	157 15.8% (8.9%)
Total	1558 (74.2%) (2100)	1149 (70.8% total) (1622)	993 (56.5% of total) (1756)



**Q13 What sort of words or phrases might you use to describe someone who experiences mental health problems?**

self harm want help mad shy nervous self conscious mentally challenged  
 depressed  
 scared anxious mentally unstable people need lonely someone needs  
 unwell mind feel understand depressed anxious people mental help hurt  
 different anyone anxiety challenged suicidal things  
 sad depressed mentally disabled struggling bad troubled  
 control disabled sad angry mentally ill brain mental lot  
 crazy person mental health unlucky ill sometimes  
 upset frightened lonely slow sad sure  
 depressed mentally depression bipolar  
 need help hard anxious problems know  
 anxiety depression confused think scared everyone  
 someone emotional alone might stressed  
 depression anxiety difficult unstable may normal feel alone  
 unhappy tired angry psycho need people distressed  
 health problems anger isolated dont know afraid depressed upset  
 lonely isolated nuts misunderstood worried really need support fault vulnerable  
 special

teimlo'n unig fel unrhyw un crazy newid y Rhywun sy'n dioddef isel ddim yn drist dawl  
 arferol sydd yn neu anxiety colli rhywun normal deall disabled anffodus ond  
 cael problemau teimlo'n neb gallu ddim yn gallu stressed nhw yn help unigryw ei  
 Rhywun sy'n person pobl ac gyda cael fel anxiety special depressed  
 anabl depression rhywun ofnus ADHD anodd problemau  
 angen help iawn yn dawl unig dim yn gwybod drist  
 ben ei hun trist dioddef isel ar anhapus bywyd iselder  
 dim yn pethau bod dim maen nhw'n ddim yn diflas teimlo rhywun sydd  
 ac  
 yn person normal meddwl maent yn teimlo'n isel ddim yn siwr mental  
 depression  
 anxiety nerfus ddim un gwybod nhw mewn o sydd angen help mae anorexia  
 gwahanol drist grac isel tawel Ansicr sal hunanladdiad na heb dost sensitif ar ben ei  
 depression anxiety colli angen dost anffodus trist pryderus ddim yn hapus