



Mental health & emotional wellbeing

in Children and Young People

Pupil
Wellbeing
Survey
2024

Gloucestershire County Council

Table of Contents

| | |
|---|----|
| | 1 |
| Introduction | 3 |
| The Pupil Wellbeing Survey | 3 |
| Limitations and caveats of the survey | 3 |
| Analysis of deprivation | 3 |
| Happiness, confidence, and pride | 5 |
| Friendships and relationships | 6 |
| Mental Wellbeing..... | 8 |
| WEMWBS | 8 |
| Benchmarking WEMWBS scores..... | 15 |
| Other wellbeing measures..... | 16 |
| Stress and worry | 16 |
| Body positivity | 17 |
| Bereavement | 17 |
| Socialising and social isolation..... | 18 |
| Unhealthy Internet use | 18 |
| Screen time usage | 18 |
| Behaviours linked to excessive online usage ... | 20 |
| Media interfering with sleep | 20 |
| Social media use | 21 |
| Bullying..... | 23 |
| Types of bullying | 24 |
| Spaces where bullying occurs | 24 |
| Perceived reasons for bullying..... | 24 |
| Self-harm..... | 26 |
| Who self-harms? | 26 |
| Initiation of self-harm..... | 27 |
| Overdose..... | 28 |
| Eating disorders..... | 29 |
| Method of self-harm..... | 29 |
| Getting help for self-harm..... | 30 |
| Exacerbating factors | 30 |
| Benchmarking self-harming behaviour..... | 31 |
| Behaviours correlated with self-harm | 31 |
| Sleep | 31 |
| Exercise | 31 |

| | |
|--|----|
| Social media and internet use | 31 |
| Improving mental wellbeing..... | 33 |
| Physical exercise, sleep, and body positivity.... | 33 |
| Body image and body dysmorphia..... | 35 |
| Getting help for mental wellbeing | 35 |
| Receiving mental health support from a professional | 36 |
| Pupils who would felt they would have benefitted from mental health support..... | 38 |
| Reasons for not accessing mental health support | 38 |
| The wider effects of low mental wellbeing | 40 |
| Achievement..... | 40 |
| Absenteeism | 40 |
| Isolation, suspension and exclusions..... | 40 |
| Trauma informed relational practice | 41 |
| Health harming behaviours..... | 41 |

Introduction

Good mental wellbeing helps children and young people develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. Good mental wellbeing also helps young people build positive social, emotional, thinking and communication skills and behaviours.

There is a strong link between child and adolescent mental health issues and mental health problems in adulthood. Young people largely avoided the direct physical health impact of covid; however, the government's Scientific Advisory Group for Emergencies (SAGE) said that this group, is at risk of being "catastrophically" hit by the "collateral damage" created by the covid pandemic crisis in terms of their mental health¹. In 2024 some of those negative effects appear to be lifting slightly and there is reason for optimism across all measures of wellbeing in children & young people.

The Pupil Wellbeing Survey

The Pupil Wellbeing Survey (PWS) and Online Pupil Survey™(OPS) is a biennial survey that has been undertaken with Gloucestershire school children since 2006. Children and young people participate in years 4, 5 and 6 in Primary schools; years 8 and 10 in Secondary schools; and year 12 in Post 16 settings such as Sixth Forms and Colleges. A large proportion of mainstream, special and independent schools, colleges and educational establishments take part – representing 57.2% of pupils in participating year groups in 2024. The PWS asks a wide variety of questions about children's characteristics, behaviours and lived experience that could have an impact on their overall wellbeing. The 2024 PWS was undertaken between January and April 2024.

Limitations and caveats of the survey

Not all children and young people who are resident in Gloucestershire attend educational establishments in the county and similarly not all children and young people attending educational establishments in Gloucestershire are residents in the county. It is therefore important to remember

this analysis is based on the pupil population not the resident population.

Gloucestershire is a grammar authority, has a number of notable independent schools and several mainstream schools very close to the county's boundary these all attract young people from out of county. This results in the school population (particularly at secondary phase) having slightly different characteristics, especially ethnicity, to the resident young people's population. 12.3% of Gloucestershire's resident population (2021 Census) were estimated to be from minority ethnic groups however 21.0% of Gloucestershire's school population were pupils from minority ethnic groups in January 2024 and 21.7% of the PWS cohort were pupils from minority ethnic groups in the 2024 survey.

Although a large proportion of the county's educational establishments took part in the survey some only had low numbers of students completing the survey in contrast others had high numbers. Although this doesn't impact the overall county analysis as demographics are represented as expected at this geography, analysis by district and education phase might only have certain demographic groups represented due to numbers of pupil take up (for example low numbers completing the survey in Tewkesbury at FE level), where FE provision is situated also impacts the survey as older students travel further to access FE provision.

Analysis of deprivation

Schools can be categorised into statistical neighbour groups which cluster schools with pupils of a similar social profile within the same type of school (a similar level of deprivation, affluence or personal/family characteristics).

We use Ministry of Housing, Communities and Local Government (MHCLG) Indices of Multiple Deprivation (IMD) to determine the relative deprivation of pupils. The IMD is based on the home postcode of pupils (collected in the school census). This is aggregated to give an overall IMD score for the school, reflecting the deprivation levels experienced by pupils. The schools are then split into quintiles based on their scores: quintile 1

¹ <https://cpdonline.co.uk/knowledge-base/mental-health/youth-mental-health/>

is the most deprived and quintile 5 is the least deprived in Gloucestershire.

In addition:

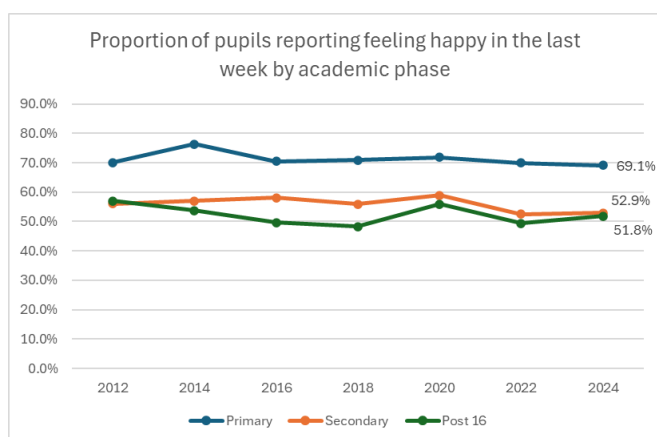
- Grammar/selective schools are compared to other grammar/selective schools in their phase without reference to the IMD.
- Independent schools are compared to other independent schools in their phase without reference to the IMD.
- Post-16 only/Further Education (FE) colleges are compared to all other Post-16 only colleges without reference to the IMD.
- Special and alternative schools are compared to all other schools of this type in the same phase without reference to the IMD.





Happiness, confidence, and pride

In 2024 61.7% of pupils reported feeling happy in the last week, this is in line with the proportion in 2012 (61.8%), and the same as in 2022 (61.7%). Over the last 10 years the proportion of pupils reporting feeling happy in the last week has remained fairly stable. A declining proportion of older Y12 pupils reported feeling happy between 2012 and 2018, but following a slight increase pre-pandemic in 2020 and fall during the pandemic there has been a stabilisation.

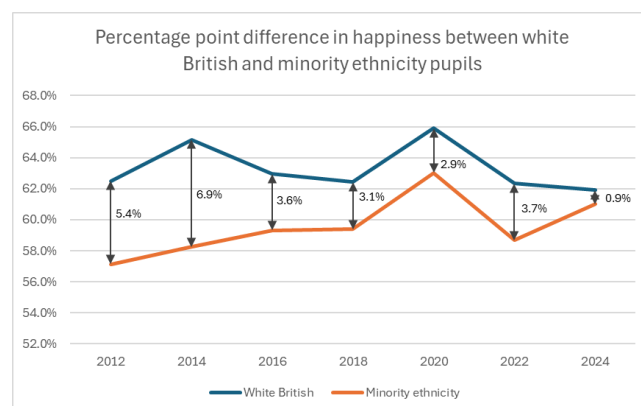


If we look at individual year groups, pupils in Y6 have seen the most consistent reduction in happiness between 2012 and 2024, all other year groups saw a slight improvement in happiness in 2020 pre-pandemic, which was reversed in the pandemic period. Most year groups have seen an increase in happiness since 2022, however, pupils in Y8 who previously had the most stable level of happiness are the only year group to see a continuing reduction since 2022.

All vulnerable groups² consistently report lower happiness levels than the overall level, however pupils who are young carers and LGBTQ+ pupils had the lowest levels of happiness. Since the 2022 survey pupils with a disability, those known to social care and pupils with Special Educational Needs (SEN) have seen the largest decline in happiness levels.

In 2012 around two-thirds of both male (62.7%) and female (61.1%) pupils reported feeling happy in the last week, however, reported happiness is now very different between the sexes. Over the last 12 years a gap has developed between male and female happiness. In 2024 only 58.0% of females reported being happy in the previous week compared to 69.5% of males.

Historically pupils from minority ethnic groups consistently reported lower levels of happiness than their White British peers. Pupils from minority ethnicities have seen an increase in happiness levels since 2022 and happiness is now in line for both broad ethnic groups.



The proportion of pupils saying they are basically satisfied with their life does not appear to have fluctuated much in the previous 12 years (65% in 2012 vs. 66% in 2024).

Between 2012 and 2018 there was little change in the proportion of pupils reporting they feel confident about their future, with 72% reporting feeling confident in 2012 and 73.0% in 2018 however in 2020 there was an increase in confidence in their future seen across all age groups, and overall it rose to 83.1%. This increase was most significant in older pupils, those in Y8,

² Children and young people who are; carers, known to social care, eligible for FSM, bullied, disabled, have EHCP/SEN support, identify as LGBTQ+

Y10 and Y12 all reported an increase of 10 percentage points or more.

During the pandemic period between 2020 and 2022 there has been a decrease in pupils reporting they feel confident about their future. However, between 2022 and 2024 all year groups saw an increase in confidence in the future except pupils in Y8.

In 2012 the proportion of females reporting they were confident in their future was the same as males (72%), however since then there has been a widening gap between the sexes. The gap between males and females reporting they were confident about their future appears to have peaked in 2022 at 8.0 percentage points, in 2024 the gap has reduced to 5.6 percentage points and is influenced entirely by an increase in female confidence in the future.

Pupils from ethnic minority groups have historically had less confidence about their future than their White British peers. The pandemic period eroded a narrowing in the gap in confidence between minority pupils and their White British peers, this has improved slightly between 2022 and 2024.

The proportion of pupils who report they feel proud of their achievements had been slowly increasing since 2014 (76.8% vs. 85.0% in 2022). However, in 2024 this had reduced (83.4%) and was at its lowest level since 2018.

There is little difference between the sexes in pupils reporting feeling proud of their achievements, although a slight gap appeared in 2020 that continues in 2024. This was mainly due to a reduction in male pride in their achievements.

The proportion of pupils from ethnic minority groups reporting feeling proud of their achievements is consistently below their White British peers, although the gap has been narrowing between 2014 (5.4 percentage points) and 2024 (2.7 percentage points).

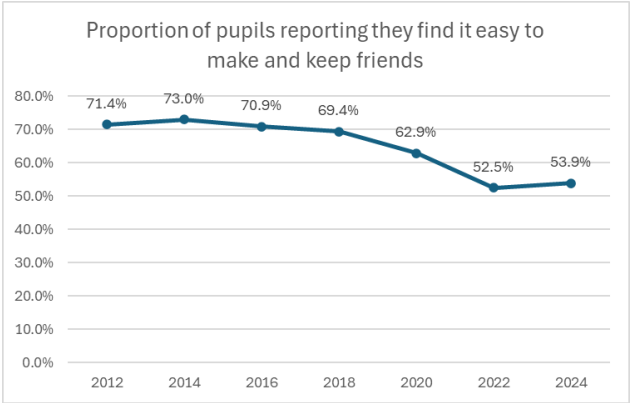
Engaging in school and trying your best can be linked to wellbeing. The proportion of pupils reporting trying their best at school has increased steadily since 2012 (75.4%) and reached 80.0% in 2024. However, the proportion saying they achieve top grades at school had been reducing and was 41.9% in 2022. In 2024 the proportion of pupils

saying they usually achieve top grades had remained stable at 42.1%

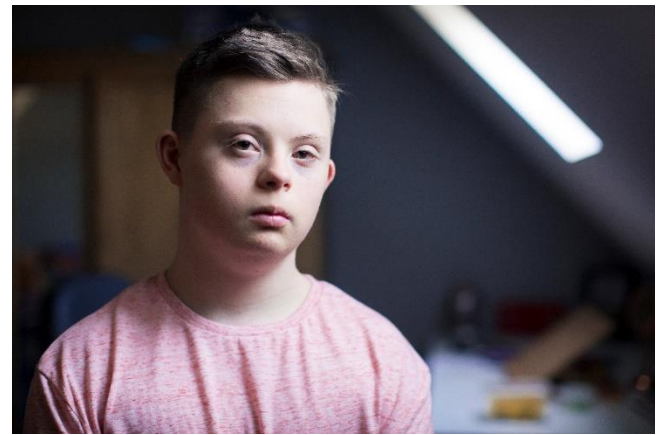
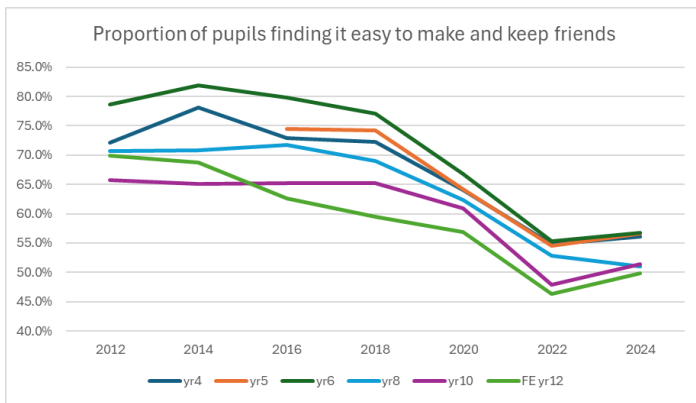
Friendships and relationships

Making friends and learning how to form relationships is an essential part of a child’s development and is a skill they will use throughout their lives. Having friends boosts a child’s self-esteem and confidence. Conversely, the failure to form friendship groups can have a harmful effect on a young person’s emotional wellbeing, particularly if they feel they are somehow at fault.

The proportion of pupils saying they find it easy to make and keep friends had been in decline since 2012 (71.4%) there was a particularly stark drop that started pre-pandemic and continued during the pandemic period. In 2024 there has been a stabilising of this worrying decline, 53.9% of pupils said they found it easy to make and keep friends.



Around half of older pupils in Y12 now say they find it easy to make and keep friends (49.9%) compared to over two thirds in 2012. All year groups saw an increase in the proportion of pupils reporting they found it easy to make and keep friends between 2022 and 2024, except Y8 pupils who continued to decline.



Finding it easy to make and keep friends has historically declined slightly as pupils aged into the teenage years. The current Y8, Y10 and Y12 cohorts all experienced the biggest drop in finding it easy to make and keep friends during the pandemic between 2020 and 2022 (when they moved from Y4 to Y6, Y6-Y8 and Y8 to Y10 respectively) each cohort saw a decline of 14 percentage points.

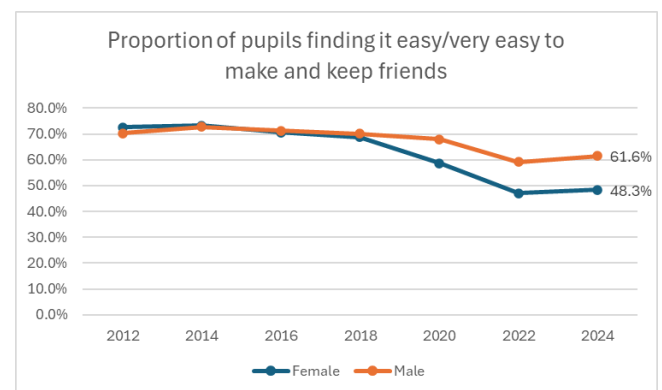
During the pandemic many older children will have used social media positively to keep in touch with friends, however not seeing friends in person will have reduced the ability to read body language and communication may have become harder with friends, leading to dis-connection and misunderstandings.

The current Y8 cohort therefore has started at a much lower level than the older cohorts on entering secondary school.

Neuro-diverse children such as those with Autistic Spectrum Disorder (ASD) and those with other learning and physical disabilities can find it particularly hard to make and keep friends. Only 39.7% of pupils with SEN support or an Education Health and Care Plan (EHCP) said they found it easy to make and keep friends, significantly lower than those with no SEN (54.6%). The difference between pupils with a disability and their non-disabled peers was equally stark, in 2024 39.2% reporting finding it easy to make and keep friends vs. 53.9%.

Between 2012 and 2018 the proportion of females finding it easy to make and keep friends was fairly static (72.6%-68.7%). However, since 2018 the proportion of females finding it easy to make and keep friends reduced rapidly and by 2022 was only 47.1%. In 2024 this decline has stabilised at 48.3%.

In contrast in males there was only a significant decrease observed during the pandemic period when the proportion fell from 68.0% in 2020 to 59.1% in 2022. In 2024 this has increased slightly to 61.6%.



Despite the reduction in pupils finding it easy to make and keep friends the proportion of primary pupils reporting having 2 or more good friends has remained virtually the same over the last 10 years – 90.7% in 2012 and 90.6% in 2024.

There was an increase in pupils asking to know more about friendships and relationships from 1 in 6 in 2012 to 1 in 5 in 2024.

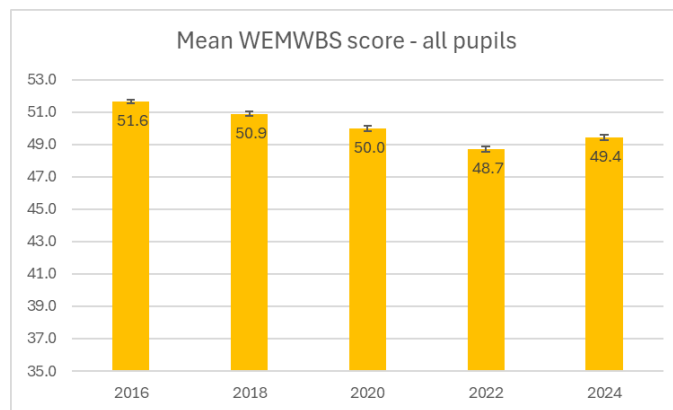
Mental Wellbeing

The survey asks a number of questions relating to mental wellbeing and the ability to cope with adversity. The primary measure used in the survey to capture overall wellbeing since 2016 is the Warwick & Edinburgh Wellbeing Scale (WEMWBS). This is an internationally used measure that has been benchmarked against well-validated measures of clinical mental health disorders. A score of 41 or less has been shown to be an accurate indication of **probable clinical depression and or anxiety**, a score between 41 and 44 is indicative of **possible/mild depression and or anxiety**. In the survey analysis we use categorisation bounds as ratified by Warwick University, to split the cohort into those with low, average or high mental wellbeing. The bound for low mental wellbeing (LMW) is a score of 42 or below, suggesting that those categorised with low mental wellbeing are likely to be experiencing clinical anxiety or depression.



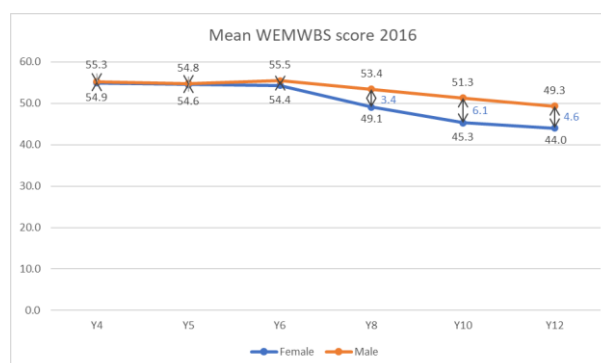
WEMWBS

Mean WEMWBS scores can give an indication of overall wellbeing, between 2011 and 2019 the adult England mean WEMWBS scores were fairly stable, between 50.1 and 52.6 among men and between 49.6 and 52.3 among women³. In 2024 the mean score for Gloucestershire pupils was 49.4. The mean WEMWBS score of all pupils had been reducing between 2016 and 2022 but has increased slightly in 2024.



There is a distinct difference between the mean scores of males and females and by year group as pupils age.

In 2016 during the primary phase male and female pupils had very similar mean scores indicating that their wellbeing level was similar. As pupils went into secondary school a gap begins to appear caused predominantly by a reduction in wellbeing of females. The widest gap in wellbeing is in Year 10 (6.1 in 2016).

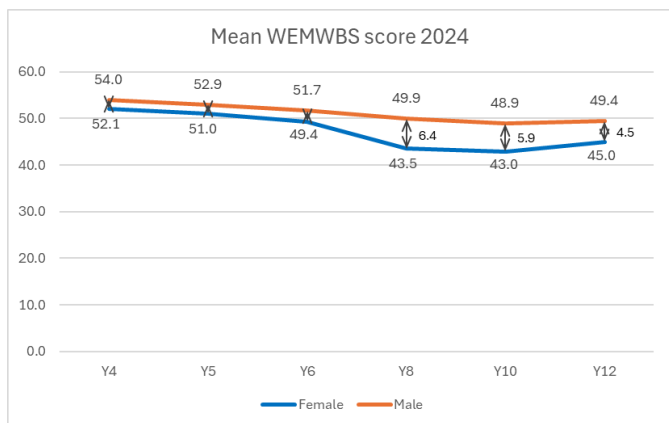


In 2024 although the general trend is similar the gap between male and female wellbeing starts to appear earlier and is more significant. In a change to historical trend the largest gap is now in Y8 where a gap of 6.4 is observed.

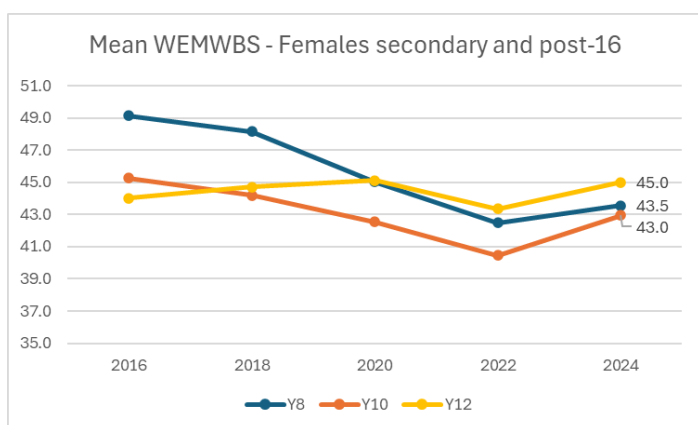
In the primary phase the gap between males and females mean WEMWBS that was first observed in 2018 has now stabilised but remains similar to 2022. However, in the secondary and post-16 phases the gap between males and females has started to narrow for the first time since the question was introduced in 2016.

³ [https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-](https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-england-additional-analyses/ethnicity-and-health-2011-2019-experimental-statistics/wellbeing-copy)

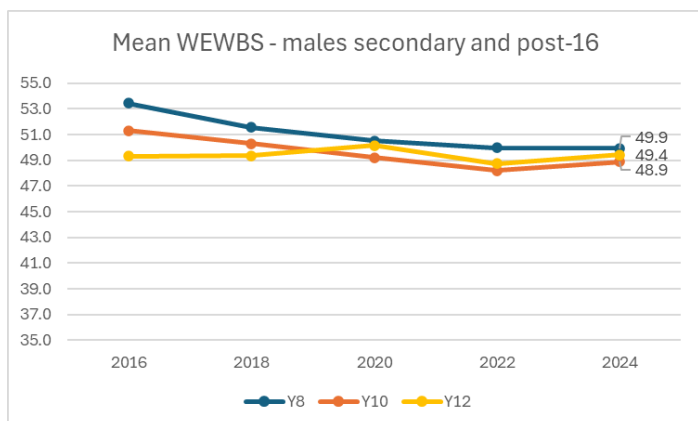
[england-additional-analyses/ethnicity-and-health-2011-2019-experimental-statistics/wellbeing-copy](https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-england-additional-analyses/ethnicity-and-health-2011-2019-experimental-statistics/wellbeing-copy)



Since 2016 when WEMWBS was introduced there has been a decline in the mean WEMWBS score of females in Y8 and Y10, however, the trend has reversed in 2024 for both year groups. In Y12 females the mean WEMWBS mean score didn't decline until the pandemic and has increased again to be in line with the pre-pandemic level.

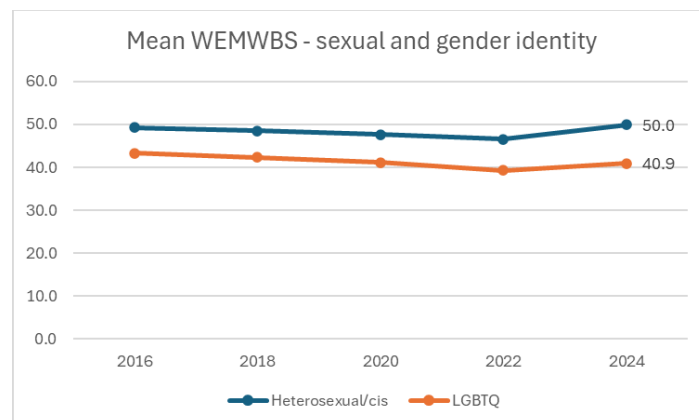


In males although there has also been a reduction in the wellbeing of pupils since 2016 it is less severe and in 2024 all three year groups have very similar mean scores.



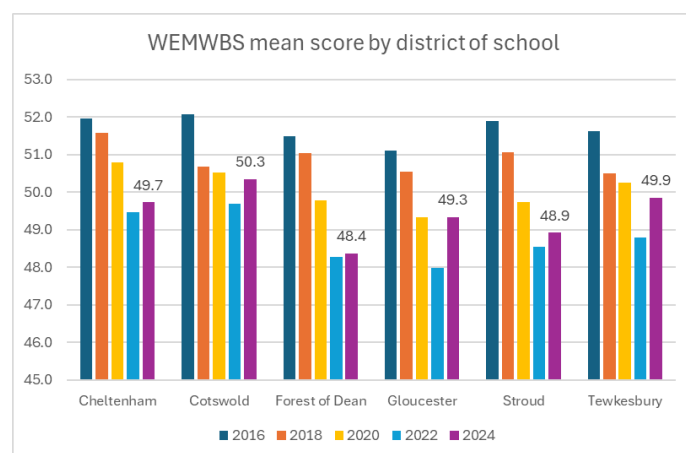
The mean WEMWBS score of young people identifying as non-heterosexual and trans (LGBTQ+) was the lowest of all the vulnerable groups in 2024 at 40.9 suggesting this group is experiencing very

poor wellbeing. By plotting the historical trend in mean WEMWBS for LGBTQ+ young people it is clear the reduction in wellbeing has matched that of heterosexual/cis gendered pupils.



There had been a declining trend in mean WEMWBS for pupils across all districts between 2016 and 2020, all districts saw a dramatic decline in the pandemic. Since the pandemic pupils at schools in Cotswold, Gloucester and Tewkesbury districts have all seen a recovery close to the pre-pandemic mean. In Cheltenham and Stroud districts whilst there has been an increase in mean WEMWBS it still lags behind the pre-pandemic level. Pupils at schools in Forest of Dean district did not see an increase in mean WEMWBS and have remained at the pandemic mean.

Relative to each other; pupils in schools in Cotswold and Cheltenham districts have had the highest wellbeing during the whole period (2016-2024).

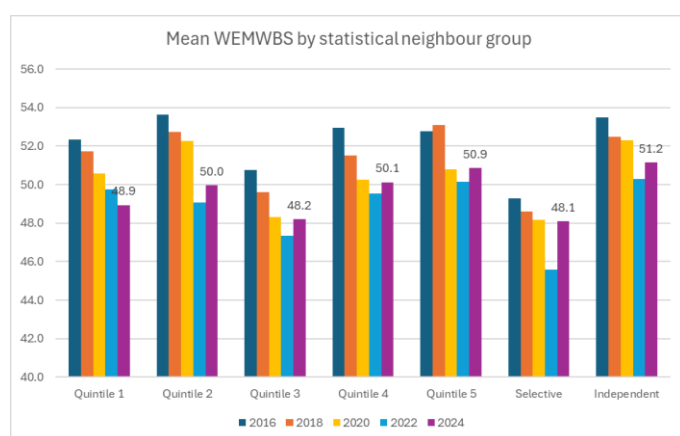


By looking at mean scores by statistical neighbour groups it is easier to see the relationship between deprivation and wellbeing. It is interesting to note how the effect of the pandemic and subsequent recovery appears to be different in different statistical neighbour groups. For all groups except

quintile 1 pupils, there has been an increase in mean WEMWBS score in 2024. However, whilst those in the less deprived groups appear to have returned to the pre-pandemic score those in quintile 2 have not recovered as well and pupils in the quintile 1 group have seen a further decline in mean WEMWBS.

The selective school cohort has consistently had one of the lowest mean WEMWBS scores of all school groups. This may be linked to pressure and stress to perform academically, recent research⁴ suggests, rather than high cognitive ability in itself influencing mental wellbeing the label of being 'gifted' and subsequent expectations did influence wellbeing.

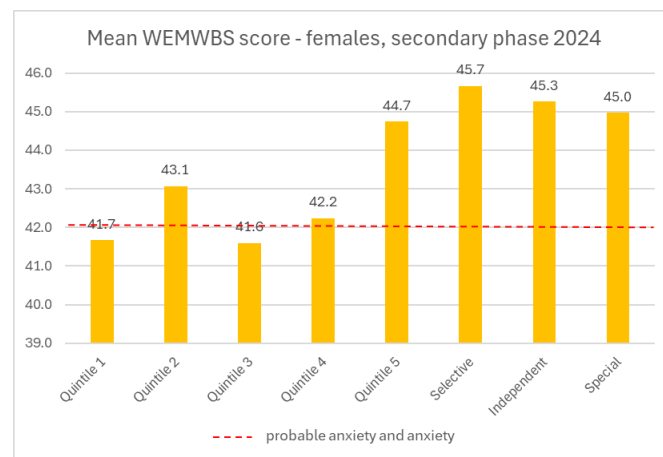
Although pupils at selective schools have consistently reported lower mean scores 70.3% of the reduction in the period occurred during the pandemic. This may be due to the reduced/impaired teaching during the lockdown periods and the pressure they feel to still achieve high grades. In contrast pupils living in IMD quintiles 3 and 4 areas saw a steady decline between 2016 and 2022.



Research⁵ from 2017 concluded *“for adolescents, moving to a more affluent neighbourhood was related to increased levels of depression, social phobia, aggression, and conflict with parents”*. It is possible this might be influencing the wellbeing of pupils in the middle of the deprivation gradient.

As previously shown females generally report lower mean scores than males particularly during the secondary phase. The chart below shows in 2024

there appears to be a non-linear link between affluence and higher wellbeing scores in females. This trend has also been observed historically. Females in selective and quintile 5 schools had slightly higher WEMWBS scores than pre-pandemic levels, all other groups had yet to return to those levels.



A more linear pattern is observed in male wellbeing in relation to their statistical neighbour group. Males in selective and special schools have consistently had high mean WEMWBS.

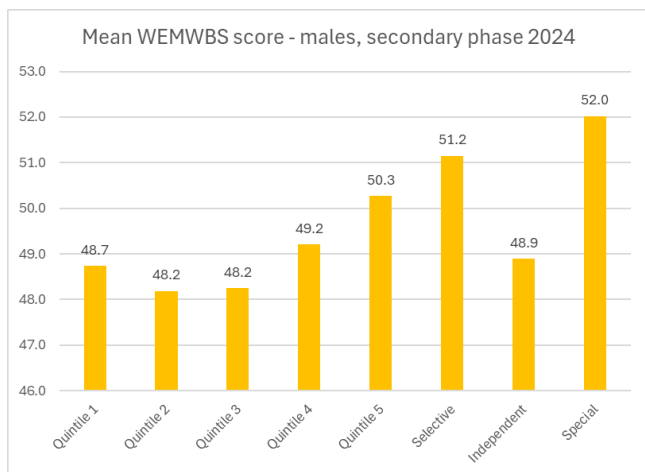
Whilst male wellbeing appears to have improved in most groups since 2022, only quintile 4 pupils had returned to pre-pandemic levels. Pupils in independent schools, went against this trend and these pupils saw a further reduction in mean WEMWBS in 2024, and are now in line with the mean WEMWBS of males in quintile 1 schools.

In secondary males, no statistical neighbour group overlaps the line showing probable clinical depression and anxiety. Although this is a mean and there will be individuals who meet this threshold.

⁴ [High Cognitive Ability and Mental Health: Findings from a Large Community Sample of Adolescents - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5561161/)

⁵ Being Poorer Than the Rest of the Neighbourhood: Relative Deprivation and Problem Behaviour of Youth

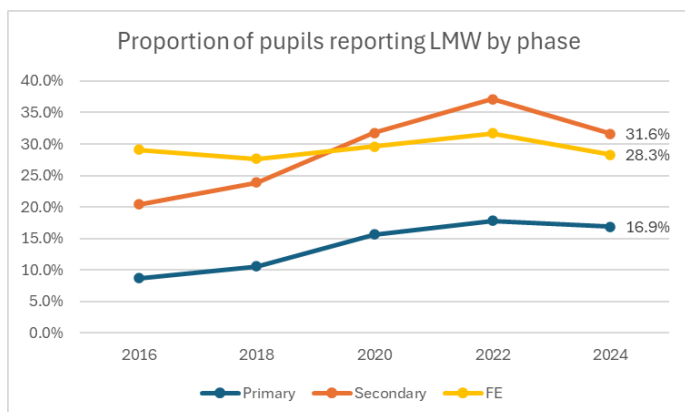
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5561161/>



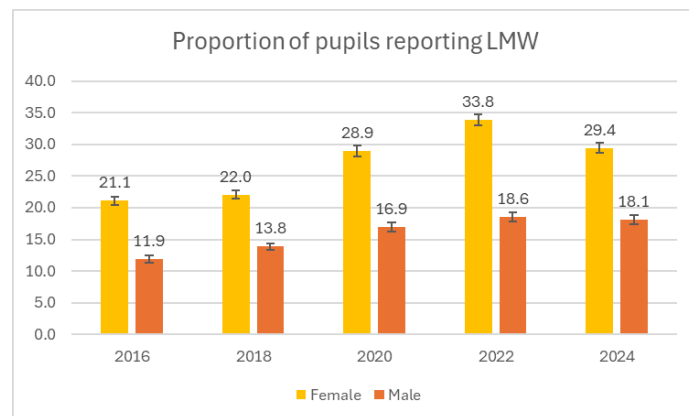
Another way to look at WEMWBS results is to categorise the results into low, average and high mental wellbeing. As previously stated, low mental wellbeing (LMW) aligns to probable clinical depression and anxiety, so this is a useful measure to assess need.

In 2024 1 in 4 (23.1%) of all pupils reported LMW, this is statistically significantly lower than in 2022 and in line with the pre-pandemic level.

This reduction appears to be influenced most by the proportion of secondary pupils reporting LMW, as the proportion in primary pupils has been stable since 2020 and since 2018 in post-16 pupils.

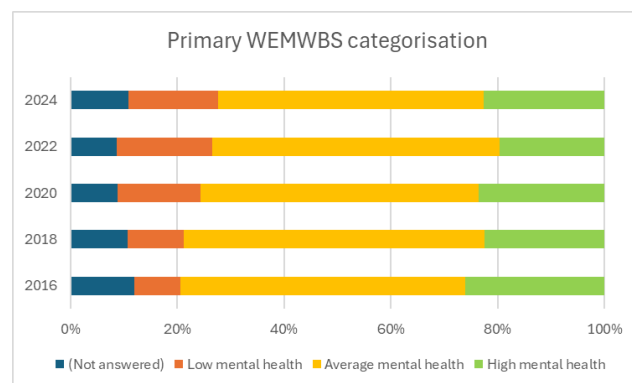


More specifically the reduction is also due to a reduction in females reporting LMW, as the proportion of males reporting LMW has remained in line between 2022 and 2024.

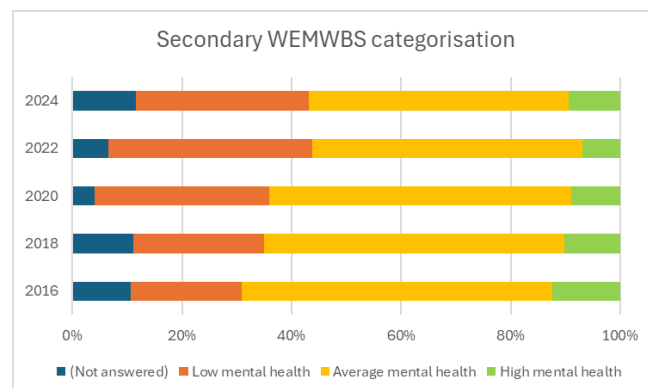


The proportion of pupils reporting LMW changes as they age, and each age group appears to have distinct trends over the period.

In the primary phase there was an increase in LMW, between 2016 and 2022 primarily this was offset by a reduction in pupils reporting average mental wellbeing (AMW). In 2024 there has been an increase in pupils reporting high mental wellbeing (HMW).

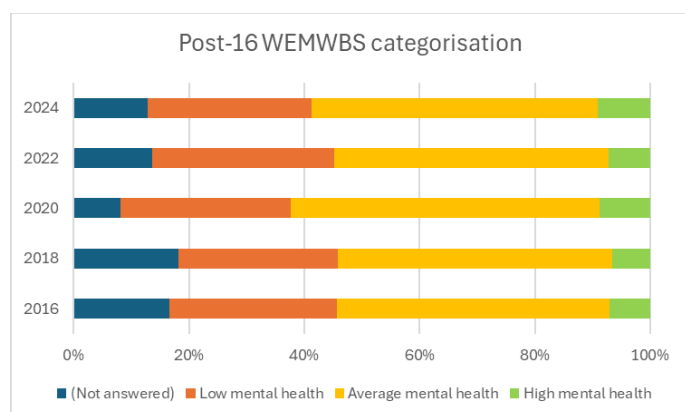


In the secondary phase, the increase in LMW between 2016 and 2022 was mirrored by a reduction in high mental wellbeing (HMW). Again in 2024 there has been an increase in pupils reporting HMW.

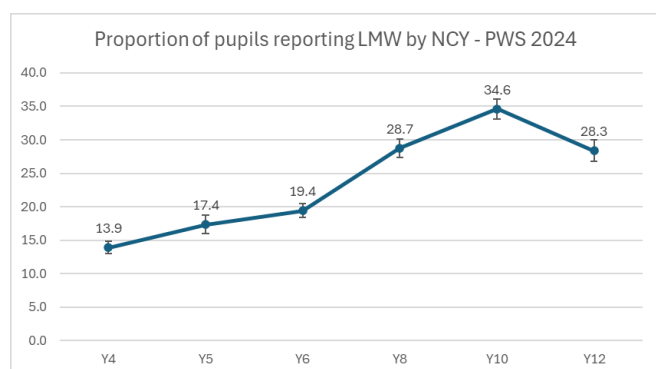


In the post 16 phase the proportion of pupils reporting LMW and HMW hasn't changed as significantly, the small changes observed are most

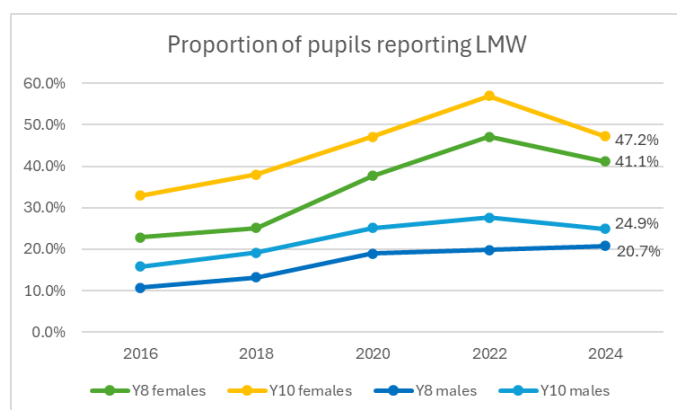
likely due to a reduction in pupils who didn't answer. Although in 2024 there was a reduction in the proportion of pupils reporting LMW that was offset by an increase in pupils reporting HMW.



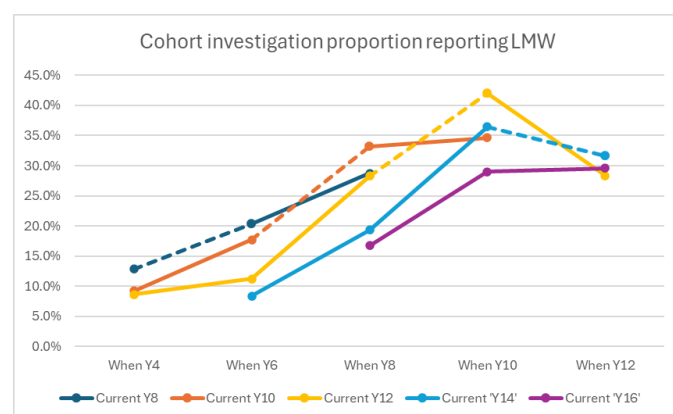
Generally, the proportion of pupils reporting LMW increases with age peaking in Y10 and this was also observed in 2024.



Previous analysis showed that females in Y8 and Y10 had the most significant increase in LMW during the pandemic period of all age and sex groups. These two female year groups also appear to have had the most significant reduction in LMW between 2022 and 2024.



Although not individually matchable it is possible to track individual year groups (likely to contain a large proportion of the same pupils) across the period 2016 to 2024 to see how the wellbeing of cohorts has changed over time. The chart below shows each successive cohort of pupils has a higher level of LMW between Y4 and Y6 however the current Y12 cohort had the highest LMW peak in Y10 whereas the cohort behind them had hardly any increase in LMW between Y8 and Y10 which goes against all previous trends. Suggesting the current Y12 cohort had the dual whammy of hitting the most challenging age in terms of mental health during the pandemic, 57.0% of the females in this cohort aligned with probable depression or anxiety when they were in Y10. It is reassuring to see their levels of LMW have reduced in Y12 and are more in line with the expected young adult level⁶.

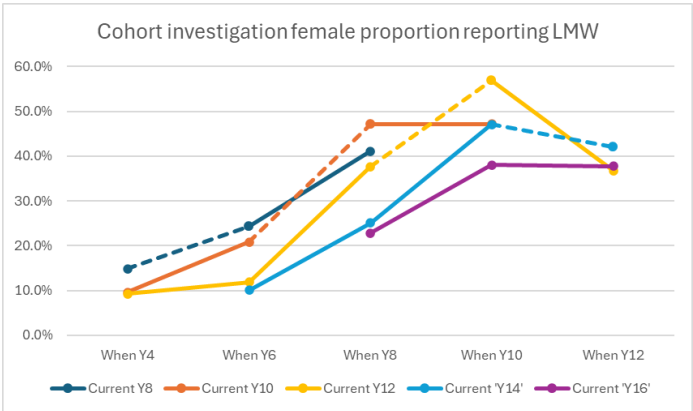


The dashed lines represent the covid period for each cohort, whilst it is clear the pandemic has had wide ranging impacts on the mental wellbeing of young people there are likely to be wider environmental factors effecting wellbeing such as social media, global politics and changing relationships.

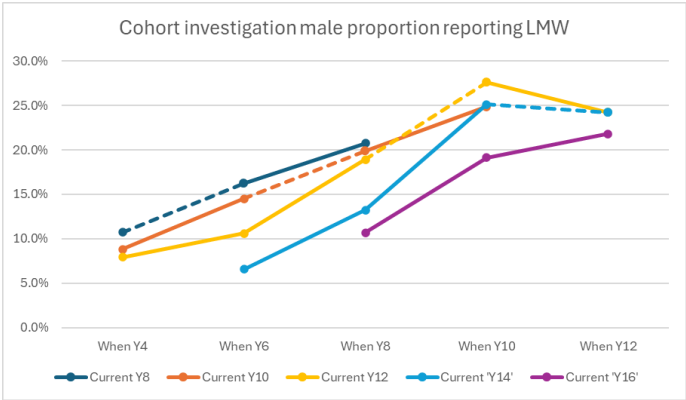
⁶ <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/mental-health-pressures-data-analysis>



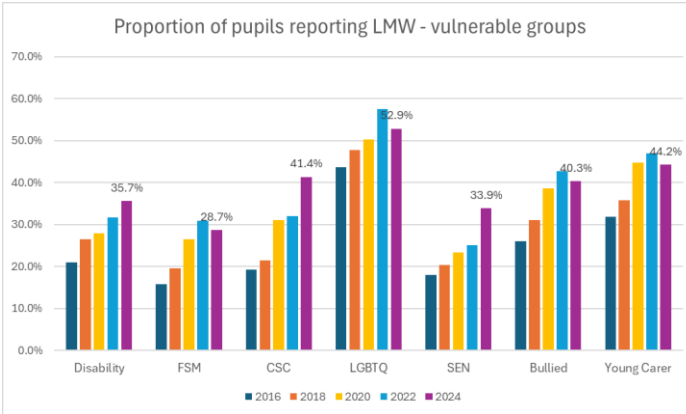
The chart below shows how the proportion of females reporting LMW in each cohort has changed during the period. The increased slope during the transition to secondary school suggests this is a period of significant change in wellbeing for young women. This is also the time females are most likely to start menstruation and have visible changes to their bodies. It is of note that the current Y10 saw no increase in LMW between Y8 and Y10, in contrast to previous years.



The pattern observed in males reporting LMW whilst a similar shape to females is much lower. The current male Y12 cohort also had a peak in LMW in Y10 but this was 27.5% compared to 57.0% of females in the same cohort. The current Y8 and Y10 males have a very similar increase in LMW in the transition to secondary school, it will be interesting to see if this increases in the same linear fashion moving forwards.



The wellbeing of vulnerable groups has historically been lower than that of less-vulnerable children and young people. The chart below shows the change over the last five surveys of LMW in vulnerable groups, note only secondary and FE pupils are asked about their carer status and their sexuality/gender identity so LMW will be higher due to older age group.



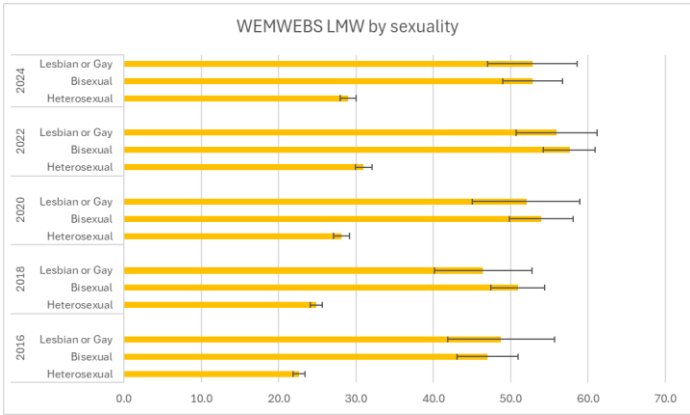
In the period most vulnerable groups have had a reduction in reported LMW between 2022 and 2024, similar to the general population. However, pupils with a disability, those known to children's social care and pupils with SEN/EHCP all saw an increase in reported LMW between 2022 and 2024.



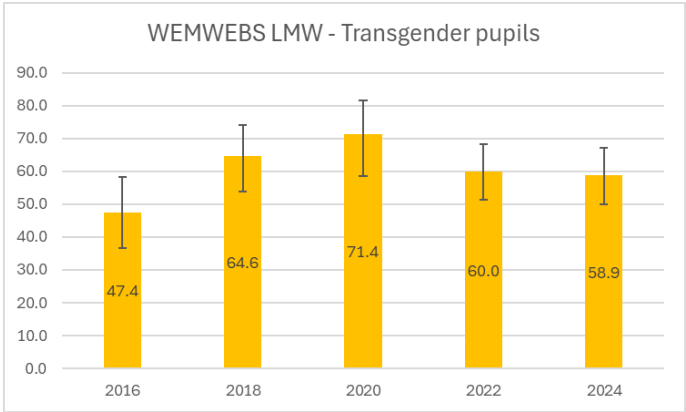
In comparison to their less-vulnerable peers LGBTQ+ pupils also have the biggest gap in

wellbeing, throughout the period LGBTQ+ pupils were almost three times as likely (OR 2.9 in 2024) to report LMW than their heterosexual peers.

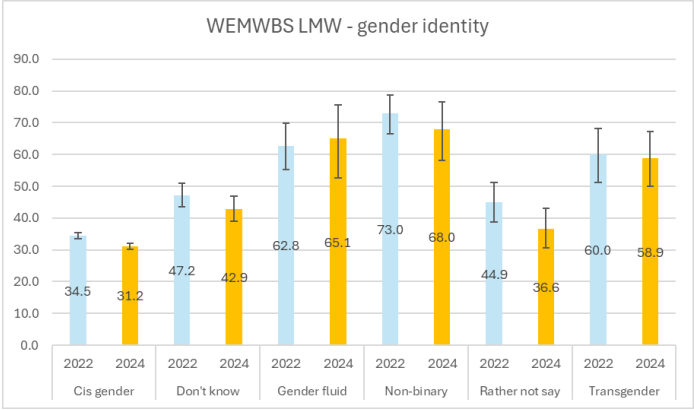
The chart below shows a breakdown of LMW by sexuality and shows LGBTQ+ pupils have consistently had significantly higher recorded levels of LMW than their heterosexual peers. Pupils who stated their sexuality was asexual or they were figuring out their sexuality were also significantly more likely to have LMW.



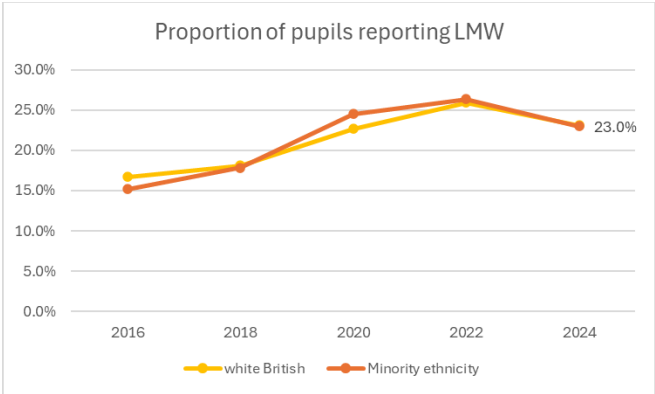
Pupils who identify as transgender have a high likelihood of reporting LMW. Whilst this hasn't increased significantly in the period it has fluctuated between 1 in 2 and 7 in 10 transgender pupils reporting LMW.



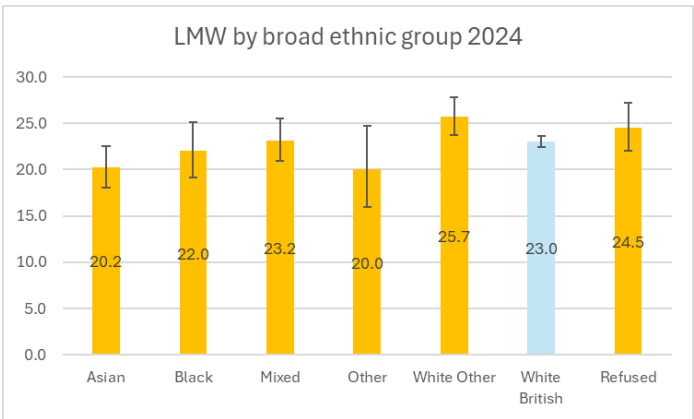
In 2022 a new question was introduced giving more detail about gender identity. Between 2022 and 2024 all gender identities saw a reduction in LMW except gender fluid pupils. The only gender identity to see a significant reduction in reported LMW in the period however was cis gendered pupils.



There is no significant difference between reported LMW of pupils from White British or minority ethnicity groups (23.1% vs. 23.0% in 2024). The proportion of both White British and minority ethnicity pupils reporting LMW has followed a very similar trend since 2016 when WEMWBS was introduced.



Pupils from White Other ethnicities were significantly more likely than White British pupils to report LMW.



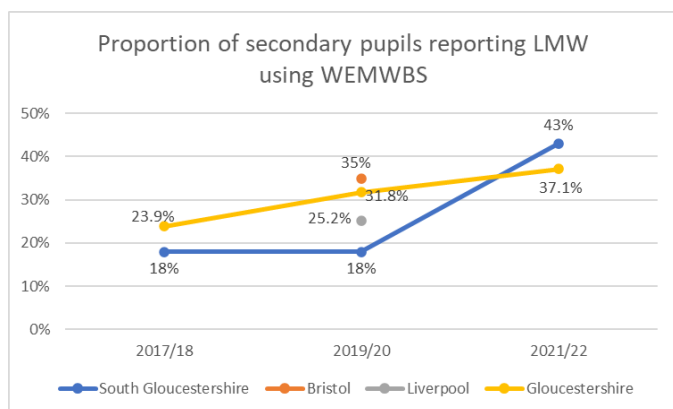
Pupils from White Eastern European and White Irish backgrounds were the only detailed ethnic group to be significantly more likely to report LMW than their White British peers. Indian pupils were significantly less likely to report LMW.

Benchmarking WEMWBS scores

Many local authorities across the country do a version of a pupil survey relating to health and wellbeing. However, it is not always easy to source their data and questions are often not standard and therefore unable to be compared. Surveying years don't always coincide with Gloucestershire's which again can make it difficult to compare results.

Unfortunately, in 2024 none of the previous authorities used for benchmarking appear to have published their most recent survey results. Previous benchmarking is included below and will be updated as possible in the future.

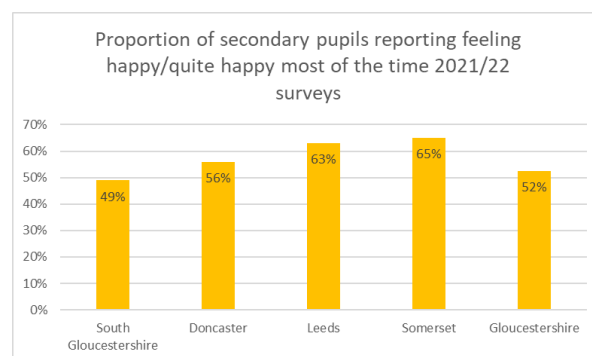
WEMWBS is used and reported by some LAs and 3 authorities reported it for secondary phase pupils. In the chart below survey years have been grouped as it is likely they occurred in the same 12 month period. The 2019/20 period is where all 4 LAs have data and shows the proportion of Gloucestershire pupils reporting LMW was below Bristol City Council pupils but above the other 2 authorities, Liverpool City and South Gloucestershire. It is also interesting to note the increase in LMW in Gloucestershire pupils appears to be a sustained trend in contrast to pupils in South Gloucestershire where a significant increase was observed in the pandemic period.



A further authority published their mean WEMWBS scores. The table below shows whilst below the 2017 national mean, the mean wellbeing scores in Gloucestershire are higher than those in Suffolk schools, suggesting slightly higher overall wellbeing.

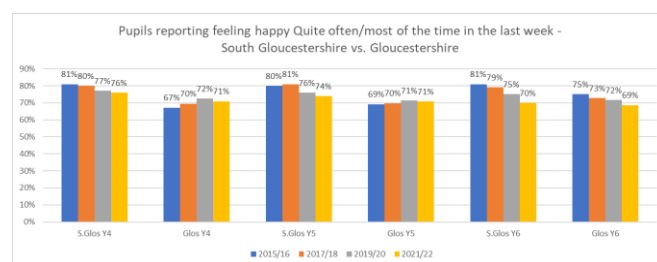
| Mean WEMWBS score secondary & FE pupils | | | |
|---|---------|---------|---------|
| | 2017/18 | 2019/20 | 2021/22 |
| Suffolk | | 44.5 | 42.5 |
| Gloucestershire | 48.0 | 47.0 | 45.3 |
| National | 51.7 | | |

A number of LAs report levels of happiness, in surveys completed post pandemic (either 2021 or 2022) Gloucestershire secondary pupils appear to have a similar level of happiness as the available comparator authorities. It is not possible to calculate statistical significance, but it is useful to note the majority of LAs report significantly smaller pupils participating in surveys than Gloucestershire.



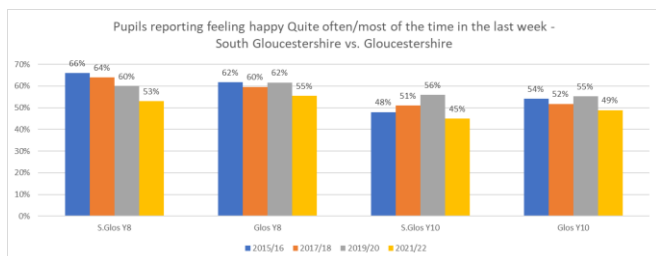
Only one other LA that completes a survey using exactly same question publishes a timeseries – South Gloucestershire. The charts below show the proportion of pupils reporting happiness over time. Survey years have been grouped as the survey years in South Gloucestershire are alternate to those in Gloucestershire however the pre/post pandemic years have been grouped.

In Primary year groups South Gloucestershire appears to have seen a decline in happiness in the period in Y4, Y5 and Y6; in contrast in Gloucestershire this trend has only been seen in Y6.



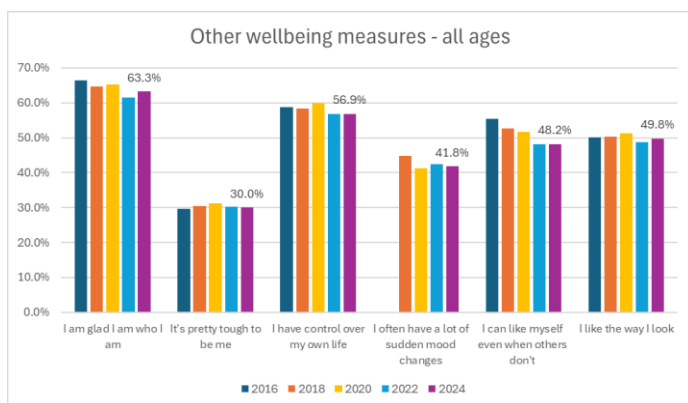
In Secondary year groups both in South Gloucestershire and Gloucestershire pupils in Y8 have seen a decline in happiness in the period although this is less pronounced in Gloucestershire.

In Y10 pupils in South Gloucestershire appear to have had an improving trend pre-pandemic before a decline, in Gloucestershire the proportion was fairly stable pre-pandemic and saw less of a significant drop during the pandemic.



Other wellbeing measures

There are a number of other questions separate to WEMWBS used to monitor wellbeing shown in the chart below.

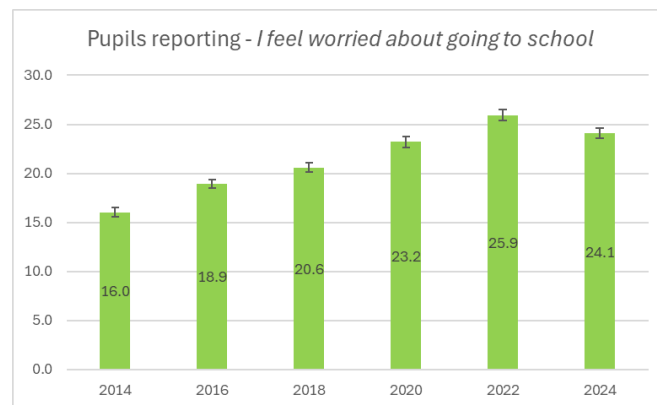


Before the pandemic the proportion of pupils reporting '*I am glad I am who I am*', '*I have control of my life*' and '*I like the way I look*' had been fairly stable, however between 2020 and 2022 they all saw a significant decrease. All three measures have increased or remained stable in 2024.

The proportion of pupils reporting '*It's pretty tough being me*' and '*I often have a lot of sudden mood changes*' have remained fairly stable in the period, in contrast the proportion reporting '*I can like myself even when others don't*' had been in a steady decline but has stabilised in the post pandemic period.

Stress and worry

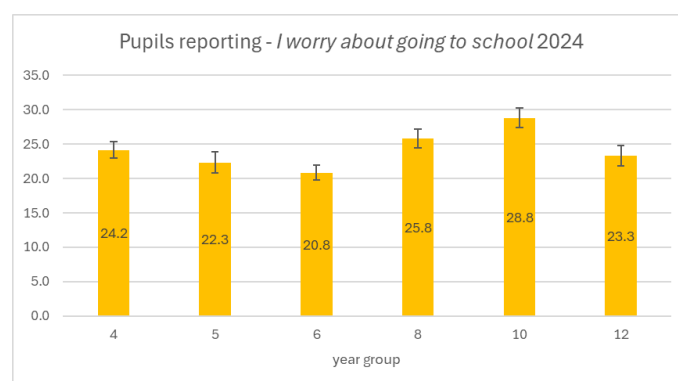
The proportion of pupils reporting they feel worried about going to school had been increasing year on year since 2014. This has reduced significantly between 2022 and 2024, although 1 in 4 pupils said they were worried about going to school.



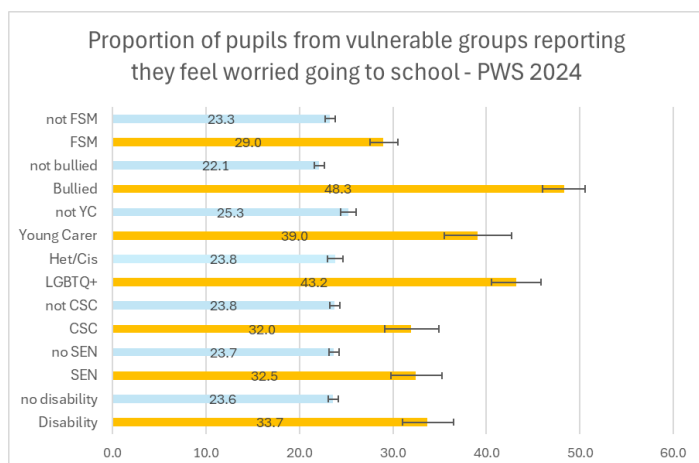
Females were significantly more likely to say they felt worried about going to school than males (1 in 3 vs. 1 in 5).



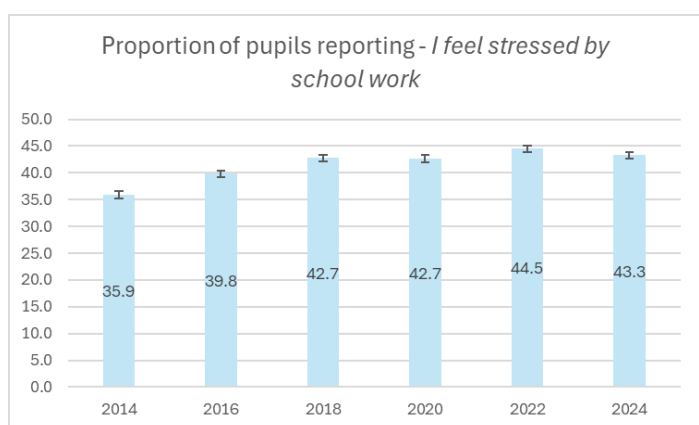
Secondary pupils were more likely to say they felt worried about going to school than those in primary schools or post-16 phase. Pupils in year 10 (28.8%) were the most likely to say they felt worried about going to school, however this was significantly lower than in 2022 when 1 in 3 Y10 said they worried about going to school.



Pupils with all vulnerable characteristics were significantly more likely to say they felt worried about going to school than their non-vulnerable peers. Pupils identifying as LGBTQ+ (43.2%), and pupils who were seriously bullied (48.3%) were the most likely to say the felt worried about going to school.

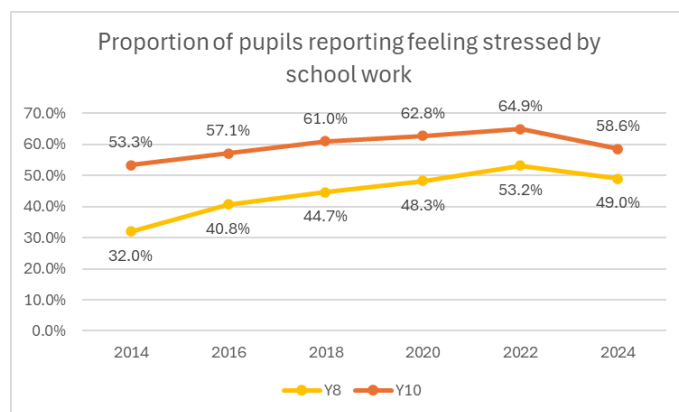


The proportion of pupils reporting they feel stressed by school work also increased between 2014 and 2022, although in a slightly less linear way. In 2024 the proportion of pupils reported they were stressed by school work reduced and was in line with the pre-pandemic surveys in 2018 and 2020.



Pupils in different phases report differing levels of stress related to school work. In the primary phase 35.2% reported being stressed by school work, this was slightly higher than in 2022. In the secondary phase 53.7% of pupils reported being stressed by school work, a reduction on 2022 (58.5%). A similar proportion of post-16 pupils (52.2%) reported feeling stressed by school work in 2024.

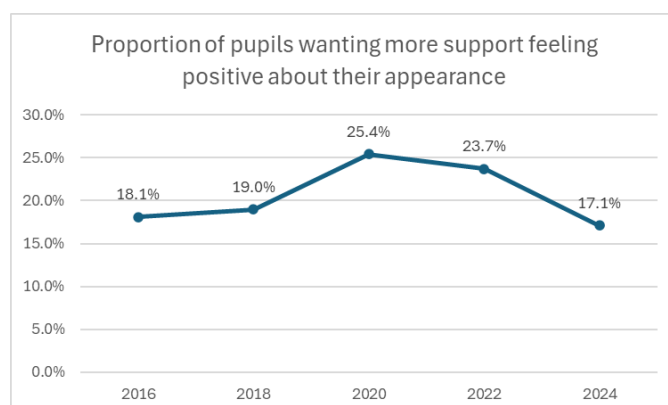
There is also a difference observed in different year groups, in the secondary phase Y10 pupils were more likely to report being stressed by school work, understandable as they will be approaching sitting national exams.



For pupils in both Y8 and Y10 it appears there has been a reduction in feeling stressed by school work since 2022.

Body positivity

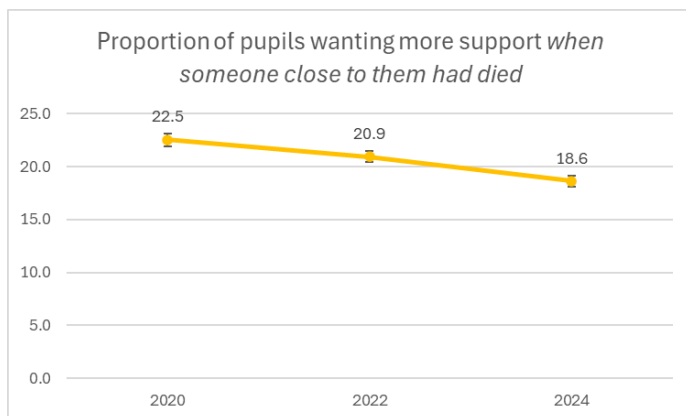
Researchers who study body image have long cited its relationship to overall feelings of identity and the ability to form meaningful relationships. 1 in 6 pupils asked to know more about 'Feeling positive about my appearance' in 2024, this has been reducing since peaking in 2020.



The proportion of females wanting to know more about 'Feeling positive about my appearance' was significantly higher than males (26.1% vs. 10.8% in 2024), although females wanting more support feeling positive about their appearance had reduced significantly since 2022 (35.3% vs. 13.0% respectively).

Bereavement

Around 1 in 5 pupils wanted to know more about support when someone close to them had died. This question was only introduced in 2020 and there has been a steady decline since then.



Primary pupils were more likely to want more support with bereavement than those in the secondary or post-16 phases.

Socialising and social isolation

In 2024 almost half of pupils with high mental wellbeing (HMW) said they did exercise to meet new people in comparison to 1 in 6 of those with LMW, this suggests firstly that exercise and sport can be a great way for young people to meet new friends but also being open to new relationships through exercise was important.



Having paid work doesn't appear to have much of an effect on wellbeing, very similar proportions of pupils' report LMW by phase and sex whether they have paid work (29.1% vs. 31.4% in 2024) or they don't, this trend has been the same since 2016.

Overall pupils who do voluntary work are also slightly less likely to report LMW than those who do not volunteer although not significantly. In females those who volunteer do have a significantly lower proportion reporting LMW (37.5% vs. 43.5% in 2024), there is no significant difference seen in males. This suggests being involved in the

community and giving to others could be more important to female wellbeing than male.

Two thirds of pupils who reported the *Rarely/never* feeling close to other people reported LMW compared to only 8.5% of those who said they felt close to other people *Often/All of the time*.

Unhealthy Internet use

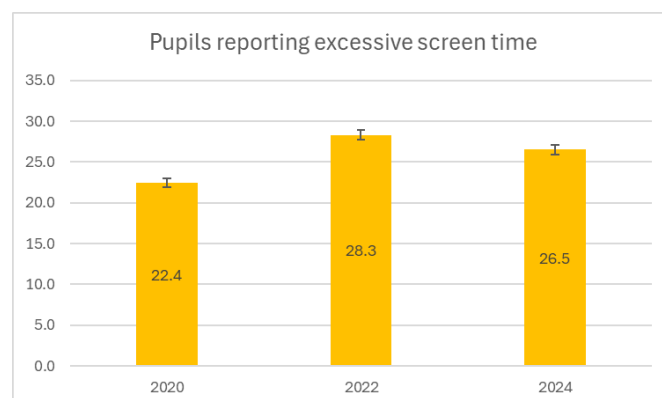
Extended screen time has become increasingly normal for young children and teenagers.

Research⁷ suggests a 52% increase in children's screen time between 2020 and 2022, and that nearly 25% of children and young people use their smartphones in a way that is consistent with a behavioural addiction.

Screen time usage

In the UK, the average media/screen usage of a teenager is estimated to be 6-7 hours per day⁸. The mean screentime in PWS 2024 was 4-6 hours for pupils at both secondary and Post 16 phases and between 0-3 hours for primary phase pupils. Excessive media/screen time has been classified in the survey for pupils who report having 7+ hours of media/screen time per day.

In 2024 1 in 4 (26.5%) pupils reported excessive media/screen time. This was significantly lower than in 2022 (28.3%) but still above the 2020 figure (22.4%).

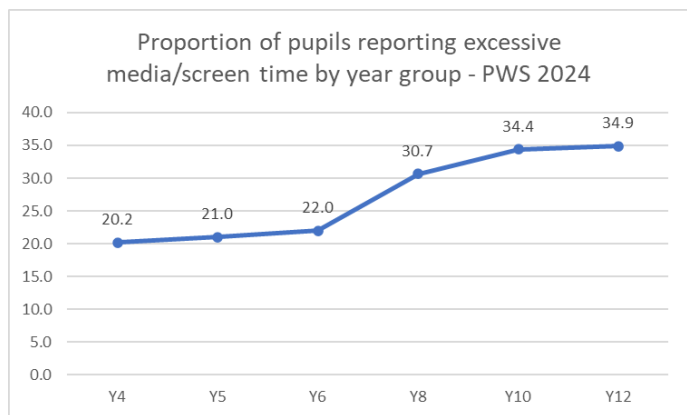


For the first time males were significantly more likely to report excessive screentime. There was no significant difference between pupils from minority ethnic groups and White British pupils reporting excessive media/screen time, however pupils from Black backgrounds were significantly more likely to

⁷ [Screen time: impacts on education and wellbeing - Education Committee \(parliament.uk\)](https://www.parliament.uk/evidence/education-committee/Screen-time-impacts-on-education-and-wellbeing)

⁸ https://www.ofcom.org.uk/_data/assets/pdf_file/0025/217825/children-and-parents-media-use-and-attitudes-report-2020-21.pdf

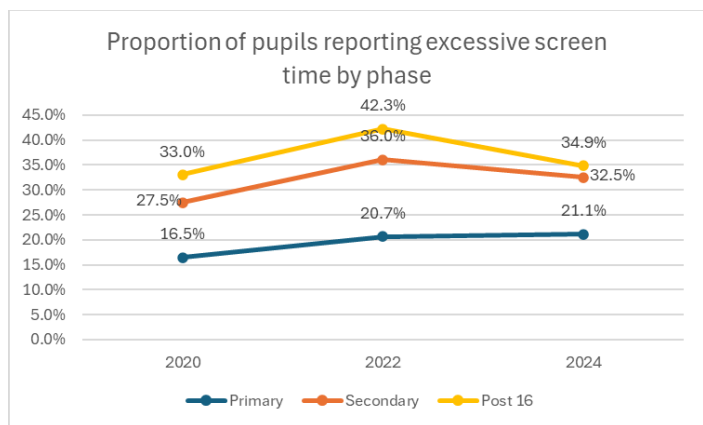
report excessive screentime than White British pupils. Age is clearly a factor in screentime.



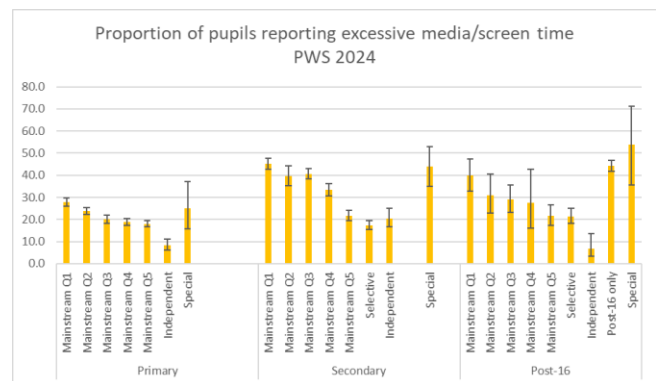
In the primary phase there is no significant difference in the proportion of pupils reporting excessive media/screen time between years, however it rises considerably in the transition to secondary school and significantly between Y8 and Y10. There is no significant increase between Y10 and Y12.



Increases in excessive screen time between 2020 and 2022 in the secondary and post-16 phases appear to have reduced in 2024. However, the proportion of pupils in the primary phase reporting excessive screen time has not reduced between 2022 and 2024.



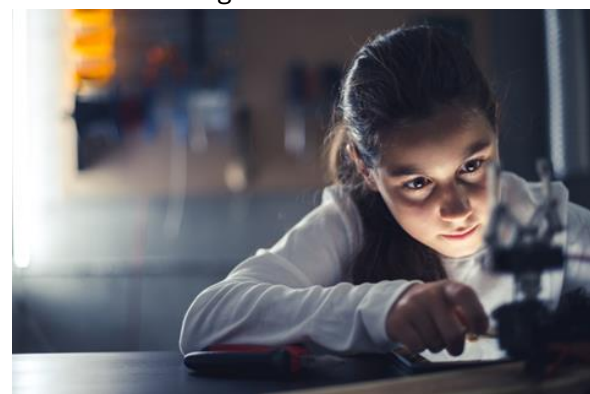
There appears to be a correlation between media/screen usage and deprivation at every phase. Pupils in the most deprived quintile were significantly more likely to have excessive media/screen usage than those in the least deprived areas.



For both those with average screen time and those with excessive screen time the online activity they said they spent most time on was *Watching videos on social media (TikTok, Instagram, YouTube etc.)* (26.0% and 30.3% respectively)

Pupils with excessive screen time were significantly more likely than those with average screen time to say one of the following were in their top 3 activities online:

- Gaming online with others
- Watching videos on social media (TikTok, Instagram, YouTube etc.)
- Posting my own social media
- Gambling



Pupils with average screen time were significantly more likely than those with excessive screen time to say one of their top three online activities were:

- Keeping up with current affairs/news
- Learning a new skill e.g. a language
- Watching TV – either on demand or live

Children who spend too much time using online media can be at risk of:

- **Not enough sleep.** Media use can interfere with sleep.
- **Being overweight.** Teens who watch more than 5 hours of TV per day are 5 times more likely to be overweight than teens who watch 0 to 2 hours.
- **Delays in learning & social skills.** This could be because they don't interact as much with their parents and family members.
- **Negative effect on school performance.** Children and teens often use entertainment media at the same time that they're doing other things, such as homework.
- **Behaviour problems.** Violent content on TV and screens can contribute to behaviour problems in children, either because they are scared and confused by what they see, or they try to mimic on-screen characters.
- **Problematic internet use.** Children who spend too much time using online media can be at risk for a type of addictive behaviour called problematic internet use.
- **Risky behaviours.** Teens' displays on social media often show risky behaviours, such as substance use, sexual behaviours, self-injury, or eating disorders. This can influence others and lower the age of initiation.
- **Sexting, loss of privacy & predators.** Teens need to know that once content is shared with others, they may not be able to delete it completely.
- **Cyberbullying.** Cyberbullying can lead to short- and long-term negative social, academic, and health issues for both the bully and target.

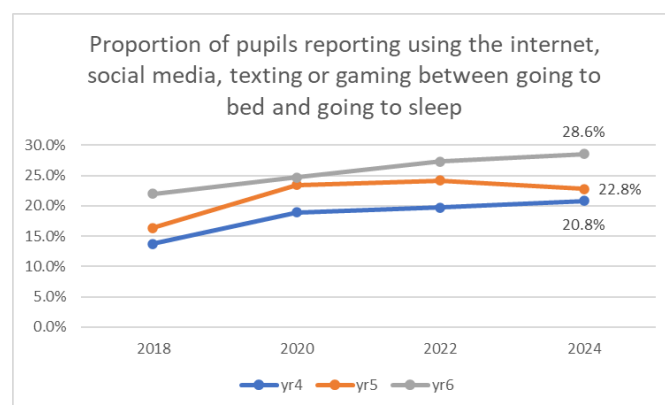
Behaviours linked to excessive online usage

Media interfering with sleep

In 2024 1 in 4 pupils said they *Watched tv in my bedroom* between going to bed and going to sleep, this was an increase on 2012 when 1 in 5 reported this. A third (32.7%) of pupils reported they *used the Internet/gaming/social network/texting* between going to bed and going to sleep, this was

also an increase on 2014 when 1 in 4 reported this. These two activities linked to the internet were the only activities that saw an increase in pupils doing between going to bed and going to sleep between 2014 and 2024. There was a reduction in pupils saying they *Read/read to, Listened to music, Thought, Relaxed, Played* between going to bed and going to sleep.

In primary aged pupils there was a more significant increase in pupils reporting they *used the Internet/gaming/social network/texting* between going to bed and going to sleep than in secondary age pupils.



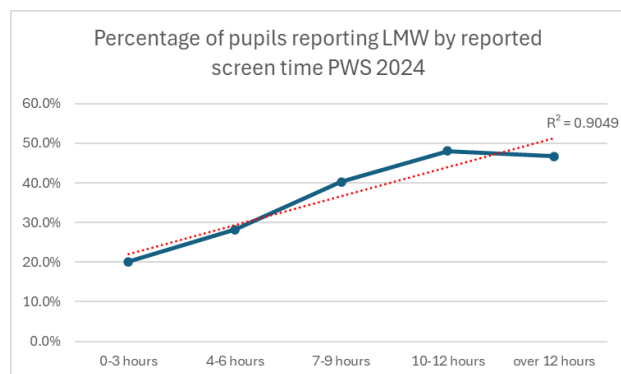
The biggest increase between 2018 and 2024 was seen in Y5 pupils.

Almost half of pupils in Y12 (47.9%) said they *used the Internet/gaming/social network/texting* between going to bed and going to sleep in 2024. The figure was similar in Y10 (45.3%), whilst just over a third of pupils in Y8 (37.1%) said they *used the Internet/gaming/social network/texting* between going to bed and going to sleep.

In 2024 6.8% of those who reported they woke in the night reported this was because they woke *To check or send messages or play games on phone/tablet/computer*. This has been similar since 2018.



Higher screen time appears to be directly correlated with LMW. As screen time increases so does the proportion of pupils reporting LMW. This is observed at all phases of education and in both sexes.



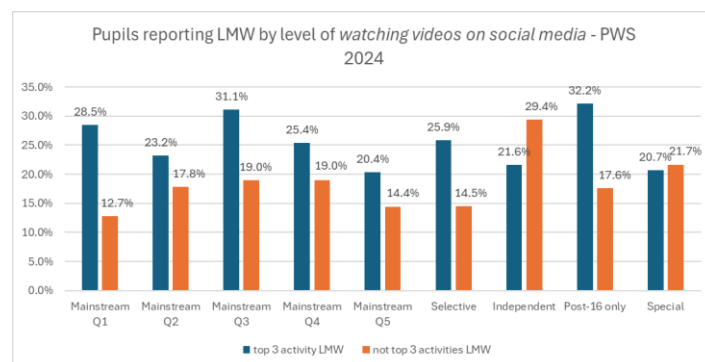
Excessive screen time appears to have the most profound effect on secondary aged females when the likelihood of LMW and excessive screen time was 3 times higher than those with average or below screen time (OR 3.1). In all phase and both sexes likelihood of LMW and excessive screen time was twice as high as those with average or below screen time except in primary age boys (OR 1.8).

Whilst this indicates a strong correlation it doesn't imply causation.

Social media use

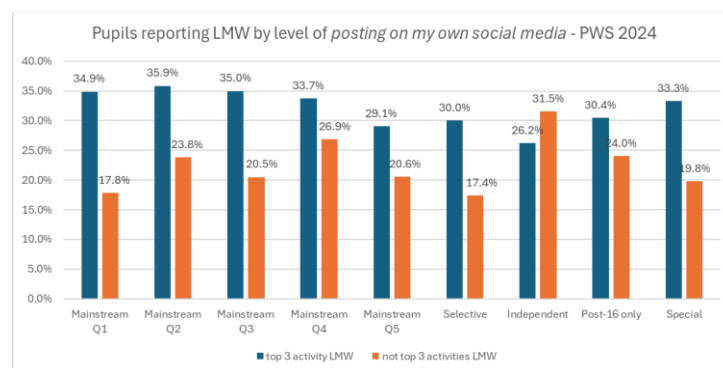
In 2024 pupils were asked to give select and rank their top 3 online activities, a quarter (26.7%) of pupils said **Watching videos on social media (TikTok, Instagram, YouTube etc.)** was their top online activity and two-thirds (66.5%) that it was in their top 3 online activities.

Pupils who cited *Watching videos on social media (TikTok, Instagram, YouTube etc.)* in their top 3 online activities were more likely to report LMW than those where it wasn't in their top 3 online activities. The difference was most significant in pupils in schools with pupils in quintile 1 schools and post-16 only settings, although the latter may also be linked to age.

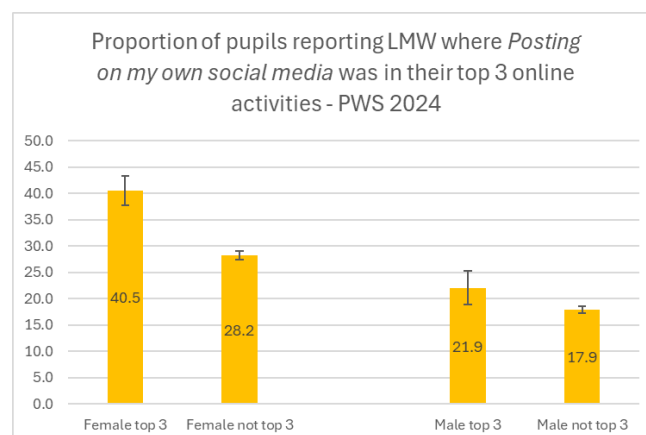


7.7% said **Posting my own social media** was one of their top 3 online activities and 2.1% that it was their top online activity.

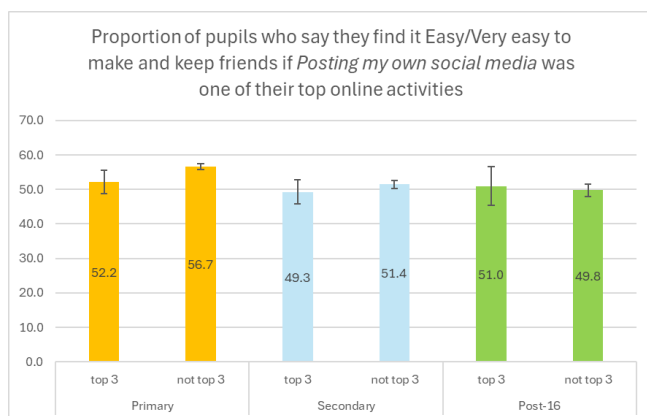
There appears to be a link between *Posting my own social media* and LMW for pupils in most statistical neighbour groups. Around a third of pupils who had *Posting my own social media* as one of their top 3 online activities in all mainstream settings reported LMW.



In both males and females those who cited *Posting my own social media* was in their top 3 online activities were significantly more likely to report LMW than those where it was not in their top 3 activities.



However, having this as one of their top online activities didn't appear to effect pupils' ability to maintain friendships at any age.



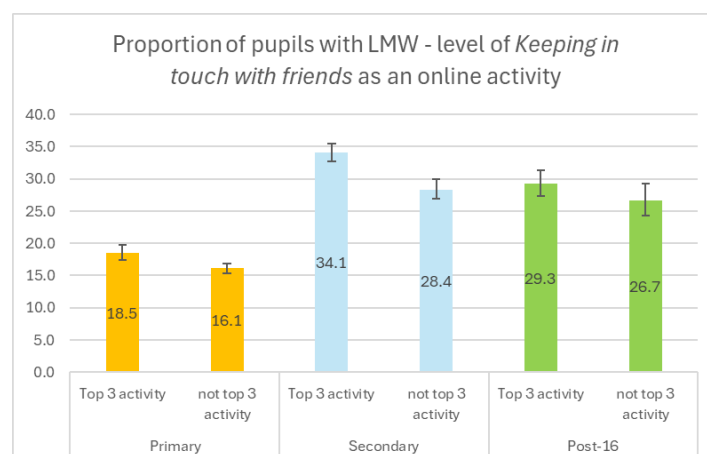
Pupils who had *Posting my own social media* as one of their top online activities in primary and secondary phases were significantly less likely to agree/strongly agree *I like my appearance*. Likelihood of liking their appearance was lower if *Posting my own social media* was one of their top online activities (OR 1.8).



Pupils who had ***Keeping in touch with friends (messaging on any media)*** as one of their top 3 activities (43.5%) were also significantly more likely to report LMW than those who didn't. There appears to be some link to biological sex as there was a significant difference in females (33.1% vs. 25.0%), but there was no significant difference in wellbeing for males who had *Keeping in touch with friends (messaging on any media)* as one of their top online activities to those who didn't.

It is also apparent older pupils in secondary and post-16 phase were significantly more likely to say *Keeping in touch with friends (messaging on any media)* was one of their top 3 online activities so this may affect the wellbeing score. However, whilst in post-16 pupils having *Keeping in touch with friends (messaging on any media)* as one of their top 3 online activities does not appear to have an effect on their wellbeing, where pupils are in

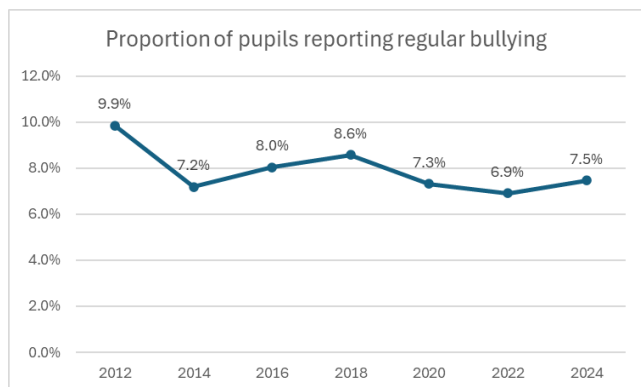
primary or secondary phases there is a significant difference in the proportion reporting LMW.



There is no clear reason why this might be the case, there appears to be no higher likelihood of LMW if *Keeping in touch with friends (messaging on any media)* is cited as a top 3 online activity by; biological sex, age, overall screen usage, other online activities, or real world friendship confidence.

Bullying

In 2024, a quarter (28.8%) of all pupils said they had experienced serious bullying in the past year, and 7.5% of pupils reported being a regular victim of bullying in the previous year. This has declined since 2012 when it was 9.9%. There was no significant reduction in bullying during the pandemic period (2020 vs. 2022) when there were periods of home schooling.

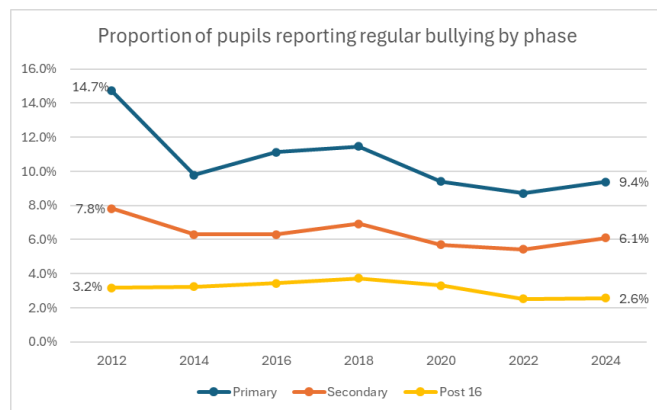


Pupils who were bullied regularly were significantly more likely to report LMW than those who weren't bullied (40.3% vs. 21.7%).

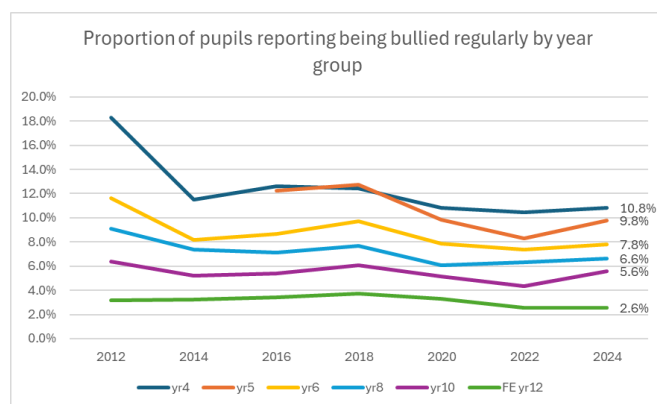


There was no significant difference between males and females reporting being bullied regularly in 2024.

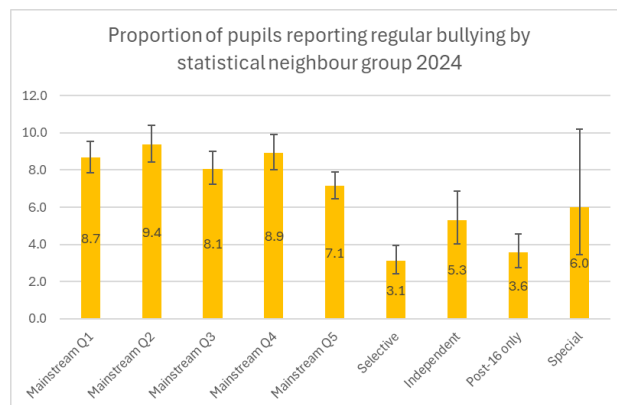
Younger pupils are most likely to report being bullied regularly and the proportion reduces as they age. In 2024 9.4% of primary pupils reported being bullied regularly compared to only 2.6% of post-16 pupils. There has been little change in the proportion of pupils regularly bullied in any phase since 2014



This trend is also observed when looking at regular bullying by year group. Changes in regular bullying appear to have increased in Y5 and Y10 pupils between 2022 and 2024, although neither of these increases were significantly higher.



Previously, the highest proportion of pupils reporting regular bullying was seen in the most deprived schools, as deprivation levels reduced so did the proportion of pupils reporting regular bullying. However, in 2024 this is less clear. Pupils at selective schools were significantly less likely to report regular bullying than all other groups except post-16 only colleges (where age of pupils is the most significant factor).

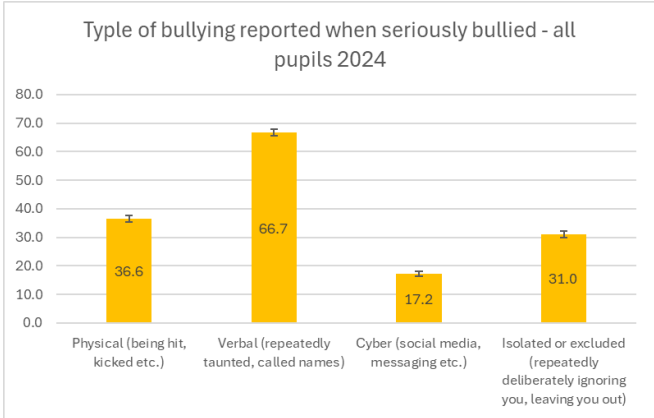


There is no significant difference between pupils in schools in most districts reporting regular bullying and for most districts there has been only a

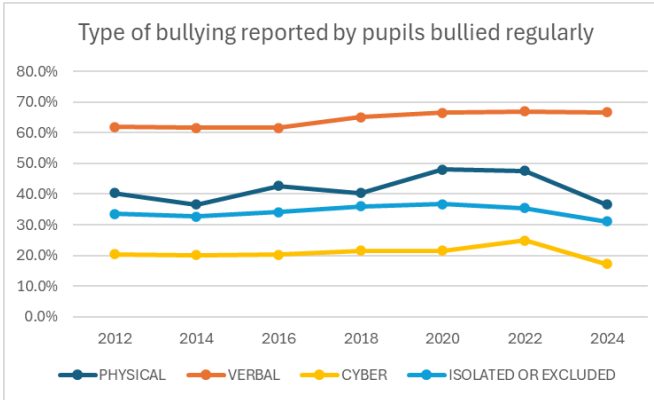
minimal increase in bullying since 2022. However, pupils in Stroud district were significantly more likely to report being bullied regularly in 2024 (8.5%) than in 2022 (6.5%). This appears to have been most influenced by an increase in Y4 pupils reporting being bullied regularly.

Types of bullying

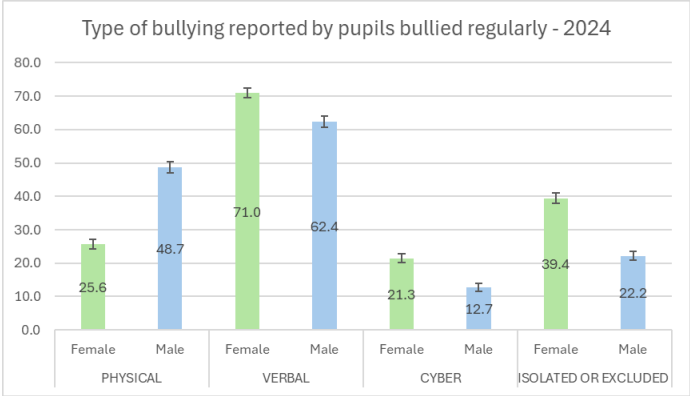
Pupils who were regularly bullied were most likely to report being bullied verbally and least likely to report being a victim of cyber bullying (pupils could select multiple types of bullying – values will not sum to 100%).



The proportion of pupils experiencing physical and cyber bullying have both reduced between 2022 and 2024, the proportion experiencing verbal bullying and isolation has remained stable since 2016.



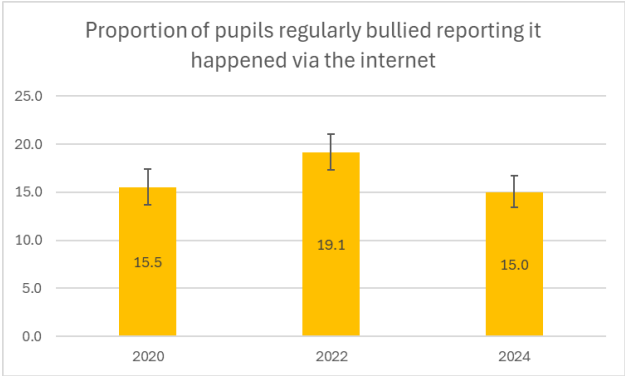
In 2024 females were significantly more likely to say they were victims of verbal, cyber and isolating bullying than males. Males were significantly more likely to report being a victim of physical bullying.



Spaces where bullying occurs

Pupils who experienced regular bullying were asked where the bullying occurred, nearly two thirds of pupils reported it happened at school (61.1% in 2024); with 1 in 10 (11.0% in 2024) saying it happened in school toilets, 1 in 4 (29.6% in 2024) in the classroom and over half (53.0% in 2024) in the playground. A further 1 in 8 (12.0% in 2024) reported it happened on school transport on the way to school.

Bullying via the internet saw the biggest percentage point increase between 2014 and 2020, when it rose from 5.5% to 15.5%. There was a significant increase in bullying via the internet in the pandemic period however, this has now returned to the pre-pandemic level.



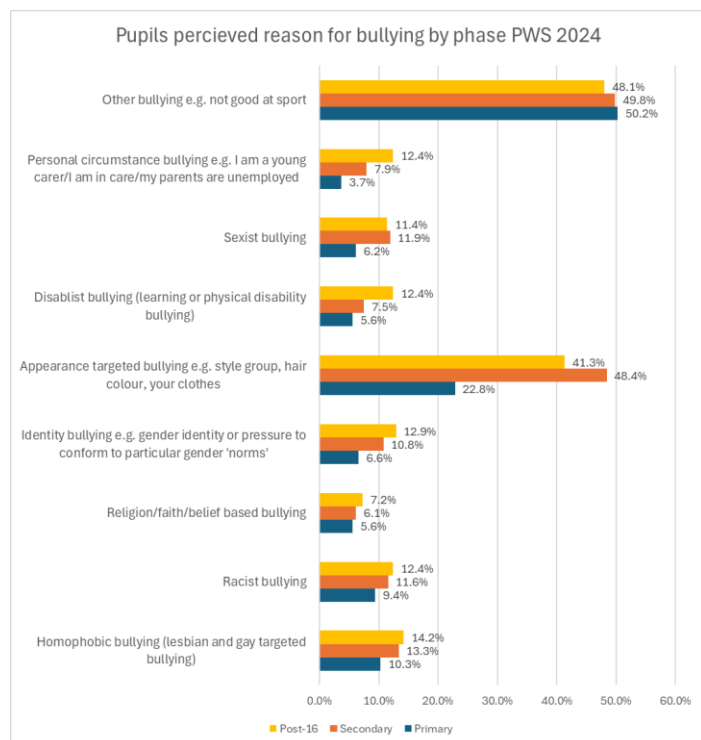
During the pandemic period bullying at home increased significantly, but again this has reduced in 2024 possibly reflecting the increased time pupils spent at home during lockdowns.

Perceived reasons for bullying

In 2024 the questions relating to why pupils thought they were bullied was changed, as such it isn't possible to compare the 2024 results with previous surveys.

Pupils were able to choose multiple perceived reasons for bullying, so values will not sum 100%.

Half of all pupils said they experienced ‘*Other bullying, e.g. not good at sport*’. After that the most commonly perceived reason for bullying was individual appearance, almost half of bullied secondary pupils reported this.



National estimates of Police reported hate crimes in Gloucestershire¹⁰ suggest this is around 10 times the reported level.



Whilst around 1 in 10 secondary and post-16 pupils who had been bullied perceived it as homophobic bullying, almost half (47.0%) of those LGBTQ+ who were bullied and 15.4% of all LGBTQ+ pupils reported experiencing homophobic bullying.

A quarter (25.9%) of minority ethnicity pupils who were bullied reported experiencing racist bullying, 6.9% of all minority ethnicity pupils.

A third of pupils with a disability who were bullied and 1 in 10 of all pupils with a disability perceived it was due to their disability.

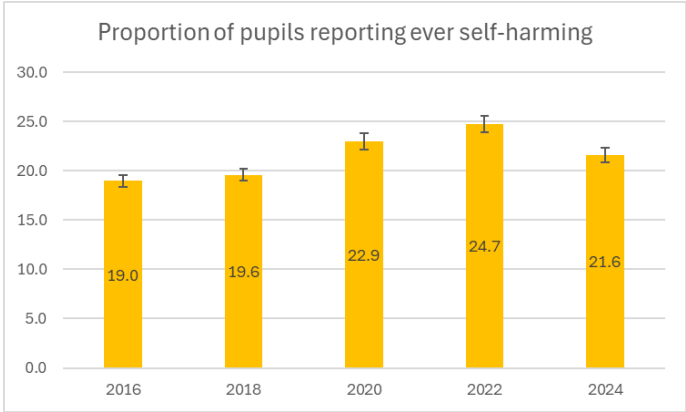
The proportion of pupils reporting being a victim of hate speech/crime⁹ has remained around 4-5% since 2012. Due to the question format change it is not possible to directly compare the 2024 figure of 2.2% (pupils experiencing regular bullying in the form of homophobic, racist, religion/faith, identity, disablist or sexist bullying).

⁹ Experiencing regular serious bullying because of their; skin colour, home language, sexuality, gender identity, religion, disability. Secondary and FE pupils only.

¹⁰ [CBP-8537.pdf \(parliament.uk\)](#)

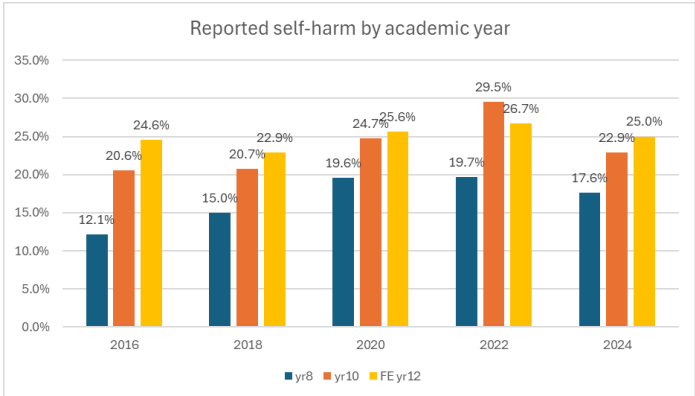
Self-harm

Questions relating to self-harm are asked to young people in years 8, 10 and 12. Reported self-harm increased significantly between 2018 and 2020 and between 2020 and 2022. In 2024 reported levels of self-harm had reduced significantly to 1 in 5 young people closer to the 2018 figure.

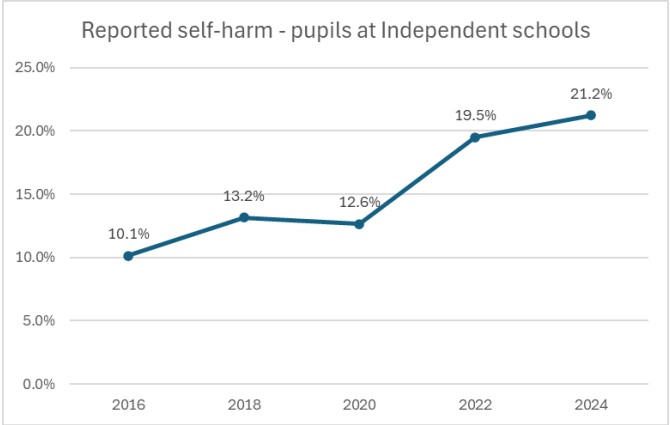


Who self-harms?

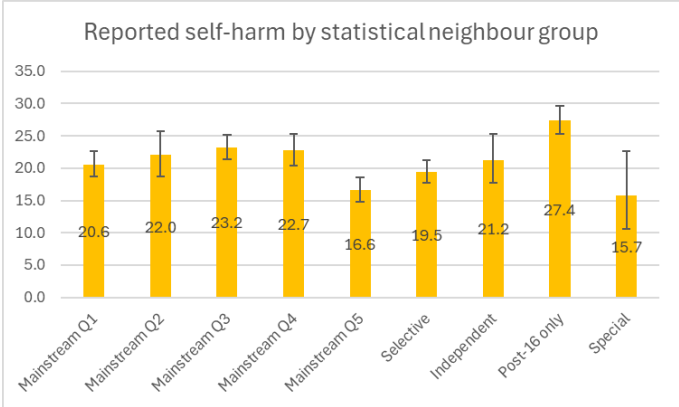
Between 2016 and 2022 pupils in Y10 saw the biggest increase in self-harming behaviour; in 2024 they also had the steeper reduction in pupils reporting self-harming. Between 2016 and 2024 the proportion of post-16 pupils reporting ever self-harming remained around 1 in 4.



When looking at socio-economic statistical neighbour groups self-harm trend, most groups saw a reduction in reported self-harm between 2022 and 2024, except pupils in independent schools. Pupils at independent schools have previously had the lowest reported self-harm (1 in 10), however they saw the highest percentage point increase during the pandemic period (6.8) and are now not significantly different to mainstream schools.



The proportion of young people reporting ever self-harming in 2024 was highest in pupils at post-16 only colleges (27.4%). There was little significant difference in reported self-harm between mainstream school groups apart from in quintile 5 (least deprived) that reported a significantly lower proportion of pupils self-harming.



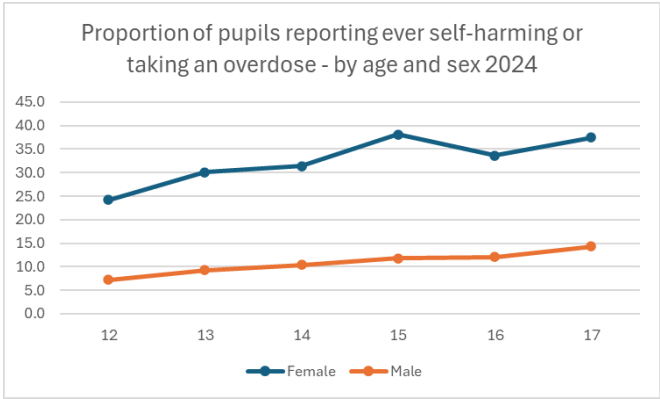
Deprivation appears to be a minor factor contributing to self-harm behaviours in pupils, and whereas pre-pandemic affluence and the associated privilege was more likely to be a protective factor this no longer seems to be the case.



In female young people self-harm appears to increase steadily from age 11 to a peak at age 15 and then remains in line (this coincides with the

peak level of LMW in females). A 13.8 percentage point increase is observed in self-harm behaviours between the ages of 12-15 years; suggesting initiation of self-harming behaviours in females is most likely to be between 12 and 15yrs.

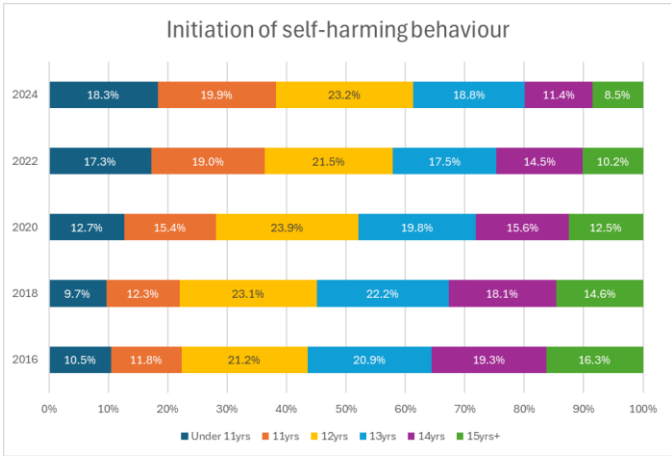
In male young people self-harm incidence rises more slowly and only increases by 4.6 percentage points in the same age range. Self-harm appears to start to increase more steadily in males.



The proportion of young people from ethnic minority groups who report self-harm or overdose is significantly lower than White British young people (18.8% vs. 22.5%). Asian, Black and Other ethnicity pupils were significantly less likely to report self-harm or overdose than White British young people. Particularly Black African, Indian and White Western European had significantly lower reported self-harm than White British pupils.

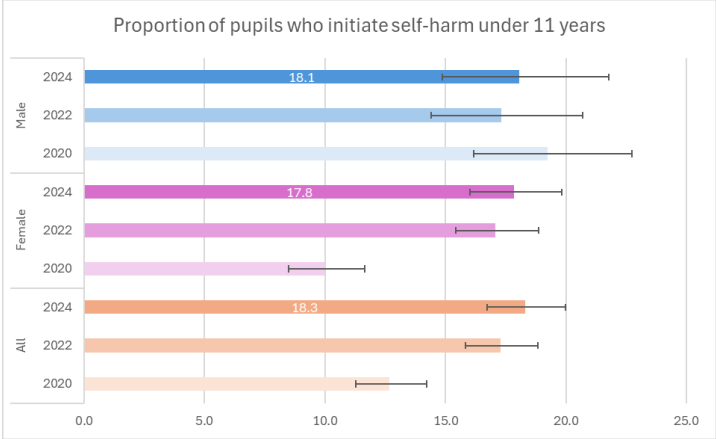
Initiation of self-harm

Initiation of self-harming behaviour appears to have been getting younger since 2016. During the period, initiation was most common at age 12.

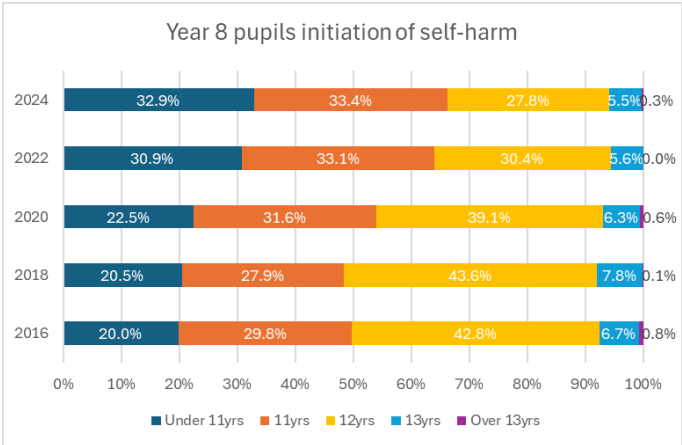


In previous surveys, boys were significantly more likely to report initiating self-harm under 11yrs than girls, since 2022 there has been no significant

difference between the sexes. A significantly higher proportion of young people initiated self-harming behaviour under 11yrs between 2020 and 2022, (predominantly due to a significantly higher proportion of girls reporting initiating self-harm under 11yrs) however, this has not increased significantly in 2024.



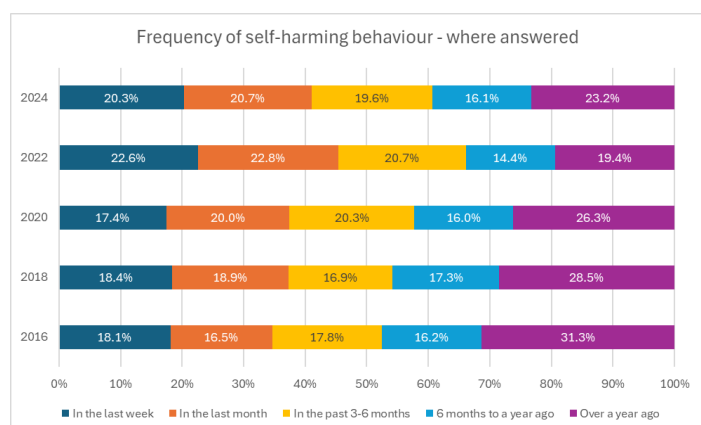
The reduction in age of self-harm initiation suggests young children initiated self-harm as a way of coping with distress during the pandemic period. This can be verified by isolating the Y8 pupils who self-harm. The 2022 Y8 cohort were in Y6 at the start of the pandemic and the 2024 Y8 cohort were in Y4. Both cohorts may have faced significant challenges including a difficult transition to secondary school.



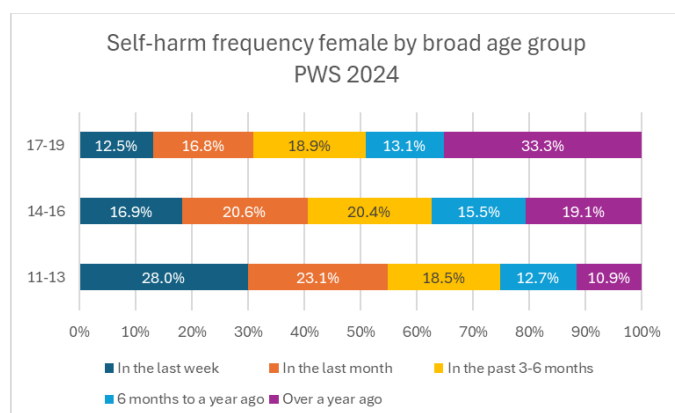
In 2024 young people were most likely to self-harm regularly at age 13, which was younger than the previous survey when it was age 14. Of those who have ever self-harmed, 22.3% reported self-harming regularly (*Quite often(weekly)/Most days*); this rose to 28.3% at age 13 but was also high at aged 14 (26.4%). The age young people were most likely to self-harm regularly has been reducing steadily since 2016 when it was 18 years old.

Overall, over 70% of young people had not ever thought of overdose or self-harm in 2024, increasing since 2022. In 2024 1 in 6 female young people said they had seriously thought of taking an overdose or trying to harm themselves in the past month but not actually done so compared to 1 in 14 males.

Those who say they have ever self-harmed are also asked when they last self-harmed, the proportion reporting they last self-harmed over a year ago had been reducing between 2016 and 2022. There has been a reduction in the proportion of pupils who reported they last self-harmed in the last week between 2022 and 2024.

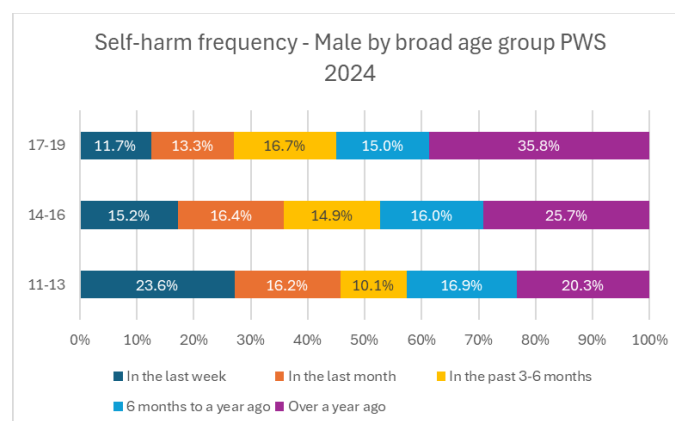


Young women in the early to mid-teenage years were more likely to have self-harmed in the last week or month than those aged 14-16 or 17-19 years. As young women went through to the later teenage years the proportion who reported self-harming in the last week or month reduced dramatically. In those aged 16-19, a third of young women who had ever self-harmed had not done so for over a year.

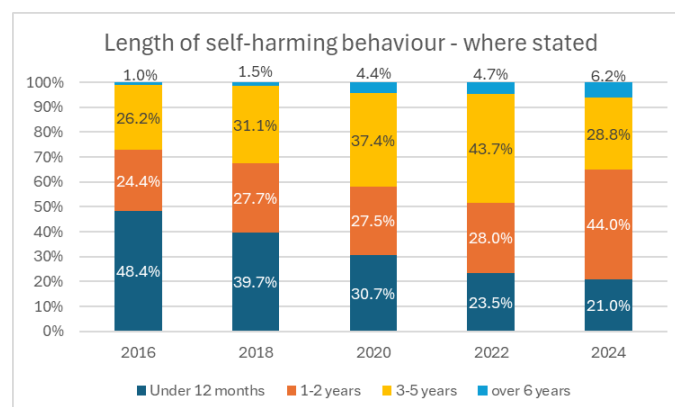


As in previous years, young men in 2024 in the early teenage years were more likely to have self-harmed in the last week or month than those aged 14-16

and young men between 17 and 19. As young men went through to the later teenage years the proportion who reported self-harming over a year ago increased to 35.8%.

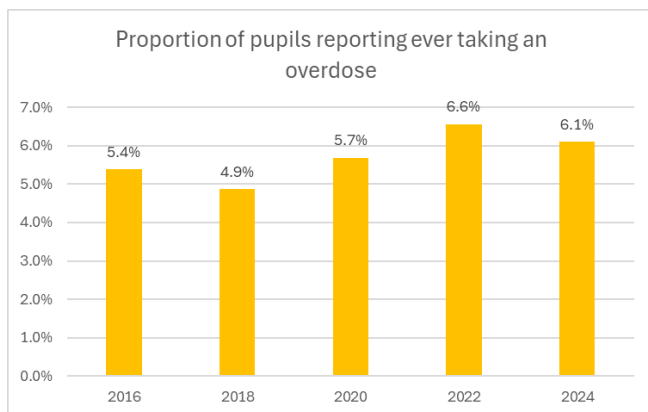


Of those who said they had ever self-harmed in 2024, 2,373 (88.5%) gave an age when they started and last self-harmed. Just over a fifth of these had self-harmed for 0-12months (21.0%), 44.0% had self-harmed for 1-2 years. The proportion self-harming for a long period had been steadily increasing between 2016 and 2022, however, in 2024 this had reduced.



Overdose

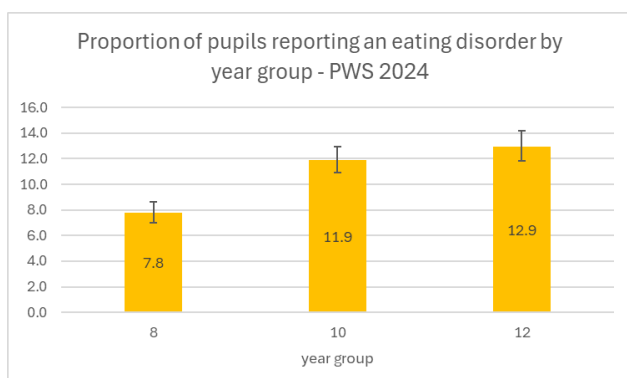
In 2024 6.1% of CYP reported taking an overdose, this equates to 28.3% of those who reported self-harming. The proportion of the population ever taking an overdose has increased significantly since 2016 (5.4%), although reduced in the most recent period.



In 2024 1 in 3 CYP who had taken an overdose had taken multiple overdoses, this trend is unchanged since 2016.

Eating disorders

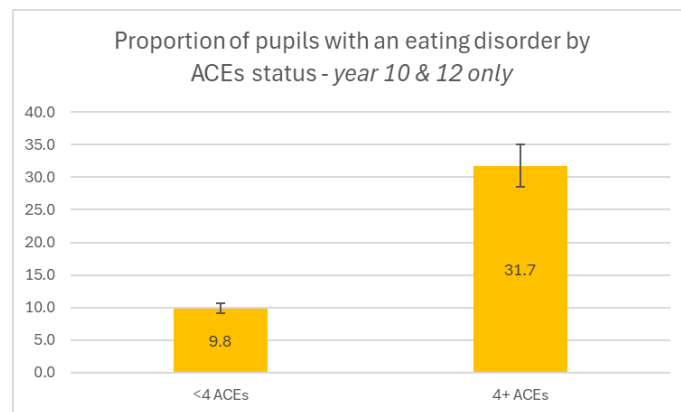
A new question about eating disorders was introduced in 2024. Overall, 1 in 10 secondary and post-16 pupils reported they had had an eating disorder. Females were three times more likely to report an eating disorder (16.7%) than males (5.3%). Pupils reporting an eating disorder increased with age, pupils in Y8 had a significantly lower prevalence of eating disorders compared to those in Y10 and Y12.



Pupils in quintile 5 schools were the least likely to report an eating disorder and were significantly less likely than most other statistical neighbour groups, however, there doesn't appear to be a clear link with deprivation. Although pupils eligible for FSM were significantly more likely to report an eating disorder (14.1%) than those not eligible (10.1%).

Pupils at schools in Forest of Dean were the most likely to report an eating disorder (13.3%), whilst pupils in Stroud schools were the least likely (9.5%).

Pupils reporting 4+ ACEs were three times more likely to report an eating disorder than those with less than 4 ACEs.



Method of self-harm

Research into method of self-harm was investigated using the 2018 Pupil Survey. Children and young people were asked to give some indication of the way they self-harmed; of the 2,841 who reported they had ever self-harmed 70% gave a method. This has been categorised using ICD-10 codes to give a comparator to the hospital admissions seen for children and young people in the same age group.



The most common method of self-harm reported was *Intentional self-harm by sharp object* this accounted for 74.0% of the overall cohort, 78.7% of females and 62.6% of males. Methods reported in the next highest frequency were *Intentional self-harm by blunt object* (reported by 10.1%), *Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances* (reported by 6.7%) and *Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics* (reported by 5.8%).

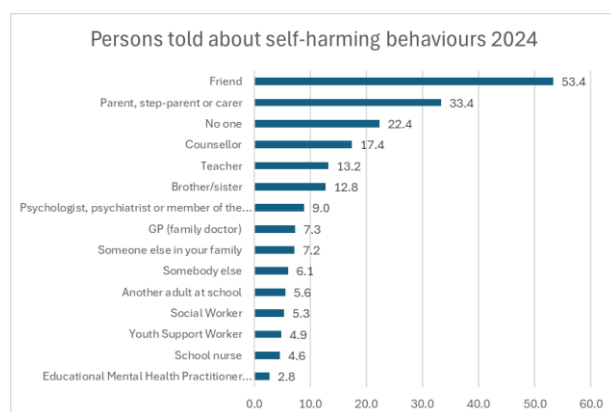
Due to the larger number of females reporting self-harm overall in the survey most methods saw a higher proportion of females reporting them than males, with the exception of *Intentional self-harm by hanging, strangulation and suffocation* and

Intentional self-harm by jumping from a high place. There were no reported use of methods associated with firearms or explosives (X72-X75); chemical poisoning (X66-X68) or crashing of a motor vehicle (X82) all of which would be difficult to access for most children and young people.

Access to means has been an indicator of increased suicide risk in adults. There were a raised proportion of males reporting *Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified*, in general a significantly higher proportion of males reported ever trying illegal drugs than females. There were a raised proportion of females reporting *Intentional self-harm by steam, hot vapours and hot objects* several of these specified hair straighteners, tongs or curlers. There was also a raised proportion of females reporting *Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system* the majority specified anti-histamine medication.

Getting help for self-harm

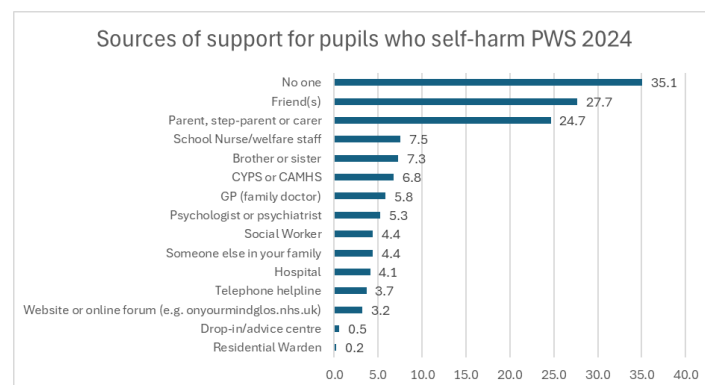
Over half of CYP who self-harmed told a friend about it followed by their Parents/carers.



Who pupils told about self-harm follows a very similar trend from that observed in 2020 and 2022.

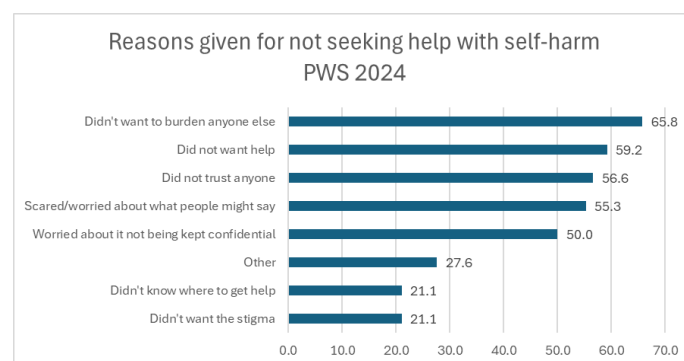
A fifth of pupils who reported self-harming behaviour said they had not told anyone about it.

In terms of receiving help, a third of pupils who self-harmed said they received help from no-one. Friends and parents/carers were again the most likely to provide help around self-harm.



63.1% of pupils who self-harmed and received help said the help was helpful enough.

Of the pupils who self-harmed and did not seek help, the most frequent reason given was: '*Did not want to burden anyone*'. 56.6% of those who didn't seek help said they didn't trust anyone.



Pupils who reported self-harm were significantly more likely to have received support from a health professional for their mental health and emotional wellbeing (45.0% vs. 14.7%) than those with no reported self-harm history. Although they were also more likely to report they found accessing support difficult/very difficult than those with no reported self-harm history (28.7% vs. 11.7%).

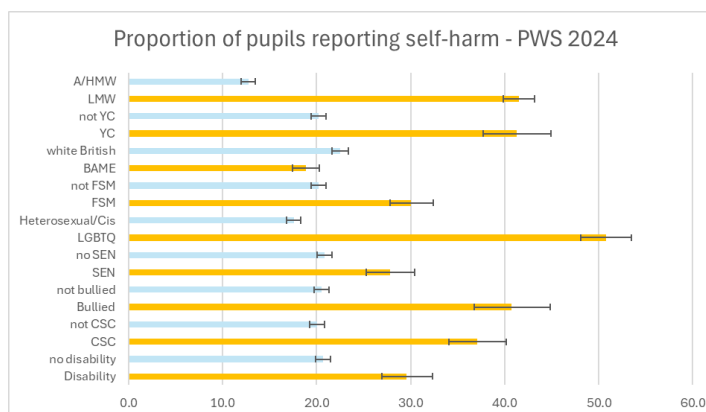
Exacerbating factors

Risk factors for self-harm include; sexuality and gender identity, bullying, 4+ ACEs, young carer status, LMW, eligibility for FSM, disability status and SEN/EHCP.

Pupils with vulnerable characteristics are more likely to report self-harm:

- Non-heterosexual and transgender CYP 1 in 2 vs. 1 in 6
- Seriously bullied CYP 1 in 2 vs. 1 in 5
- Young carers CYP 1 in 2 vs. 1 in 5
- CYP with 4+ ACEs 1 in 3 vs. 1 in 10
- CYP eligible for FSM 1 in 3 vs. 1 in 5

- CYP with a disability 1 in 3 vs. 1 in 5
- CYP with SEN/EHCP 1 in 4 vs. 1 in 5



These ratios are the same when looking at likelihood of reporting LMW, suggesting the strong link between LMW and self-harm and the heightened risk of both LMW and self-harm in vulnerable or marginalised pupils.

Pupils in Y10 and Y12 who reported experiencing 4+ACEs were three times as likely to report self-harming than those with less than 4 ACEs (31.7% vs. 9.8%).

Benchmarking self-harming behaviour

Four LAs published self-harm prevalence figures from pupil surveys. All the comparator LAs included conducted their surveys in 2021, however they show levels of regular self-harming behaviour in Gloucestershire was similar to other authorities across the country.

| Secondary pupils reporting regular self-harm 2021/22 | |
|--|------------|
| Local Authority | Proportion |
| Doncaster | 12% |
| Warwickshire* (Y9) | 8% |
| South Glos | 16% |
| Suffolk | 9% |
| Gloucestershire | 13% |

South Gloucestershire also reported the proportion of pupils who had ever self-harmed; self-harming behaviour appears to have risen more significantly in South Gloucestershire during the pandemic (20% 2019 vs. 26% 2021) than in Gloucestershire pupils (21% 2020 vs. 23% 2022).

Behaviours correlated with self-harm

Sleep

Young people who reported getting the recommended hours sleep were less likely to report self-harming behaviour or overdose than those not getting the recommended sleep 15.3% vs. 23.5% in 2024. Young people who reported self-harm were also less likely to report getting the recommended hours sleep 34.2% vs. 52.7%.

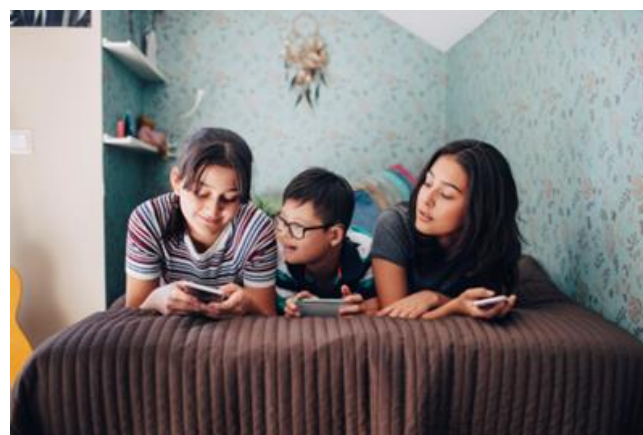
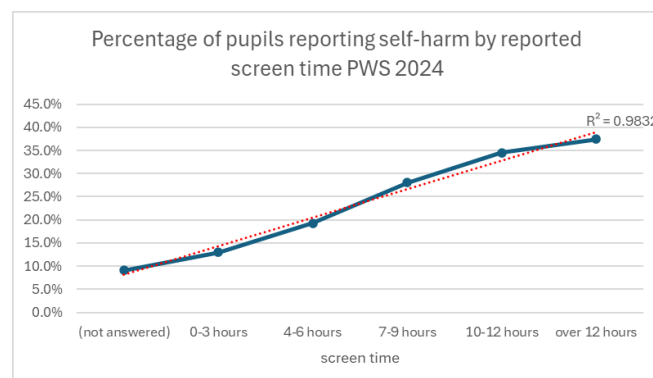
Exercise

41.6% of CYP who self-harm reported doing the recommended amount of exercise vs. 51.7% of pupils who don't self-harm.

Social media and internet use

Pupils who reported self-harm were significantly more likely to also report excessive screen time (over 7 hours per day) (48.0%) than those with no self-harm behaviours (29.3%).

There appears to be a strong correlation between self-harm and screen time, as screen time increases so does likelihood of self-harming behaviours (R^2 value of 0.98).



The relationship between screen time and self-harm is similar to that between screen time and

wellbeing (R^2 value 0.9 in 2024) and is likely to be bi-directional.

In 2024 an additional question was added to explore how pupils spent their time online. Pupils who self-harmed were significantly more likely to have *Posting on my own social media* as their top activity (2.8% vs 1.8%) or in their top 3 activities (14.8% vs. 8.6%) than those who don't self-harm.

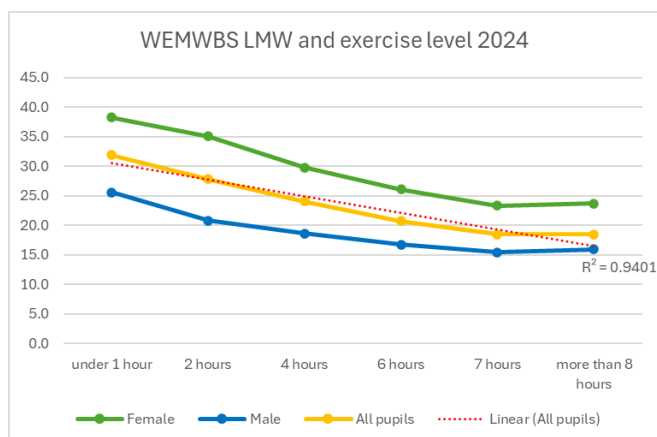
Improving mental wellbeing

Behaviours and mental health are likely to have bi-directional influence, having LMW may reduce the likelihood of partaking in certain behaviours as well as not partaking in behaviours affecting mental wellbeing. The following analysis has measured the correlation between behaviours and mental wellbeing but does not imply direct causation; the correlation may be attributable to other variables. No adjustment has been made for confounding factors.



Physical exercise, sleep, and body positivity

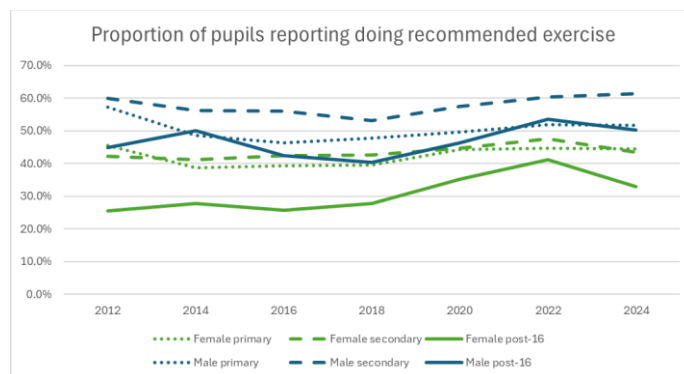
Exercise has been shown to be a key contributor to mental wellbeing. As the number of hours exercise undertaken increases the proportion of children reporting low mental wellbeing decreases. This is observed for both sexes and at every education phase.



The correlation has a R^2 value of 0.9 suggesting it is a strong correlation. The NHS recommend children and young people up to 18 should aim to do 7 hours

of exercise a week¹¹, it is interesting to note the effect of exercise on mental wellbeing appears to plateau at 7 hours for males and females.

Following a decline between 2012 and 2018, there has been a slow increase in the proportion of pupils reporting doing the recommended exercise. This has been observed across all phases and both sexes but was most marked in young people in Y12. Between 2022 and 2024 there was a reduction in young people in Y12 doing the recommended exercise.

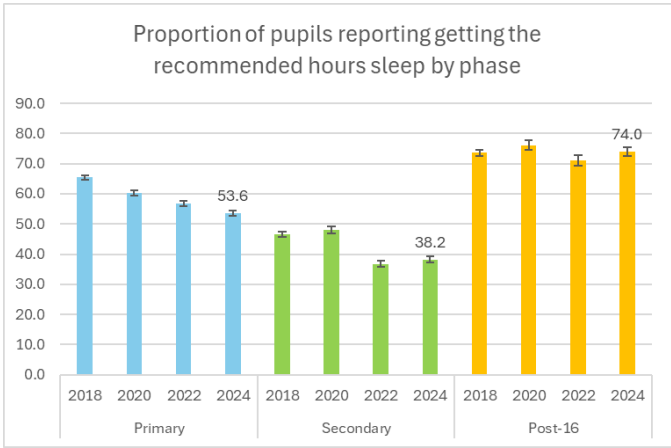


Sleeping for an adequate number of hours per night also seems to have a positive effect on mental health. While there is no hard and fast rule for how much sleep a child needs, the general guide is; seven-12 years olds – 10-11 hours, teenagers – around eight to nine hours, and the adult recommended hours sleep is 7+ hours. In the survey we report sleeping for the recommended hours if a pupil has had 10 or more hours sleep in primary phase, 9 or more hours sleep in secondary

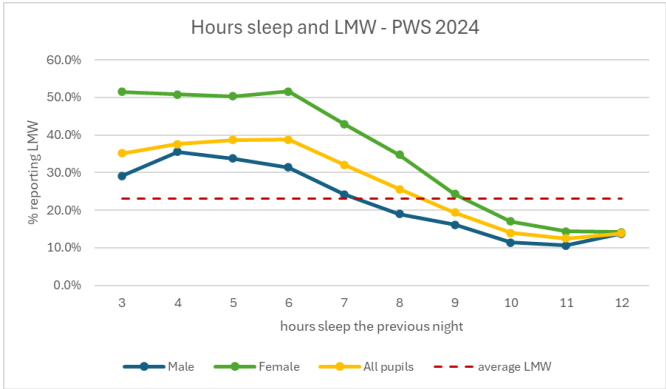
¹¹ <https://www.nhs.uk/live-well/exercise/exercise-guidelines/physical-activity-guidelines-children-and-young-people/>

phase and 7 or more hours sleep in the post 16 phase.

In 2018 60.7% of all pupils reported getting the recommended hours sleep, in 2024 this had fallen significantly to 51.2%. The proportion of pupils getting the recommended hours sleep is lowest in the secondary phase with only a third (38.2%) reporting sleeping the recommended amount in 2024. Older pupils in Y12 were the most likely to say they got the recommended hours sleep (74.0%). The reduction in sleep between 2018 and 2024 is statistically significant and was similar in both primary and secondary phases. In post-16 pupils, the proportion reporting getting the recommended sleep had increased between 2022 and 2024.

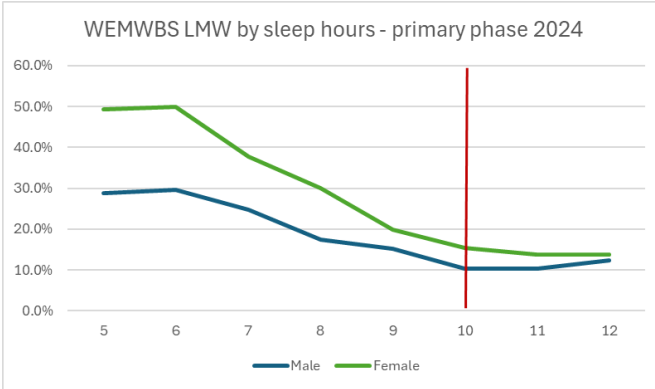


The chart below shows the clear correlation between sleep and wellbeing, the less sleep a pupil gets the more likely they are to report LMW, however there appears to be a difference between the sexes. A male reaches the average LMW value if they are getting 7+ hours sleep per night, however females don't reach this until they sleep 9+ hours sleep per night. This suggests lack of sleep has more of an impact on female wellbeing.

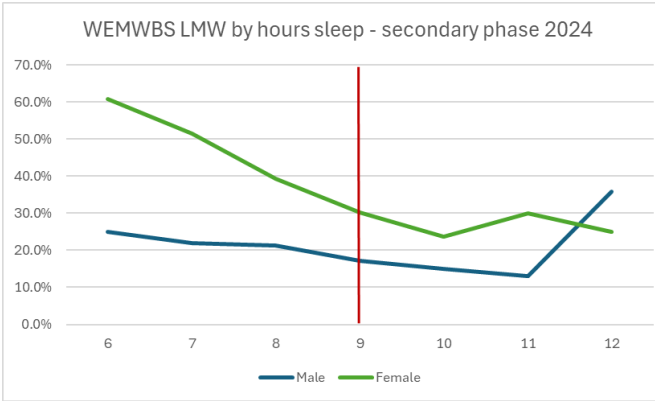


As with exercise, the effect of sleep on wellbeing appears to plateau for both sexes (at around 10 hours). The beneficial effect of sleep on wellbeing for females is further highlighted by the difference in wellbeing between those who get very little sleep (3 hours) and those who get 11 hours – there is a 37.1 percentage point difference in the proportion reporting LMW, in contrast the effect in males is smaller with an 18.5 percentage point difference.

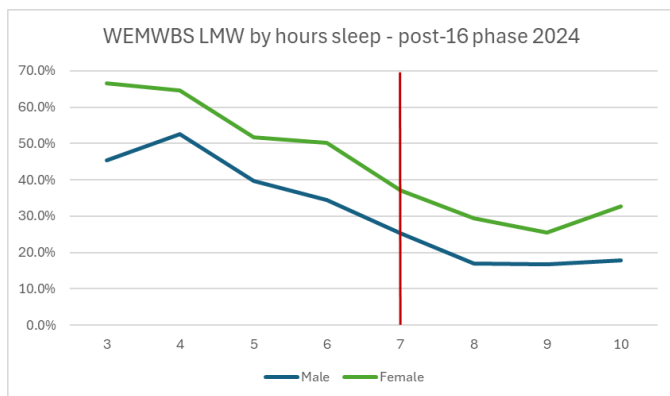
In the primary phase the effect of sleep on wellbeing plateaus after the recommended hours sleep is reached for both males and females.



In the secondary phase the effect of sleep on wellbeing continues after the recommended hours sleep is reached for males and females. For both sexes there is an uptick in LMW after this is reached (although numbers are small).



In the post 16 phase the effect of sleep on wellbeing continues after the recommended hours sleep is reached for both sexes. Again, there appears to be an uptick in LMW after a certain amount of sleep is reached.



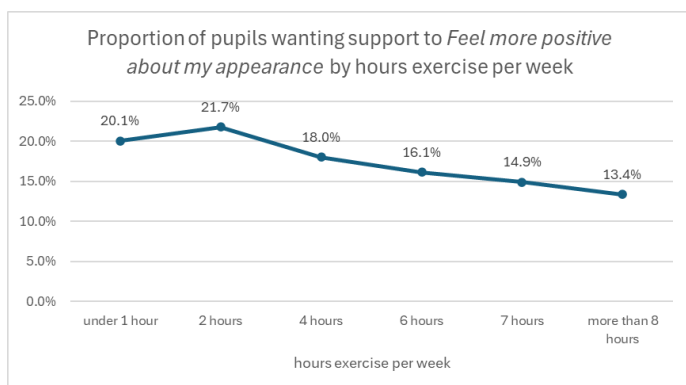
Body image and body dysmorphia

Improving pupils' perception of their body may have a significant impact on overall wellbeing.

Around 1 in 6 pupils who did over 8 hours of exercise a week say they want more help to lose weight, this could suggest an unhealthy relationship with exercise and weight. This has been a similar proportion between 2012 and 2024.

One in six secondary and post 16 pupils in 2024 said they wanted more help with feeling positive about their appearance.

This was higher in females (26.1%) than males (10.8%). The proportion of pupils wanting more help with feeling positive about their appearance reduces as exercise increases.



Over 1 in 3 pupils with low mental wellbeing said they wanted more help with feeling positive about their appearance, compared to 1 in 7 of those with average mental wellbeing and 1 in 17 of those with high mental wellbeing, suggesting body image and body dysmorphia may have a significant impact on mental wellbeing.



In 2024 6.2% of pupils said they wanted more advice about the *Effect that the media, pornography and internet has on the way I feel about my appearance*. This was significantly higher in females compared to males. Females who wanted more advice about the *Effect that the media, pornography and internet has on the way I feel about my appearance* were almost twice as likely to report LMW (50.8%) than males seeking the same advice (28.7%). This suggests the harmful impact of unrealistic and altered bodies and air-brushed images of people on the internet is much more damaging to young females than young males.

Getting help for mental wellbeing

In 2024 1 in 4 pupils said they would like more information about *Coping with feelings/Stress management* this has remained a similar proportion since 2012. Females (26.9%) were almost twice as likely to want more information about *Coping with feelings/Stress management* than males (14.6%).

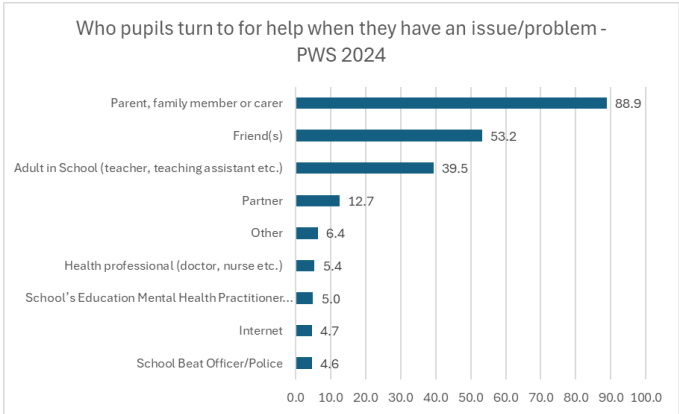


84.3% of pupils said they had a trusted adult to go to when they were worried about something (similar to 2022, 84.0%).

Pupils were most likely to say they went to their parents for support (88%). 39.0% reported they went to an adult in school for support when they were worried about something.

Pupils with LMW were significantly less likely to report having someone to turn to for help than those with average and high mental wellbeing (75.3% LMW vs. 95.4% HMW). There was no difference between biological sex with having someone to go to for help; however, pupils who reported identifying as gender fluid (58.7%), non-binary (75.3%) or transgender (71.0%) were significantly less likely to have someone to turn to for help than cis gendered pupils (85.3%).

Pupils who had someone to turn to for help were most likely to turn to their parents/carers followed by friends.

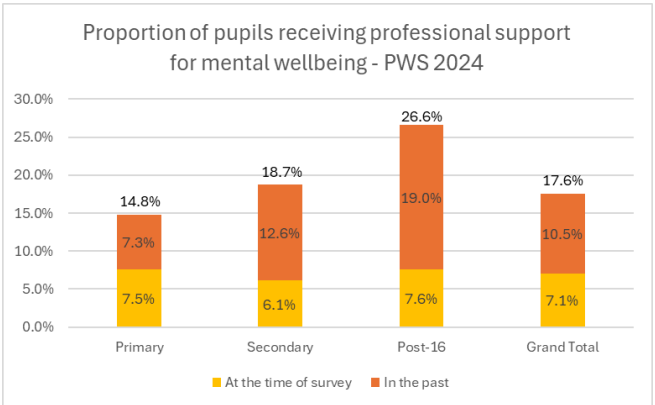


Ofcom¹² research suggests ‘seven in ten (71%) children aged 12-17 say they have used apps and services to help them with several specific aspects of their health and wellbeing. The most commonly-cited purpose for visiting these sites or apps was to help the child relax (43%) or to improve their mood (34%), with lower proportions using them to look up health symptoms (16%), or to help them sleep (16%), eat healthily (15%) or follow a fitness programme (14%).’

Receiving mental health support from a professional



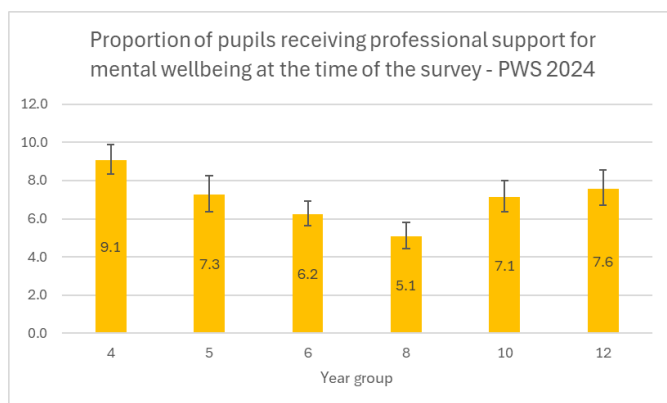
Overall, around 1 in 6 pupils said they had ever received professional support for their mental wellbeing. This rose to 1 in 4 of those reporting LMW at the time of the survey.



1 in 14 pupils (7.1%) reported receiving support for their mental wellbeing at the time of the survey (1 in 10 of those with LMW). This was similar in primary and post-16 pupils but was significantly lower in secondary phase pupils. The proportion of pupils reporting they have received support in the past increases with age as expected, and by the post-16 phase around 1 in 5 pupils have had professional support in the past.

The proportion of pupils reporting receiving support from a professional was highest in Y4, reducing by year to Y8 before rising again in Y8 and Y12.

¹² [Childrens Media literacy report 2024 \(ofcom.org.uk\)](https://www.ofcom.org.uk/research-and-data/childrens-media-literacy-report-2024/)



Female pupils were significantly more likely to report ever receiving support from a professional (21.5%) than male pupils (14.9%), and significantly more likely to report having professional support at the time of the survey (8.4% vs. 6.3%).

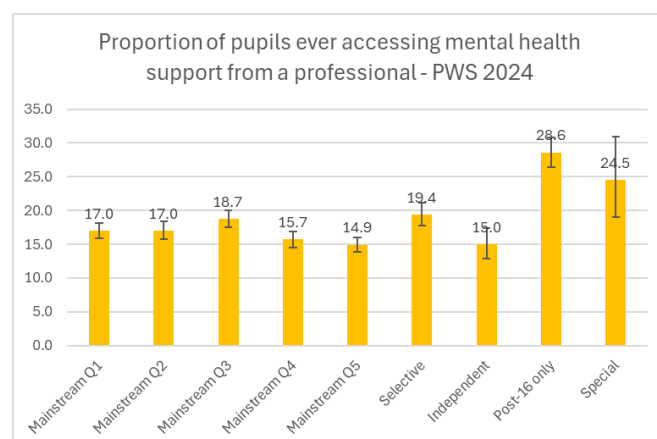
Pupils from all vulnerable groups¹³ were significantly more likely to have received mental health support from a professional than their less vulnerable peers. Those known to Children's Social Care and those identifying as LGBTQ+ were the most likely to have received mental health support from a professional (37.0% and 41.3% respectively).

Overall, pupils from minority ethnicity backgrounds were significantly less likely to have received support from a professional than their White British peers. This was mainly driven by pupils with a south Asian background (Bangladeshi, Indian or Pakistani) who had significantly lower proportions of pupils reporting accessing professional mental health support. This could be due to stronger support systems in these communities or increased stigma around mental health issues.

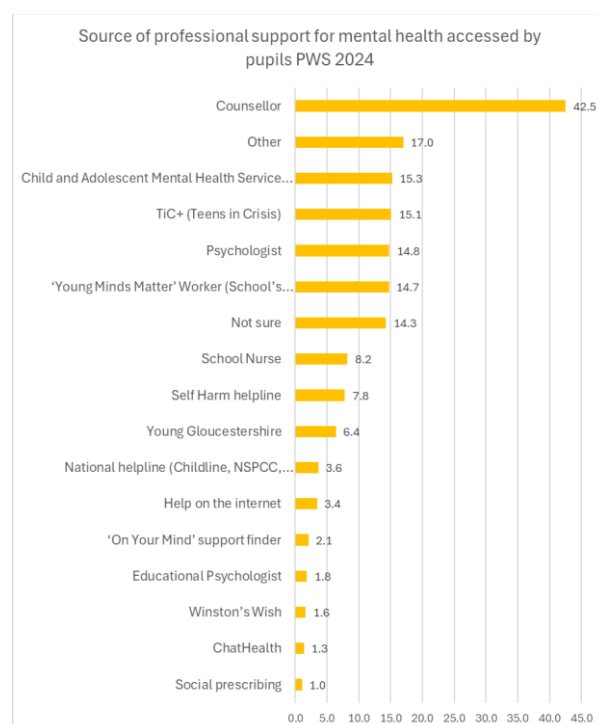
There isn't a clear trend when looking at seeking professional mental health support by socio-economic statistical neighbour group. Although, when looking at all pupils those in the least deprived (quintile 4 and 5) and those at independent schools were the least likely to have ever sought mental health support.

There is some nuance when looking at each phase individually; at primary phase all groups were in line except pupils at independent schools who were significantly less likely to have received support, in

secondary phase all groups were in line except pupils at independent and special schools who were significantly more likely to have received support, and at post-16 phase there was no significant difference between any of the socio-economic groups.



Pupils are asked which professionals they had received support from, the most common response was 'Counsellor' (42.5%) which could refer to a school counsellor or a counsellor accessed through another service. Pupils could choose multiple services and were then asked how they had found accessing and using these services. Primary pupils were only given age relevant options.



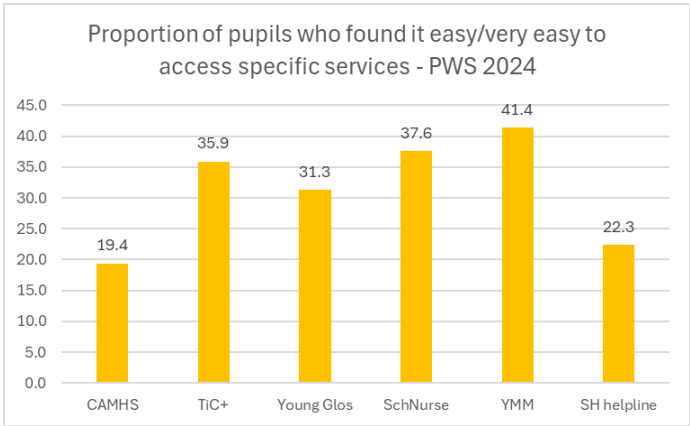
¹³ Vulnerable pupils – disability, SEN/EHCP, known to CSC, LGBTQ+, young carers, seriously bullied, eligible for FSM, low mental wellbeing

The majority of pupils who had accessed professional mental health services reported accessing more than one service.

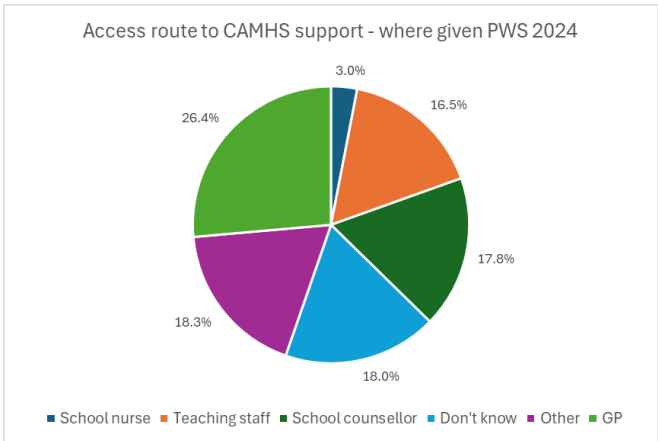
Secondary and post-16 pupils were asked how easy they found accessing mental health support, overall this 43.1% of pupils said they found it *Easy/Very easy*.

Pupils in Y8 were more likely to say they found it easy to access support than those in Y10 or Y12.

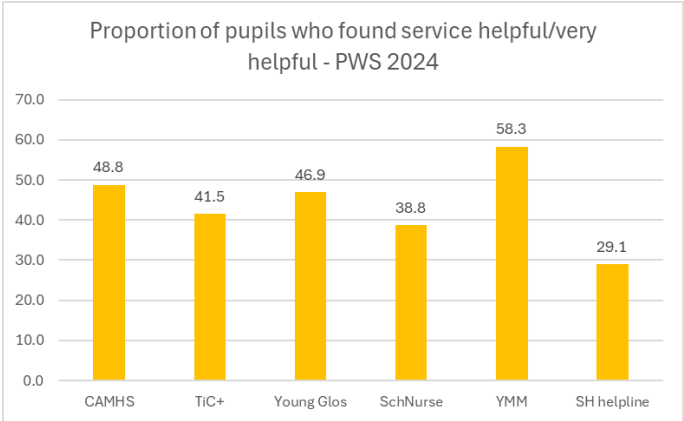
Pupils who accessed support via Young Minds Matter (YMM) were the most likely to say they found it easy/very easy to access the service, this is a universal service and is available in schools with a YMM practitioner. In contrast pupils receiving support through CAMHS were the least likely to say they found it easy/very easy to access, this is an acute service and has longer waiting lists.



Pupils accessing CAMHS were asked their access route to the service. The majority of pupils who had accessed support via CAMHS said they had been referred by their GP (26.4%), although this has been reducing since 2020 (40.3%) and 2022 (33.9%). There were increases in the proportion referred to the service by *Teaching staff*.



Almost 2 in 3 pupils who accessed support via YMM found the support helpful/very helpful, again as this is more of a universal service/first point of support pupils accessing it may have less complex issues than those accessing other services. Just under half of CAMHS and Young Glos users found the service helpful/very helpful.



Pupils who would felt they would have benefitted from mental health support

2,154 (16.4%) pupils who were not receiving professional mental health support reported they felt they would have benefitted from it. This increased as pupils aged, 1 in 5 post-16 pupils who had not received support felt they would have benefitted from it.



Reasons for not accessing mental health support

The most frequently given reasons for not accessing mental health services when it was felt they would be useful were: *Didn't want parents to know* (19.8%) and *Didn't know who to ask* (19.5%). 1 in 10 pupils reported they hadn't accessed mental health support because they *Didn't like talking to strangers* and 1 in 20 that they had *tried but adults didn't take me seriously or understand*.

Pupils with SEN/EHCP were more likely to say they didn't receive professional mental health support because; *Still on waiting list* and *It was too difficult to get an appointment* prevented them accessing support.

Pupils known to social care were more likely to say they didn't receive professional mental health support because; *My appointment was cancelled*.

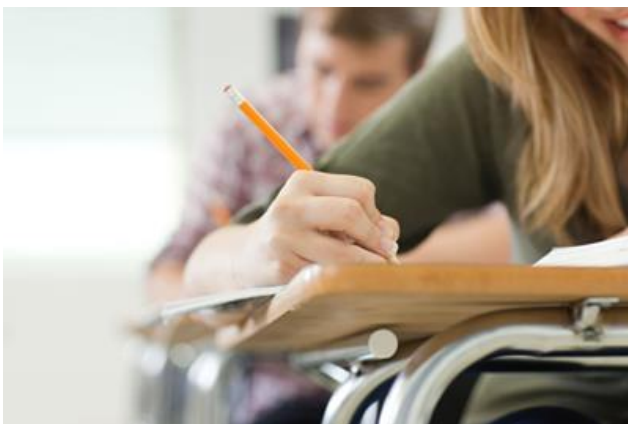
LGBTQ+ pupils were more likely to say didn't receive support because; *Didn't know who to ask*, *Didn't want parents to know* and *Didn't want teachers/school to know*.

Of all the vulnerable groups pupils who were young carers and those from the LGBTQ+ community were significantly more likely to report *I tried but adults didn't take me seriously or understand* compared to their less-vulnerable counterparts (not young carers and Cis-gendered/heterosexual pupils respectively).

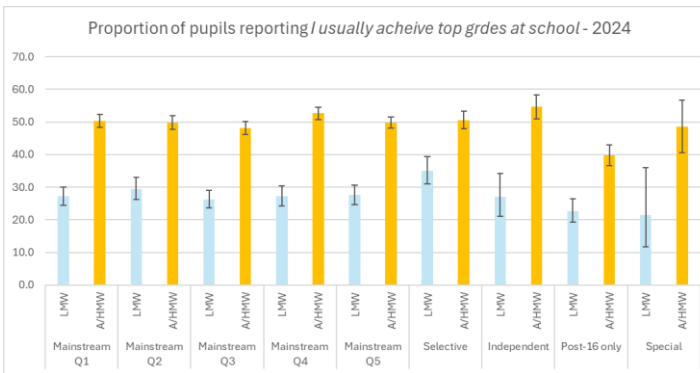
The wider effects of low mental wellbeing

Achievement

Pupils with average/high mental wellbeing (A/HMW) were twice as likely to say they usually achieved top grades at school than those with LMW (49.7% vs. 27.5% in 2024). The proportion of pupils saying they usually achieve top grades at school had been declining slightly since 2016, the decline was observed in both those with A/HMW and LMW. In 2024 the proportion of both groups reporting *I usually achieve top grades* has stabilised in a similar way mental wellbeing has stabilised.



The effect of wellbeing on achievement is observed by both sexes and in all year groups. The effect of wellbeing on attainment is also observed across all deprivation quintiles in a similar trend.

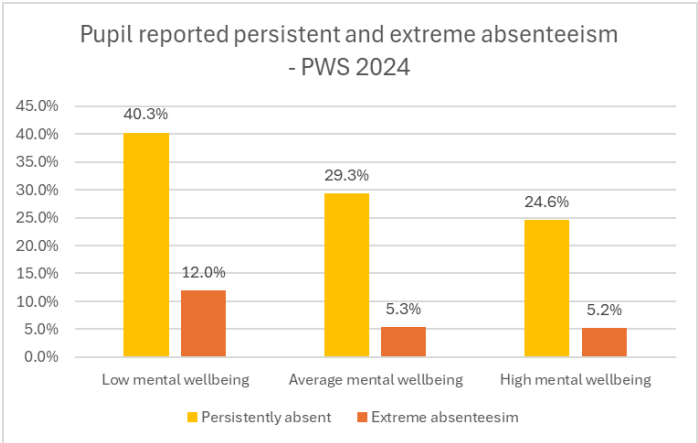


Absenteeism

The proportion of pupils reporting they had missed 10% or more of school sessions in the previous term increased significantly during the pandemic period but has reduced in 2024 to 31.8%.

In 2024 pupils with LMW (40.3%) were significantly more likely to say they had missed more than 10%

of school sessions from school than those with AMW (29.3%) and HMW (24.6%).



The most common reason given for missing more than 10% of school sessions was illness, this was the same whether a pupil had LMW or A/HMW, however those with LMW were significantly more likely to say illness was the reason for absenteeism than those with A/HMW.

Pupils who were missed more than 10% of school sessions and had LMW were significantly more likely to report being absent due to; *didn't want to go to school, My home situation prevents me from going to school, avoid bullying, don't like school, don't like lessons, to avoid homework, truancy, too tired to go and don't have enough period products* than those with A/HMW who missed more than 10% of school sessions.

| Where persistently absent - reasons given that were significantly different between LMW and HMW | |
|---|--------------------------------|
| Reason | Times more likely given by LMW |
| Staying at home because don't want to go to school | 6.1 |
| My home situation prevents me from going to school | 2.6 |
| Avoiding bullying | 5.2 |
| Don't like school | 5.0 |
| Don't like particular lessons | 5.2 |
| To finish or avoid homework | 4.7 |
| Truancy/skiving | 4.1 |
| Too tired to go | 5.0 |
| Didn't have enough pads/tampons for period | 9.1 |

Isolation, suspension and exclusions

Pupils who had been experienced an isolation, suspension or exclusion were significantly more likely to report LMW than those who had no exclusion (38.4% vs. 29.5%). Around 1 in 5 pupils with a history of an isolation, suspension or exclusion felt they had been listened to in the process, but they were less likely to report LMW (22.0%) than those who did not feel listened to (44.4%).



If pupils felt things got worse after an isolation, suspension or exclusion, they were significantly more likely to report LMW (56.9%) than those who felt things got better (21.6%).

Pupils who said they were often in trouble were also significantly more likely to report LMW (38.2%) than those who did not (28.0%).

Trauma informed relational practice

When a pupil has an issue at school it is empowering for them if they are involved in sorting it out. Pupils who felt they were listened to and involved in sorting out issues had better mental wellbeing than those who did not (percentage LMW – 17.1% vs. 42.6%).

Health harming behaviours¹⁴

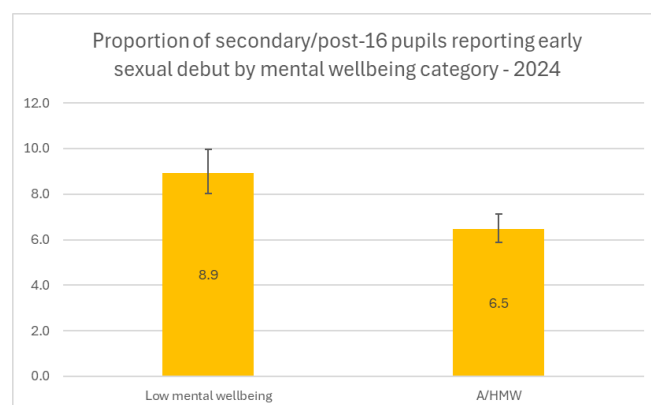
Pupils with LMW appear to either be more risk tolerant or may use substances to ‘numb’ distressing feelings. Pupils with LMW were significantly more likely to say they drank alcohol regularly (*Quite often (e.g. weekly)/Most days*) than those with A/HMW (6.5% vs. 3.0%). Pupils with LMW were also significantly more likely to say they got drunk regularly (6.5% vs. 2.5%), aside from the obvious health harming consequences being drunk frequently could also compromise a young person’s safety and put them at risk of exploitation.

Drug taking is also significantly more likely if a pupil has LMW, pupils at secondary (11.0% vs. 5.3%) and post-16 settings (27.9 vs. 19.0%) with LMW were significantly more likely to have tried at least one of the following recreational drugs; *Cannabis*, *Synthetic cannabinoids*, *New psychoactive*

substances, Ritalin, Valium, Xanax, Amphetamines etc. Cocaine, Ecstasy than their A/HMW peers.

Pupils with LMW at secondary (2.7%) and post-16 settings (9.0%) were significantly more likely to smoke cigarettes regularly than their A/HMW peers (0.9% and 3.9% respectively). They were also significantly more likely to report vaping regularly; primary 6.1% vs. 2.3%, secondary 23.6% vs. 11.5% and post 16 38.5% vs. 27.9%.

Early sexual debut (ESD) can result in sexual exploitation, outbreaks of sexually transmitted diseases and unplanned pregnancy. Pupils with LMW were significantly more likely to report ESD (8.9%) than those with A/HMW (6.5%).



Where they had had sex pupils with LMW were also more likely to say the last time they had sex they did not use protection - *No precautions used by either of us* (22.3%) compared to their A/HMW peers (12.4%) although not significantly.

¹⁴ More detailed analysis of these is included in the *Health-Harming behaviours in Children & Young People* report