

# "Everything to gain and nothing to lose"

Mental wellbeing and resilience in young people:

a Southwark priority



2018 Annual Public Health Report

February 2019

# Acknowledgements

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**A very special thank you to the many children and young people who shared their experiences with mental health and wellbeing, through spoken word and art. You have afforded us a glimpse into the challenges and battles you face on a daily basis. You have also shown us the strength and resilience of Southwark young people and brought to light what more we could be doing to support you. Thank you.**



Cover artwork by Khalid, age 12

# Foreword

**Each year, Directors of Public Health in local authorities across England fulfil a statutory requirement to write an annual report on the health of their population. The Annual Public Health Report (APHR) is a vehicle for informing our partners and residents about the health of our community, as well as providing information and evidence on key health and wellbeing needs that should be prioritised in the forthcoming year. This year we have focused on the mental wellbeing of Southwark's young people.**

We have focused this report on 10 to 17 year olds, recognising that while measuring mental wellbeing across populations is underdeveloped and there is no definitive methodology that provides insights into trends of wellbeing, young people are increasingly saying that they feel their mental wellbeing could be improved.

This local focus on young people's mental wellbeing comes at a time of increasing national attention and the release of a number of Governmental policies and initiatives. The December 2017 green paper, Transforming children and young people's mental health provision, set out three key proposals that the Government has committed to trialling in certain areas by the end of 2019:

1. To incentivise and support educational settings to identify and train a designated senior lead for mental health
2. To fund new mental health support teams supervised by NHS child and adolescent mental health professionals to work with and in schools
3. To increase child and adolescent mental health service access by piloting four-week waiting times

Locally, Southwark has built on and accelerated the national direction by ensuring 100% of children and young people requiring specialist child and adolescent mental health treatment are able to access it in a timely manner and pledging an additional £2 million for young people's mental health.

The early identification and treatment of mental ill-health is necessary to improve children and young people's mental health but it is not sufficient in itself. Good mental health requires a positive sense of mental wellbeing - the combination of feeling good and functioning well. Indeed, much like good physical health, mental wellbeing does not originate from health services. Rather, it is through supportive relationships, thriving schools and communities. There are a range of individual, community and social factors

through which we can promote and support wellbeing. Southwark Council recognises the multifactorial nature of mental wellbeing and we have formally committed through the Council Plan 2018/19-2021/22 to delivering good quality and affordable homes; to ensuring regeneration delivers better schools, parks, and leisure centres for our young people; and to promoting a healthier, safer life for our residents, beginning in early childhood. All of these things contribute to feeling good and functioning well.

Our report is comprised of two sections. In the first, we explore what mental wellbeing means to young people, the factors that influence it across individuals, communities and wider determinants, and what we can do individually and collectively - as communities, schools and organisations - to promote this in our young people. This is followed by five recommendations ([page 20](#)) to help shape and direct priorities for action over the upcoming year. The second section - a separate document - is a full statistical appendix, providing further evidence around the risk factors for poor mental wellbeing.

This annual public health report reflects our continued commitment to supporting our young people to fulfil their potential and navigate the path to adulthood, setting an upstream focus to both national and local developments by examining the determinants of positive mental wellbeing. As we explore in the early sections of the report, concepts of mental wellbeing are complex. Therefore as part of the APHR development process we engaged with a number of young people in new, creative ways to understand what mental wellbeing means to them. We are very grateful for their time and insight and for sharing moving and personal accounts of how they conceptualise mental wellbeing in their own lives. May their experience and stories, coupled with the recommendations in this report, serve as a call to action for all of us to promote and protect the mental wellbeing of our next generation.



**Professor Kevin Fenton**

Strategic Director of Place & Wellbeing (including the statutory function of the Director of Public Health)

Southwark Council

# Definitions

## **Mental wellbeing:**

The combination of feeling good and functioning well. This encompasses good physical and mental health, as well as feelings of connectedness, purpose, and belonging.

## **Mental health:**

Describes a spectrum of health from mental illness to positive mental health and wellbeing.

## **Mental illness/mental health disorder:**

Encompasses a range of mental health conditions; from common conditions such as depression and anxiety, to severe mental illnesses such as schizophrenia and bipolar disorder.



# Introduction

## What do we mean by mental wellbeing?

Mental wellbeing is more than the absence of a mental illness and is broader than just 'being happy.' It can be summed up as the combination of 'feeling good and functioning well,' a dynamic process in which the external circumstances of our lives interact with our personal characteristics to shape how we feel and how we function (*Figure 1*). More simply put, mental wellbeing is our ability to flourish, realise our potential, be productive, and contribute to our community. Mental wellbeing in children and young people builds psychological resources and cultivates resilience to bounce back from challenges.

The places in which we live and grow are also strong determinants of wellbeing. A thriving community is one which provides secure and safe environments and housing, supports accessible employment and education, and promotes equal opportunities for all. These wider determinants of mental wellbeing are important because they are modifiable.

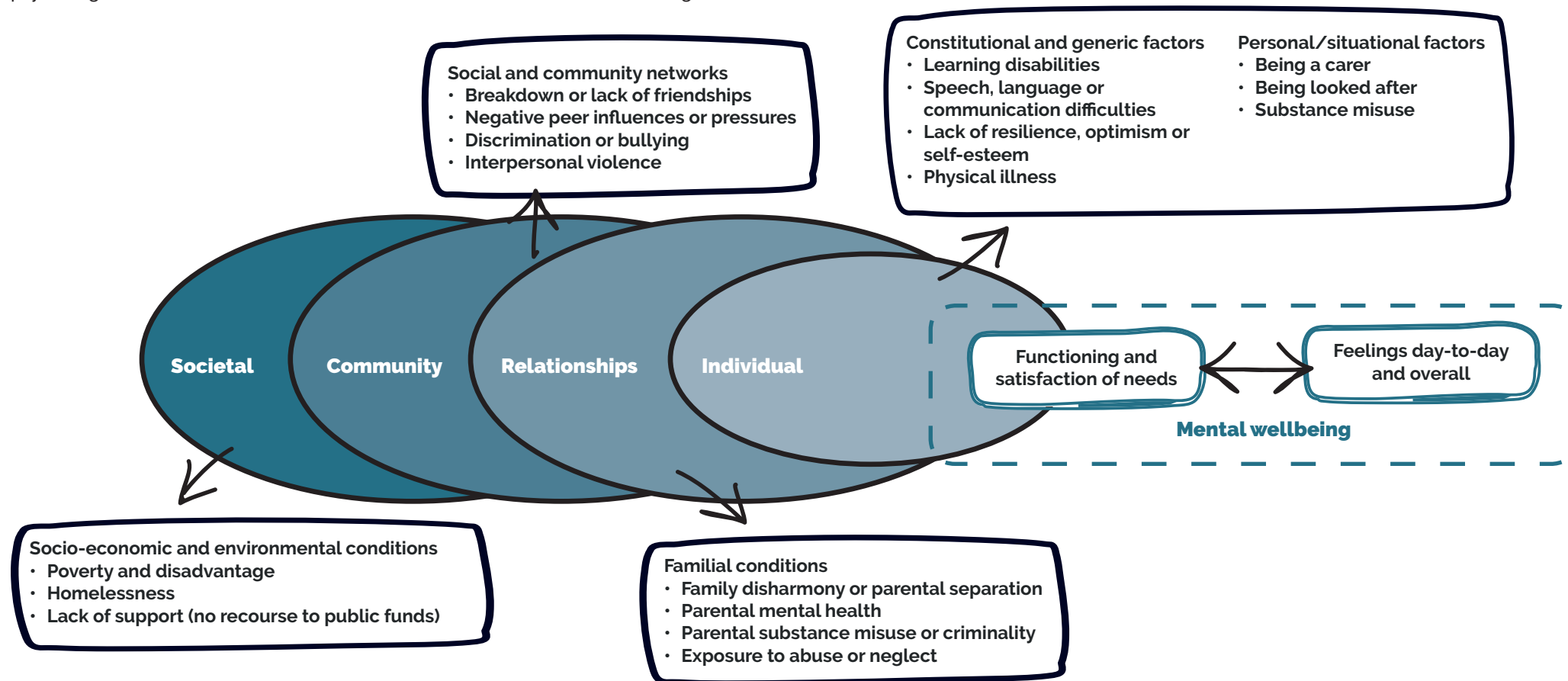


Figure 1. 'A dynamic model of wellbeing' Adapted from NEF Consulting. *Mental Wellbeing of Young People (aged 0-24 years) in Southwark. Southwark's JSNA. Southwark Council: London. 2018.*

## Adolescence and mental wellbeing - why 10-17 year olds?

The importance of the early years in securing good mental and physical health is well documented. However, new research has shown that, after the early years, adolescence presents a second critical opportunity in which to build good mental wellbeing. The age range of what constitutes adolescence is complex as it starts with the biological process of puberty and ends at a culturally defined point during young adulthood. We have selected 10 to 17 year olds as the focus of this report as young people of this age still spend most of their time at school and at home, key opportunities at which to intervene and support.

Adolescence is a critical time in individual development: long-term conditions emerge, risk-taking behaviours begin, and health behaviours tend to be set for adulthood. The effects of poor health and wellbeing, both physical and mental, in adolescence can last into adulthood. Indeed half of all mental illnesses will also begin by age 14.<sup>1</sup> A proportion of these illnesses will go undiagnosed and untreated but not all cases require exclusively clinical support.

Adolescence is also a distinctive period in that it is dominated by transitions: primary to secondary school, school to work, children services to adults, moving home, and even changes in family structures. Bodily changes in puberty and navigating new types of relationships can leave adolescents feeling out of step with their peers and isolated in managing their personal transitions.

Transitions can be difficult at any age. However, the loss of a support system – be it a physical space, routine, individual relationships or social networks – can leave adolescents vulnerable at an already sensitive time. Some may find it harder than others to embrace the new, re-establish support systems, or to seek help when they need it, while simultaneously fighting to establish independence and make decisions that will impact their future. The ability to trust others outside of the family home is also key to establishing support networks that will see them through to adulthood; social media, peer and school networks play an increasingly prominent role during this period.

In adolescence, young people are increasingly exposed to new interactions and experiences, such as embarking on relationships and experimentation with risk-taking, for example, drug and alcohol use. Developing independence, trying different ways of doing things, and balancing personal responsibility with risks are part of the adolescent journey, however, this period is vulnerable to the development of mental health disorders.

## Adolescents in Southwark

Eight percent of our total population are aged 10-17 years, equating to approximately 24,200 young people.<sup>2</sup> Our young people are much more diverse than our older populations and they are more deprived. The number of adolescents in Southwark identifying as black (40.7%) is almost double that of the general population (22.9%).<sup>3</sup> There are also more 10-17 year olds living in our most deprived areas; over 45% 10-17 year olds compared to 38% of all residents. These demographics are important to consider when thinking about mental wellbeing and some of the challenges our young people may be facing.

**1 / 10**

would be from a household without  
English as a first language



**1.5 / 10**

would have a diagnosed mental health  
disorder



**4.5 / 10**

would live in our most deprived quintile



**4 / 10**

would be black



**2.5 / 10**

would be obese

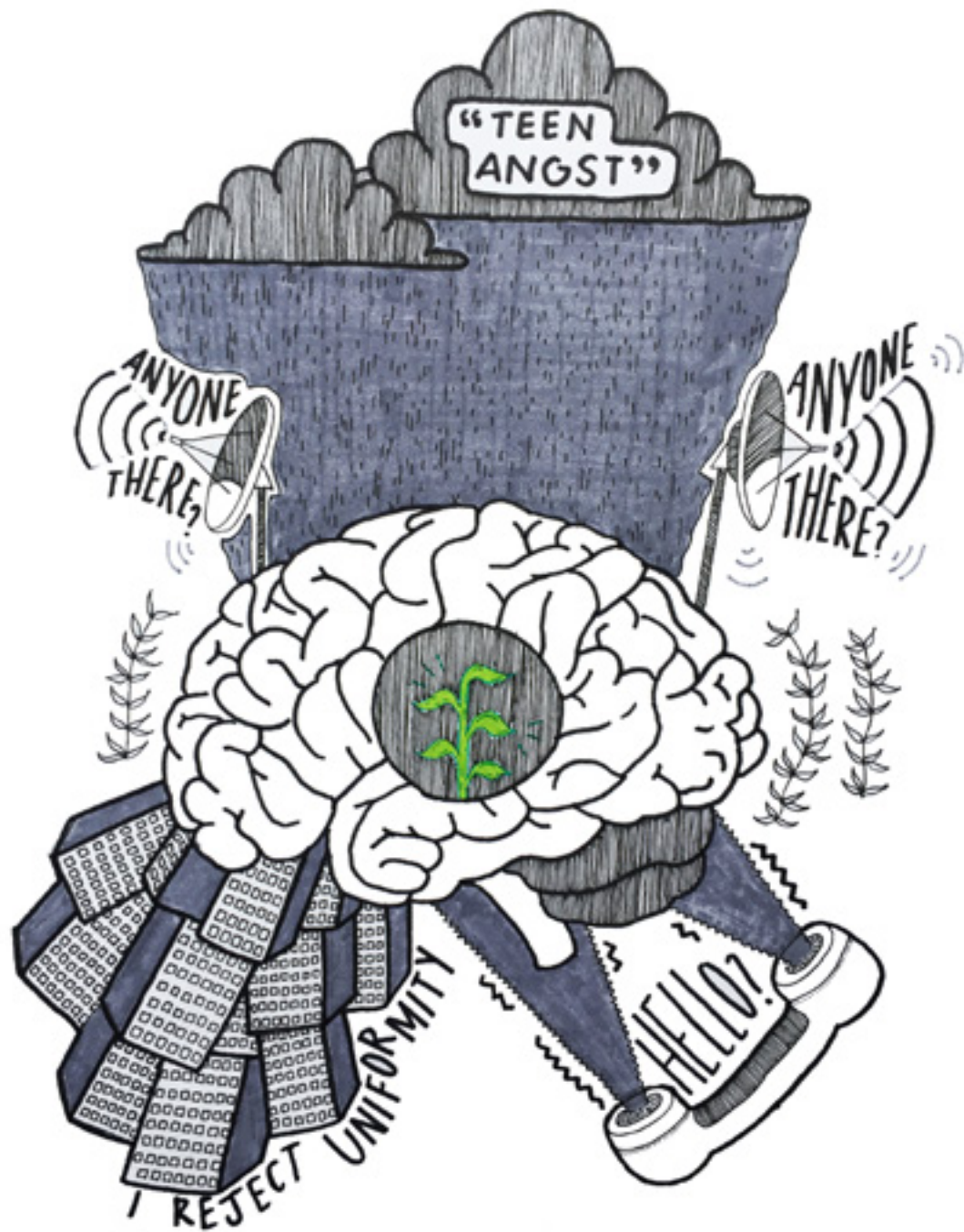


**1 / 10**

would be LGBTQI+



Figure 2. If all adolescents in Southwark were represented by 10 people<sup>2,3</sup>



Artwork by Gus, age 16

# What does mental wellbeing mean to young people in Southwark?

We know what mental wellbeing means to professionals, but what does it mean to young people? What constitutes mental wellbeing is complex and it is not a clinical concept with a defined threshold. As discussed in previous sections, mental wellbeing has both individual and social determinants and combines both how we feel and how we function. Improving mental wellbeing in young people requires us to understand what they feel impacts on it.

## How we engaged young people for this report

As part of our Annual Public Health Report, we took the opportunity to engage young people in new ways to ask them directly about their mental wellbeing, what it means to them, what affects it, and how they cope. We commissioned the charity Poetic Unity to run two spoken word workshops with a cohort of around 30 young people. Through

poetry and spoken word, participants were encouraged to write about their experiences with mental wellbeing. We then reached out across Southwark to ask all interested young people to tell us, through their art, what mental wellbeing means to them.

We hosted a borough-wide art competition, judged by a panel of staff from Public Health and Culture, and members of the Youth Council. Submissions will be displayed in a temporary gallery at the Council in spring 2019, and the winning piece is featured on the cover of this report. Excerpts from both activities are included within the report.

A number of shared themes emerged from the engagement exercises on the causes and consequences of poor mental wellbeing, and methods used to improve mental wellbeing; these are displayed in the word clouds below (Figures 3-4). The size of the word below corresponds to its prevalence.



Figure 3. Themes emerging from young people's poetry and artwork on the causes and consequences of poor mental wellbeing



Figure 4. Themes emerging from young people's poetry and artwork on how to improve mental wellbeing



# Young people at increased risk for poor mental wellbeing

Certain cohorts of young people are more likely to experience multiple vulnerabilities. Southwark has a greater number of children who are potentially at risk for poor mental wellbeing.<sup>4</sup> Particular consideration should be given to targeted engagement and support for young people who are:

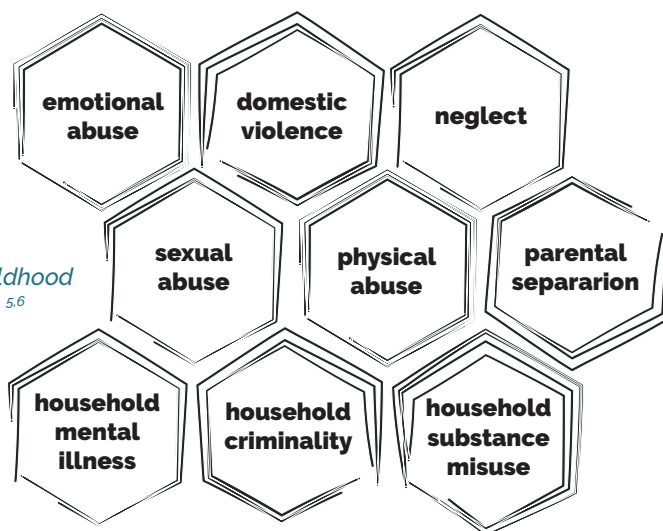
<p><b>Looked-after children (LAC)</b></p> <ul style="list-style-type: none"> <li>• There are approximately 500 LAC in Southwark; they are among the most vulnerable in our society</li> <li>• Almost 50% of child protection plans in Southwark were due to neglect and most LAC entered care during adolescence</li> <li>• LAC account for about a third of young people</li> </ul>	<p><b>Young carers</b></p> <ul style="list-style-type: none"> <li>• Nearly 800 students in Southwark are estimated to be caring for someone at home; this is a risk factor for poor mental health that often goes unrecognised</li> <li>• Caring is stressful and carries stigma</li> <li>• Young carers are more likely to have a SEND and are more likely to be BAME</li> </ul>	<p><b>Black, Asian, and minority ethnic</b></p> <ul style="list-style-type: none"> <li>• Forty percent of Southwark adolescents of Black ethnicity</li> <li>• BAME young people are more likely to be exposed to other risk factors for poor mental wellbeing</li> <li>• BAME are less likely to engage with mainstream services</li> </ul>
<p><b>Teenage parents</b></p> <ul style="list-style-type: none"> <li>• The number of teenage mothers in Southwark has reduced significantly but they remain a vulnerable cohort</li> <li>• Teenage pregnancy exposes parent and child to risk factors for poor mental wellbeing</li> <li>• Teenage mothers have higher rates of postpartum depression, affecting their ability to form secure attachments</li> </ul>	<p><b>Special educational needs and disabilities (SEND)</b></p> <ul style="list-style-type: none"> <li>• Over 8000 children in Southwark have been identified as having SEND</li> <li>• Children and young people with SEND are more likely to have a mental health disorder than those without an intellectual disability</li> <li>• They are also more likely to be Black Caribbean and more deprived</li> </ul>	<p><b>LGBTQI+</b></p> <ul style="list-style-type: none"> <li>• Ten percent of secondary students in Southwark report identifying as LGBTQI+</li> <li>• Young LGBTQI+ are coming out an earlier age, which frequently coincides with adolescence – an intense developmental period</li> <li>• These young people are more likely to be bullied but few ever report their experience</li> </ul>
<p><b>Not in education, employment, or training (NEET)</b></p> <ul style="list-style-type: none"> <li>• The number of young people NEET in Southwark is similar to the England average</li> <li>• Young people NEET are more likely to suffer from depression and to engage in unhealthy behaviours such as substance misuse</li> <li>• One-in-five 16-18 year olds who are NEET is a teenage mother</li> </ul>	<p><b>Engaged with the youth offending service</b></p> <ul style="list-style-type: none"> <li>• Southwark has a higher than average rate of first-time entrants to the youth justice system</li> <li>• Young people exposed to violence live with heightened fear and anxiety, and may be suffering from PTSD</li> <li>• Young people involved in violence are at increased risk of exploitation and abuse</li> </ul>	<p><b>Insecure housing</b></p> <ul style="list-style-type: none"> <li>• Southwark has the sixth highest rate of family homelessness in London</li> <li>• Young people in care, of BAME ethnicity, and who identify as LGBTQI+ are more likely to be homeless</li> <li>• Poor mental health is one of the top three support needs reported by young people accessing homelessness services</li> </ul>

# Individual risk and protective factors

## Early childhood experiences

Adolescent health outcomes and behaviours are heavily influenced by experiences in childhood. The wellbeing of children in early years is critical to providing the best start to life and is an important determinant of future and current health. Early adverse experiences may affect a child's ability to form secure attachments and are strongly associated with an increased risk of poor physical and mental health later in life.<sup>5</sup> Adverse childhood experiences (ACEs, *Figure 5*) are common: about half of all adults in England have experienced at least one.<sup>5</sup> However, it is the multiplicity of ACEs that is most concerning and most strongly associated with poor outcomes and risk behaviour. In Southwark, about 9% of infants are affected by four or more ACEs.<sup>6</sup> These children are more likely to use illicit drugs, have unhealthy diets, experience an unplanned teenage pregnancy, become involved in violence, and have poor mental wellbeing.<sup>5</sup> This has considerable implications for the risk factors they may experience and the support they may need later in life.

Southwark recognises the importance of ACEs and Public Health have begun to quantify exposure locally. We undertook a review of health visiting case notes to estimate the number of ACEs in Southwark children, which has helped us to develop a picture of the vulnerabilities with which our children grow up and are impacted by.



*Figure 5.*  
Adverse childhood  
experiences<sup>5,6</sup>

## Families, trusted adults, and peers

There is a plethora of good quality evidence which demonstrates how our very early experiences of relationships impact our social and emotional development. Children who have experienced positive and secure attachment to a primary care giver are better able to cope with stress, have a higher perception of self-worth, and are able to adjust better to adversity and change. Parenting styles have an impact on the behaviour and mental wellbeing of children as they enter adolescence. Parental warmth improves adolescent coping and is associated with less anxiety and better clinical and school adjustment.<sup>7,8</sup>

The presence of a trusted, present adult (family or other) in childhood can reduce poor health behaviours in adulthood including unhealthy diet, daily smoking, and heavy alcohol consumption.<sup>9</sup>



"I have to rhyme  
am here to gryme if man  
come to me I am going to cry  
at one point in my  
life I wanted to run  
away with my life. I couldn't  
fake my life but a girl  
change my life. What I  
did with my life I was  
scared to lose it but all  
I did was cry. When  
I lost my older brother  
my dad lost his small  
I couldn't laugh with my  
dad I wish I can go  
back in time. I hope  
I don't die by the knife.  
am going to stick to my  
football and live my life"

- Young person aged 14-18  
at Southwark YOS

Trusted adult support can also mitigate the impact of adverse early childhood experiences, particularly on low mental wellbeing.<sup>9</sup> Young people themselves consistently tell us how much trusted adult and family relationships are important to them. In a Princes Trust survey of over 2,000 young people, 77% said that spending time with their family made them happy.<sup>10</sup> Supporting parents of adolescents will have positive benefits for both parent and child alike.

Peer relationships are important to young people and good quality friendships can enhance mental wellbeing. However, a significant minority of children are reporting feelings of loneliness, particularly those who are more deprived and living in larger cities.<sup>11</sup> Loneliness is strongly correlated to low levels of mental wellbeing. Transitions such as the move to secondary school can fracture social support networks and are therefore key points of vulnerability for young people.

## Sexual relationships and identity

Relationships are an important determinant of health and wellbeing across the life course and, as we grow older, the scope of our relationships begins to widen. Sexual relationships are a chief component of our interpersonal experiences. Similar to good mental health, good sexual health is more than just the absence of disease. Sexual health requires a positive and respectful approach to sexuality and sexual responses, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Southwark, along with Lambeth and Lewisham, have produced a new sexual and reproductive health strategy (2019-24) with a strong focus on the protective role of healthy relationships. Development of positive sexual identity is linked to self-esteem and body image. Adolescents may be exposed to peer-pressure, bullying or coercion around sexual behaviour, with phenomena such as 'sexting'. For LGBTQI+ students, adolescence can be a particularly challenging time. Nearly half of LGBTQI+ students report being bullied at school while 53% felt there was no responsible adult at school to speak to about their sexuality.<sup>12</sup> Of particular concern is that research suggests LGBTQI+ young people self-harm more than their peers and are more likely to take their own life.<sup>12</sup>



"Right now in my head everything black in my Head the world spin so fast I feel like I'm floating The day I heard you was gone my world just Ripped my inner demon came out and unleashed Hell on the world chaos was created every Day I wake up think ur there never."

- Young person aged 14-15 at Southwark secondary school

Negative Behaviours
Used hurtful or threatening language to me
Was angry or jealous when I wanted to spend time with friends
Kept checking my phone
Asked me to send them photos or videos of a sexual nature
Put pressure on me to have sex or do sexual things
Threatened to tell people things about me
Threatened to hit me
Hit me

*Almost a quarter of secondary pupils surveyed in Southwark in 2016 experienced at least one of these negative behaviours, with either a current or previous partner<sup>13</sup>*



"It started off good, it started as love.  
Or maybe even 'tough love'  
That's what he told her, that's what he told me  
I ignored it, I trusted every word he was saying"

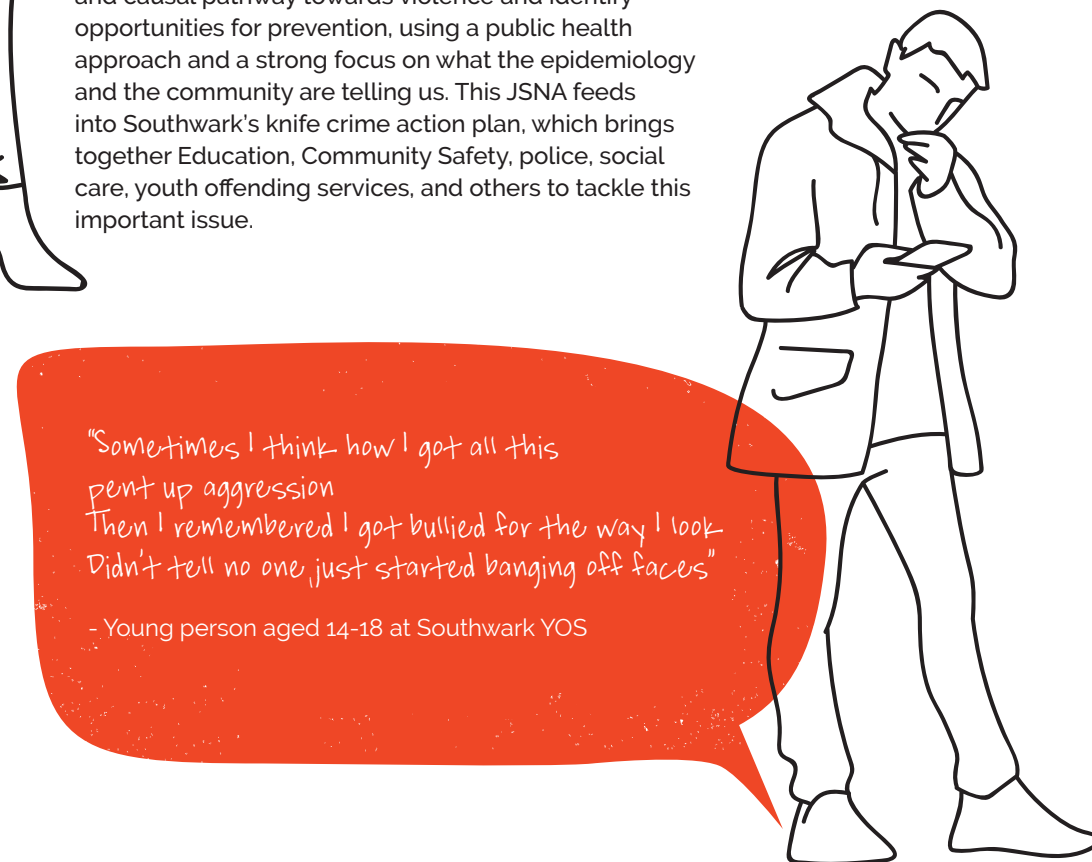
- Young person aged 14-15 at Southwark secondary school

Comprehensive relationships and sex education (RSE) is a crucial tool in improving knowledge and understanding, and reducing stigma around sexual health and sexuality in young people. RSE contributes to a young person's safety by supporting them to navigate through their own developmental changes and helping to prevent exploitation or abuse. Good RSE should focus on cultivating positive sexual health and exploring links with self-esteem, body image, and positive interpersonal relationships alongside risk-based education.<sup>14</sup> Our 2019-24 Sexual and Reproductive Health Strategy prioritises working with schools to develop evidence-based RSE, including the continued provision of programmes targeted at increasing self-esteem and identifying unhealthy relationships.

## Interpersonal violence

Violence can be physical, sexual or emotional. Adolescents may be exposed to violence in various different ways: through the family in the form of parental or domestic violence, through bullying at school, or through the community. Knife crime and gang violence are particularly poignant issues in Southwark. Culturally specific forms of violence, such as female genital mutilation, also have significant impacts on mental wellbeing.

Southwark Public Health has been contributing to work around youth violence ongoing at the local and London level. We have begun a comprehensive joint strategic needs assessment (JSNA) of serious youth violence, in collaboration with Southwark Community Safety. This report will clarify and seek to understand the determinants and causal pathway towards violence and identify opportunities for prevention, using a public health approach and a strong focus on what the epidemiology and the community are telling us. This JSNA feeds into Southwark's knife crime action plan, which brings together Education, Community Safety, police, social care, youth offending services, and others to tackle this important issue.



"Sometimes I think how I got all this  
pent up aggression  
Then I remembered I got bullied for the way I look  
Didn't tell no one, just started banging off faces"

- Young person aged 14-18 at Southwark YOS



We know that, while the physical effects of violence are often more obvious, the mental and emotional pain brought about by violence cannot be overlooked. Violence can impact on mental health and wellbeing through trauma and learned violent or risk-taking behaviours. Adolescents growing up in deprived areas are more likely to be exposed to violence.<sup>15,16</sup> Children who are exposed to violence are at higher risk of exhibiting behavioural problems, dropping out of education, experiencing reduced lifetime earnings and be at higher risk of unemployment and financial difficulties later in life.<sup>17</sup> Violence itself tends to be cyclical. Those exposed to violence may in turn direct violence towards themselves. Research indicates that those exposed to physical or sexual abuse are at higher risk of suicidal thoughts or behaviours.<sup>18</sup>

Exposure to violence has serious and long-lasting effects on mental wellbeing at the individual and community level. Victims and perpetrators of violence often experience post-traumatic stress disorder and live in a state of heightened anxiety. Communities afflicted by violence lose their sense of safety and inclusion.

"Seen couple man that ain't rated, thought my side was better cause of the difference in our payslips. But in the corner of my eye I see a bad b looking finger licking so now I'm distracted I've stopped thinking I'm 'finna hit him' So I turned my back, felt a slap, had to throw the tee cause now there's blood on that. Went back to them flats, seen a onsite nurse to get patched. Ain't left the house for two weeks cause I'm scared again I'll get stabbed. TRAUMA!"

- Young person aged 14-18 at Southwark YOS

## Lifestyles and behaviours

Adolescents take more risks and engage in more impulsive behaviour than other age groups. Experimentation is natural but unhealthy behaviours may impact a lifetime. Impulsivity appears to have the greatest impact on likelihood of engaging in risky behaviours and poor mental wellbeing.<sup>19</sup>

Adolescence is often the time when people may try alcohol or drugs for the first time. Experimentation is natural but the adolescent brain is still developing and is susceptible to damage. Risk-taking and experimentation may further coincide with other risky behaviours such as unsafe sexual practices. A recognition and understanding of this interrelationship is at the centre of Southwark's new integrated wellbeing service for young people, 'Healthy Young People' (HYP). The HYP model brings together traditional young people's sexual health and substance misuse services to provide a holistic offer that additionally supports self-care and resilience building.

Both alcohol and drug use are risk factors for mental illness and young people who misuse drugs are at higher risk of feeling depressed or anxious.<sup>4</sup> Alcohol use in adolescence may be a result of poor mental wellbeing, but it may also be a risk factor for developing depression.<sup>4</sup> Substance use can trigger changes in young people's behaviour, attitude or mood. As well as having a negative effect on their physical health, it impairs cognitive development and comprehension. Addictions may be difficult to overcome and cannabis use may trigger psychoses. Substance misuse can leave young people feeling distant or disconnected from their peers and others who form their support networks. Adolescents are more likely to abuse alcohol or drugs if they have experienced an adverse childhood event, especially if their parents abuse substances.<sup>5</sup>

"I am trying  
I am not the best or the worst  
But I am trying and that's the only thing that matters."

- Young person aged 14-15 at Southwark secondary school

## Physical health

Mental wellbeing is both a determinant and consequence of good physical health. Many of the risk factors for poor physical and mental health are the same and thus young people from at-risk groups are likely to be vulnerable to both poor physical and mental health. While adolescence is generally a period of good overall health, the physical health of adolescents has not increased in line with other age groups.<sup>20</sup> Adolescents in England have higher mortality rates for preventable causes of death, including common infections and chronic respiratory conditions.<sup>21</sup> However, in Southwark, a slightly lower proportion of young people have a long term condition or disability than the London and national average.<sup>22</sup>

Attendance at A&E amongst adolescents has increased significantly over the past five years while admissions have remained broadly stable.<sup>23</sup> This suggests that reasons for A&E attendance were inappropriate for secondary care and highlights missed

opportunities to engage with young people in primary care services. This supports research showing that, while adolescents are comfortable talking to GPs, they find it difficult to access appointments.<sup>24</sup> Increasing access to GPs amongst adolescents

will support both their physical and mental health.

"What does society want me to be  
Skinny, fat, curvy  
Constantly comparing myself to others  
Why can't I be pretty?  
These thoughts consume my brain  
Never going away  
My body, mind always in pain  
Looking in the mirror I see myself  
I feel sick hating what I see  
Desperation for perfection  
It's not fair  
God why do I feel like this  
Praying for it all to stop  
To all go away  
Why do I feel this  
It's so unfair"

- Young person 14-15 at  
Southwark secondary school



## Physical activity

Physical activity is positively associated with wellbeing; studies have shown a significant relationship between psychological symptoms and illness frequency, suggesting higher emotional distress in less healthy adolescents.<sup>25</sup> To encourage physical activity in the borough, Southwark offers a Free Swim and Gym Programme to residents on weekends at any of our seven leisure centres. However, a national survey of 15 year olds revealed that only 11.4% of Southwark young people reported at least one hour of moderate or vigorous exercise per day in the past week; less than the England average of 14%.<sup>22</sup> Physical inactivity was more prevalent among girls than in boys. Young people from more deprived areas nationally were also more likely to report ten hours or more of sedentary activities per day.<sup>22</sup>

Southwark has high levels of overweight and obesity, particularly among children and those from the most deprived parts of the borough.<sup>23,26</sup> We recognise the impact of the obesogenic environment and are committed to facilitating healthy choices by our young people. Major strategic policies have been implemented promoting active design, protecting and investing in green spaces and encouraging food growing. There are also specific policies that will contribute towards making our street less unhealthy including a restriction on new hot food takeaways within 400m of secondary schools, promoting the Healthier Catering Commitment to existing food businesses, and incorporating healthy urban design into regeneration activities.

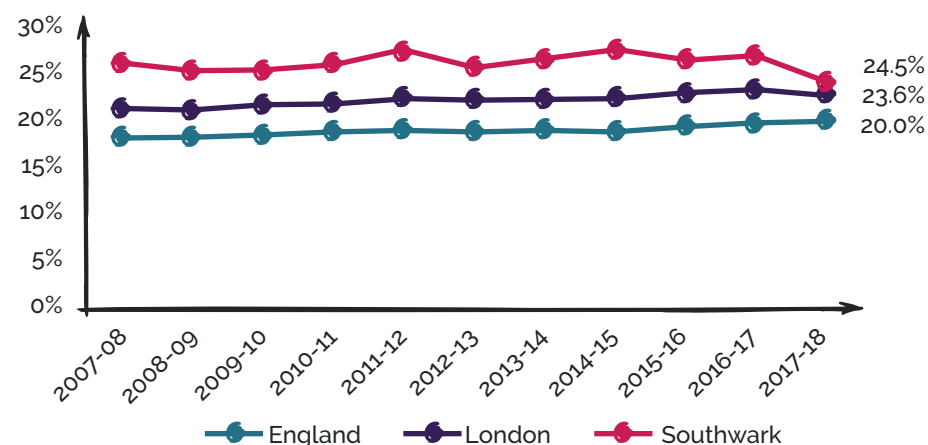


Figure 6: Percentage of children in Year 6 (aged 10-11) who are obese <sup>23</sup>

## Unhealthy diet

Unbalanced and unhealthy diet in young people is of ongoing concern. Consumption of fruit and vegetables is reportedly below the recommended 5-a-day in children aged 11-18 years and is less in those from lower-income households.<sup>27</sup> Over the past eight years, a downward trend has been observed in the intake of most vitamins and minerals, particularly folate and vitamin A. Undernutrition is associated with behavioural deficits and a balanced diet is crucial for ensuring young people reach their developmental potential.<sup>28</sup> Nutrient deficiency is also linked to weakened immune system and susceptibility to communicable diseases.

Eating disorders tend to emerge in adolescence and predominantly affect girls more than boys. Harmful eating behaviours are one of many ways in which emotional distress is expressed and can have severe impacts on physical and mental health. Feelings of guilt, anxiety, and depression are common comorbidities.<sup>29</sup>

## Long-term conditions

Adolescence is also the time in which young people take a more independent role in managing long-term conditions such as asthma and diabetes. Twelve percent of young people live with a long-term condition and those suffering from chronic illness are two to six times more likely to suffer from a mental illness.<sup>1</sup> Feelings of social isolation may ensue and disengagement from health services may lead to poor outcomes. Young people with both a physical and mental illness are more likely to suffer from complications, increasing the cost of care by an average of 45%.<sup>30</sup>

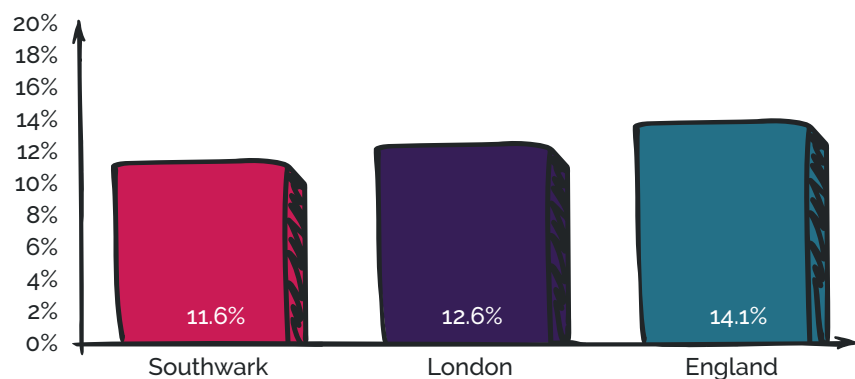


Figure 7: Percentage 15 year olds with a long-term illness, disability or medical condition, in 2014-15<sup>22</sup>

Asthma is the most common long-term condition in adolescence and is the primary cause of emergency admission locally. Among young people frequently (more than three times) having an emergency hospital admission, the most common cause was a sickle cell disorder.<sup>31</sup> Enabling young people to actively managing their physical health and wellbeing is an important skill and should be encouraged during this critical stage to establish lifelong healthy habits.

## Mental health

As with physical health, poor mental health impacts on our ability to flourish and thrive, therefore affecting mental wellbeing. Across the United Kingdom and internationally studies have revealed rising rates of diagnosed mental health disorders in young people, particularly young girls.<sup>32,33</sup> Nationally, this increase is driven by a rise in emotional disorders.<sup>32</sup> Based on national prevalence, we estimate that 2,500 young people in Southwark are affected by a mental health disorder.<sup>32</sup> Gender patterns vary widely between conditions: girls are more likely to experience an emotional disorder whereas boys are more likely to be affected by a behavioural or hyperactive disorder. It is important to note that it is possible to have a mental health disorder and experience mental wellbeing. For young people managing a long-term mental health need, resilience training and coping mechanisms remain important tools in managing their mental wellbeing. Notably, risk factors for the development of a mental health disorder share similarities with those impacting on mental wellbeing. Preventing ACEs, supporting families through difficult times, and challenging social inequalities and adversity may help to prevent poor mental health and wellbeing.





**Balance your feelings**



**Balance and relax**

Artwork by Tukudzwa, age 14



# Community risk and protective factors

## Built environment

The places in which young people live can have a significant impact on their mental and physical health and wellbeing. A safe, warm, and secure home is fundamental to a person's wellbeing. Children living in poor housing conditions are more likely to have poor mental and physical health. For example, children living in cold homes may seek respite in other venues, which may further increase their exposure to health risks.<sup>34</sup> The street environment can influence decisions to walk, cycle, or use public transport, contributing to daily physical activity. Walking and cycling have been shown to positively impact on mood and may reduce stress and anxiety.<sup>35</sup> However, the reality for many of our young people is much different. Walking to school along a high-street saturated with fast-food takeaways, off-licences and betting shops does not set the tone for the healthy lifestyle being advocated for. Planning, designing, and developing higher quality places through regeneration of the borough is increasingly recognised as one of the ways we can help to influence patterns of behaviour for this generation of young people improve feelings of belong. Investing in health-promoting community assets and infrastructure also helps foster resilience at the community level.

Southwark are piloting a model of environmental interventions to improve health outcomes within a 50m 'superzone' radius around a school. This includes providing safe routes for walking and cycling, reducing traffic and air pollution risks, maximising use of green and recreation spaces, working with food businesses to ensure healthy affordable options are available and promoted, and ensuring there are places to go for young people to be social and safe.

Community centres, cafes, green spaces, and safe play facilities are important for community wellbeing and cohesion. Planning and regeneration policies are in place to support improvements to housing, parks and playgrounds, and to further develop the boroughs excellent leisure centre and cultural offer, and to extend which form an important part and connected communities.

"Could next day take my freedom away  
Mad mans feeling upset  
Living with no regrets."

- Young person aged 14-18 at Southwark YOS

## Schools

Children and young people spend about one-third of their time in school, emphasising the importance of the school environment in supporting and shaping the mental wellbeing of our young people. Academic performance is interlinked with mental wellbeing; exam stress and pressures to attain impact negatively on mental wellbeing; equally, emotional wellbeing is associated with higher levels of engagement and achievement.<sup>36</sup>

The 'whole school' approach to prevention and promotion has been shown to be effective at building resilience in young people.<sup>37,38</sup> This comprises of systematic changes (e.g. changes to ethos, anti-bullying policies and programmes to support teacher wellbeing), universal interventions for all pupils (e.g. curriculum-based school education), and outreach programmes for parents and the wider community. Whole school approaches are best combined with targeted support, providing timely school-based input for those with risk factors for poor mental wellbeing such as behavioural problems.

"I only realised now that from  
young I had mental health,  
I stress too much people say don't  
stress yourself

Young days I used to get in trouble,  
so stress my  
thoughts in my head is muddled

Still stressed but I got better life  
now. I had to change  
my lifestyle, had to change my  
mental state and wellbeing"

- Young person aged 14-18  
at Southwark YOS





Artwork by Jabari, age 13


## Wider determinants

### Technology

Social media has both positive and negative impacts on mental wellbeing. Social media can help young people build friendships and networks, be a platform for healthy lifestyle messaging, and allow for creativity and self-expression. Specific benefits of social media use on mental wellbeing include increased emotional support, self-disclosure, reduced social anxiety and belongingness. Online friendships provide means for social integration, opportunities for identity experimentation, and extended 'bridging' social capital. However these positive benefits appear to tend to be maximised for those who already have high quality relationships and consequentially higher levels of mental wellbeing.<sup>39</sup>

Young people tell us how social media can harm their mental wellbeing by making them feel anxious or inadequate. Indeed, surveys of young people's experiences of social media have consistent themes around feelings of inadequacy, anxiety and social pressure.<sup>10,40</sup> Social media-induced anxiety and screen time before bed have been found to be associated with depressive symptoms<sup>41,42</sup> and this association is stronger in girls than in boys.<sup>41</sup> Idealised images of bodies online and cyberbullying affect self-perception and can lead to poor mental wellbeing. Emerging issues around sexting, peer-pressure, and exploitation are also becoming increasingly important to address. Social media may also have an influence in inciting violence and other crime. Young people need new skills to navigate social media and understand how it can impact on their mental wellbeing. New guidelines on screen time are expected from the Chief Medical Officer.

To embrace and address the increasing effect of digital technologies on health, Southwark Public Health are developing a new digital health strategy. This strategy will drive work around the role of technologies such as social media on health behaviours. As part of the 2019-24 Sexual and Reproductive Health Strategy, we have committed to working with schools to ensure relationships and sex education is sufficiently inclusive of modern challenges such as sexting, cyberbullying, and revenge porn.




"The stares already make it worse  
The words you say, yes they hurt  
Let me tell you a secret  
Those whispers you think I can't hear  
I hear them, I believe them"

- Young person aged 14-15  
Southwark secondary school

### Inequalities

Poor mental wellbeing is both a cause and a consequence of material, social, and health inequalities.<sup>43,44</sup> Experiencing inequalities and socio-economic disadvantage increases the risk of mental illness and poor physical health. Equally, people with mental illness are more likely to be isolated and experience poor health outcomes.

Reducing inequalities is a key component of increasing mental wellbeing. Supporting communities to achieve wellbeing, including investing in the built environment, can contribute to the resilience and mental wellbeing of their individuals.



"I believe that mental health matters  
It copes with your struggles  
It's good to talk about mental health  
cuz you don't  
Know your own bro could be  
dying by himself  
It's hard for us grown men to  
open up sometimes  
We feel as if we lose our  
masculinity  
It makes us feel weak  
This is how society has made men  
feel when talking about  
mental health  
It's good to have someone to talk to  
Throughout the negativity  
Because mental health  
affects us all today"

- Young person aged 14-15  
at Southwark secondary school

## Our calls to action

For Southwark's young and diverse adolescents, a range of challenges and opportunities exist to create mental wellbeing. It is important to think outside of the clinical sphere and consider the homes and communities in which we live and the relationships which support us through difficult times. Southwark's approach to supporting young people's mental wellbeing must be four-fold:

### Proportionate universalism

Poor mental wellbeing, like many public health issues, does not affect everyone equally. We have seen there are a number of vulnerable groups in Southwark who are more likely to have poor mental wellbeing. Nonetheless, many challenges to mental wellbeing are ubiquitous and the importance of resilience and coping mechanisms are important to all. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient of health, actions must be universal but with a scale and intensity that is proportionate to the level of disadvantage. In Southwark, we promote an approach whereby services are available to all adolescents, but that groups with higher needs receive approaches tailored to meet them.

### Engaging young people and communities

Literature and evidence can only tell us so much. Engaging with young people on their mental wellbeing – how they define it, the factors that influence it, and how it can be nurtured – has been an integral part of this report. We need to listen to young people and engage them in a range of creative ways, to help direct our strategies and services.

### Taking a life course approach

Early experiences in life shape our health and development. Equally, we know that our adolescent years can lay the blueprint for health behaviours in adulthood, further reinforcing the need to promote good mental wellbeing at this age. In looking to mitigate risky behaviours and the development of poor mental wellbeing, we need to understand the accumulation of risk factors from early on in life, all the way through childhood, and provide appropriate family and individual support.

### Multi-disciplinary and inter-sectorial

As well as spanning a life course, the determinants of mental wellbeing span numerous specialisations, including early care, schools, health, public health, social care, and others. We cannot work in isolation to address such a multifactorial issue.

## OUR RECOMMENDATIONS FOR THE YEAR AHEAD

*Creating an environment that promotes and protects young people's mental wellbeing is entirely achievable, but it won't happen overnight. While we continue to work on implementing this approach, we recommend the following quick wins for the year ahead:*

- 1** Improve the physical health of adolescents by increasing their uptake of health promoting opportunities and their use of primary care services
- 2** Continue to support whole school approaches to improving mental wellbeing, including the implementation of evidence-based bullying prevention programmes
- 3** Support leisure and youth services to have whole setting-based approaches to improving mental wellbeing
- 4** Include young people aged 10-17 years as a targeted group in the Southwark Loneliness Strategy
- 5** Increase access to parenting support during adolescence



## OUR EVIDENCE-BASED 'BEST BUYS' FOR INVESTMENT

ONE

### **Support whole settings-based approaches to mental wellbeing in schools and other youth services.**

While individual child and young people-focussed mental health and wellbeing support is important for at-risk young people, settings-based approaches are very effective at improving mental wellbeing and resilience. There is also good quality evidence that they support learning and educational attainment. Evidence-based mental wellbeing and resilience frameworks can support schools in this approach, and support the commissioning and delivery of interventions to improve mental wellbeing and resilience.

TWO

### **Using an Attachment, Regulation and Competency (ARC) framework, offer a trauma-informed practice programme for schools and other youth settings.**

The Attachment, Regulation and Competency (ARC) framework is a components-based intervention developed for children who have experienced trauma. It is both an individual intervention and an organisational framework to be used in educational and youth settings to support trauma-informed care. Trauma-informed practices in schools using the ARC approach have successfully been implemented in other inner-London boroughs.

THREE

### **Provide evidence-based parenting support for parents of adolescents.**

There is good quality evidence that positive trusted adult relationships are supportive of good mental wellbeing and parenting programmes can be effective in improving child/care-giver relationships. Young people have also feedback that they value and want support in their relationships with care-givers and trusted adults.

FOUR

### **Improve the physical health of adolescents through the roll-out of the 'teen health check' in primary care and school health services.**

Adolescent health has not improved at the same rate as other age groups and attendances at A&E are increasing year on year. There is a strong correlation between good physical health and mental wellbeing with many of the interventions used to promote one also improving the other.

FIVE

### **Support and improve the speech, language, and communication skills of children and young people.**

There is very high quality evidence that good speech, language and communication skills support mental wellbeing.



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