

## Young People's Health and Emotional Wellbeing Survey

Healthwatch Worcestershire finds out what people think about health and social care services. We use this information to tell those who run the services how they can be improved.

We want to hear the views and experiences of young people in Worcestershire. In particular we want to hear about your health and wellbeing, the impact of Covid-19 on you and what you think about online information and support for emotional wellbeing.

The information you provide is confidential, although we may use anonymised quotes. By completing this survey you are agreeing that we can use your feedback as described above.

1. I agree that I understand the purpose of this survey and consent to the use of the data as indicated above.

I agree

### Covid-19

2. Have you had Covid-19?

No

Yes - Before 31<sup>st</sup> August 2021

Yes - After 31<sup>st</sup> August 2021

3. How worried are you about catching Covid-19?

Not worried at all

A bit worried

Very worried

4. Have you had a Covid-19 vaccination?

No

Yes - At Doctors (GP Practice)

Yes - At school / college

Somewhere else - please specify \_\_\_\_\_

5. Do you have any of the following concerns about the Covid-19 vaccination? Tick all that apply

Feeling unwell after the vaccination

Long term health implications

Fear / dislike of injections

What parents / carers think about the vaccine

What friends / peers think about the vaccine

I have no concerns

Other concerns - please specify -

**6. Where have you heard information about the vaccination from? Tick all that apply**

- Parents/ carers
- Friends
- At school
- Internet
- Social media
- TV / News
- Other - please specify -

**Impact of Covid-19 Pandemic**

**7. What impact has the Covid-19 pandemic had on the following:**

	Big Negative Impact	Some Negative Impact	No Impact	Some Positive Impact	Big Positive Impact
<b>Your learning</b> School / college work, exam results etc					
<b>Your socialising</b> Being able to meet up with people and develop friendships and relationships					
<b>Your family / home life</b> Relationships with family / those you live with					
<b>Your emotional wellbeing</b> How you have been feeling, happiness and anxiety					
<b>Your physical health</b> Time spent doing sport, exercise, being active and diet					
<b>Your screen time</b> Amount of time spent on phone, tablet and computer					

Additional comments about impact of Covid-19 -

## Information

8. Do you think you have enough information about looking after your emotional wellbeing / mental health?

Yes - definitely       Yes - kind of       No       Not sure

9. Do you think you have enough information about looking after your physical health?

Yes - definitely       Yes - kind of       No       Not sure

10. Which of these would you / do you use to find information online in relation to your health and emotional wellbeing?

	Yes - definitely	Yes - possibly	No	Don't know about this
School / college website or online shared area				
Websites for young people about healthy living, diet and exercise				
A health and wellbeing app accredited by NHS				
Google / web search				
Facebook				
Twitter				
YouTube				
Tik Tok				
Local NHS website about mental health e.g. Now We Are Talking - <a href="http://www.healthyminds.whct.nhs.uk/noweretalking">www.healthyminds.whct.nhs.uk/noweretalking</a>				
Local NHS website about mental health services for young people - <a href="http://www.camhs.hacw.nhs.uk">www.camhs.hacw.nhs.uk</a>				
Local Council website for young people e.g. The Rona Hub - <a href="http://www.worcestershire.gov.uk/TheRonaHub">www.worcestershire.gov.uk/TheRonaHub</a>				
Kooth - Online mental wellbeing community <a href="http://www.kooth.com">www.kooth.com</a>				
National NHS website - <a href="http://www.NHS.uk">www.NHS.uk</a>				

Other - please specify

**11. Which of these topics would you find it helpful to have more information about?**

	Yes - Definitely	Yes - Possibly	No	Unsure
Fitness and exercise				
Diet and healthy eating				
Managing anxiety				
Low mood and depression				
Sleep problems				
Self-esteem / self- confidence				
Body image				
Eating Disorders				
Bullying				
Gender identity				
Sexuality				
Relationships				
Sexual health and relationships				
Managing school work / studies				

**12. Is there any information you have wanted but not been able to find?**

**13. What is important, when creating online information for young people?**

	Very important	Important	Not very important	Not important at all	Unsure
Easy to find (e.g. via a web search)					
Easy to use / find your way around					
Language - clear, aimed at young people, but not patronising					
Visual appearance - uses pictures, colourful etc					
Contains useful links and telephone numbers for support					
Gives experiences of other young people					

**Other -**

**Support**

**14. Do you feel you have someone you can talk to, if there is something worrying you or you are feeling unhappy?**

- Yes - definitely     
  Yes - kind of     
  No     
  Not sure

**15. If you needed to have some support for emotional wellbeing - which of the following would you be happy to use?**

	Yes - definitely	Yes - possibly	No	Don't know
One-to-one session at school / college				
One-to-one session out of school / college				
Group support sessions				
Online support - e.g. Kooth				
Support session via video call e.g. Zoom				
Support via telephone				
Support via text message chat e.g. Chat Health				
Support via an App e.g. BESTIE				

Additional comments / Any other type of support you would be happy to use

**16. Which of the following do you do to relax?**

	Yes - often	Yes - sometimes	No
Meet up with friends			
Spend time with family			
Chat to friends - online			
Online gaming			
Go on social media			
Watch TV, Netflix			
Listen to / play music			
Go for a walk			
Exercise			
Take part in sport			
Reading			
Art - e.g. drawing or painting			
Cooking or baking			
Spend time with pets / animals			

Other -

## Digital Access

17. How do you access the internet? (tick all that apply)

- Mobile phone - using network connection
- Mobile phone - using Wi-Fi connection
- Broadband internet connection at home
- Internet connection at school
- Internet in a public amenity e.g. café, library

18. How easy would you find the following?

a) Discussing health or emotional wellbeing issues and concerns via telephone / video call

- Easy                       OK                       Difficult                       I would not be able to  
Why?

b) Having somewhere private / confidential to have a conversation via telephone or video call during the day e.g. to speak to a Doctor or Counsellor

- Easy                       OK                       Difficult                       I would not be able to  
Why?

c) Having enough mobile phone data or credit to use the internet e.g. to be able to speak to someone via video call or download and use apps

- Easy                       OK                       Difficult                       I do not have a mobile  
Why?

## Experiences of Support

19. Have you received any support for emotional wellbeing or mental health from school, health, online or other support services in the last 12 months?

- Yes
- No - I have not needed any support - *please go to question 21*
- No - I have needed support but not been able to get it - *please go to question 21*  
- *If you have needed support but not been able to get it - please explain -*

**20. If you have received support in the last 12 months from any of the following - how would you rate this?**

	Very good	Good	OK	Not very good	I have not used it
School / College Counsellor / support staff					
Comments -					
Kooth - online counselling					
Comments -					
Chat Health - text service					
Comments -					
Reach4Wellbeing - group support					
Comments -					
School Nurse					
Comments -					
Child and Adolescent Mental Health Service (CAMHS)					
Comments -					
Community Eating Disorder Service					
Comments -					
Any other support - e.g. Mentor Link - please specify below					
Comments -					

**21. Is there anything else you would like to tell us about relating to Covid-19 and accessing information and support for your health and emotional wellbeing?**

## About You

This information will not be used to identify you. It just helps us to know who we have gathered feedback from overall.

22. How old are you? \_\_\_\_\_

23. How do you describe your gender identity?

- Male                       Female                       Trans Male                       Trans Female  
 Non binary                       Unsure / Questioning                       Other (please specify) -

24. Do you have a disability or long term health condition?                       Yes                       No

25. If yes, please select from the following:

- Learning disability                       Autism Spectrum Condition                       Visual impairment  
 Mental Health                       Hearing impairment                       Physical disability  
 Long term condition e.g. Diabetes                      Other (please specify): \_\_\_\_\_

26. Where do you live?

- Worcester City                       Redditch                       Bromsgrove                       Malvern Hills  
 Wyre Forest (Kidderminster, Stourport)                       Wychavon (Droitwich, Evesham, Pershore)

27. Which of the following best describes how you think of yourself?

- Heterosexual / Straight                       Gay or lesbian                       Bisexual                       Prefer not to say  
 Other sexual orientation not listed

28. Are you a young carer? *Someone who regularly provides emotional and/or practical support and assistance for a family member who is disabled, physically or mentally unwell or who misuses substances.*                       Yes                       No                      [www.yss.org.uk/worcestershire-young-carers](http://www.yss.org.uk/worcestershire-young-carers)

29. If yes - have you accessed Worcestershire Young Carers?                       Yes                       No

30. How would you describe your ethnic group?

White	Mixed ethnic groups	Asian / Asian British	Black / Black British
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Irish Traveller <input type="checkbox"/> White other: _____	<input type="checkbox"/> White and Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed: _____	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian: _____	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black: _____ <input type="checkbox"/> Arab/any other group: _____

Thank you for taking part - we will put the report with all our findings on our website - [www.healthwatchworcestershire.co.uk](http://www.healthwatchworcestershire.co.uk)