



Mental Health & Emotional Wellbeing

in Children and Young People

**Pupil
Wellbeing
Survey
2026**

Gloucestershire County Council

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Executive Summary

This report presents findings from the 2026 Student Wellbeing Survey, providing a substantial evidence base on the mental health and emotional wellbeing of children and young people in Gloucestershire.

The overall picture is encouraging with several headline indicators improving since the post-pandemic deterioration observed in 2022, including reported happiness, mean wellbeing scores and the proportion of students experiencing low mental wellbeing. However, the recovery is uneven and should not be interpreted as a return to uniformly positive outcomes. A sizeable minority of students continue to report poor wellbeing, with around one in four students meeting the threshold for low mental wellbeing, and important risk factors remain concentrated in particular population groups.

Consistent with previous survey cycles, wellbeing declines with age, with the transition into and through secondary education remaining a particularly vulnerable period. Gendered inequalities are also pronounced, female students continue to report poorer wellbeing than males across several indicators, especially in the secondary phase, although some measures suggest modest narrowing since 2024. The report also identifies clear inequalities for students with protected or vulnerable characteristics, including LGBTQ+ young people, students with special educational needs or disabilities, neurodivergent students, young carers, students experiencing bullying, and those affected by multiple adverse childhood experiences. These groups are substantially more likely to report low wellbeing, worry about school, self-harm and unmet support needs. The evidence therefore points not only to a general wellbeing challenge, but to a pattern of disproportionate burden among children and young people already facing disadvantage or marginalisation.

The wider determinants of wellbeing are strongly evident throughout the findings. Positive relationships, exercise, sleep, feelings of belonging and of being listened to are all associated with

better outcomes. While bullying, social isolation, poor sleep, excessive screen time and distress relating to appearance are associated with poorer wellbeing. There are also important links between low wellbeing and broader system outcomes, including lower attainment, higher absence from education, greater likelihood of exclusion-related experiences and increased engagement in health-harming behaviours.

Self-harm remains a major concern despite improvement since the pandemic peak, particularly among older girls and students with multiple vulnerabilities. The age of initiation appears to be becoming younger with many of those who self-harm starting in primary education.

Demand for support also remains considerable. Although most students report having access to a trusted adult, a significant minority state that they would have benefited from mental health support but did not receive it. This is commonly due to stigma, uncertainty about where to seek help, or concerns about adults' responses.

These key findings suggest that local leaders and partner responses should combine universal promotion of emotional wellbeing with targeted, evidence-informed intervention for groups at greatest risk. Strategic implications suggest sustained investment is required across prevention, early help, education-based support and specialist pathways. Service planning should continue to prioritise the transition to secondary education, inclusion¹, attendance, and trauma-informed practice. Cross-system action is needed to address the social and educational conditions that shape wellbeing as much as the clinical consequences that result from it.

¹ An inclusive approach to education means that each individual's needs are taken into account and that all learners participate and achieve together.

Introduction

Good mental wellbeing helps children and young people develop the resilience to cope with life challenges 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 health². In 2026 it appears many of the negative effects of the covid pandemic are continuing to lift and there is reason for optimism across all measures of wellbeing among 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 students since 2006. Children and young people participate in years 4, 5 and 6 in primary settings; years 8 and 10 in Secondary settings; and year 12 and 13 in post-16 settings such as sixth forms and colleges. A large proportion of mainstream, special and independent settings, colleges and educational establishments take part –representing approximately 70.0% of students in participating year groups in 2026. The PWS asks a wide variety of questions about student's characteristics, behaviours and lived experience that could have an impact on their overall wellbeing. The 2026 PWS was undertaken between January and April 2026.

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 student population not the resident population.

Gloucestershire is a grammar authority, has a number of notable independent settings and several mainstream settings very close to the county's boundary which all attract students from out of county. This results in the student population (particularly at secondary phase) having slightly different characteristics, especially ethnicity, to the resident student's population. 12.3% of Gloucestershire's resident population (2021 Census), were estimated to be from diverse ethnic communities however 23.1% of Gloucestershire's student population were students from diverse ethnic communities in January 2026 and 23.4% of the PWS cohort were students from diverse ethnic communities in the 2026 survey.

Although a large proportion of the county's educational establishments took part in the survey some had low numbers of students completing it in contrast with others who 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 student take up, (for example low numbers completing the survey in Tewkesbury further education (FE) settings). Where FE provision is situated also impacts the survey as older students travel further to access FE provision.

Analysis of deprivation

Educational settings have been categorised into statistical neighbour groups which cluster settings with students of a similar socio-economic profile within the same type of setting, (i.e. 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 students. The IMD is based on the home postcode of students (collected in the School Census). This is aggregated to give an overall IMD score for the education setting, reflecting the deprivation levels experienced by

² <https://cpdonline.co.uk/knowledge-base/mental-health/youth-mental-health/>

students. The settings are then split into quintiles based on their scores: quintile 1 is the most deprived and quintile 5 is the least deprived in Gloucestershire.

In addition:

- Grammar/selective settings are compared to other grammar/selective settings in their phase without reference to the IMD.
- Independent settings are compared to other independent settings in their phase without reference to the IMD.
- Post-16 only/FE settings are compared to all other post-16 only settings without reference to the IMD.
- Special settings are compared to all other settings of this type in the same phase without reference to the IMD.
- Vocational and alternative settings are compared to other settings in the same phase without reference to IMD.

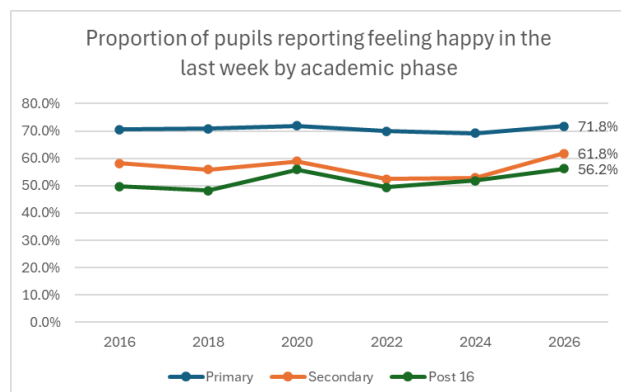


Happiness, Confidence and Pride

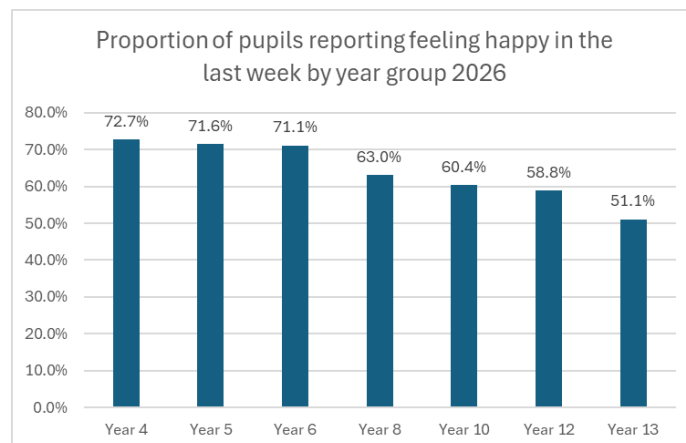
Key takeaways:

- Student happiness has improved since 2024, but students from vulnerable groups and diverse ethnic communities experience lower levels of happiness.
- Confidence in the future has remained relatively stable but is lower for students from certain diverse ethnic backgrounds.
- Education engagement is improving with academic achievement returning to pre-pandemic levels.

In 2026, 66.1% of students reported feeling happy in the last week, which is significantly higher than the proportion in 2024 (61.7%). Over the last 10 years the proportion of students reporting feeling happy in the last week has remained fairly stable within each academic phase.



If we look at individual year groups, happiness levels appear to reduce gradually by age, especially for students in secondary and post-16 settings.



Students in Year 6 have seen the most consistent reduction in happiness between 2016 (75.1%) and 2026 (71.1%). Over the last ten years, students in primary settings have had the most stable level of happiness. Older year groups have seen more variations each survey year, with a particularly notable post pandemic reduction in the 2022 survey. Students in all year groups have seen an increase in happiness since 2024.

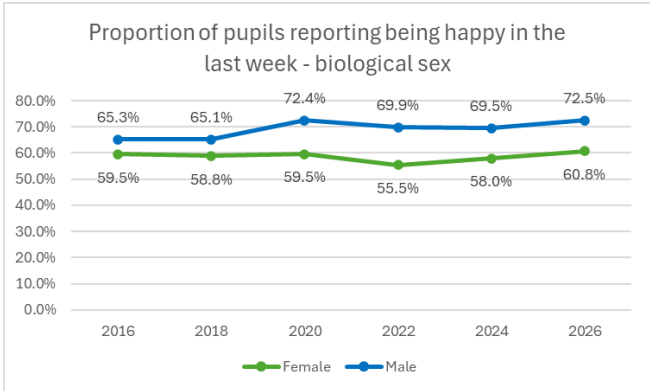
All vulnerable groups³ consistently report lower happiness levels, however students who are young carers, those with a disability and LGBTQ+ students had the lowest levels of happiness. Since the 2016 survey students reporting being seriously bullied have seen the most consistent decline in happiness levels from 53.2% to 39.2%. Students eligible for FSM have seen a sharp and persistent decline in happiness levels since 2020.



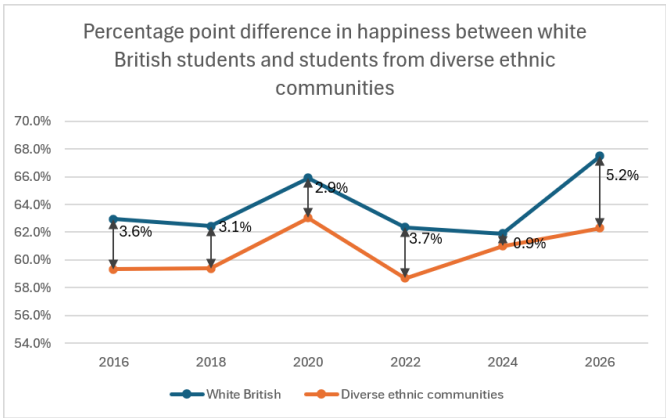
In 2016 around two-thirds of both male (62.7%) and female (59.5%) students reported feeling happy in the last week, however, reported happiness is now very different between the sexes. Over the last ten years a gap has developed between male and

³ Children and young people who are; young carers, known to social care, eligible for FSM, bullied, disabled, have EHCP/SEN support, identify as LGBTQ+

female happiness. This appears to be driven by both a reduction in female happiness and an increase in male happiness. The biggest gap between the sexes appears to have been in the 2022 survey suggesting the impact of the pandemic on happiness was felt most by females.

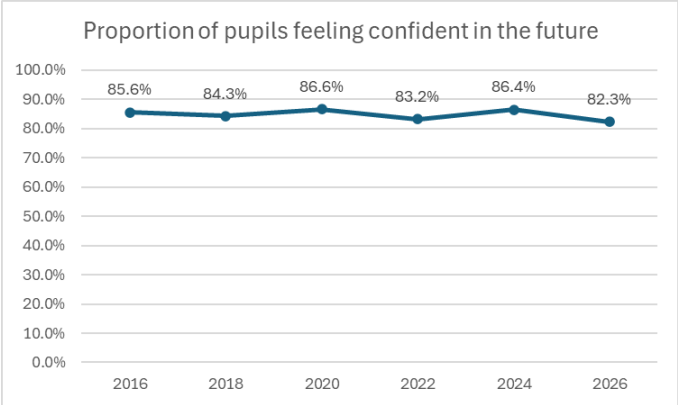


Historically, students from diverse ethnic communities have consistently reported lower levels of happiness than their white British peers. Students from diverse ethnic communities have seen an increase in happiness levels since 2022 however, the gap between white British and students from diverse ethnic communities has grown in 2026.



The proportion of students saying they are basically satisfied with their life reduced slightly between 2016 (75.7%) and 2022 (70.1%) but appears to be increasing again and in 2026 was 71.7%.

In the last ten years the proportion of students reporting that they feel confident in the future has remained fairly stable between 82 and 86%.



In 2012, the proportion of females reporting they felt confident in their future was the same as males (72%), however since then the gap has been widening between the sexes reaching a peak of 8% in 2022. In 2026 the gap had reduced slightly to 7.9 percentage points.

Students from diverse ethnic communities have historically felt less confident about their future than their White British peers. In 2026, 83.0% of white British students reported feeling confident in their future compared to 80.5% of students from diverse ethnic communities. Results from the 2026 survey, show that students from Gypsy or Roma, Mixed – white and Black Caribbean, White Eastern European and White Irish backgrounds were significantly less likely to be confident about their future than their white British peers.

Between 2016 and 2022, the proportion of students who report feeling proud of their achievements had been slowly increasing (88.8% vs. 93.0%). However, in 2026 this had reduced slightly to 91.5%.

Historically, there has been a small difference between the sexes who report feeling proud of their achievements, with a higher proportion of males reporting this compared to females. This remained so in 2026, with 92.9% of males and 90.9% of females reporting feeling proud. Both sexes saw a slight reduction between 2024 and 2026.

The proportion of students from diverse ethnic communities reporting feeling proud of their achievements is consistently below their white British peers. Although the gap narrowed in 2024 to 0.8 percentage points, by 2026 it had returned to the previous gap of around 2 percentage points (91.9% vs 90.0%).

Engaging in education and trying your best can be linked to wellbeing. The proportion of students reporting trying their best in education has increased steadily since 2012 (75.4%) and reached 83.1% in 2026. Between 2016 and 2024 the proportion of students saying they achieve top grades in education had been gradually reducing. However, 2026 data shows that it has increased back up to 46.2% in line with the pre-pandemic level.

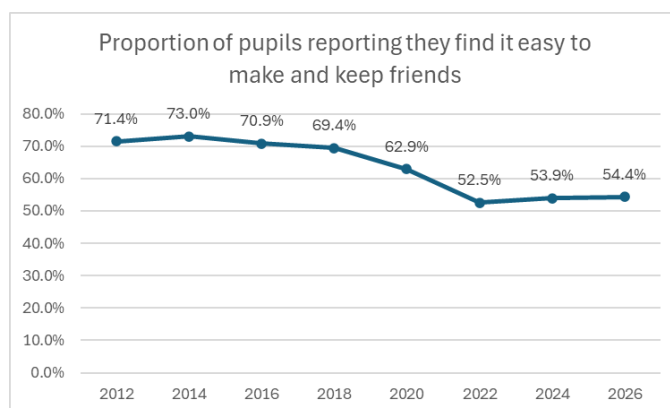
Friendships and Relationships

Key takeaways:

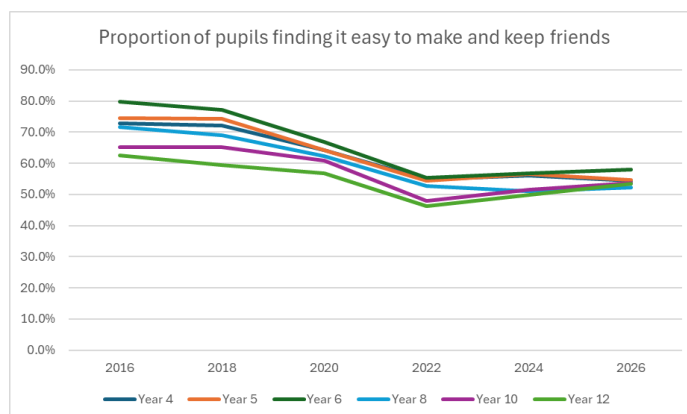
- There was a slight improvement in the number of students who find it easy to make and keep friends.
- Neurodiverse students, those with SEN support or an EHCP and students with a disability report finding it more challenging to make and keep friends.

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 students saying they find it easy to make and keep friends had been in decline between 2012 (71.4%) and 2022 (52.5%) with a particularly stark drop during the pandemic period. Since 2022 this has stabilised, and in 2026, there was an increase (54.4%) in students reporting that they found it easy to make and keep friends.



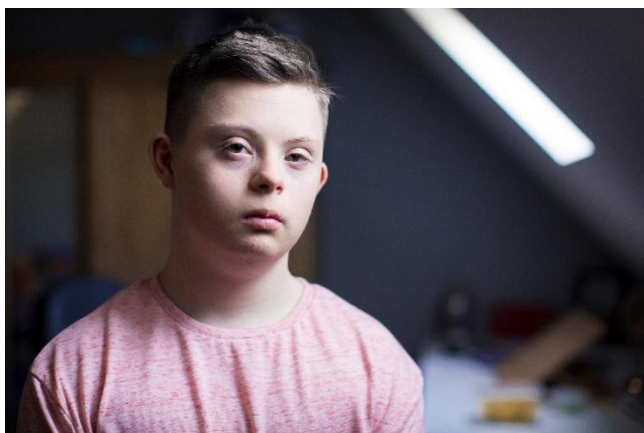
On the whole, a higher proportion of students in the primary phase report finding it easy to make and keep friends compared to those in secondary and post-16 phases. The chart below illustrates how, over the past ten years, all year groups have experienced a similar trend.



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. In 2026, a new question was introduced asking students if they felt they were neurodivergent. Only 35.3% of students who reported being neuro-divergent⁴ find

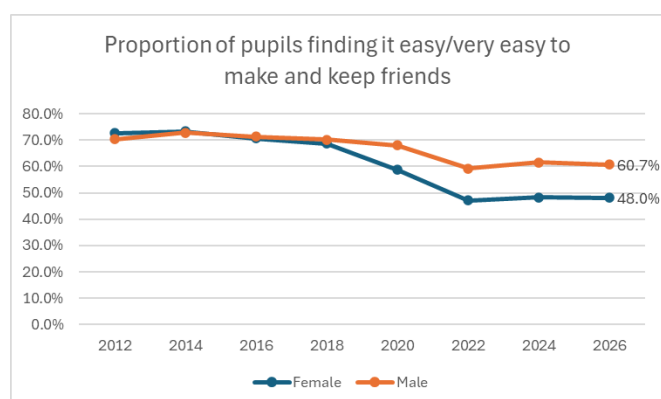
⁴ Includes pupils reporting Yes – diagnosed by a health professional, Yes- self diagnosed, Yes- waiting for diagnosis

it easy to make and keep friends (vs 56.2%). 42.0% of students with Special Educational Needs (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 (56.3%). The difference between students with a disability and peers without a disability was equally stark; in 2026, 40.1% reporting finding it easy to make and keep friends vs. 55.4%.



Between 2012 and 2018, the proportion of females finding it easy to make and keep friends remained fairly static (72.6%-68.7%). However, since 2018, this has reduced rapidly and by 2022 was only 47.1%. Since then, the proportion has stabilised and in 2026, had increased slightly to 48.0%.

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. Again, this has stabilised since then, and in 2026 had increased to 60.7%.



Mental Wellbeing

Key takeaways:

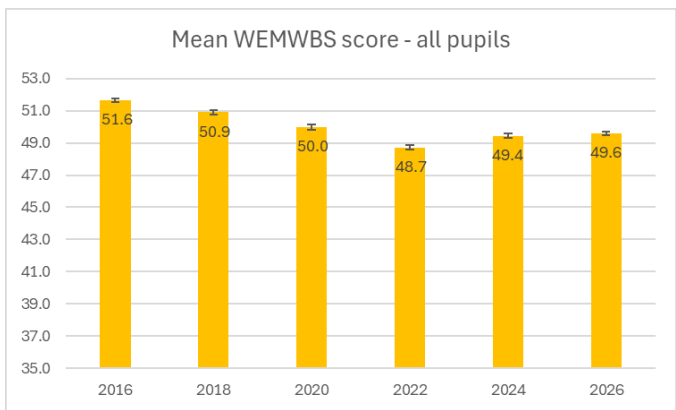
- Overall mental wellbeing improved slightly for most students.
- LGBTQ+ students experience the poorest wellbeing of any other group experiencing vulnerabilities.
- Students in settings in the Cheltenham and Cotswold districts have the highest mental wellbeing scores.
- Female students, older students, those from selective settings, and students with SEN, an EHCP or young carers are more likely to report low mental wellbeing.
- Some differences between mental wellbeing scores between diverse ethnic communities.

The survey asks a number of questions relating to mental wellbeing and the ability to cope with adversity. Since 2016, the primary measure used in the survey to capture overall wellbeing 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 43 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 England mean WEMWBS scores for adults were fairly stable, between 50.1 and 52.6 among men and between 49.6 and 52.3 among women⁵. International evidence consistently shows that children tend to report higher levels of happiness than adults. However, in Gloucestershire, the mean happiness score among students is 49.6. While this represents an improvement since 2024, it remains slightly below the average level of happiness reported by adults in England.

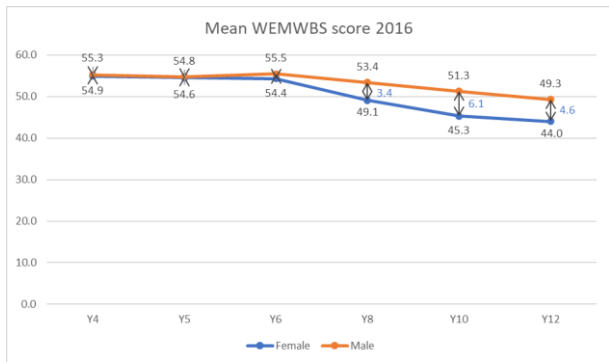


WEMWBS score by biological sex

There is a distinct difference between the mean scores of males and females and by year group as students get older.

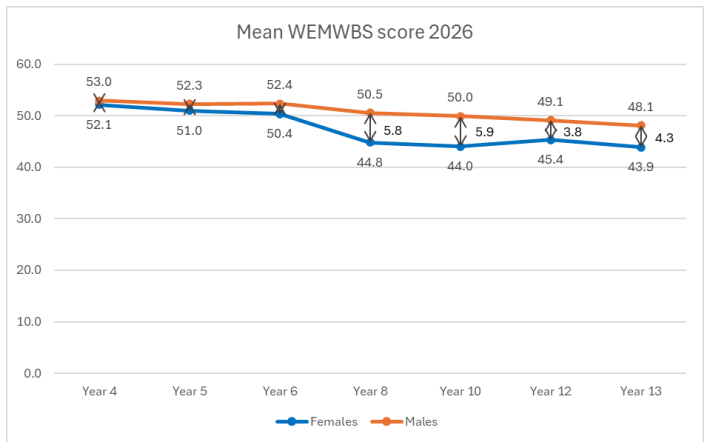
In 2016 during the primary phase male and female students had very similar mean scores indicating that their wellbeing level was similar. As students went into secondary education a gap begins to appear caused predominantly by a reduction in

wellbeing of females. The widest gap in wellbeing is in Year 10 (6.1 in 2016).



In 2026, although the general trend is similar, the gap between male and female wellbeing starts to appear earlier. In 2026, the largest gaps were observed between male and female students in year 8 – 5.8% - and year 10 – 5.9%.

In 2018, a gap between the WEBWBS scores of male and female students was first observed. Since 2022, this has stabilised with 2026 results remaining similar. However, in the secondary and post-16 phases the gap between males and females started to narrow in 2024 for the first time since the question was introduced in 2016 and has continued to narrow in 2026.

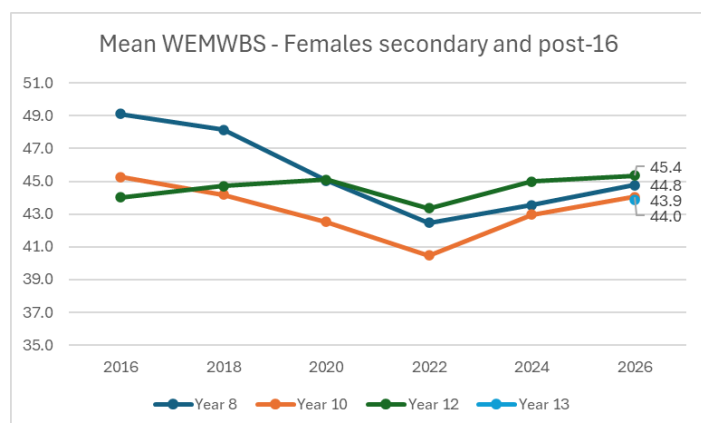


Between 2016, when the WEMWBS was introduced, and 2022, a decline in the mean score of females in Year 8 and Year 10 was observed. However, since then, WEMWBS scores in both year groups have started to improve. A slight decline in year 12 female student scores was observed in 2022, due to the pandemic, but this has since recovered to pre-pandemic levels.

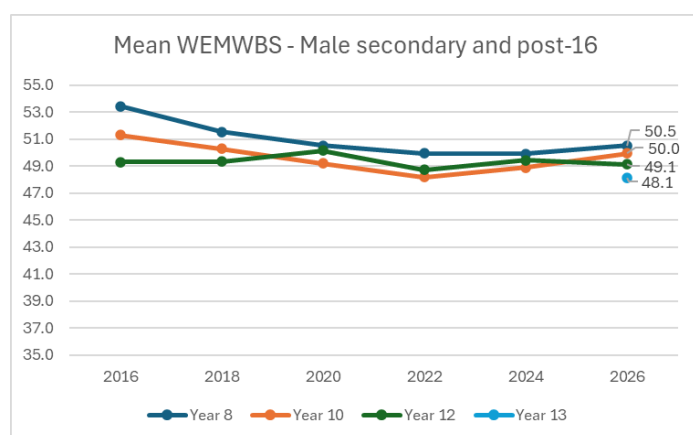
⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey->

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

It is of note that in 2016 females in Year 12 had the lowest mean WEMWBS score, however in 2026 they have the highest.

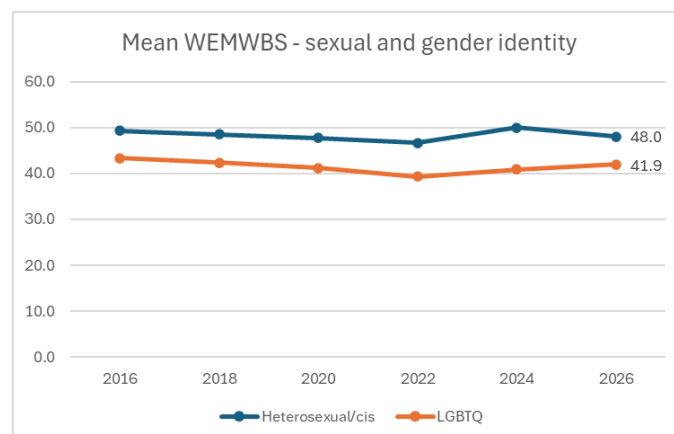


Longitudinal data from 2016-2026 illustrates a slight reduction in male student WEMWBS scores in years 8 and 10, however scores across the year groups have largely remained similar.



WEMWBS score for LGBTQ students

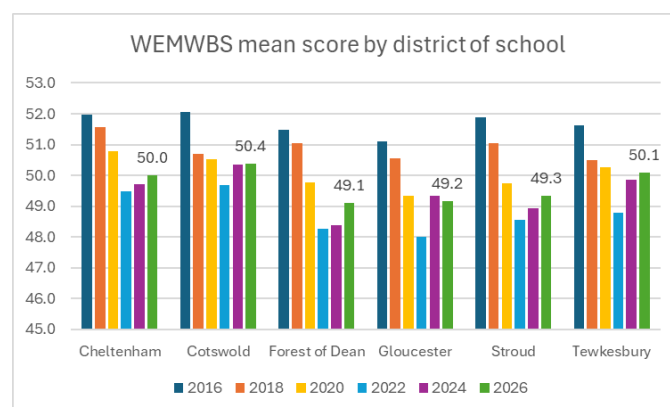
In 2026, the mean WEMWBS score of young people identifying as non-heterosexual and trans (LGBTQ+) was the lowest of all the vulnerable groups at 41.8, with a significant gap between the wellbeing scores of this cohort compared with heterosexual/cis-gendered students (48.0). This group also had the lowest wellbeing score in 2024 (40.9), which suggests that this group continue to experience very poor wellbeing with little improvement.



WEMWBS score by district of education

There had been a declining trend in mean WEMWBS scores for students across all districts between 2016 and 2020, and all districts saw a dramatic decline during the pandemic. Since then, students in education in Cotswold, Gloucester and Tewkesbury districts have all seen a recovery close to the pre-pandemic mean. Whilst there has been an increase in mean WEMWBS in Cheltenham, Forest of Dean and Stroud districts it still lags behind the pre-pandemic level.

Overall, between 2016 and 2026, students in settings in Cotswold and Cheltenham districts have had the highest wellbeing scores.



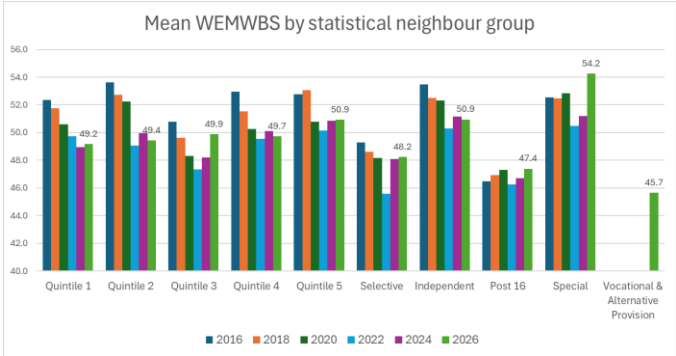
WEMWBS score by statistical neighbour group

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 students, there has been an increase in mean WEMWBS score since 2022.

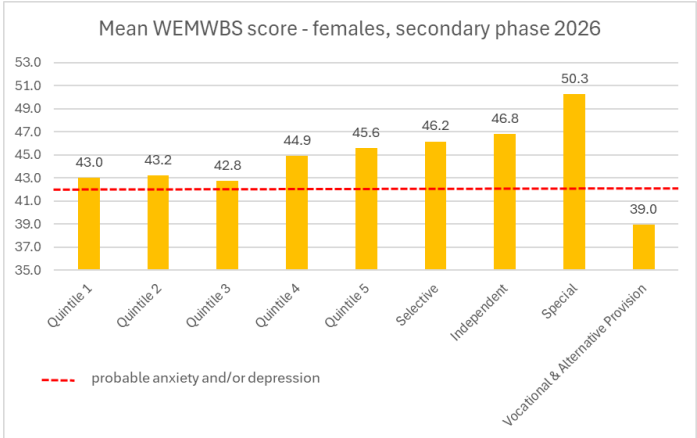
The selective setting cohort has consistently had one of the lowest mean WEMWBS scores of all setting groups. This is most likely to be linked to age as mean WEMWBS reduces with age and selective settings are only secondary and post-16 phases.

When looking only at secondary phase it is clear that students in selective settings had higher mean WEMWBS than their peers in mainstream settings.

Most settings saw a reduction in mean WEMWBS between 2016 and 2024. Between 2016 and 2026, students in post-16 colleges have reported the most stable mean WEMWBS scores.



As previously shown, females generally report lower mean scores than males particularly during the secondary phase. The chart below shows how, in 2026, there appears to be a non-linear link between living in an area of lower deprivation and higher wellbeing scores in females. This trend has also been observed historically. The lowest mean WEMWBS score in females was observed in the new statistical neighbour group; vocational & alternative provision. and is below the threshold for probable anxiety and/or depression.

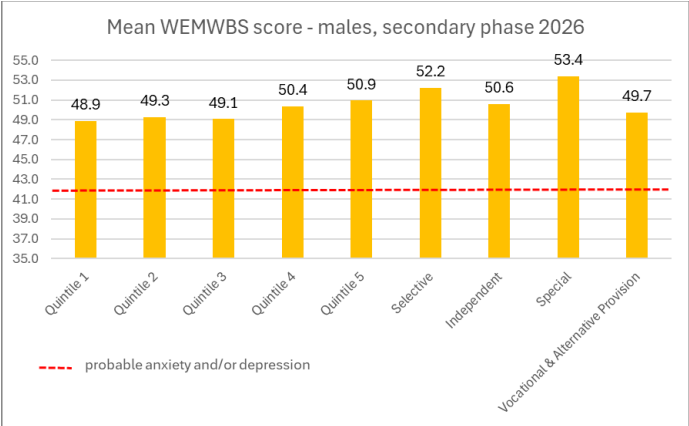


A similar pattern is observed in male wellbeing in relation to their statistical neighbour group. Males in selective and special settings have consistently had high mean WEMWBS, since they were introduced to the survey in 2016.

In secondary males in the 2026 survey, 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.

Male students in vocational and alternative provision settings have higher WEMWBS scores than female students in these settings.

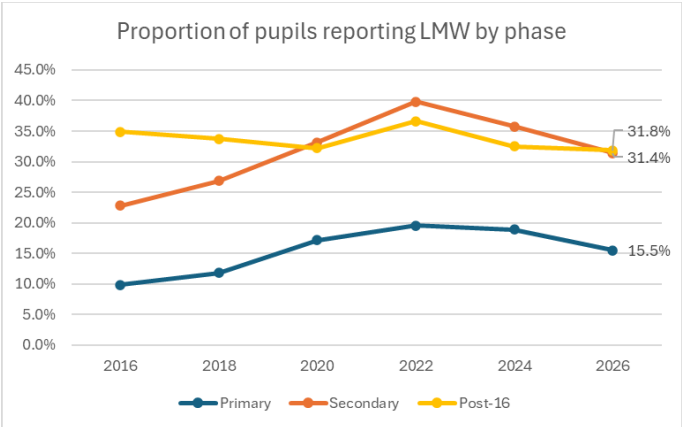


WEMWBS score categorization to indicate low mental wellbeing

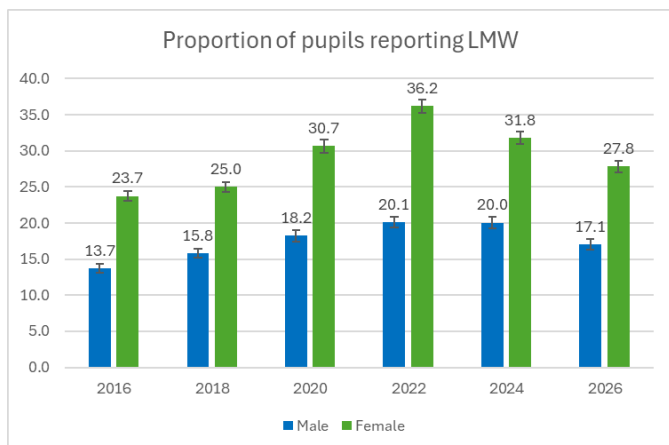
Another way to look at WEMWBS results is to categorise the results into low, average and high mental wellbeing. As previously stated, low mental wellbeing (LMW) aligns to probable clinical depression and/or anxiety, so this is a useful measure to assess need.

In 2026, 1 in 4 (23.1%) all students reported LMW, which is statistically significantly lower than in 2024 and below the 2020 pre-pandemic level.

This reduction appears to be influenced mainly by the proportion of secondary students reporting LMW. There is a more consistent trend in the proportion of post-16 students reporting LMW with the only marked increase during the pandemic.



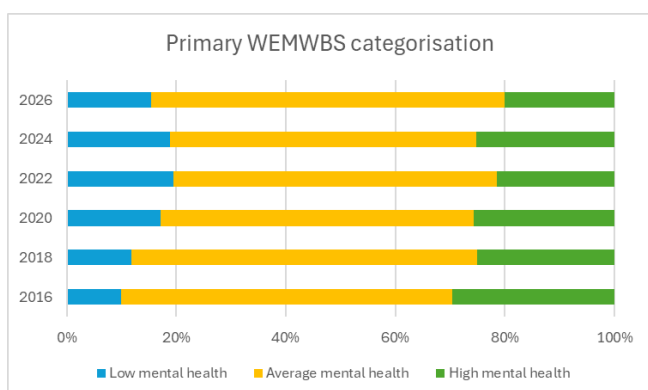
More specifically the reduction is also due to a greater reduction in females reporting LMW, with the proportion of males reporting LMW showing much less variation.



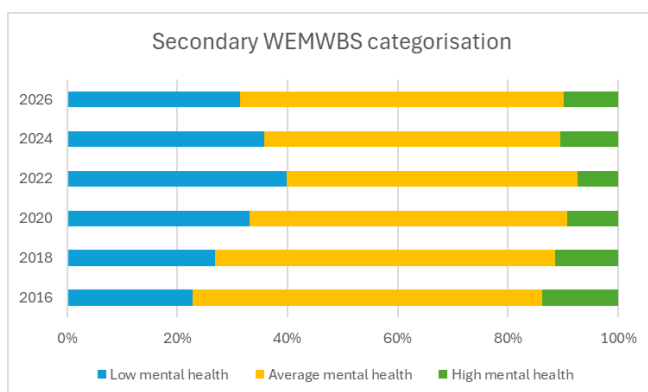
The proportion of students reporting LMW changes as they age, and each age group appears to have distinct trends over the period.

Low mental wellbeing by academic phase

In the primary phase there has been an increase in students reporting LMW, and a reduction of those reporting high mental wellbeing (HMW) between 2016 and 2022. The proportion reporting average mental wellbeing (AMW) remained similar between 2016 and 2026.

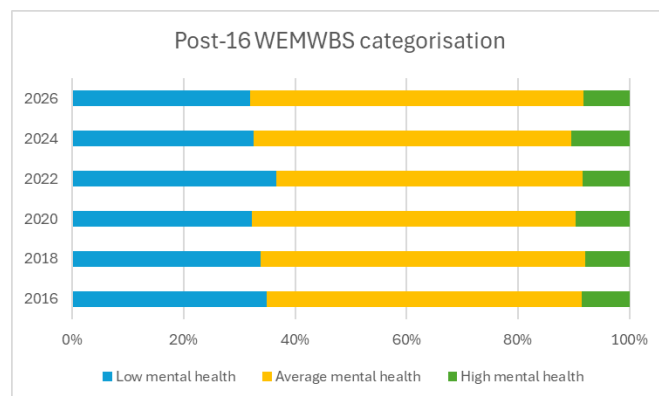


In the secondary phase, the increase in LMW between 2016 and 2022 was mirrored by a reduction in HMW. In 2026 there has been an increase in students reporting AMW.

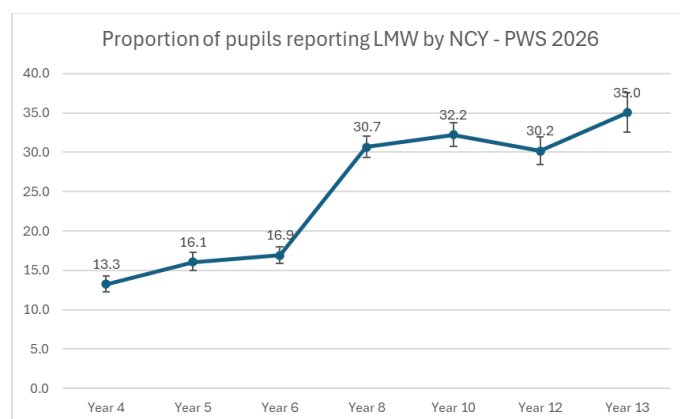


In the post 16 phase the proportion of students reporting LMW, AMW and HMW hasn't changed as

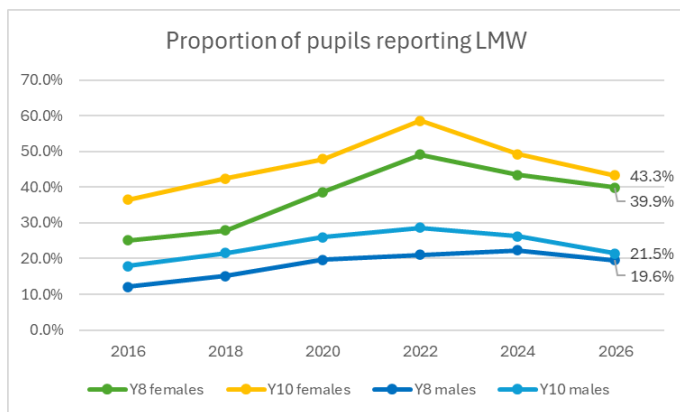
significantly, small changes are observed in 2022. In 2026 there was a reduction in the proportion of students reporting HMW that was offset by an increase in students reporting AMW.



Generally, the proportion of students reporting LMW increases with age. In 2026 there is a clear difference between students in year groups in the primary phase and those in the secondary and post-16 phases. In contrast to previous surveys there is no significant difference in the level of LMW between year groups in the secondary and post-16 phases.



Previous analysis showed that females in Year 8 and Year 10 showed a much greater increase in LMW during the pandemic period of all age and sex groups. 2026 survey results show that this appears to have returned to pre-pandemic levels.

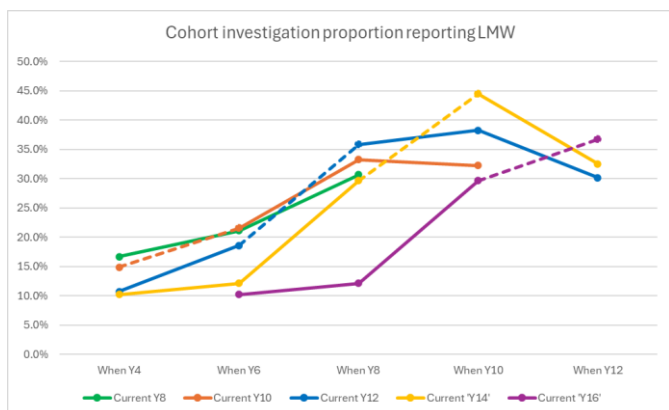


Cohort analysis of low mental wellbeing population level

Although not individually matchable it is possible to track individual year groups (likely to contain a large proportion of the same students) across the period 2016 to 2026 to see how the wellbeing of cohorts has changed over time.

The chart below shows each cohort of students has an increase in the level of LMW between Year 6 and Year 8 however the impact of the pandemic on all cohorts is stark.

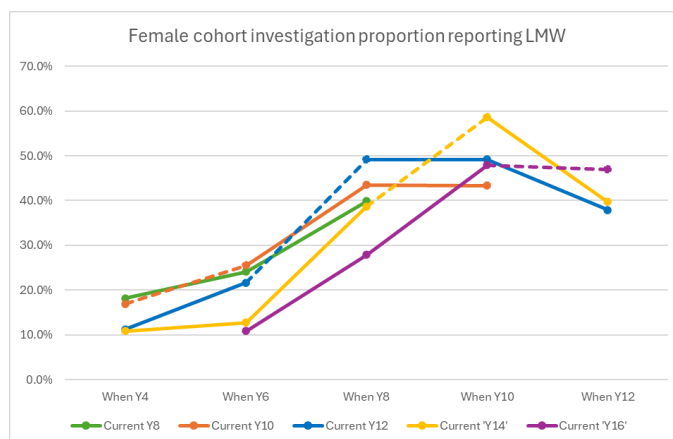
The worst effected appears to be the cohort who were in Year 8 when the pandemic hit. It is reassuring to see levels of LMW have reduced across cohorts since the pandemic and older students are more in line with the expected young adult level⁶.



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.



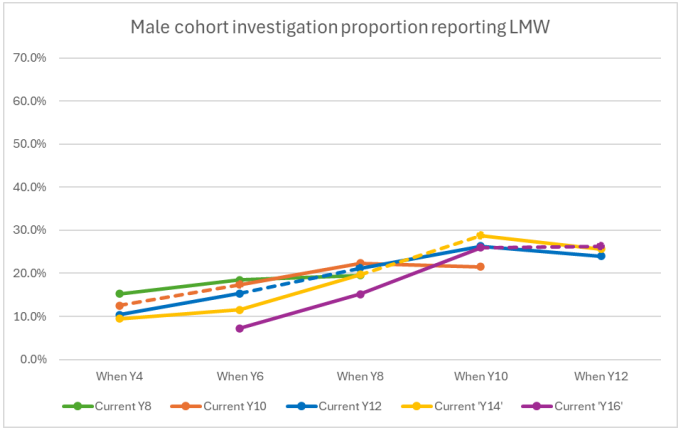
The chart below shows how the proportion of females reporting LMW in each cohort has changed during the period. The increased slope during the transition to secondary education suggests this is a period of significant change in wellbeing for young women. This is also the time females are most likely to start menstruation and have visible changes to their bodies. It is of note that both the current Year 10 and Year 12 saw no increase in LMW between Year 8 and Year 10, in contrast to previous years.



The trend observed in males reporting LMW follows a similar shape to females, however the rates are much lower. As with females, the male cohort who were in Y8 at the start of the pandemic had the highest level of LMW when in Year 10. However, this was 28.7% compared to 58.6% of females in the same cohort. Current Year 8 students appear to have experienced a more stable feeling of wellbeing during the transition to secondary, with little increase in LMW compared with previous cohorts. The current Year 10 male cohort has the lowest

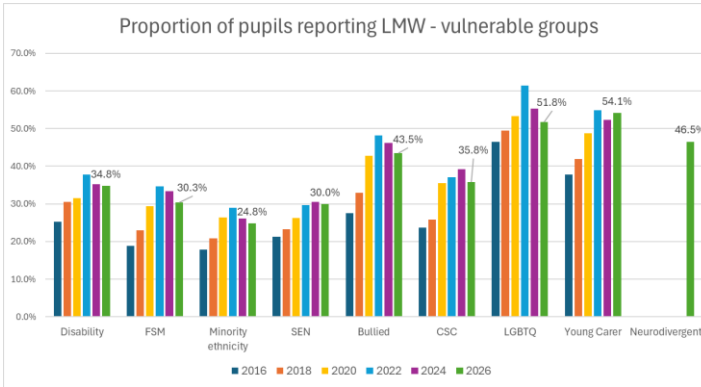
⁶ <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/mental-health-pressures-data-analysis>

level of LMW observed of any Year 10 cohort since WEMWBS recording began.



Low mental wellbeing levels in students with vulnerable characteristics

The wellbeing of students from many vulnerable groups has historically been lower than that of the general cohort of students. The chart below shows the change over the last 10 years of LMW in vulnerable groups. Note that only secondary and post-16 students are asked whether they are a young carer, are neurodivergent and what sexuality/gender they identity with, as mental wellbeing is generally lower in older age groups the proportion with LMW will be influenced by the older age group.

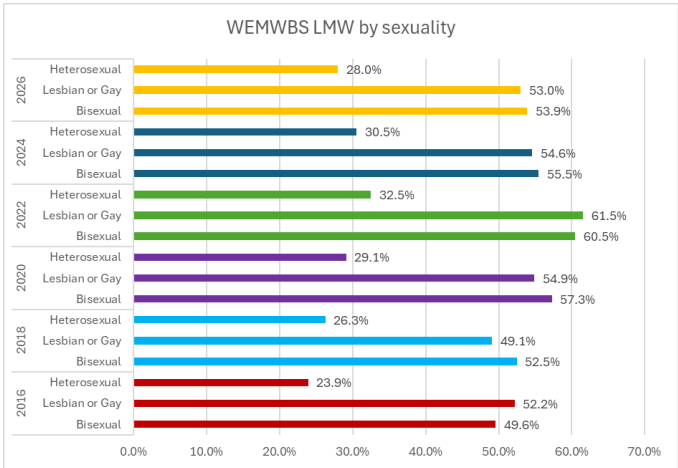


Between 2022 and 2026, most vulnerable groups experienced a reduction in reported LMW similar to the general student population. However, between 2024 and 2026, students with SEN/ an EHCP, and young carers saw an increase in reported LMW.

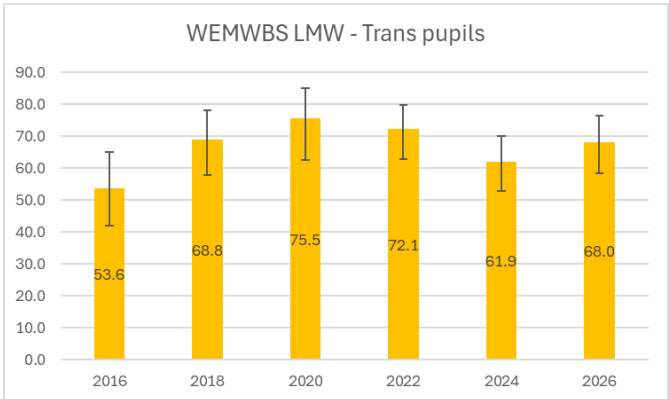


LGBTQ+ students were almost three times as likely (OR 2.7 in 2026) to report LMW than their heterosexual/cis peers.

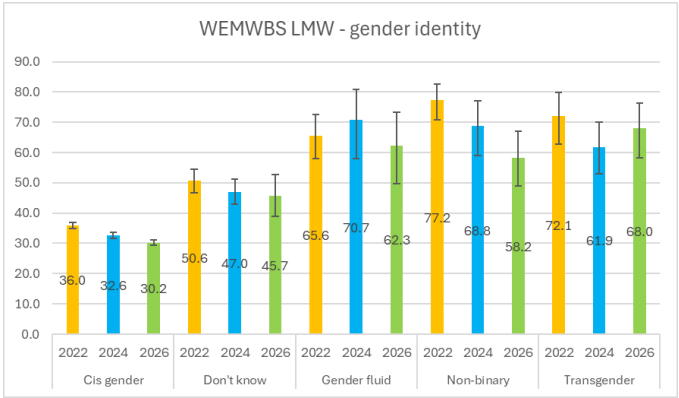
The chart below illustrates how LGB students have consistently significantly higher levels of LMW than their heterosexual peers. In 2026, students who stated their sexuality was asexual, queer or they were figuring out their sexuality were also significantly more likely to have LMW.



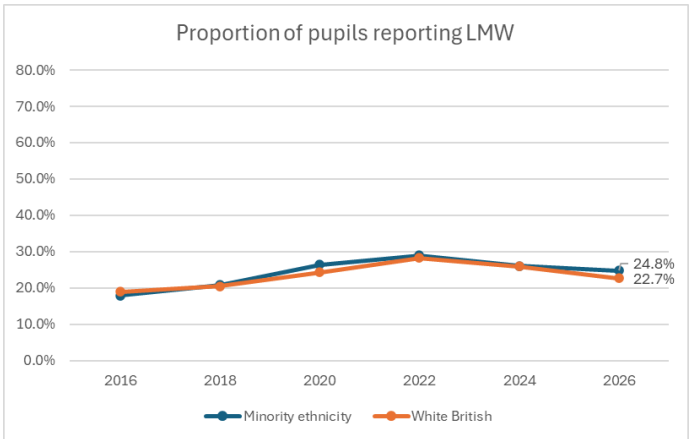
Students who identify as transgender have a high likelihood of reporting LMW. Whilst this hasn’t increased significantly between 2016-2026, it has fluctuated between 1 in 2 and 7 in 10 transgender students reporting LMW.



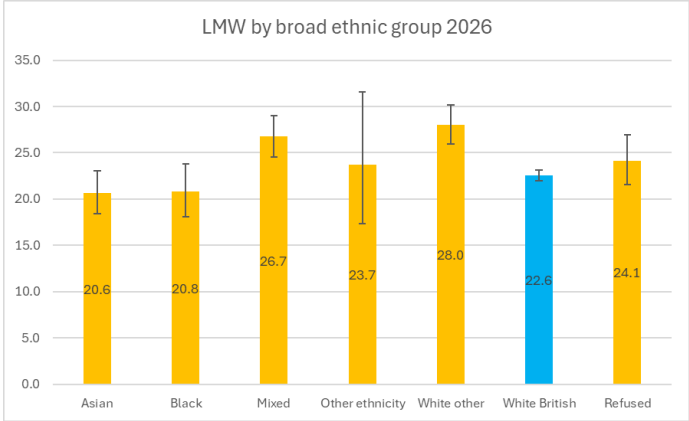
In 2022, a new question was introduced in order to glean more detail about gender identity. Between 2022 and 2026 all gender identities saw a reduction in LMW suggesting all students have seen an improvement in mental wellbeing since the pandemic. The only gender identity to see a significant reduction in reported LMW in the period however was cis gendered students.



There is no significant difference between reported LMW in students from White British diverse ethnic communities (22.7% vs. 24.8% in 2026), with the trend following a similar pattern since 2016.



Students from White Other ethnicities and Mixed ethnicities were significantly more likely than White British students to report LMW.



Students from Gypsy/Roma, White & Black African mixed ethnicities, White Eastern European and Other White backgrounds were the only detailed ethnic groups to be significantly more likely to report LMW than their White British peers. Indian students were significantly less likely to report LMW.

NHS Digital undertook some analysis of mean WEMWBS score by ethnic group in 2019⁷, this showed mean scores were highest in Black African men and women, otherwise mean scores were similar across different ethnic groups. This would suggest that average wellbeing is generally similar across ethnic groups, although Black African adults report the highest levels of wellbeing, which is in contrast to Gloucestershire student data.

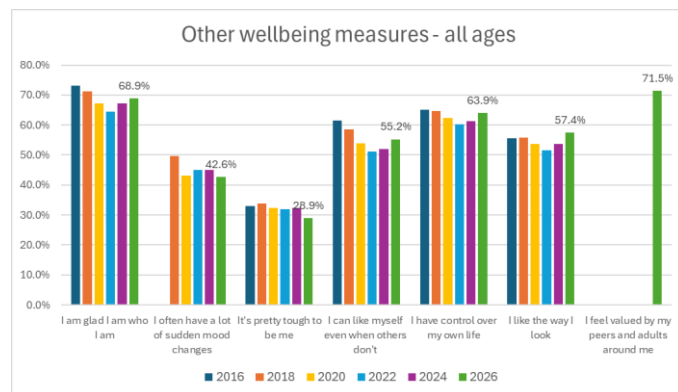
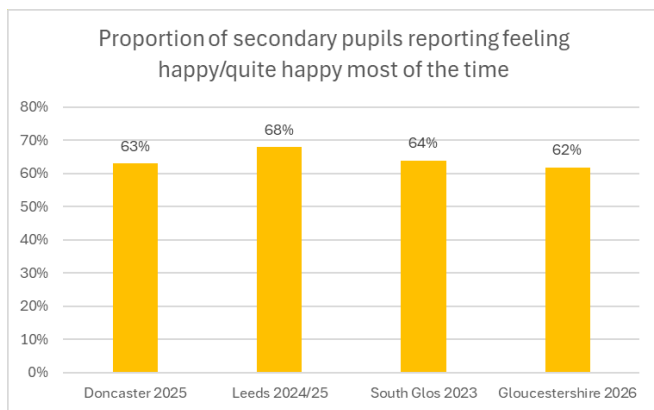
Benchmarking wellbeing

Many local authorities across the country do a version of a student 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.

A number of LAs report levels of happiness, in surveys completed in the last 3 years Gloucestershire secondary students 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 students participating in surveys than Gloucestershire.

⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey->

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



Other wellbeing measures

Key takeaways:

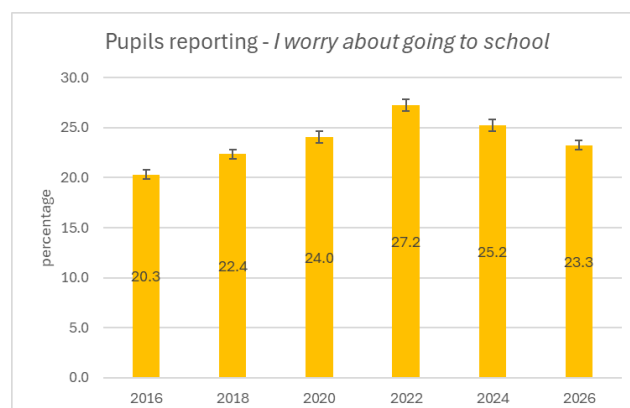
- One in four students feel worried about going to school.
- Female students, secondary-aged and students who are being bullied and those with LMW are significantly more likely to feel worried about going to school.
- Around one in four secondary and post-16 aged students wanted more support to feel positive about their appearance, a significant increase from 2024.
- One in five students reported wanting more bereavement support, with higher numbers of primary-aged students.
- Students with HMW reported feeling socially connected, were more likely to exercise to reduce stress.
- Having paid employment is not associated with better wellbeing, however students who volunteer are less likely to report LMW.

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

In 2026, a new measure was introduced; *'I feel valued by my peers and adults around me'*. Almost three quarters of students said they felt valued *All the time* or *Often*.

Stress and worry

Between 2016 and 2022, the proportion of students reporting that they feel worried about going to school had been gradually increasing. However, a significant reduction was observed between 2022 and 2026, although it remains that 1 in 4 students said they were worried about going to school.

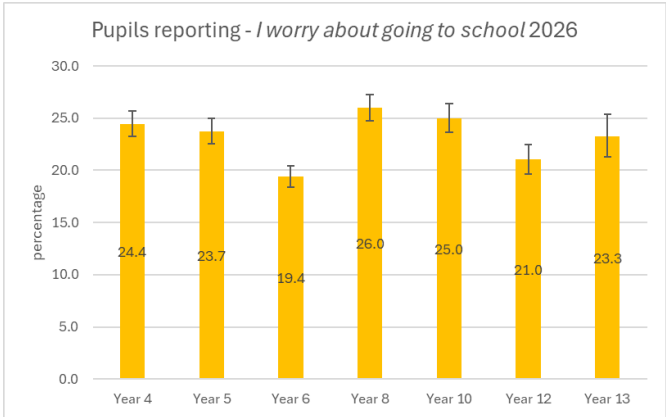


In 2026, female students were significantly more likely to report feeling worried about going to school than males (just under 1 in 3 vs. 1 in 6).

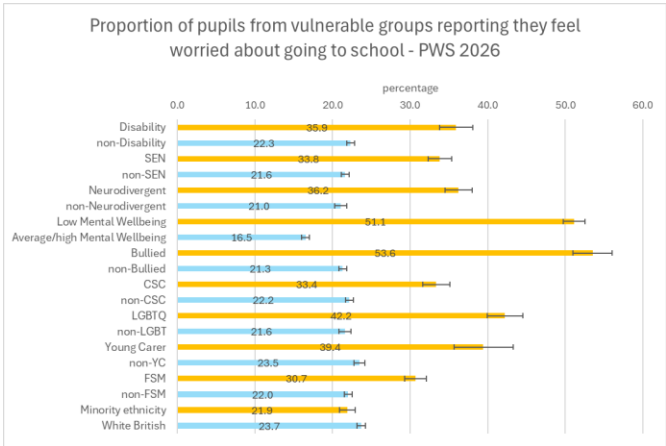


Secondary students were significantly more likely to say they felt worried about going to school than

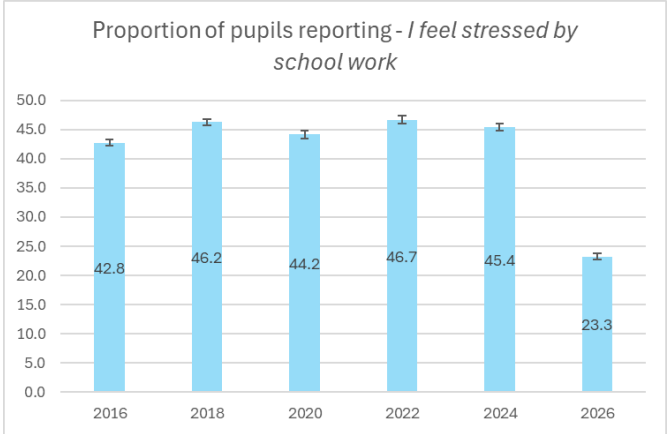
those in primary settings or in the post-16 phase. The most recent results also show how students in year 8 (26.0%) were the most likely to say they felt worried about going to school, which differs from previous years when students in year 10 were the most likely to feel worried.



Students with almost all vulnerable characteristics were significantly more likely to say they felt worried about going to school than their non-vulnerable peers. Students who were seriously bullied (53.6%), and students with low mental wellbeing (51.1%) were the most likely to say they felt worried about going to school.

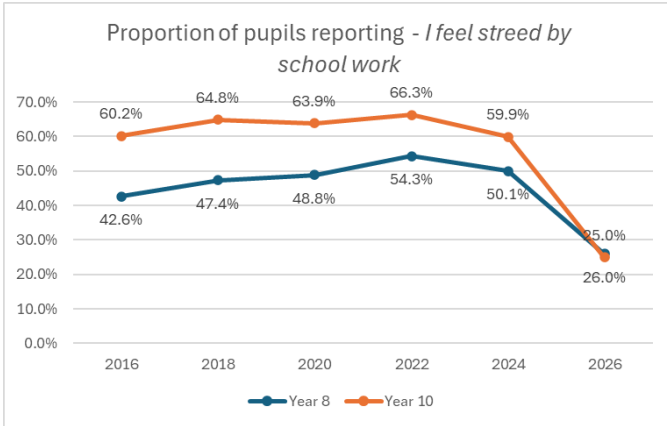


Between 2014 and 2022, the proportion of students reporting they feel stressed by schoolwork also increased although in a slightly less linear way. In 2026, the proportion reduced significantly.



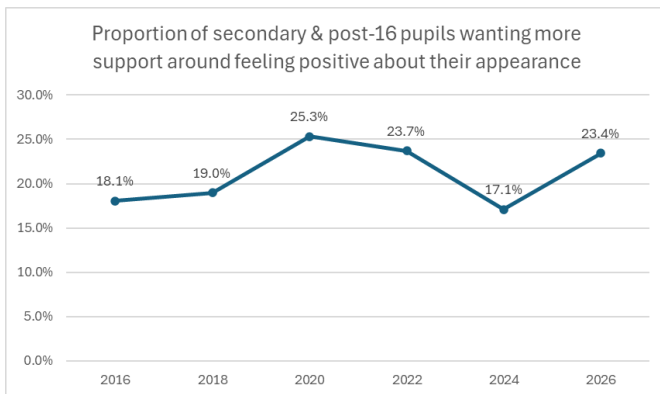
Students in different phases report differing levels of stress related to schoolwork, all phases saw a reduction in stress related to schoolwork since the 2024 survey. In the primary phase 22.4% reported feeling stressed by schoolwork, in the secondary phase this was 25.5% of students and 21.8% of post-16 students reported feeling stressed by schoolwork in 2026.

Historically there has been a difference observed between year 8 and year 10 students. Year 10 students were more likely to report being stressed by schoolwork in all previous surveys, however, in 2026, a significant reduction was observed in both year groups.



Body positivity

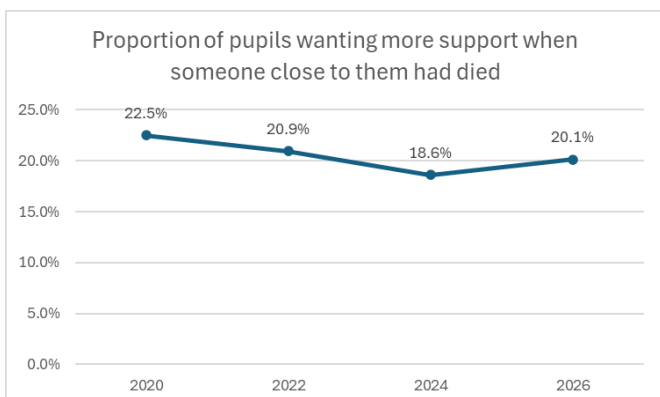
Researchers who study body image have long cited its relationship to overall feelings of identity and the ability to form meaningful relationships. In 2026, 1 in 4 secondary and post-16 students stated that they wanted more support in ‘feeling positive about their appearance’, which reverses a reducing trend since 2020.



Between 2024 and 2026, the proportion of both male and female students wanting more support to feel positive about their appearance had increased significantly. However, the proportion of females wanting more support was significantly higher than males (33.5% vs. 15.6%).

Bereavement

In 2020, a new question was introduced to ask students about their need for support with bereavement. In 2026, around 1 in 5 students stated wanting more support when someone close to them had died, which is a slight increase from 2024 results.



Primary students (28.3%) were more likely to want more support with bereavement than those in the secondary (12.7%) or post-16 phases (8.6%).

Socialising and social isolation

Students with high mental wellbeing were significantly more likely to report they did exercise to *unwind/reduce stress* than those with low mental wellbeing.



Having paid work doesn't appear to have much of an effect on wellbeing, with very similar proportions of students' report LMW by phase and sex whether they have paid work (25.0% vs. 27.0% in 2026) or not. This trend has been the same since 2016.

2026 survey results show that students who do voluntary work are significantly less likely to report LMW than those who do not volunteer. Female students who volunteer have significantly lower rates of LMW than those who don't (36.9% vs. 42.0% in 2026). There is no significant difference seen in males. This suggests that being involved in the community could be more beneficial to female student wellbeing than male.

In 2026, 95.0% of students with HMW said they felt close to other people in comparison to 1 in 6 of those with LMW.

Unhealthy Internet use

Key takeaways:

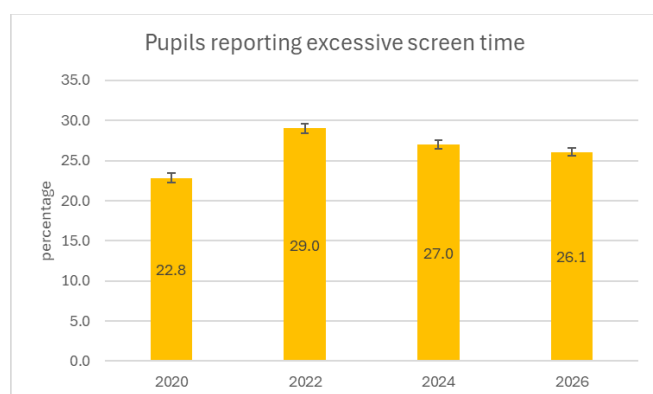
- 26.1% of students reported more than seven hours of screen time per day, a slight decrease from 2024.
- Screen use increases with age, with males and those living in deprived areas more likely to report excessive levels of screen time.
- Strong relationship between excessive screen time and LMW, especially in secondary-aged girls.
- Students who report watching videos on social media are almost twice as likely to report LMW.

Extended screen time has become increasingly normal for children and young people. Research⁸ suggests that between 2020 and 2022 there was a 52% increase in children's screen time, and that nearly 25% of children and young people use their smartphones in a way that is consistent with having a behavioural addiction.

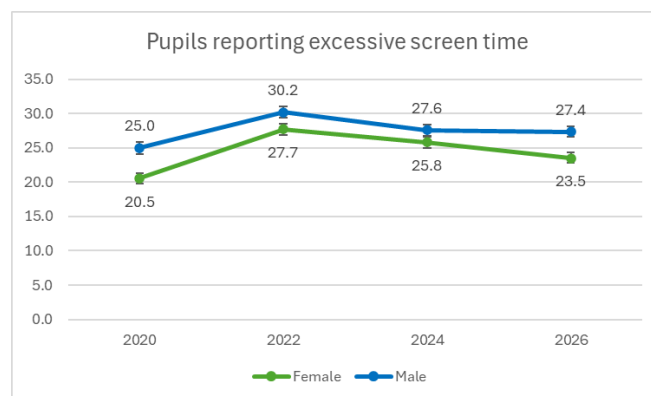
Screen time usage

In the UK, the average media/screen usage of a teenager is estimated to be 6-7 hours per day⁹. In 2024, the mean amount of screentime was 4-6 hours for students in both secondary and post-16 phases and between 0-3 hours for primary phase students. An Ofcom study published in 2025¹⁰ used passive monitoring technology and found that children aged 8-14 had on average 3 hours online across all devices, which is in line with the PWS primary student reported time. Excessive media/screen time has been classified in the survey for students who report having 7+ hours of media/screen time per day.

In 2026, 1 in 4 (26.1%) students reported excessive media/screen time. This was lower than in 2024 (27.0%) but still above the 2020 figure (22.4%).

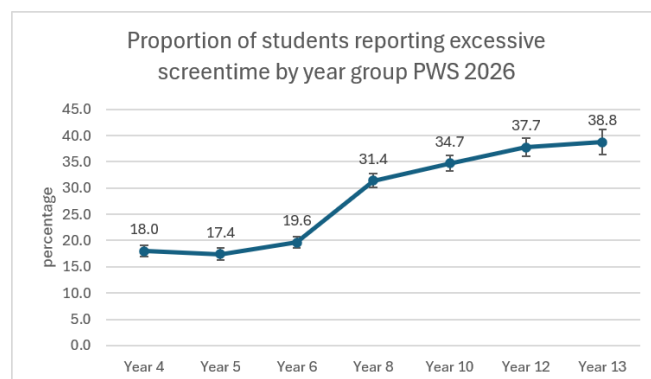


Males were significantly more likely to report excessive screentime.



There was no significant difference between students from diverse ethnic communities and White British students reporting excessive media/screen time, however students from Black backgrounds, Gypsy/Roma and White Eastern European backgrounds were significantly more likely to report excessive screentime than White British students.

The chart below clearly shows that the older students become, the more screentime they engage in.



In the transition to secondary education there is a significant increase in screentime, from 19.6% in Year 6 to 31.4% in Year 8. There is also a significant increase in excessive screentime between Year 8 and Year 10. There is no significant increase year on year between Year 10, Year 12 and Year 13 students, however there is a significant difference between students in Year 10 and students in Year 13.

⁸ [Screen time: impacts on education and wellbeing - Education Committee \(parliament.uk\)](https://www.parliament.uk/committees/education/screen-time-impacts-on-education-and-wellbeing/)

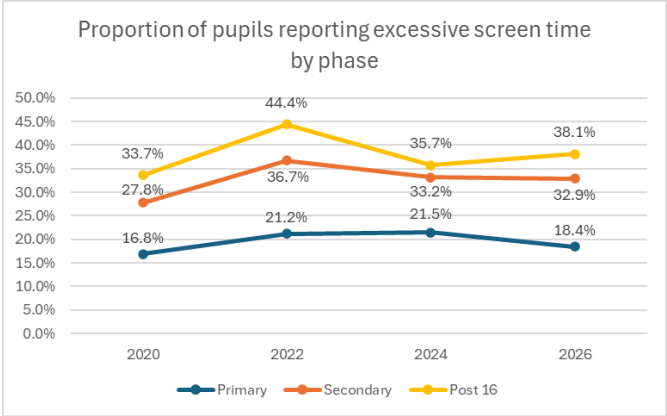
⁹ https://www.ofcom.org.uk/data/assets/pdf_file/0025/217825/children-and-parents-media-use-and-attitudes-report-2020-21.pdf

¹⁰ <https://www.ofcom.org.uk/media-use-and-attitudes/media-habits-children/top-trends-from-our-latest-look-at-uk-childrens-online-lives>

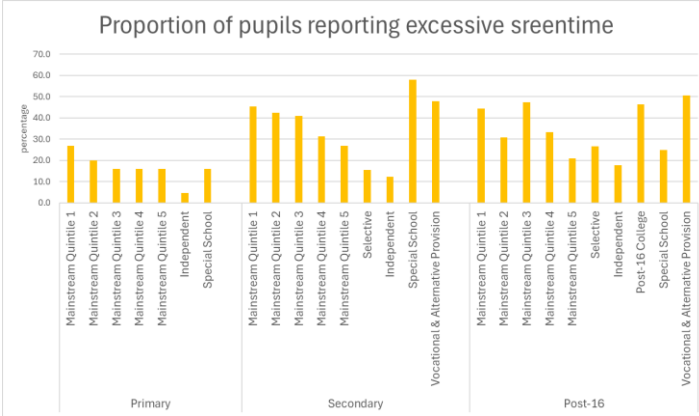


Following a reduction in excessive screen use by secondary and post-16 students in 2024, the most recent survey shows that this has increased in post-16 students.

Between 2022 and 2024, the proportion of students in the primary phase reporting excessive screen time remained stable, with a slight reduction in 2026.



There appears to be a correlation between media/screen usage and deprivation at every phase. Students in the most deprived quintile were significantly more likely to have excessive media/screen usage than those in the least deprived areas, although there was some variation across quintiles for post-16 students.



Students engaging in excessive screentime were significantly less likely to say they found it easy to make and keep friends (48.9% vs. 56.3% respectively). This was the same across all phases.

Gaming online with others was the most popular online activity across all students regardless of time spent engaged in screentime.

Students engaging in excessive screen time were significantly more likely to report one of the following being in their top 3 online activities:

- Gaming online with others
- Watching videos on social media (TikTok, Instagram, YouTube etc.)
- Keeping in touch with friends (messaging on any media)
- Posting my own social media
- Gambling



This compares with students who spend an average amount of time using a screen reporting that they were significantly more likely to engage in

- 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:

- **Insufficient and inadequate sleep.** Media use can interfere with sleep¹¹.
- **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 hours¹².
- **Delays in learning & social skills.** This could be because they don't interact as much with their parents and family members¹³.
- **Negative effect on educational performance.** Children and teens often use entertainment media at the same time that they're doing other things, such as homework¹⁴.
- **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 characters¹⁵.
- **Problematic internet use.** Children who spend too much time using online media can be at risk for a type of additive behaviour called problematic internet use¹⁶.
- **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 initiation¹⁷.
- **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.

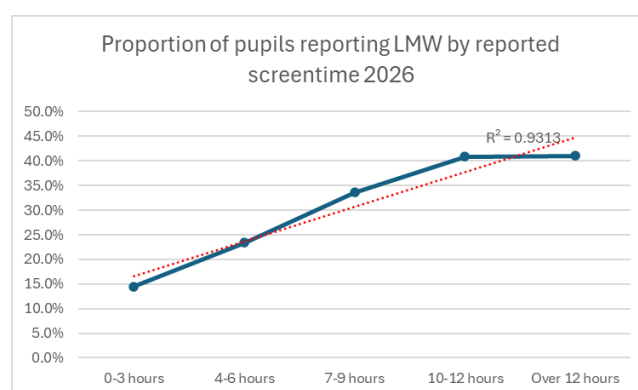
Behaviours linked to excessive online usage

Media interfering with sleep

In 2026, 4.7% of those who reported they woke in the night stated that this was because they woke to check or send messages or play games on their phone/tablet/computer, which is lower than in 2024 (6.8%).



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



Students engaging in excessive screen use in all phases and across both sexes, were over twice as high to report LMW, except in post 16 females (OR 1.8).

¹¹ [Youth screen media habits and sleep: sleep-friendly screen-behavior recommendations for clinicians, educators, and parents](#)

¹² [Screen Media Exposure and Obesity in Children and Adolescents](#)

¹³ [Parenting Matters: Supporting Parents of Children Ages 0-8](#)

¹⁴ [Associations between screen use, learning and concentration among children and young people in western countries: a scoping review](#)

¹⁵ [Screen violence: a real threat to mental health in children and adolescents](#)

¹⁶ [Problematic internet use: A growing concern for adolescent health and well-being in a digital era](#)

¹⁷ [Social Media Effects Regarding Eating Disorders and Body Image in Young Adolescents](#)

In all phase and both sexes likelihood of LMW and excessive screen time was over twice as high as those with average or below screen time). Having excessive screen time appears to have the most profound effect on secondary aged females when the likelihood of LMW was 3 times higher than those with average or below average screen usage (OR 2.9).

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

Social media use

Since 2024, students have been asked to select and rank their top online activities. In 2026, a quarter (25.7%) of students said *watching videos on social media (TikTok, Instagram, YouTube etc)* was their top online activity and two-thirds (65.4%) that it was in their top 3 online activities.

Students who cited watching videos on social media in their top 3 online activities were almost twice as likely to report LMW than those for whom it wasn't in their top 3.

Although a smaller proportion of pupils in less deprived areas report watching social media videos as a top activity, those who do are more likely to experience low mental wellbeing. This could suggest there are more significant factors affecting wellbeing associated with deprivation than Watching videos on social media (TikTok, Instagram, YouTube etc.).

6.3% said *posting my own social media* was one of their top 3 online activities and 0.4% that it was their top online activity. These figures have both reduced since 2024.

Around a third of students who had posting my own social media as one of their top 3 online activities in all mainstream settings reported LMW. The odds of having LMW in students who cited *Posting my own social media* was one of their top 3 online activities was significantly higher than those who didn't (OR 2.4). However, there was little difference in the odds of LMW by statistical neighbour group except in post-16 settings where there was no increased odds of LMW from having *Posting my own social media* as one of their top 3 online activities.

The impact of social media usage appears to be more pronounced in female than male students. Female students who report watching videos on

social media as one of their top 3 online activities are 2.5 times more likely to report having LMW compared with 1.2 times in male students. Similar figures are observed in female and male students who report posting their own videos as one of their top three activities, (OR 2.3 vs. 1.8).



Students who had *keeping in touch with friends (messaging on any media)* as one of their top 3 activities (45.1%) were also significantly more likely to report having LMW than those who didn't.

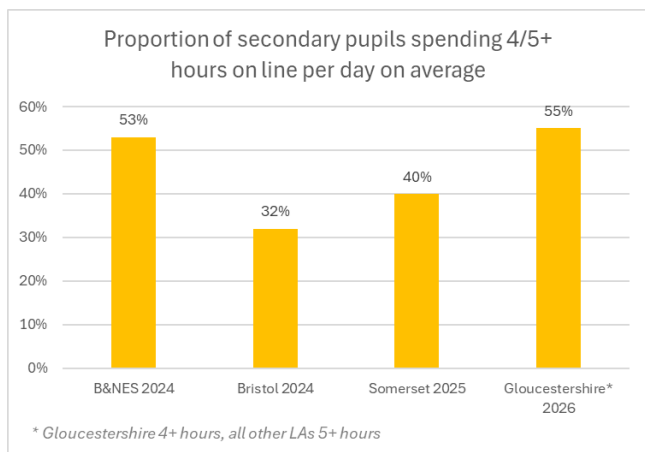
Again, differences between rates of reported LMW in female and male students who engage with this online behaviour was observed. There is a significant difference between females engaging in this online activity reporting LMW (28.7% vs. 18.4%) and those who don't, but no significant difference in wellbeing for males.

There is no higher likelihood of LMW if keeping in touch with friends (messaging on any media) is cited as a top 3 online activity by; age, overall screen usage, or real-world friendship confidence.



Benchmarking screen time

The graph below shows how reported screen usage amongst Gloucestershire secondary students appears broadly in line with other areas.



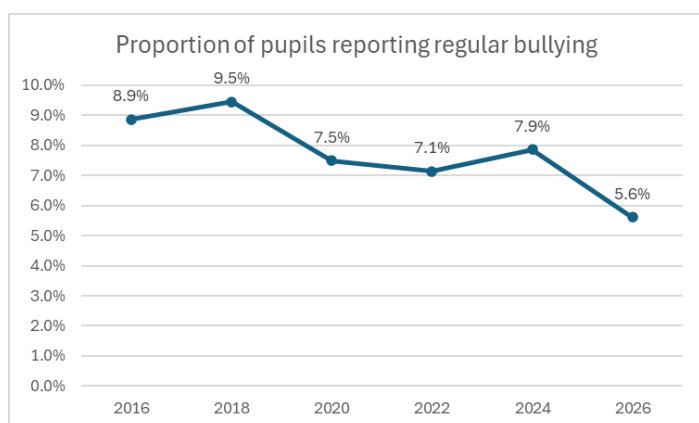
ONS reports from 2023¹⁸ state that 58.1% of young people aged 10-15 spent over 3 hours on the internet, which is similar to the proportion reported in Gloucestershire.

Bullying

Key takeaways:

- Nearly ¼ of students experienced serious bullying in the past year.
- Students experiencing regular bullying were twice as likely to report LMW.
- 42.5% of LGBTQ+ students reported homophobic bullying, and just over a quarter of students from diverse ethnic communities reported racist bullying.
- Younger students and those from settings in the most deprived areas are most likely to report regular bullying.

In 2026, a quarter (23.9%) of all students said they had experienced serious bullying in the past year, and 5.6% of students reported being a regular victim of bullying in the previous year. This has declined since 2018 when it was 9.5%.

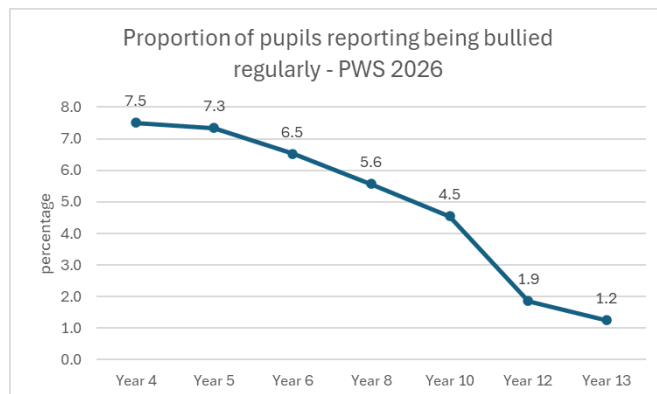


Students who were bullied regularly were significantly more likely to report LMW than those who weren't bullied (43.5% vs. 21.9%).

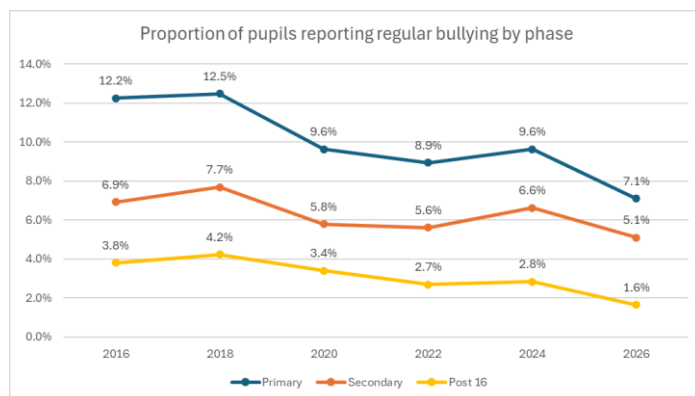


In 2026, there was no significant difference between numbers of male and female students reporting being regularly bullied.

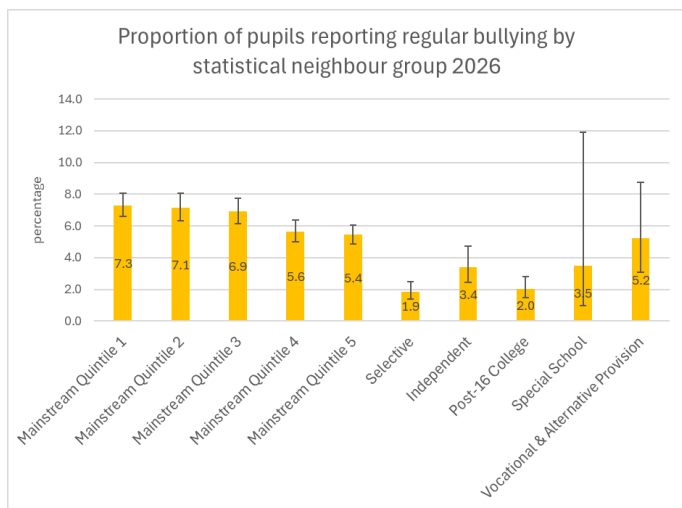
Younger students are most likely to report being regularly bullied with the proportion reducing as they get older. In 2026, students in Year 4 were the most likely to report regular bullying.



Since 2016, there has been a reduction in reported regular bullying in all phases.



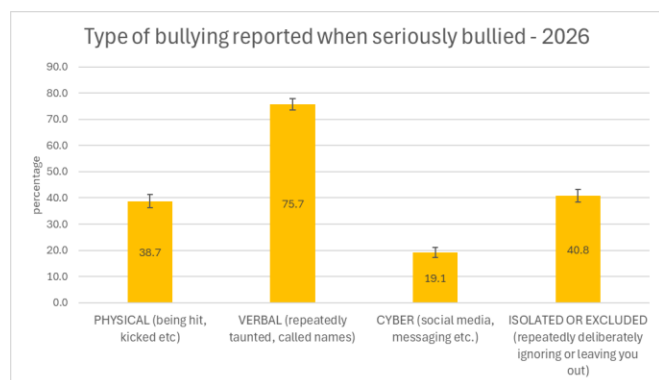
The highest proportion of students reporting regular bullying was seen in the settings with students living in the most deprived areas. As deprivation levels reduced, so did the proportion of students. Students at selective settings were significantly less likely to report regular bullying than almost all other groups.



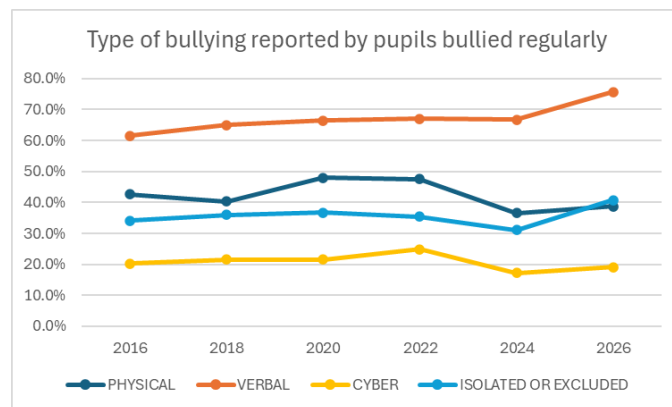
There is no significant difference between students in settings in most districts reporting regular bullying. Between 2024 and 2026 there has also been a reduction in reported regular bullying across all districts. Since 2016 regular bullying has reduced by an average of -3.2 percentage points, although a smaller reduction was observed in Cheltenham (-2.6 percentage points), and Tewkesbury (-2.7 percentage points). Since 2016, students in the Gloucester district have reported the greatest reduction in regular bullying

Types of bullying

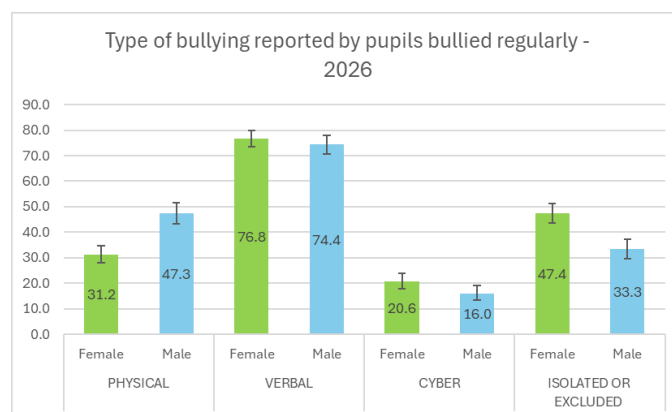
Students who were regularly bullied were most likely to report verbal bullying and least likely to report being a victim of cyber bullying. Students could select multiple types of bullying; therefore, values will not sum to 100%.



Between 2024 and 2026 the proportion of students experiencing either physical and cyber bullying have remained stable. However, in 2026 the proportion experiencing verbal bullying and isolation increased for the first time since 2016.



In 2026, females were significantly more likely to say they were victims of isolating bullying than males. Males were significantly more likely to report being a victim of physical bullying.



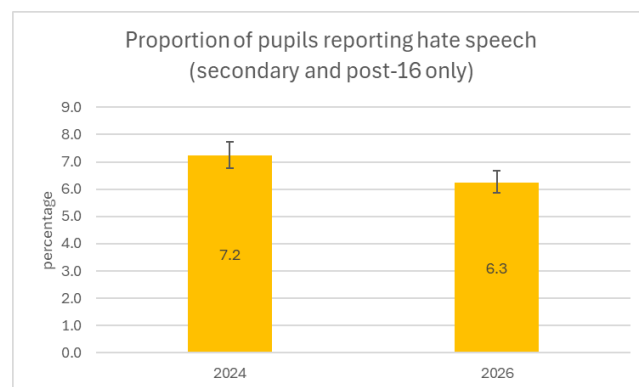
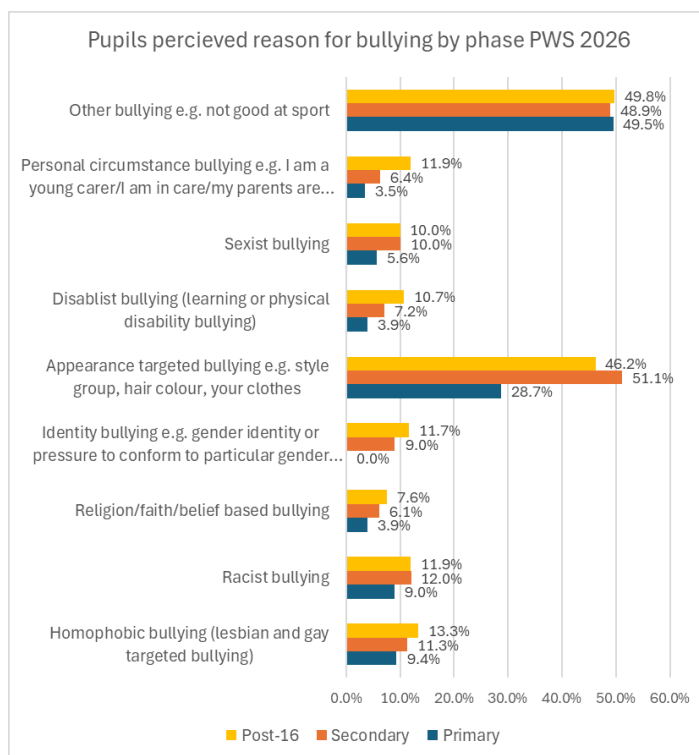
Perceived reasons for bullying

In 2024, the questions relating to why students thought they were bullied were changed and as such there are only two years of results to compare.

Students were able to choose multiple perceived reasons for bullying; therefore, values will not sum 100%.

Survey results from 2024 and 2026 were incredibly similar in the proportion of perceived reasons for bullying being reported by students.

Around half of all students said they experienced 'other bullying, e.g. not good at sport'. The next most commonly perceived reason was individual appearance with half of secondary and post-16 students reporting this.



National estimates of Police reported hate crimes in Gloucestershire²⁰ suggest this is much higher than the reported level.



Whilst around 1 in 10 secondary and post-16 students perceived that they experienced homophobic bullying, almost half (42.5%) of bullied LGBTQ+ students and 12.3% of all LGBTQ+ students reported experiencing bullying due to homophobia.

Around 1 in 10 students reported gender identity-related bullying. 25.5% of LGBTQ students who were seriously bullied were more likely to experience identity bullying.

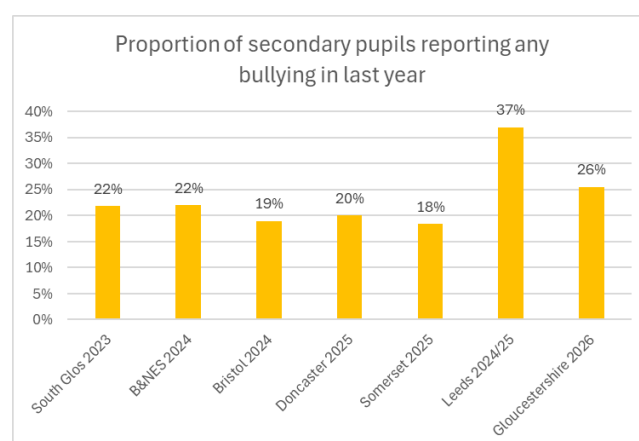
A quarter (27.7%) of students from diverse ethnic communities who were bullied reported experiencing racist bullying, which is a slight increase on 2024, and equates to 6.0% of all students from diverse ethnic communities.

A quarter of students with a disability who were bullied and 1 in 13 of all students with a disability perceived it was due to their disability.

In the survey the proportion of students reporting being a victim of hate speech/crime¹⁹ has significantly reduced since 2024.

Benchmarking bullying

The graph below gives some comparison between Gloucestershire and other LAs, suggesting that the proportion of secondary students reporting being bullied in the previous year in Gloucestershire, is slightly higher than most areas shown, but not significantly.



¹⁹ Experiencing regular serious bullying perceived to be; homophobic, racist, religious, gender identity, disablist or sexist. Secondary and FE pupils only.

²⁰ [CBP-8537.pdf \(parliament.uk\)](https://www.parliament.uk/documents/commons/hcdebates/2024/cbp-8537.pdf)

ONS reported in 2023²¹ that 34.9% of children aged 13-15 years experienced in-person bullying in the last year.

21

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/bullyingandonlineexperienceamongchildreninenglandandwales/yearendingmarch2023>

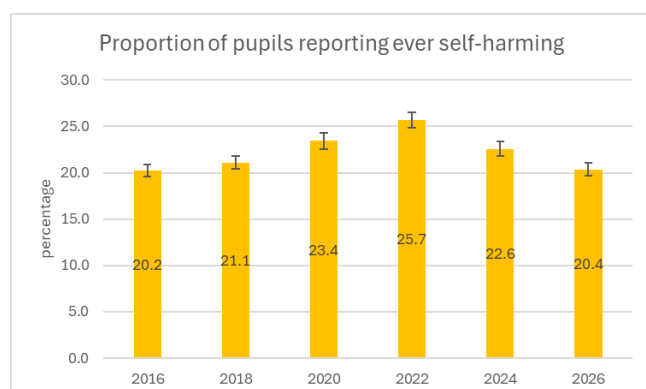
[cesamongchildreninenglandandwales/yearendingmarch2023](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/bullyingandonlineexperienceamongchildreninenglandandwales/yearendingmarch2023)

Self-harm

Key takeaways:

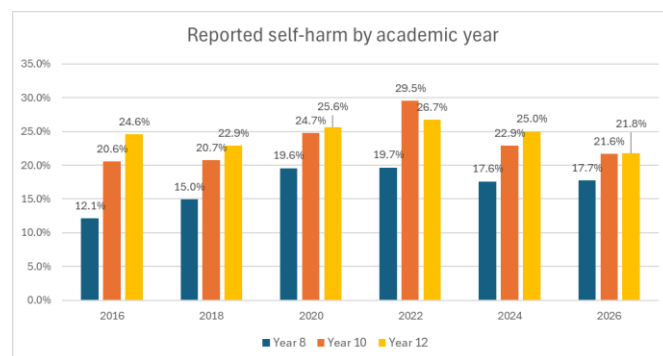
- Rates have returned to pre-pandemic levels.
- Self-harm is more common in students in more deprived communities.
- Self-harm is significantly higher in female than male students.
- Nearly one third of students from vocational and alternative provision settings report self-harm.
- The proportion of students who self-harm at younger ages (under 12) has increased.

Questions relating to self-harm are asked to students in years 8, 10, 12 and 13. Between 2018 and 2020 and between 2020 and 2022, reported self-harm increased significantly. Since the pandemic, levels have been reducing significantly with 2026 data showing that Gloucestershire is back in line with the 2018 figure of 1 in 5 young people reporting self-harm.



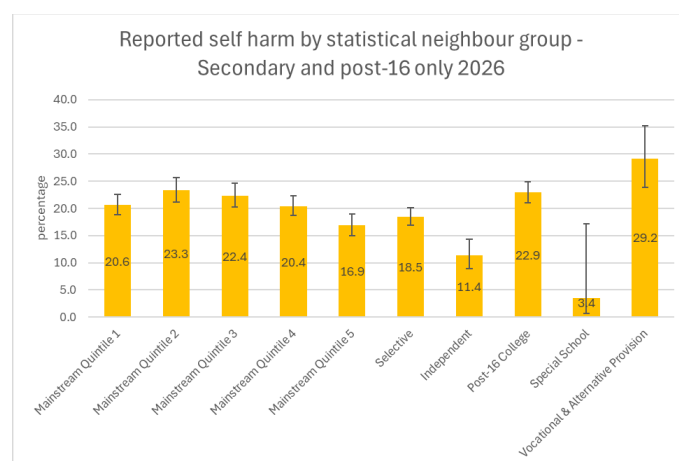
Who self-harms?

Between 2016 and 2022, the greatest increase in the number of students reporting self-harming behaviour was among year 10 students (+8.9 percentage points). Between 2022 and 2026, year 10 students also had the largest reduction in self-harm reporting (-7.9 percentage points). Between 2016 and 2022, the number of Year 8 students who reported self-harming also saw a substantial increase. However, between 2024-2026, in contrast with the older age groups there has been a stabilisation rather than a reduction in rates.



When looking self-harm trends between socio-economic statistical neighbours, most groups saw a peak in reported self-harm in 2022 during the pandemic period. Exceptions to this were mainstream quintile 1 settings who appear to have peaked in 2020, just before the pandemic and independent settings who appear to have peaked in 2024 after the pandemic period. In less deprived groups the level of reported self-harm now appears to be similar to 2018 levels. However, in more deprived groups (mainstream quintiles 1-3), whilst recovering, levels have not yet returned to 2018 levels.

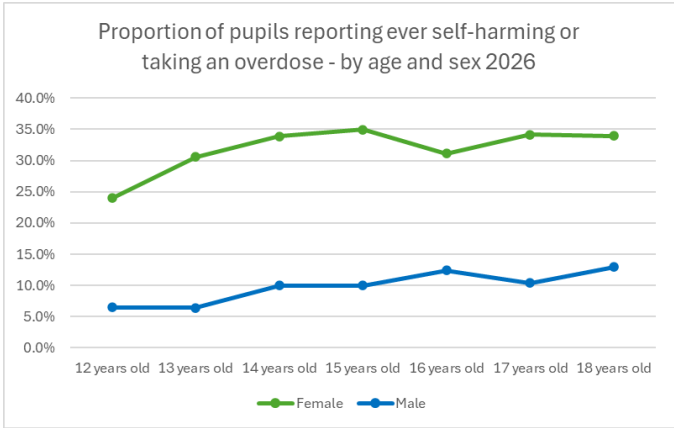
In 2026, the proportion of young people reporting ever self-harming was highest in students in vocational & alternative provision settings (29.2%). There was little significant difference in reported self-harm between mainstream setting groups apart from in quintile 5 (least deprived) that reported a significantly lower proportion of students self-harming.



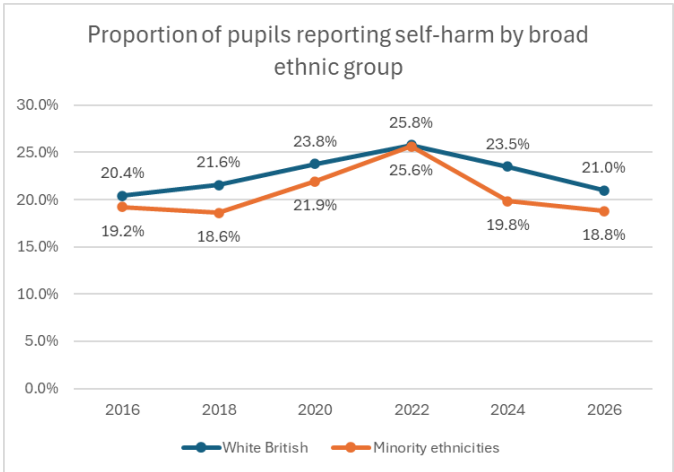
Deprivation appears to be a factor contributing to self-harm behaviours in students in line with the pre-pandemic. During the pandemic period this ceased to be the case and there was almost no difference in reported self-harm across all statistical neighbour groups.

In female students, self-harm appears to increase steadily from age 11 to a peak at age 15 and then remains stable (this coincides with the peak level of LMW in females). In 2026, a 10.9 percentage point increase was 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 these ages.

In male students, self-harm incidence rises more slowly and only increases by 3.5 percentage points within the same age range. Whilst significantly lower than in female students, self-harm appears to increase more steadily in males as they age.



In 2026, the proportion of young people from diverse ethnic communities who reported self-harm or overdose (18.8%) is significantly lower than White British young people (21.0%),



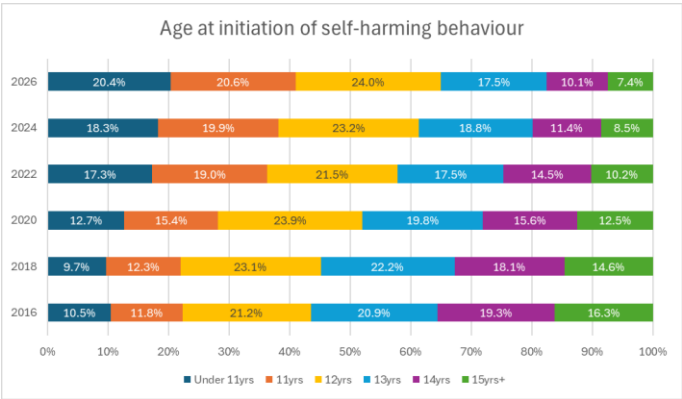
In 2026, Asian and Black students were significantly less likely to report self-harm or overdose than White British young people, whilst all other broad ethnic groups were in line with White British students.

Students from other diverse ethnic communities such as Indian, Bangladeshi, Black African and

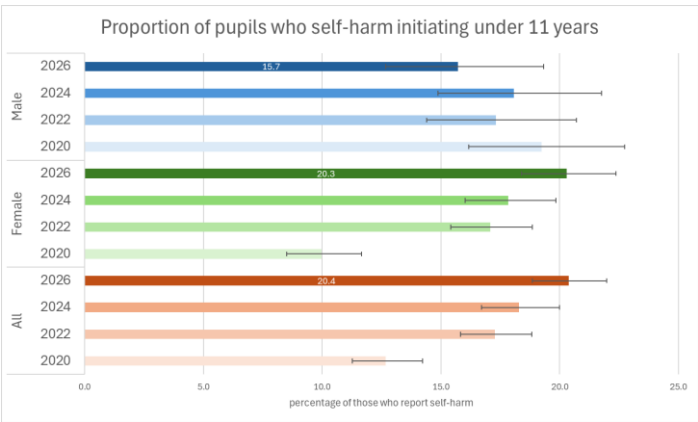
Other Asian background had significantly lower reported self-harm than white British students. Whilst students from any other Mixed background and Other White backgrounds were significantly more likely to report self-harm.

Initiation of self-harm

Since 2016, the age of self-harming behaviour initiation among students has been getting younger. During the period, initiation was most common at age 12.

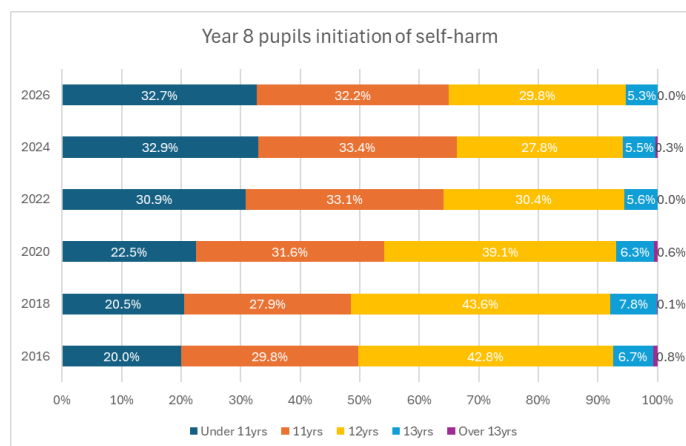


In previous surveys, boys were significantly more likely to report initiating self-harm under 11yrs than girls, however, since 2022 there has been no significant difference between the sexes. A significantly higher proportion of young people initiated self-harming behaviour under 11yrs between 2020 and 2022, predominantly due to a significantly higher proportion of girls reporting initiating self-harm under 11yrs. Whilst the proportion of young people initiating self-harm under 11yrs was not significantly higher in 2026 than in 2024 it was significantly higher than the proportion in 2022.

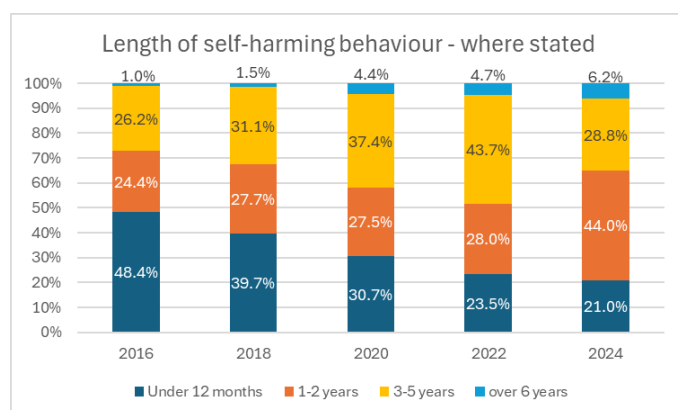
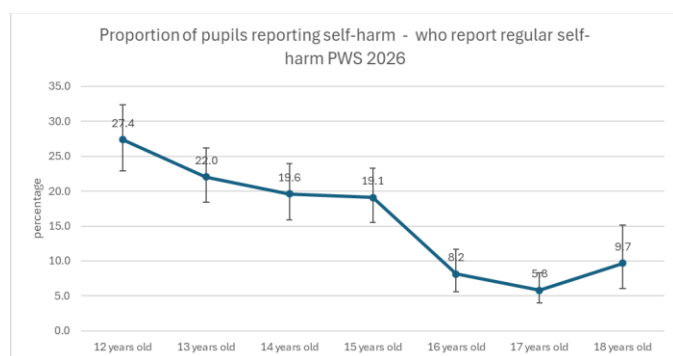


The reduction in age of self-harm initiation suggests young children may have initiated self-harm as a way of coping with distress during the pandemic period. This can be verified by isolating the Year 8

students who self-harm. The 2022 Year 8 cohort were in Year 6 at the start of the pandemic, which coincides with the point at which the percentage increases significantly. Subsequent Year 8 cohorts have a similar proportion initiating self-harm under 11yrs.



In 2026 students were most likely to self-harm regularly at the age of 12, which is younger than the previous two surveys (age 13 – 2024 and age 14 – 2022). Of those who have ever self-harmed, 16.3% reported self-harming regularly (*Quite often(weekly)/Most days*) and this rose to 27.4% at age 12. The age young people were most likely to self-harm regularly has been reducing steadily since 2016 when it was 18 years old.

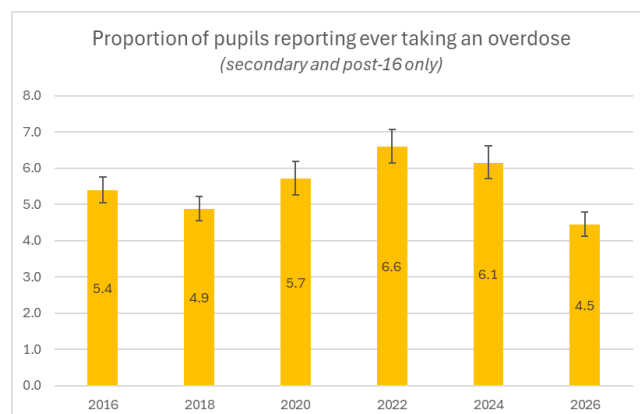


Overdose

Key takeaways:

- One quarter of those who self-harmed reported having taken an overdose in the past year.
- One fifth of secondary and post-16 students reported eating difficulties relating to weight, shape or body.
- Female students are three times as likely to report eating difficulties.
- Students eligible for FSM were significantly more likely to report eating difficulties as well as students experiencing four or more ACEs.
- Strong relationship between self-harm and LMW and amongst students experiencing vulnerabilities.

In 2026, 4.4% of students reported taking an overdose, which equates to 24.7% of those who reported self-harming. Between 2016 and 2022, the proportion of the population ever taking an overdose increased significantly from 5.4% to 6.6% but has reduced in the most recent period.

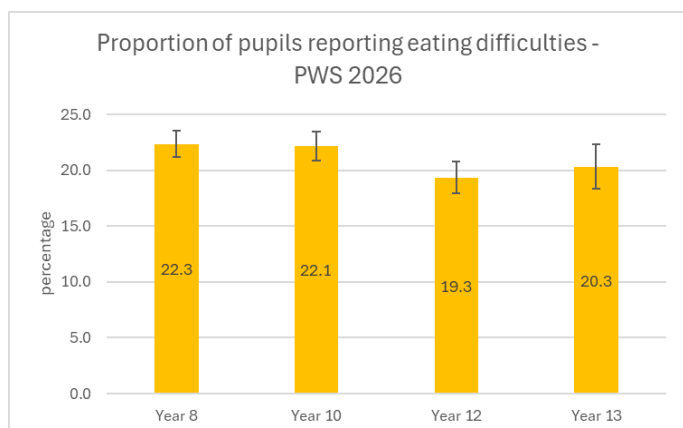


In 2026, 1 in 3 students who had taken an overdose had taken multiple overdoses. This trend is unchanged since 2016.

Eating difficulties

In 2026, a revised question about eating difficulties was introduced. Overall, 1 in 5 secondary and post-16 students reported they had experienced eating difficulties in response to how they felt about their weight, shape or body. Females were three times more likely to report experiencing eating difficulties (32.7%) than males (9.4%). The proportion of

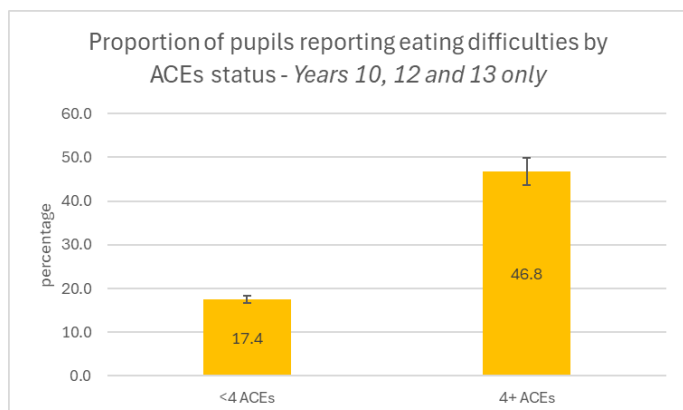
students reporting eating difficulties reduces between secondary and post-16 phases.



Students in the mainstream quintile 5 (17.9%) and independent settings (16.3%) were the least likely to report eating difficulties, Students eligible for FSM were significantly more likely to report eating difficulties (30.7%) than those not eligible (19.9%), however, there doesn't appear to be a clear link with deprivation

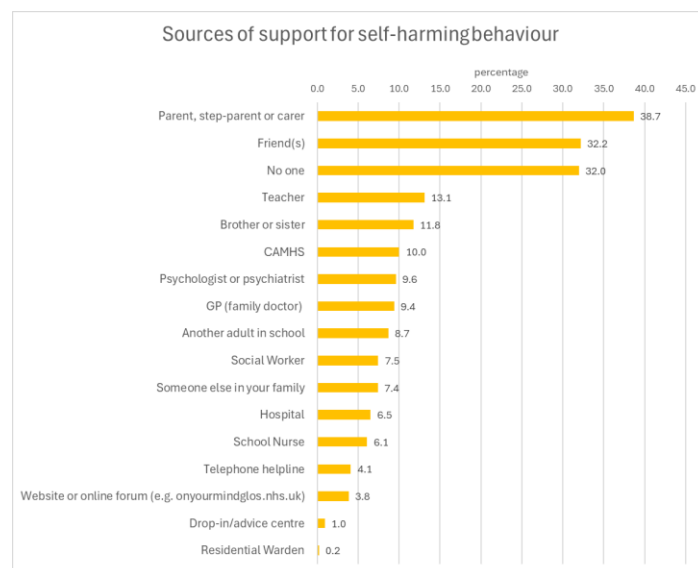
Students at settings in Tewkesbury were the most likely to report eating difficulties (24.3%), whilst students in Forest of Dean settings were the least likely (20.1%).

Students reporting 4+ ACEs were two and a half times more likely to report an eating disorder than those with less than 4 ACEs.



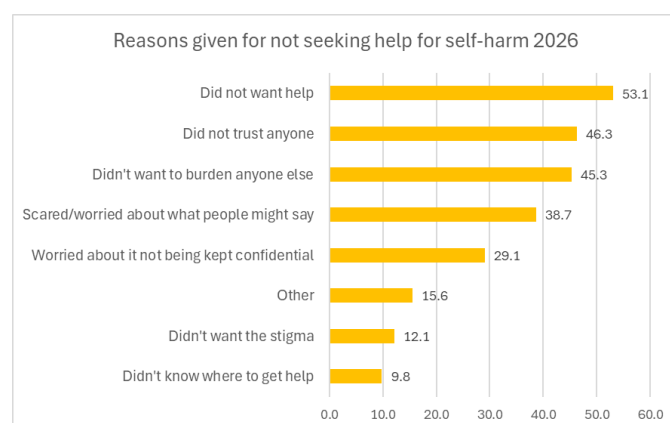
Getting help for self-harm

In terms of receiving help, a third of students who self-harmed said they received no help from anyone. Parents/carers were the most likely to provide help around self-harm, which is similar to previous years.



69.8% of students who self-harmed and received help said the help was helpful enough, which is significantly higher than in 2024 (63.1%).

Of the students who self-harmed and did not seek help, the most frequent reason given was '*did not want help*'. 46.3% of those who didn't seek help said they didn't trust anyone.



Students who reported self-harm were significantly more likely to have received support from a health professional for their mental health and emotional wellbeing than those with no reported self-harm history (53.3% vs. 17.1%).

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.

Students with vulnerable characteristics were significantly more likely to report self-harm:

- Students with 4+ ACEs²² - *OR* 7.3
- LGBTQ+ students - *OR* 5.1
- Seriously bullied students - *OR* 3.7
- Students reporting neurodivergence - *OR* 3.0
- Young carers - *OR* 2.8
- Students with a disability - *OR* 2.2
- Students with SEN/EHCP - *OR* 2.1

The likelihood of students reporting self-harm behaviour whilst also reporting LMW was also significantly higher (*OR* 6.8), suggesting the strong link between LMW and self-harm and the heightened risk of both in vulnerable or marginalised students.

Behaviours correlated with self-harm

Sleep

Students who reported getting the recommended number of hours sleep were less likely to report self-harming behaviour or overdose than those who don't 14.6% vs. 25.5% in 2026. Students who reported self-harm were also less likely to report getting the recommended number of hours sleep, 36.2% vs. 54.4%.

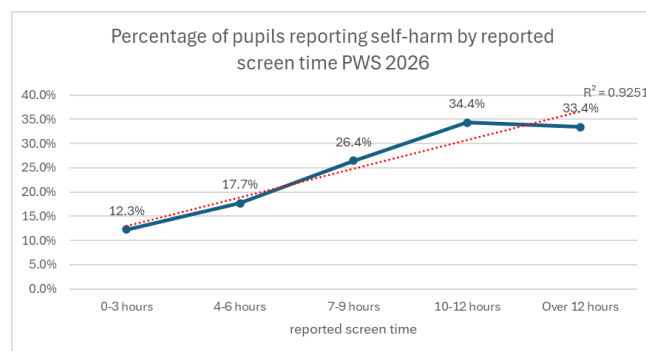
Exercise

40.0% of students who self-harm reported doing the recommended amount of exercise whilst 53.8% of students who don't self-harm. This indicates that being physically active may be a protective factor.

Social media and internet use

Students who reported self-harm were significantly more likely to also report excessive screen time (49.4%) than those with no self-harming behaviours (30.7%). This indicates a correlation between screen time and the increase in self-harming behaviours.

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 0.93²³).



The relationship between screen time and self-harm is similar to that between screen time and mental wellbeing (R^2 value 0.93 in 2024) and this relationship is likely to be bi-directional.

Students who self-harmed were significantly more likely to have *posting on my own social media* as one of their top 3 activities (*OR* 2.6) than those who don't self-harm.

²² ACEs questions are only asked to pupils in Year 10, Year 12 and Year 13

²³ An R^2 reflects the strength of a correlation between two indicators, the closer a value is to 1 the stronger the correlation between the two indicators

Improving mental wellbeing

Key takeaways:

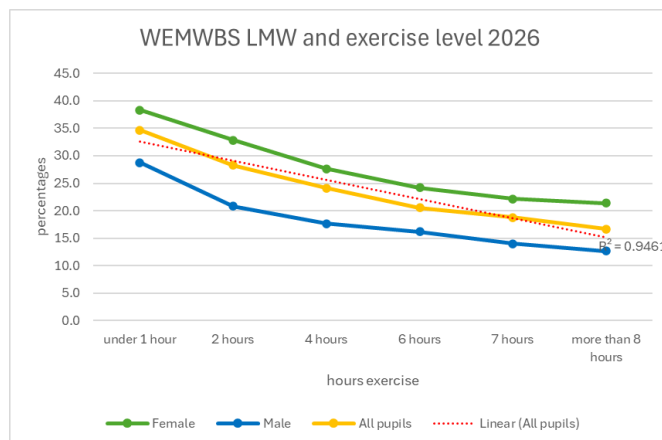
- Protective factors associated with better mental wellbeing include getting adequate sleep, taking part in physical activity and lower screen time.
- One in four secondary and post-16 students wanted more help to feel positive about their appearance; twice as many females as males.
- Online appearance pressures affect students wellbeing, particularly female students.

Behaviours and mental health are likely to have a bi-directional influence on each other. Having LMW may reduce the likelihood of partaking in certain behaviours or activities and the impact of not taking part, may have an impact on mental wellbeing. The following analysis has measured the correlation between behaviours and mental wellbeing but does not imply direct causation as the correlation may be attributable to other variables. No adjustment has been made for confounding factors²⁴.



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 students reporting LMW decreases. This is observed for both sexes and at every education phase.



The correlation²⁵ has a R^2 value of 0.9 suggesting it is a strong correlation. The NHS recommend that 5 to 18 year-olds should aim for at least 60 mins of physical activity each day across the week²⁶. It is interesting to note that the effect of exercise on mental wellbeing appears to plateau at 7 hours for males and females.

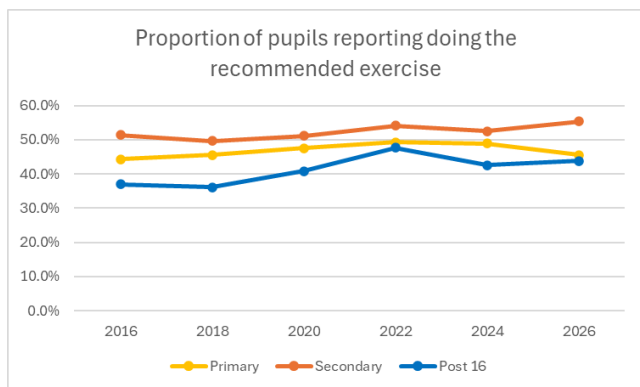
Following a decline between 2012 and 2018, there had been a slow increase in the proportion of students reporting doing the recommended amount of exercise. This was observed across all phases and both sexes but was most marked in students in Year 12. Between 2022 and 2026 there was a reduction in primary students doing the recommended amount of exercise.

²⁴ Confounding factors is a hidden "third variable" in a study that influences both the supposed cause and the supposed effect.

²⁵ Correlation or relationship between two indicators can be measured by using the r-squared value. The r squared value is a statistical measure that represents the proportion of variance in a dependent variable that can

be explained by an independent variable(s) in a regression model. A value of 0 means there is no relationship, a perfect correlation has an r squared value of 1.

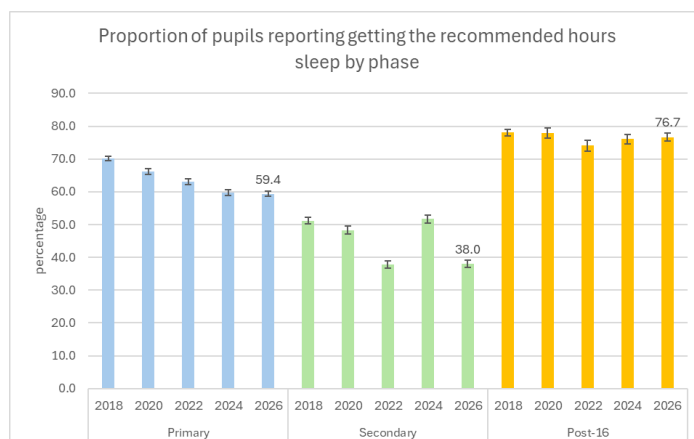
²⁶ <https://www.nhs.uk/live-well/exercise/exercise-guidelines/physical-activity-guidelines-children-and-young-people/>



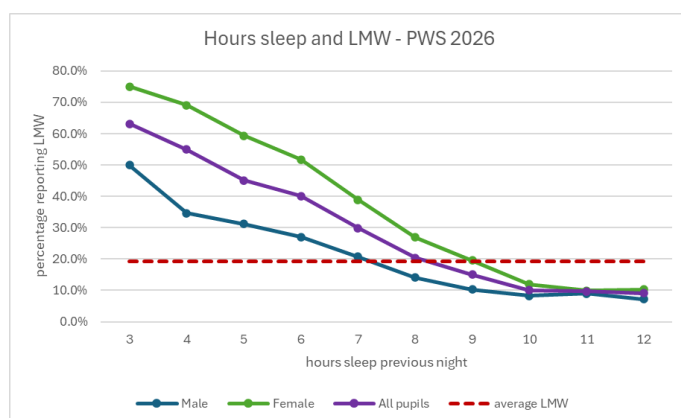
Sleeping for an adequate number of hours each night also seems to have a positive effect on mental health. Whilst there is no hard and fast rule for how much sleep a child needs, the general guide is; 10-11 hours for 7-12-years-olds, 8-9 hours for teenagers, and 7+ hours for adults. In the survey we categorise sleeping for the recommended hours if a primary phase student has had 10 or more hours sleep, a secondary phase student has 9 or more hours sleep and a post-16 phase student has 7 or more hours sleep.

In 2018, 65.6% of all students reported getting the recommended number of hours sleep. In 2026, this had fallen significantly to 55.7%. In 2026, the proportion of students getting the recommended number of hours sleep is the lowest amongst in the secondary phase with only a third (38.0%) reporting sleeping the recommended amount. However there has also been a steady decline in the number of primary students getting the recommended amount between 2016 and 2024. Older students in the post 16 phase were the most likely to say they got the recommended number of hours sleep (76.7%). Between 2024 and 2026 there has been a stabilisation in primary students reporting getting the recommended sleep but a significant reduction in secondary students. In post-16 students, the

proportion reporting getting the recommended sleep has been consistent between 2022 and 2026.

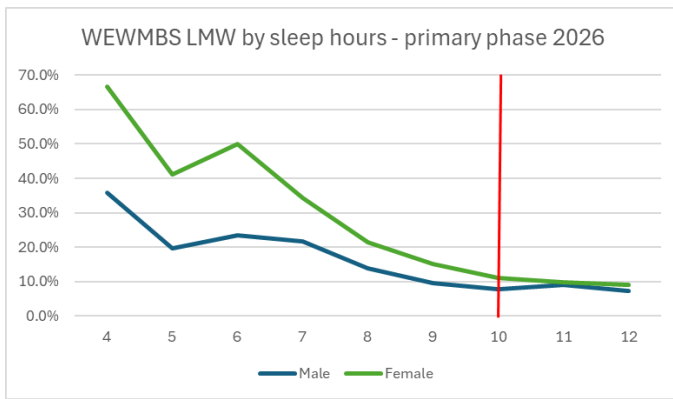


The chart below shows a clear correlation between sleep and wellbeing; the less sleep a student gets the more likely they are to report LMW. However there appears to be a difference between the sexes. A male reaches the average LMW value if they are getting 7+ hours sleep per night, however females don't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

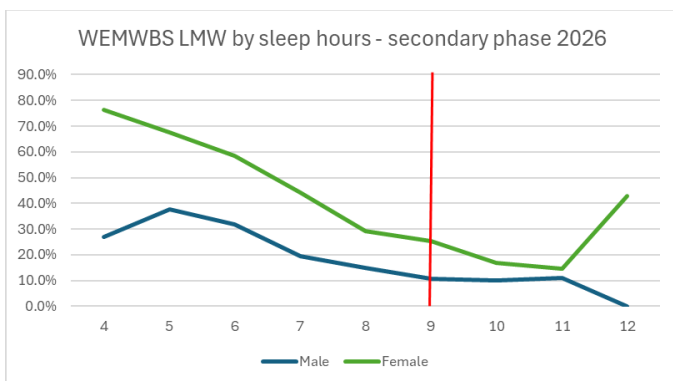


As with exercise, the effect of sleep on wellbeing appears to plateau for both sexes at around 10 hours. The beneficial effect of sleep on wellbeing for females is further highlighted by the difference in wellbeing between those who get very little sleep (3 hours) and those who get 12 hours – there is a 64.7 percentage point difference in the proportion reporting LMW, in contrast the effect in males is smaller with a 42.8 percentage point difference.

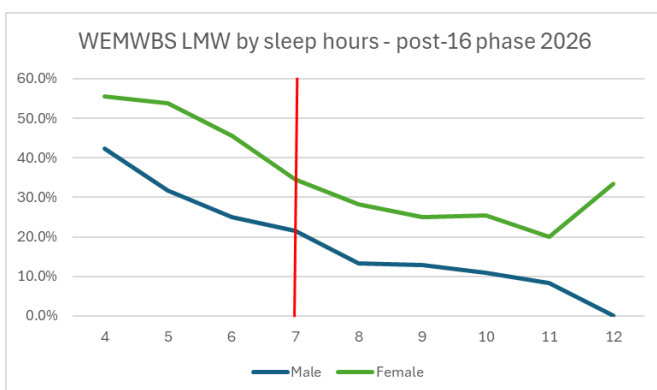
For both male and female students in the primary phase, the beneficial impact of sleep on wellbeing plateaus after the recommended number of hours sleep is reached.



For both male and female students in the secondary phase, the beneficial impact of sleep on wellbeing continues after the recommended number of hours sleep is reached.



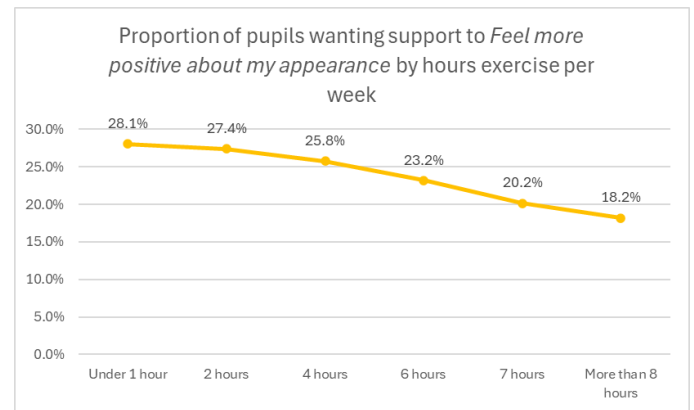
A similar pattern is seen for all students in the post-16 phase.



Body image and body dysmorphia

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

In 2026, one in four secondary and post-16 students said they wanted more help with feeling positive about their appearance. This was higher in females (33.5%) than males (15.6%). The proportion of students wanting more help with feeling positive about their appearance reduces as exercise increases.



44.3% students with LMW said they wanted more help with feeling positive about their appearance, compared to 1 in 5 of those with average/high mental wellbeing. This suggests that body image and body dysmorphia may have a significant impact on mental wellbeing. Half of females with LMW wanted more support with feeling positive about their appearance.



In 2026, 5.4% of students 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 a reduction from 2024 data (6.2%). Significantly higher female students (6.9%) wanted more advice compared with male students (4.5%). Female students who wanted more advice about the were twice as likely to report LMW (49.6%) than males seeking the same advice (24.1%). This suggests that the harmful impact of images of people's appearances on the internet is much more damaging to young females than young males.

Getting help for mental wellbeing

Key takeaways:

- The number of students reporting having a trusted adult they could go to has increased to 92.6%, with parents/carers as the most common source of support.
- Students with LMW and gender-diverse students are less likely to have a trusted adult.
- 1/4 of students have accessed professional mental health support with higher use among students experiencing vulnerabilities.
- One in five students would have benefited from support but didn't receive it.
- Key barriers to accessing support include parental awareness concerns, where to go, cancelled appointments and feeling misunderstood by adults.

In 2026, 1 in 4 students said they would like more information about *coping with feelings/stress management*, which has remained a stable since 2012. Females (35.9%) were more likely to want more information about *Coping with feelings/Stress management* than males (21.8%), although the proportion of males has been increasing.

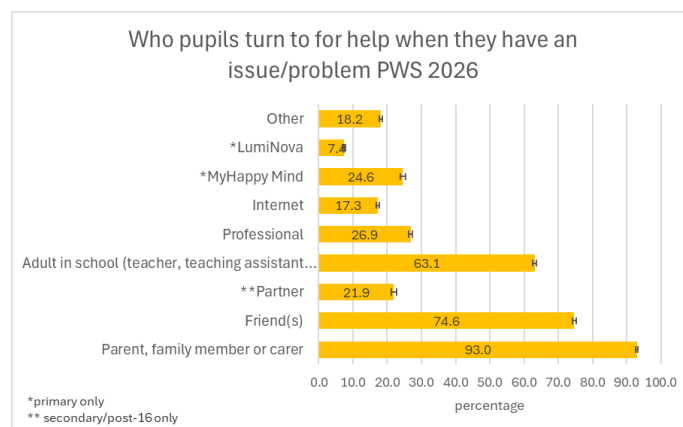


In 2026, 92.6% of students said they had a trusted adult to go to when they were worried about

something, which is an increase from 2022, (84.3%).

Students were most likely to say they went to their parents for support (93.0%), followed by friends (74.6%), which is consistent with previous survey results. 63.1% reported they went to an adult in their education setting for support when they were worried about something.

Students with LMW were significantly less likely to report having someone to turn to for help than those with average and HMW (76.2% LMW vs. 95.6% HMW). There was no difference between biological sex, however, students who reported identifying as gender fluid (83.6%), non-binary (72.8%) or transgender (71.0%) were significantly less likely to have someone to turn to for help than cis gendered students (91.4%).



17.3% of students reported looking for mental health support on the internet generally, a further 7.4% of primary students reported accessing support on LumiNova and 24.6% on MyHappyMind both mental wellbeing apps.

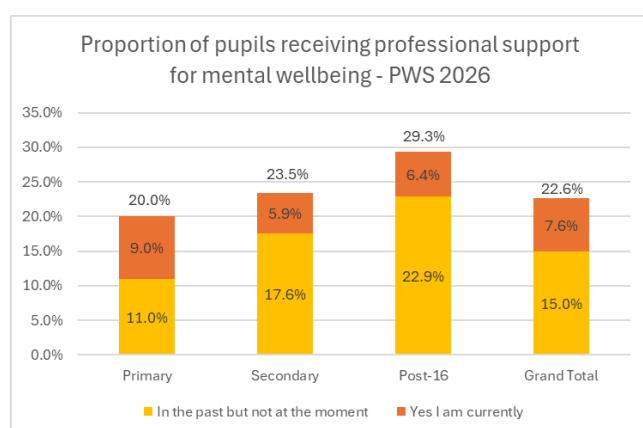
Ofcom²⁷ research suggests 'seven in ten (71%) children aged 12-17 say they have used apps and services to help them with several specific aspects of their health and wellbeing. The most commonly cited purpose for visiting these sites or apps was to help the child relax (43%) or to improve their mood (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%).'

²⁷ [Childrens Media literacy report 2024](https://www.ofcom.org.uk/research-and-data/childrens-media-literacy-report-2024)
([ofcom.org.uk](https://www.ofcom.org.uk))

Receiving mental health support from a professional



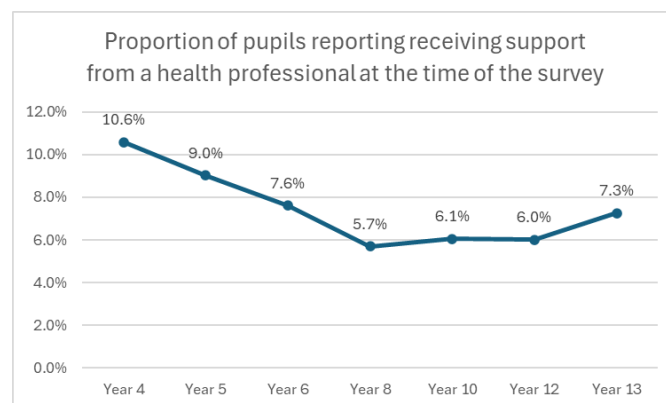
Overall, around 1 in 4 students said they had ever received professional support for their mental wellbeing. This rose to 1 in 3 of those reporting LMW at the time of the survey.



1 in 14 students (7.6%) reported receiving support for their mental wellbeing at the time of the survey (1 in 8 of those with LMW). This was significantly higher in primary students and lowest in secondary phase students.

The proportion of students reporting they have received support in the past increases with age, and by the post-16 phase around 1 in 5 students have received professional support in the past year.

However, the proportion of students who reported receiving support from a professional at the time of the survey was actually highest in Year 4, reducing by year to Year 8 when rates start to increase again



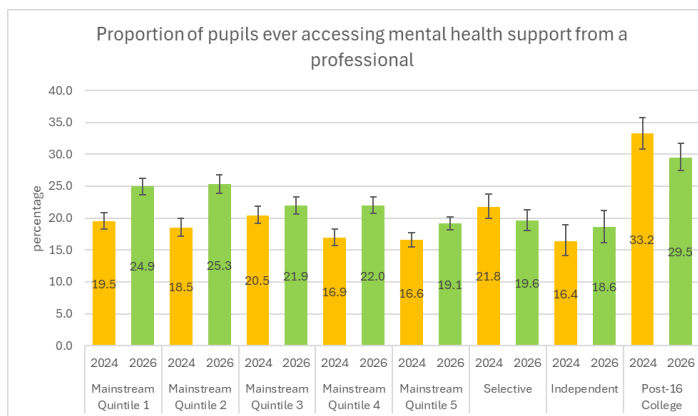
Female students were significantly more likely to report ever receiving support from a professional (26.1%) than male students (18.7%), and significantly more likely to report having professional support at the time of the survey (8.6% vs. 6.4%).

Students from all vulnerable groups²⁸ were significantly more likely to have received mental health support from a professional than their less vulnerable peers. Students reporting 4+ ACEs had the highest likelihood of ever having mental health support (OR 4.2) followed by those who reported being neurodivergent (OR 3.9). Those known to Children's Social Care were the most likely to be receiving mental health support from a professional at the time of the survey (20.8%).

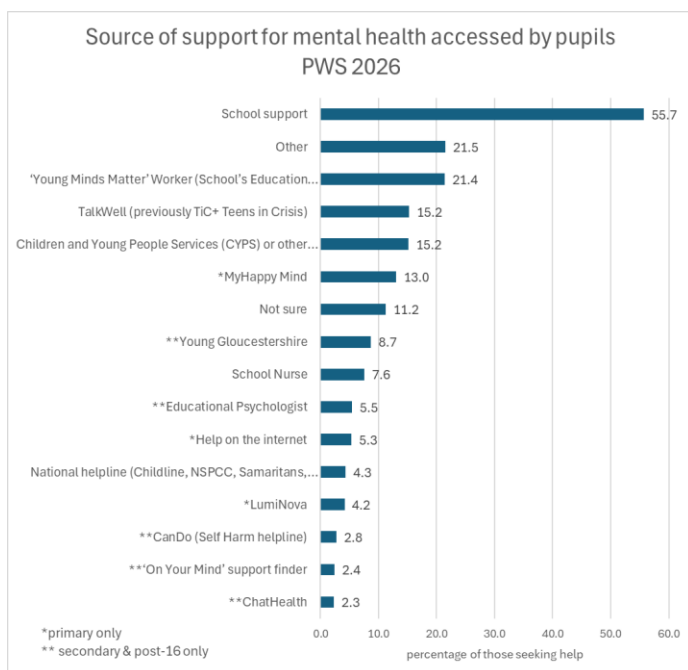
Overall, students from diverse ethnic communities were significantly less likely to have received support from a professional than their White British peers. This was mainly driven by students with a south Asian background (Bangladeshi, Indian or Pakistani) who had significantly lower proportions of students reporting accessing professional mental health support.

In 2026, we observe a higher number of students living in the more deprived quintiles who have ever received professional mental health support. This is in contrast to 2024 when there was no clear trend by socio-economic statistical neighbour group.

²⁸ Vulnerable pupils – disability, SEN/EHCP, known to CSC, LGBTQ+, young carers, seriously bullied, eligible for FSM, low mental wellbeing

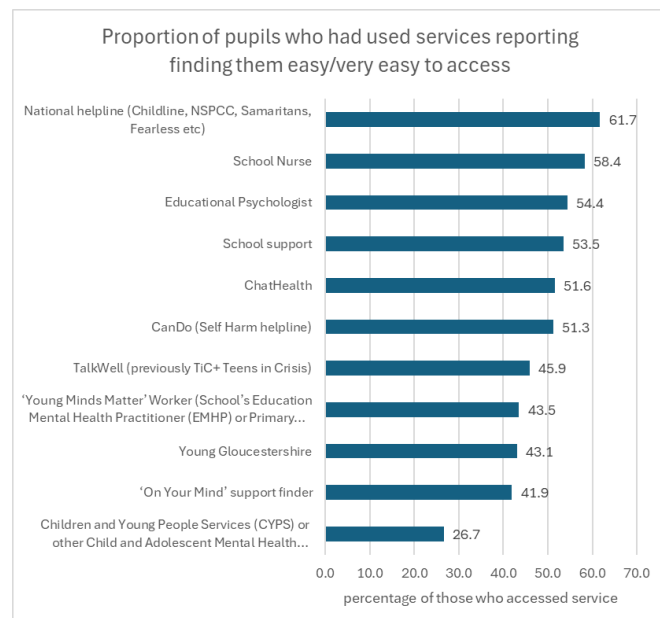


Students are asked which professionals they had received support from the most common response was **'School support'** (55.7%), which could refer to pastoral support and/or a school counsellor. Students could select services from which they had received support and were asked about their experience of accessing and using these services. 1 in 5 students had accessed support through Young Minds Matter and 1 in 6 with both CAMHS and Let's Talk Well services.

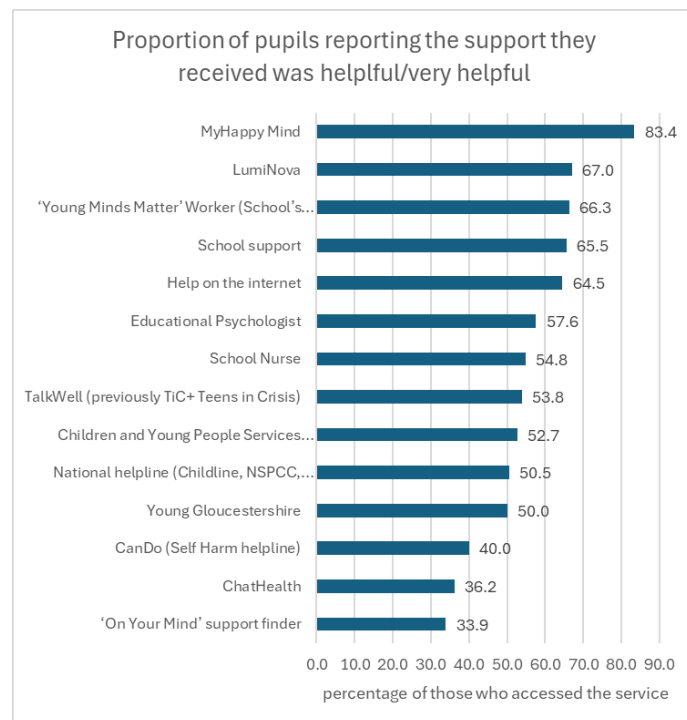


48.0% of secondary and post-16 students said they found it *easy/very easy* to access mental health support.

Other than national helplines, students who accessed support via School Nursing were the most likely to say they found it easy/very easy to access the service. In contrast students receiving support through CAMHS were the least likely to say they found it easy/very easy to access.



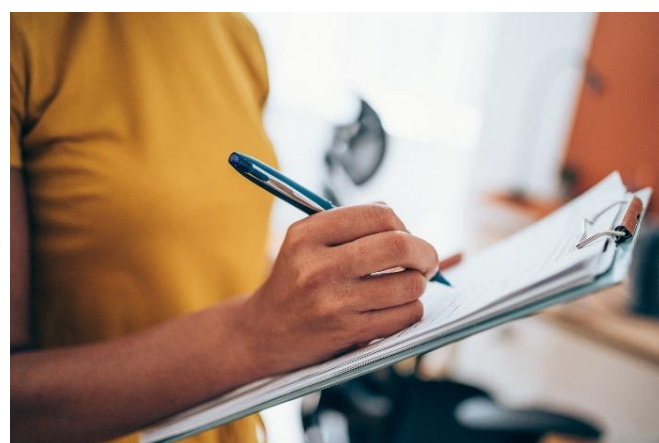
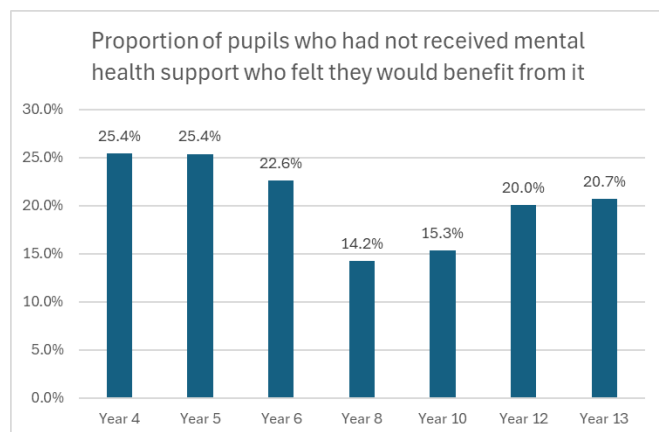
8 in 10 students who accessed support via My Happy Mind found the support helpful/very helpful. As this is commissioned first point of support in participating settings, students accessing it may have less complex issues than those accessing other services. Only a third of those using the 'On Your Mind' support finder found the service helpful/very helpful.



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

20.6% of students who were not receiving professional mental health support reported they

felt they would have benefitted from it. In the 2024 survey, this increased as students aged, however, in 2026, more primary students felt they would have benefitted from support but had not received it.



Reasons for not accessing mental health support

Didn't want parents to know (41.4%) and *didn't know who to ask* (37.7%). Were the most frequently given reasons for not accessing mental health services when students felt they would be useful. Almost 1 in 3 students reported they hadn't accessed mental health support because they *didn't like talking to strangers* and 1 in 10 that they *had tried but adults didn't take me seriously or understand*.

Students with a disability were more likely to say they didn't receive professional mental health support due to *still being on the waiting list* (OR 2.1) or *my appointment was cancelled* (OR 3.9).

Students with SEN/EHCP needs were more likely to say they didn't receive professional mental health support due to *my appointment was cancelled* (OR 2.3).

Students with neurodivergence were more likely to say they didn't receive professional mental health support due to *still being on the waiting list* (OR 2.1), *I tried but adults didn't take me seriously or understand* (OR 2.3), and/or *it was too difficult to get to my appointment* (OR 2.1).

LGBTQ+ students were more likely to say they didn't receive professional mental health support because *my appointment was cancelled* (OR 3.0).

Students who were young carers were more likely to say they didn't receive professional mental health support because they were *still on the waiting list* (OR 2.7) or *I tried but adults didn't take me seriously or understand* (OR 2.3).

The wider effects of low mental wellbeing

Key takeaways:

- Students with HMW were twice as likely as those with LMW to report achieving high grades.
- Substantial improvements in absenteeism rates, but higher in students with LMW.
- Isolation, suspension or exclusion, and not feeling heard, or feeling that things have improved through the disciplinary process are more likely to report LMW.
- Students with LMW are significantly more likely to engage in health-harming/risk-taking behaviours, such as drug use, smoking, not using precautions when they last had sex.

Achievement

In 2026, students with HMW were three times as likely to say they usually achieved top grades in education than those with LMW (68.0% vs. 29.2%).

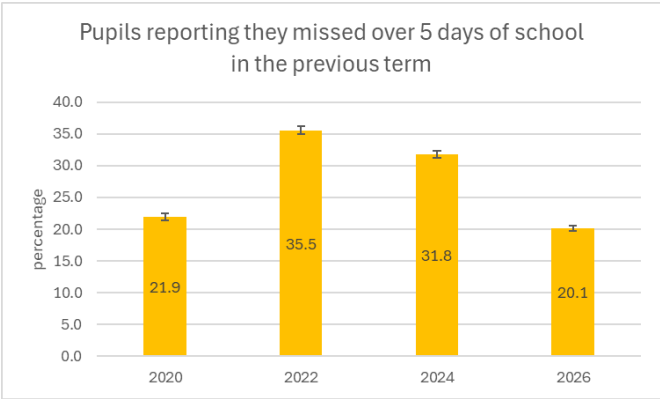


The effect of wellbeing on achievement is observed by both sexes and in all year groups. The effect of wellbeing on attainment is also observed across all deprivation quintiles in a similar trend.

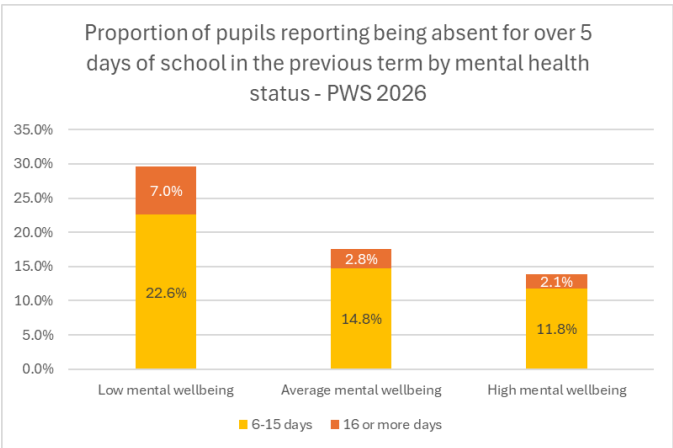
Absenteeism

The proportion of students reporting they had missed 10% or more of education sessions in the previous term increased significantly during the

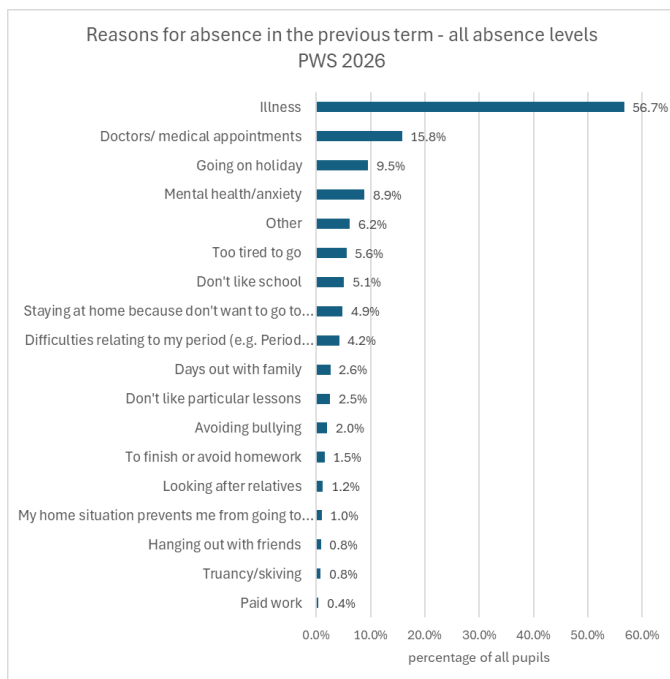
pandemic period to 35.5%, but in 2026, reduced to 20.1%.



In 2026, students with LMW (29.6%) were significantly more likely to say they had missed more than 10% of education sessions than those with average mental wellbeing (AMW) (17.5%) and HMW (13.9%).



The most common reason given for missing education was illness. This was the same whether a student had LMW, AMW or HMW.



Students with LMW who had missed any days of education in the previous term were significantly more likely to report being absent compared to those with HMW who had missed days of education due to:

- *mental health/anxiety* (22.7% vs. 1.6% HMW)
- *to avoid bullying* (5.2% vs. 0.8%)
- *don't like school* (13.1% vs. 1.1%)
- *don't like particular lessons* (6.4% vs. 0.7%)
- *too tired to go* (12.5% vs. 2.0%)
- *difficulties relating to my period (e.g. period symptoms, such as bleeding abdominal cramps and headaches lack of period/sanitary product)* (10.1% vs. 1.1%).

Missing education because of LMW is more likely in female students.

The reasons stated for missing education differed considerably depending on whether the student missed 1-5 days, or 6 or more days in the previous term. For example, there was a +19.1 percentage point difference between the proportion of students reporting missing education due to *mental health/anxiety* if they had missed 6+ days compared to those absent for 1-5 days.

Isolation, suspension and exclusions

Students who had been experienced an isolation, suspension or exclusion were significantly more likely to report LMW than those who had no history of isolation, suspension or exclusion (35.6% vs. 21.5%). Around 1 in 4 students with a history of an isolation, suspension or exclusion felt they had been listened to in the process, but those who did not feel listened to were twice as likely to report LMW (44.9%) than those who had (20.7%).



If students felt things got worse after an isolation, suspension or exclusion, they were significantly more likely to report LMW (52.8%) than those who felt things got better (20.0%).

Students who said they were often in trouble were also significantly more likely to report LMW (36.1%) than those did not (20.2%).

Trauma informed relational practice

Students who felt they were listened to and involved in sorting out issues at education had better mental wellbeing than those who did not (LMW 12.1% vs. 36.6%). This perhaps indicates a greater sense of empowerment felt by the student at being involved in the process.

Health harming behaviours²⁹

Students with LMW were significantly more likely to say they drank alcohol regularly (*quite often (e.g. weekly/most days)*) than those with AHW/HMW (6.5% vs. 3.5%) and were also significantly more likely to say they got drunk regularly (5.4% vs. 3.7%). This indicates possible higher risk-taking behaviour in students with LMW, which may lead to, not only, health harming consequences, but

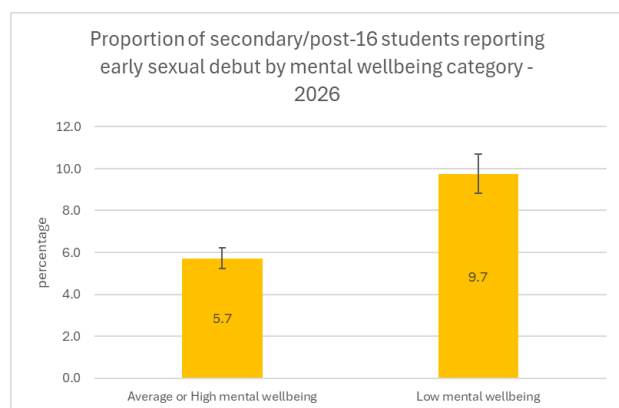
²⁹ More detailed analysis of these is included in the *Health-Harming behaviours in Children & Young People* report

could also compromise their safety and put them at risk of exploitation.

Drug taking is also significantly more likely if a student has LMW compared with HMW. Students at secondary (9.3% vs. 4.9%) and post-16 settings (24.3 vs. 18.9%) 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, nitrous oxide, ketamine* than their peers with AMW/HMW.

When compared with peers who have HMW, secondary phase students with LMW were significantly more likely to smoke cigarettes (1.7% vs 0.5%) and report vaping (7.7% vs 2.2%). The same trends were observed in post-16 students with 6.2% who reported smoking cigarettes vs 3.3% and 18.2% reporting that they vaped vs 10.9%.

Early sexual debut (ESD) can result in sexual exploitation, acquisition of sexually transmitted infections and unplanned pregnancy. Students with LMW were significantly more likely to report ESD (9.7%) than those with AMW/HMW (5.7%).



Students with LMW were also more likely to report not having used protection when they last had sex compared to their peers with AMW/HMW (16.5% vs 12.6%) although this was not significant.