



# Young People's Wellbeing During the COVID-19 Crisis

Survey Report

October 2020

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## Introduction

The global impact of Coronavirus (COVID-19) has witnessed the country, organisations, communities and individuals responding and adapting to the changes needed to manage the pandemic. Youth Out Loud! (YOL!) has been closely engaged as well, meeting weekly to share their experiences and the consequences of the measures being taken to manage contagion. During their meetings, YOL! spoke about the challenges that restrictions were having on physical and mental health, as well as potential changes in accessing services and the clarity of information shared.

YOL! wanted to understand better how COVID-19 was affecting other young people and harness their partnership with Healthwatch Kingston and Healthwatch Richmond to share the findings with service commissioners and providers. During the Coronavirus crisis NHS and social care services have had to change the support they offer to the public. While they and the public continue to adapt, YOL! wanted to get local young people's voices heard, to inform and help improve existing services and shape the future of service development.

Therefore, YOL! created an online survey to capture as many experiences as possible across both Kingston and Richmond boroughs.

## About Youth Out Loud!

This report was written by Healthwatch in Richmond and Kingston in collaboration with Youth Out Loud! (YOL!), a group of young people aged 13-17. Youth Out Loud! use their voices to make health and care services better for young people. They do this by making films, doing surveys, visiting and viewing local services, and making sure young people's voices are heard. Youth Out Loud! wants to ensure that services work well for all young people in Kingston and Richmond.

Keep updated on what YOL! do, on [Twitter](#) and [Instagram](#).

To discuss any more information, get involved or join please visit [www.yolweb.info](http://www.yolweb.info) or contact:

- Healthwatch Richmond      [info@healthwatchrichmond.co.uk](mailto:info@healthwatchrichmond.co.uk)      0208 099 5335
- Healthwatch Kingston      [info@healthwatchkingston.org.uk](mailto:info@healthwatchkingston.org.uk)      0203 326 1255

## The Survey

YOL!'s recent 18 question survey aimed to find out what impact the lockdown is having on young people's physical and mental health and how they keep themselves physically and mentally well. It asked about their experiences accessing services and their quality. Questions combined qualitative and quantitative data to better understand their experiences. In addition, the survey included 4 questions to record equality and diversity data of the participants.

The survey was launched as part of the Mental Health Awareness Week 2020 on 18<sup>th</sup> May 2020.

It closed on Friday 26<sup>th</sup> June due to the relaxation and reduction of national lockdown measures which would influence and alter the answers provided.

The survey was sent to the designated safeguarding leads of all schools in the Kingston and Richmond boroughs. YOL! created an electronic leaflet containing a live link to the survey as well as signposting to YOL! at [www.yolweb.info](http://www.yolweb.info) for the survey link, information, advice, and resources for the students to manage and support their physical and mental health.

The leaflet features a colorful border with various shapes and colors. At the top, the title 'Youth Out Loud!' is displayed in three speech bubbles. Below the title, a dark blue banner reads 'Check out our short film for mental health awareness week!'. The main content is divided into three columns. The left column, titled 'More resources for young people', lists local and national resources and includes a bulleted list: 'help look after your mental health', 'support if you are self-harming', and 'helping a friend'. The middle column, titled 'Watch our video!', shows a video player interface with a play button and a list of names. The right column, titled 'Have your say on lockdown!', features a '#have your say' graphic and asks for a five-minute contribution. At the bottom, the Healthwatch logos for Kingston upon Thames and Richmond upon Thames are shown, along with contact information for projects and volunteering opportunities.

**Youth Out Loud!**

Check out our short film for mental health awareness week!

Youth Out Loud! (YOL!) are a group of young people aged 13-17, working with Healthwatch in Kingston & Richmond, using their voices to make health and care services better for young people.

**More resources for young people**

Healthwatch has local and national resources

- help look after your mental health
- support if you are self-harming
- helping a friend

We also have information and advice about [COVID-19 symptoms](#).

**Watch our video!**

Our video has advice about how to support a friend who you think is self-harming.

**Have your say on lockdown!**

#have your say

Please spare five minutes to share your experiences in our [survey](#).

**healthwatch**  
Kingston upon Thames

We have a number of ongoing [projects](#) and [volunteering opportunities](#). For more information visit [YOLweb.info](http://YOLweb.info) and follow us on [Twitter](#) and [Instagram](#)

**healthwatch**  
Richmond upon Thames

Figure 1 Electronic leaflet distributed to all schools

## Scale and Reach

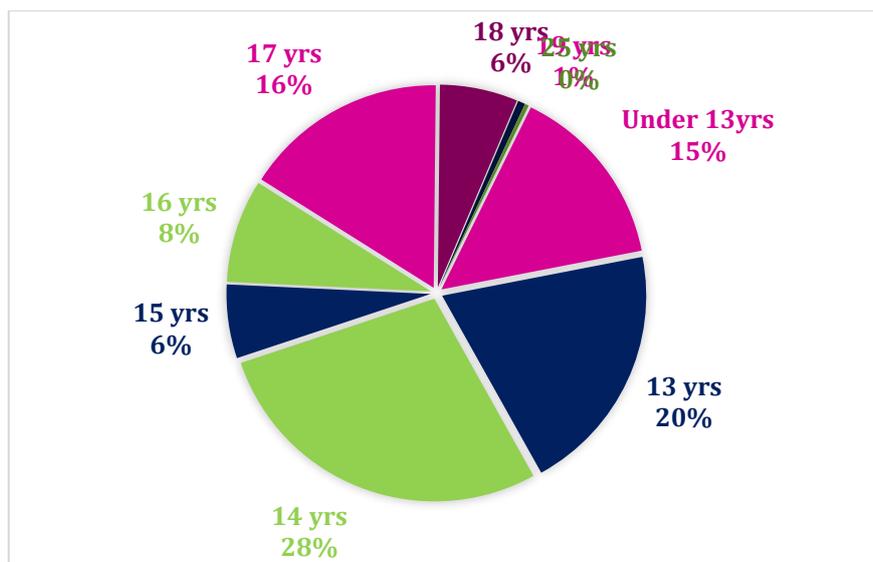
346 young people took part in the survey, sharing 1761 experiences.

At the time of this survey approximately 25% of residents across Kingston (33%) and Richmond (18%) are from the BAME community. Respondents to our survey came from **26** different ethnicities with 23% of respondents coming from Black or Minority Ethnic groups (BAME) making this sample reasonably representative of the community it covers.



Approximately 2 in 3 of the respondents were female, 1 in 3 were male and six people reported that they were transgender (2) or non-binary (4).

The age of the young people ranged from under 13 years old to 25 years old with proportions by age shown in the chart below.



16% of the young people reported having a physical and/or mental health condition/disability. Health conditions and/or disabilities were self-reported.

18% needed medication for **physical** and/or **mental** health reasons.

## Strengths & Limitations

Due to the limiting nature of surveys, we reflected on a number of factors that may have skewed results to minimize error and bias. Being a combination of qualitative and quantitative data this survey allowed for easier analysis, and the collection of in-depth information. Our methodology offered a practical and quick way of getting people's perspectives, and to reach out to a large and varied audience of people. However, due to the lockdown using other methods of data collection to reach people who have accessibility issues or no digital access was not possible, they may not be evenly represented in our data.

The online survey however, allowed us to protect the respondents' confidentiality, anonymity, and safety.

Some young people may have understood or interpreted questions differently, so this was limited by keeping language as simple as possible and including a mix of open and closed questions. Some responses were difficult to analyse due to being unclear, limited in explanation or completely absent.

'Survey fatigue' may have led some participants to skip questions, leaving them unanswered or not accurately answered. The statistical data within this report is based upon the total number of responses to the individual question as some questions were left blank. The survey was kept brief to minimise this effect and took just 5-10 minutes to help motivate young people to answer questions accurately and fully.

Although surveys cannot fully capture emotional responses or feelings, we tried to overcome this issue by using rating scales (1-5), allowing for strength and assertion in responses. We were not able to reach data saturation as only 1% of responses came from 19+ years old. However, we obtained a broad and detailed picture of health and care services in Kingston & Richmond, and we were also able to compare and contrast with current and past research carried out by others or by Healthwatch.

The results are highly representative of young people aged 11 to 14 (63%), and 15 to 18 (40%). Because they form the majority of responses, we are confident that this report's findings are highly pertinent to this population. However, only 1% of responses came from those aged 19 and over is not as strong, and key learnings may not be equally applicable to this population.

Participant responses for Kingston or Richmond residents are integrated, so our key learnings are applicable for both boroughs' providers without distinction.

## Findings

### Young People's Mental Health During Lockdown

Respondents scored their mental health at the time compared to before lockdown, with 1 = Much Better and 5 = Much Worse.

Females were more likely to report negative mental health changes over the lockdown period than males (38% vs 22%). There were no significant differences in reported mental health by ethnicity.

Across most ages the majority of the young people's mental health stayed the same or improved (68%) whilst one in three reported poorer mental health (32%) during lockdown.

Age	Respondents	Same or Improved	Improved	Got Worse
blank	5	80%	60%	20%
Less than 13	50	70%	32%	30%
13	68	78%	27%	22%
14	95	72%	33%	28%
15	20	35%	10%	65%
16	28	71%	46%	29%
17	55	56%	22%	44%
18	21	67%	33%	33%
19	2	0%	0%	100%
25	1	100%	100%	0%
Total	345	68%	30%	32%

A higher proportion of young people aged 15 and 17 reported declining mental health compared to other ages. Conversely those aged under 13, 14 and 16 years old reported net improvements in mental health during the lockdown. There is insufficient data for those aged 19 and above to comment on experiences at this age.

Without knowing the school years of respondents it is difficult to say to what extent exams caused concern for this group. It is noteworthy that the survey was completed prior to the GCSE and A level results being published and so, people in results years may have been more relaxed about their grades. Similarly, people leaving their educational establishment may have been less impacted by and more prepared for not being able to return to school. Nonetheless, this speculation is the result of our conversations with other local organisations, including Heatham House Youth Centres. Therefore, more research is recommended in this area to discriminate for mental health among different ages.

Further analysis of reported changes in mental health by ethnicity suggest that young black people may have been more negatively impacted by the lockdown (50%) than the average for all ethnicities (35%). There is however insufficient data to draw conclusions.

We asked the respondents to share why they had scored their mental health as they did. For those who scored their mental health as 'Worse' or 'Much Worse':

41% said it was because of 'Not seeing friends/family'

*"I used to be distracted by going out all the time and hanging out with friends so I could avoid my eating problems but now I can't"*

*“Since I can't see anyone, I've had a few mental breakdowns”*

10% said it was because of an **increase** in schoolwork stresses:

*“Because there has been a lot of schoolwork set (sometimes more than normal) and that is overwhelming.”*

*“Schooling from home is really tough, not being able to have face to face conversations has knocked my mental health”*

*“I still have exams happening and I'm worried about the logistics of having to do them online.”*

13% said the extra time they had due to lockdown was having a negative impact on their mental health:

*“With too many thoughts”*

*“I have more time to compare myself to others and judge my body”*

*“Spending too much time with myself made me realise what I don't like about my body”*

*“Before lockdown I was able to attend therapy sessions but through lockdown I was not able to. I also had a lot more time on my hands so I found it hard to think about a lot.”*

These survey responses provided evidence that young people's resilience has been hindered during lockdown, as usual distractions were limited. However, the following statements depict that the opposite was also true. For those who scored their mental health as 'Better' or 'Much Better':

38% said it was because of a decrease in schoolwork and school related stresses:

*“Not feeling the stress of school as much which is a lot better for my mental health...”*

*“Less stress due to GCSE's being cancelled so I don't have to deal with the stress of exams.”*

*“I don't have to attend school where I sometimes feel stressed and I can learn at home without my usual distractions that occur at school.”*

26% said that using the time for reflection helped:

*“I have had time to myself to think about a lot of decisions i made and i have decided what i want with my life. something i have never allowed myself to do before”*

*“I have had time to reflect and adjust my attitudes”*

*“I feel like I have had time to find myself and who I actually am”*

*“because i have had some time to myself to breath and take my time so I'm less stressed”*

*“More time to reflect and relax and distress”*

The data our survey has gathered evidences the variety of mental health needs for young people across all ages. The feedback from young people shows how the same external situation can influence their mental health and wellbeing differently. Whilst some young people expressed a negative and detrimental impact of having more time to themselves, others expressed positive improvement, utilising the time for positive self-reflection and motivation. One person in particular described how lockdown has removed the source of their stress.

*“I’m more of an introvert so if I don’t have to I won’t get out and because I had a lot of toxic one sided relationships with people in school no one bothered to invite me out or do stuff with me and like I said I am an introvert so I preferred it this way.”*

Young people experienced the impact of lockdown differently at different ages however, there was always significant variation in their responses. The individual nature of these experiences lends itself to developing resilience amongst young people, something that the whole school approach may facilitate well.

## Supporting Young People’s Mental Health

A [study](#) conducted by the Nuffield Trust in 2014 found that young people in England reported having a long-standing mental health condition 6 times more than they did in 1995. Greater awareness of mental health and reduced stigma is driving young people to discuss their problems, take action to improve their wellbeing or seek help when they need it. In 2016, a Healthwatch Richmond & Healthwatch Kingston [report](#) found that schools can provide effective and targeted emotional support to those who are struggling with their mental health. However, lockdown restrictions have not only the potential to exacerbate young people’s mental health, but also many young people’s inability to attend school has kept them away from getting direct support from school counsellors, teachers or other staff. Below we report how young people have coped or reached out for help during lockdown.

Overall, people attempted to manage or improve their mental health by keeping in contact with others or by undertaking activities that made them feel engaged, stimulated and happy. Specifically:

**37%** said communicating with loved ones:  
Talking to friends/family (call/text/video/in person)



**24%** said engaging with the creative arts:  
Art, Music, Film, Gaming, YouTube, Reading



**33%** said engaging in physical activity and exercise:  
Walks, running, sport, visiting parks



These responses are reciprocated from research conducted by Healthwatch Kingston in September 2019 at Kingston College Fresher's Fair<sup>1</sup>, as reported in the Healthwatch Kingston Annual Report 2019-2020. Young people were asked 'How do you manage your mental health and wellbeing?' and a total of 229 responses were provided with the top three answers being: Exercise and Sport, Listening to Music and Support from their Friends and Family.

A smaller number of young people had been using apps to practice self-care. Some of these people included them in daily routines:

*“Using apps such as headspace for meditations which especially help with getting to sleep quickly”*

*“Mediation - using headspace app”*

*“I use the “calm” app to do 10-30 minutes of meditation (although I pay for this as the premium version is a lot better as you access more materials)”*

*“Headspace (help to sleep)”*

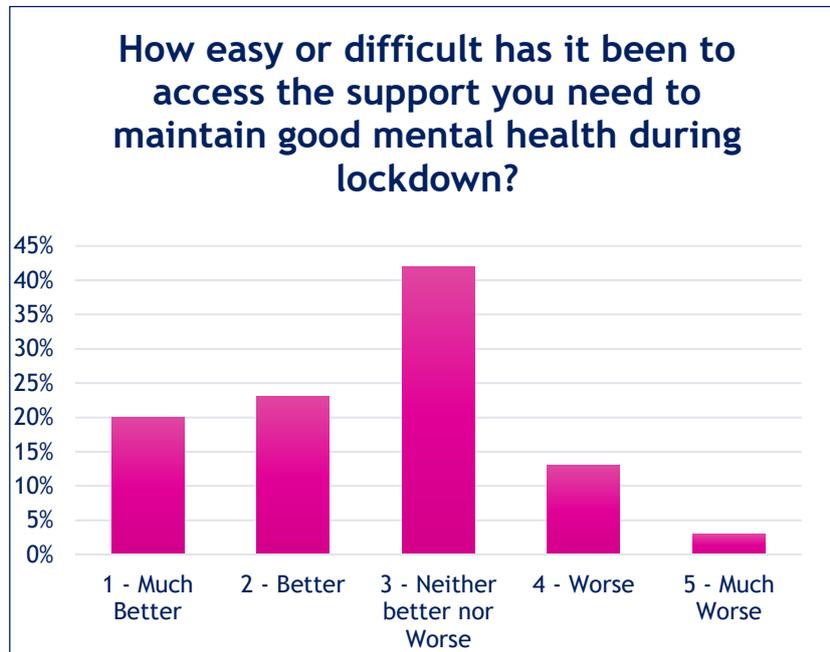
These comments indicate that with the right tools and support, young people can be resilient to sudden changes in their lives and bounce back by adapting to the new circumstances. They also indicate that some young people understand what helps them to improve or look after their own mental health, or that they have someone in their lives that is able to support them to understand this. Some young people may find access to online resources useful however, from Healthwatch [Richmond's Wellbeing Survey](#) (March-July 2020) we know that they may struggle to find a reliable source of information, because they are bombarded with numerous, sometimes conflicting or false information referred to by respondents as '*fake news*'.

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<sup>1</sup> In September 2019 Healthwatch Kingston attended Kingston College Fresher's Fair and gathered a total of 229 responses from young people focusing the discussion on mental health. 28% (41/229) felt that exercise and sport was the most positive way to manage.

## Accessing Mental Health Services During Lockdown

Mental health services can help young people improve or maintain their mental health. This may include online support such as resources and chat-lines, phone-lines or psychological therapies.



Of the 340 young people who rated **services accessibility** during lockdown:

**84%** said accessing support to maintain good mental health was the same or better than before. Most of these people (**73%**) scored their mental health as the same or better.

**16%** who said that accessing support to maintain good mental health was worse during lockdown. Most of these people (**63%**) scored their mental health was either 'Worse' or 'Much Worse' than before lockdown.

We asked the young people to share what they needed to help maintain good mental health. Of the 84% who said accessing support for their mental health was 'Same', 'Better' or 'Much Better', they told us that communicating with other people, maintaining a routine, accessing support resources and regular exercise has helped them manage or improve mental health:

*“Just the helpful apps and websites on the internet and technology.”*

*“Exercise and time outside in nature”*

*“Time to take a break and breathe because life hasn't stopped as a student and you can start to feel pressured to keep going with all your work even if you do need to relax.”*

*“People to speak to”*

*“Yes I tend to talk to people about my problems. but that is a little harder now that i can only communicate over the phone”*

*“A place to get away from family because it can be quite overwhelming”*

The 16% who said that accessing support was worse than before lockdown, reported that: they needed better communication with professionals, more support options outside of school and opportunities to socialise with peers, to maintain good mental health:

*“It would be helpful to have some form of support and communication whilst not in school, maybe through emails”*

*“I think company is key whether it's friends or family, engagement with people prevents my mental health getting bad.”*

*“More awareness of online support”*

*“Communication”*

## Psychological services

Eight respondents had accessed **psychological services** during lockdown. Seven of them found it the same or easier to access than usual. These positive statistics indicate that young people may feel optimistic about contacting services or being contacted virtually, when they first approach them.

Six young people had one or more ongoing mental health conditions and accessed psychological support from CAMHS (5 young people) or BUPA (1 young person). All but one of them stated that the service was easy to access. Positive experiences of accessing help related to those speaking to a therapist over the phone. Negative experience related to difficulties with communication with CAMHS, delays with getting medication and the need for more ways of medication to be prescribed during the pandemic.

*“I needed CAMHS to talk to me about my medication as its new and not helping. I've left 3 voicemails and emailed and still no response. It also took a week for me to receive my prescription from them as they needed to send it to my GP but there was a delay in that.”*

Among the young people who received psychological support throughout the lockdown, one expressed satisfaction with attending virtual sessions.

*“They started sessions to help me everyday”*

Two others did not find virtual support as helpful and one young person chose to wait until face-to-face services re-started before accessing this support.

*“Had to be over the phone, which is very awkward for therapy. I can't talk openly about things if I can be heard by people other than my therapist.”*

*“Before lockdown I was able to attend [face-to-face-] therapy sessions but through lockdown I was not able to. I also had a lot more time on my hands so I found it hard to think about a lot.”*

Although this was inevitable during the crisis peak, these findings are also supported by wider feedback from providers that suggest that some people do not engage with remote psychological therapy.

## **Key Learning**

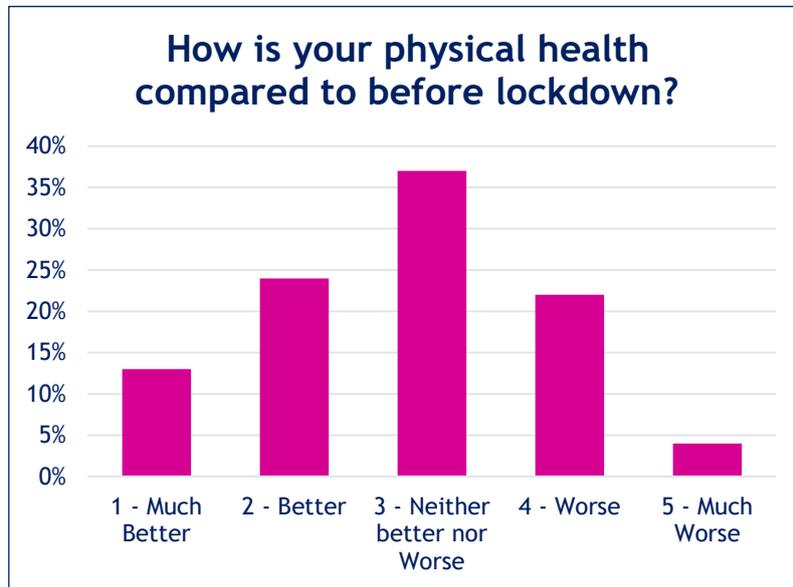
### **Virtual vs Face-to-Face Support**

Although virtual support seems to be welcomed by most young people, providers should discuss a back-up plan with patients to be ready for subsequent waves of Coronavirus imposing further local or national lockdowns, or if they are considering virtual support by default. The latter would not be a viable option for some young people.

## Young People’s Physical Health During Lockdown

We asked participants to score their physical health during lockdown compared to how it was before lockdown:

The majority (74%) of participants reported the same or better physical health, with 26% reporting a change of ‘Worse’ or ‘Much Worse’.



People with existing health conditions or disabilities were more likely to report worse health (41%) than the average (26%). Those aged 17 (46%) and 18 (48%) were also more likely to have seen a deterioration in their physical health than those aged under 17 (average 18%).

The majority of these young people reported doing less exercise, having a poor diet and lacking motivation as the main drivers behind feeling less physically healthy. The majority of those who rated their physical health as worse/much worse reported:

### Fewer exercise opportunities.

*“I do not do as much exercise as I used to.”*

*“I used to do much more sports before lockdown now I barely exercise.”*

*“Exercising is becoming harder as there are no clubs and things such as PE in school.”*

### Less daily activity

*“I would usually walk to school every day, sports clubs outside of school I went to are closed.”*

*“I am not moving enough, leading to my bad joints to becoming painful most days. I have also noticed a gain in weight which I will have to remove once gyms open up again, as I usually exercise by swimming or in the water to decrease pressure on my joints.”*

*“before lockdown I'd walk 2 miles to school every day and once a week go swimming, but I don't do very much of this now”*

## Poorer diets

*“Lack of exercise and motivation to eat well/ look after myself”*

*“Eating a lot more because I'm bored”*

*“Less exercise, fresh air and sunshine, more binge eating”*

## Problems with motivation

*“I haven't had the time or motivation to go out and exercise as much.”*

*“it's hard to find the motivation to exercise properly”*

*“Trying to motivate myself to exercise has been harder and I'm not going out anywhere”*

Most people who reported improving physical health told us that taking part in physical exercise contributed to improving their physical health. Being able to exercise outdoors, having a range of online exercise options and tools such as weights or machinery has helped making physical exercise part of their new routine.



*“I have gone on runs every morning and have done lots of other physical exercise.”*

*“I do Joe Wicks every weekday”*



*“I am now able to run 5km, I use my mum for motivation”*

*“I've been doing some more exercise like running and cycling, also some more exercising indoors.”*



*“I have been riding my bike for longer distances on a regular basis”*

*“Lifting weights in my room and using exercise bike more.”*



Other young people whose physical health was better/much better had adopted new healthy habits or enjoyed having more time to themselves. In some cases, these lead them to feel better with their body image and to feel more motivated or being able to save money.

*“Because I have had more time and don't have clubs that get in the way.”*

*“[The lockdown has] given me time to work on it.”*

## Key Learning

### Tailoring services and support provided, dependent upon the individual's needs.

Having access to exercise is key to how well young people feel physically. Young people aged 17+ faced particular challenges with accessing exercise during lockdown. However, it is also clear that some younger people's opportunities to exercise were limited to their weekly PE lesson. For these people and those aged over 16, this left them with insufficient exercise to enable them to feel healthy.

Although PE is a fundamental part of schools' curriculum, it provides an insufficient amount of exercise to meet Public Health England's and WHO's guidelines<sup>2</sup>. Moreover, from our work with Youth Out Loud! we know that many young people understand the value of healthy eating and exercise; however, the environments in which they live often do not support them in making the best choice for themselves. From [Sir Michael Marmot's research](#)<sup>3</sup> we know that determinants of health like those can only be tackled by taking a multi-agency approach.

### Improving young people's wellbeing: resilience and the whole school approach

Motivation was also a key theme in whether or not young people took advantage of the time and opportunity available to them during a lockdown. Young people should be supported to develop the resilience that is needed to adapt to adverse situations and find the strength and motivation to pursue activities that are meaningful and supportive to their physical health.

The 'Whole School Approach' provides an opportunity to support young people in developing healthy behaviours and how families, schools and other agencies will be involved in doing so sustainably. Promoting a variety of exercising opportunities, healthy eating ideas and skills such as goal setting may be helpful in supporting young people's motivation to keep themselves healthy.

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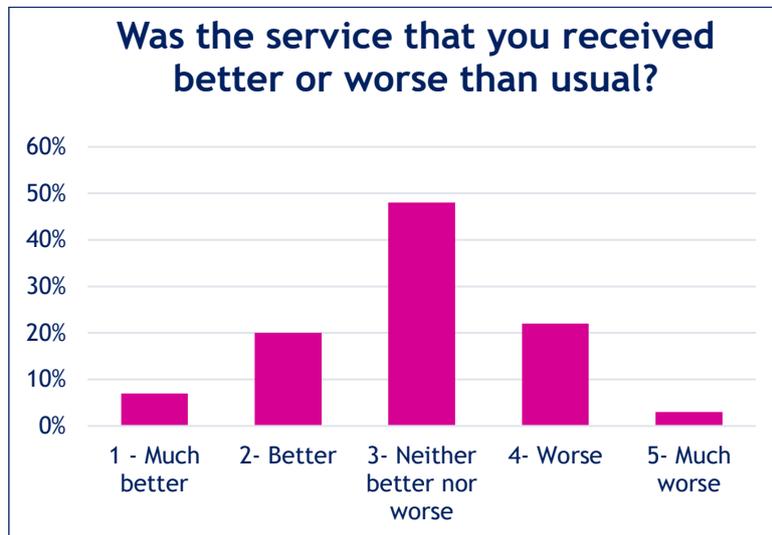
<sup>2</sup> Children and youth aged 5-17 should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily. Amounts of physical activity greater than 60 minutes provide additional health benefits. Most of the daily physical activity should be aerobic. Vigorous-intensity activities should be incorporated, including those that strengthen muscle and bone\*, at least 3 times per week.

<sup>3</sup> M. Marmot, J. Allen, T. Boyce, P. Goldblatt, J. Morrison (2020) "Health Equity in England: The Marmot Review 10 years on", London: Institute of Health Equity

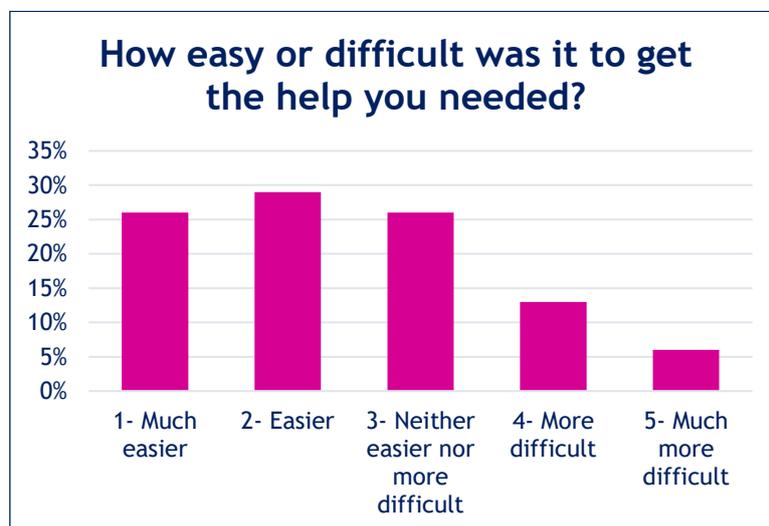
## Accessing Physical Health Services during Lockdown

Among the young people who responded to our survey, 26% (89 people) needed to access healthcare services.

75% of those that had accessed care found their care to be better (27%) or neither better nor worse (48%) than pre lockdown whilst 25% reported that their care was worse (22%) or much worse (3%) than pre-lockdown.



Similarly, most people (81%) who had used services found them either easier (55%) or neither easier nor more difficult (26%). Around 1 in 5 found accessing care more difficult (19%) during the lockdown.



Of the 89 people who said they have used services during lockdown, 75 provided written information and their experiences. Of those, 67 young people were satisfied with the services received.

27 said the services they accessed were **fast and efficient**, sometimes more so than before lockdown.

*"I received health care very quickly and they found the problem within a week.. I had Bell's Palsy and Lyme disease."*

*“I was ill. It was the same as usual, it was super easy to get help really quickly”*

*“Faster time I was seen too in hospital.”*

*“I had shingles so i needed to speak to a doctor on the phone to get it diagnosed. was easy to use and i was diagnosed pretty quickly.”*

6 other young people highlighted the **reliability** being offered by services, despite the crisis.

*“[CAMHS] started sessions to help me everyday”*

*“Easier to get GP appointment but was weird they couldn’t check me but I got better. My local pharmacy had my prescription straight away - sent virtually- my local pharmacy also checked my ears (my problem) which was brilliant - they are great and so knowledgeable.”*

Attention to **safety and infection control** was also important to 4 of the respondents.

*“[The Orthodontist] was lovely, as usual, and very good at protecting against the virus.”*

*“Protection of staff and ourselves was good (protective screen) but more measures in place to enforce social distancing could have made it better.”*

42 young people scored services as neither worse nor better than before lockdown and felt that some changes occurred due to increased safety measures like social distancing. However, positives outweigh the negatives with 2 in 3 young people praising the NHS for its resilience and adaptability to the crisis. Many said they couldn’t really tell the difference between services in lockdown and before it occurred.

*“Was a telephone call, more efficient than the [optician’s] store.”*

*“[I got] medication from GP and therapy for mental health.. It was the same.”*

*“Review appointment for medication. It was pretty similar, but just in the phone.”*

*“[I got] advice on ring worm on leg.. It was online (obviously) and was very good, was seen too at the appointed time by a nurse who was quick but thorough.”*

*“[The dentist] was mostly good, there wasn’t really anything bad about it, it was just very different from how it used to be. Other than that it was great.”*

*“I had a soft tissue injury in my finger from catching a ball wrong which required my parents to call the doctor. They got back to me on the same day.”*

Three young people sought help from their GP when other services did not fulfil their needs. For instance, a young person was due a hospital appointment where they expected a consultant to review their prescription. The hospital appointment was cancelled

suddenly and the young patient could not get hold of the consultant, therefore relied on their GP. Another young person contacted their GP for support when CAMHS did not answer their calls repeatedly. A third person said they *“had chest pain and thought it could be associated with my heart”*. They did not feel safe going to A&E and instead, they got an urgent appointment with their GP. GPs are therefore fundamental in supporting the public at a time of crisis in the community, a point that is also heavily evidenced by [Healthwatch England’s research](#)<sup>4</sup> on the impact of Covid-19 on health and care services. Building GPs capacity will increase the likelihood of services’ resilience and will provide continuity of care at all times.

18 young people out of 75 who provided an opinion on services were less happy, as they struggled to be seen or were not seen at all by their GP, OT, speech therapist, dentist, physiotherapist or optician.

9 young people told us about their uneasiness about appointments over the phone, either because *“it was hard to understand over the phone”* or because diagnostics and treatments may not be as effective, if available at all virtually.

*“I had a hospital appointment scheduled during the lockdown for a long term injury in one of my joints. The appointment was done over the phone, and it was fine for talking about symptoms and receiving advice, although the doctor couldn’t physically examine the joint which would’ve been beneficial. Also, we had to contact the hospital several times and speak to many people to find out when the call was going to happen.”*

*“I needed a physio appointment for a knee injury... I have not needed the service before so I don’t have a lot to compare too, but I assume I would normally have been referred to an in-person physio appointment. Instead, I was sent a letter with recommended exercises to try for 6 weeks. If the problem persists, then I will have more contact with a physio.”*

*“Had a phone call doctors appointment but I’ve still got the same problem but it needs to be actually looked at in person so I can’t really do much.”*

*“[The OT and speech therapy] was short and limited because of not being able to use equipment.”*

Issues with efficiency may have occurred among healthcare services, especially the emergency department, as 6 young people complained about services being slower than usual. Finally, a concerning comment highlighted that some people may not have been able to reach the emergency services during the height of the crisis:

*“I had an allergic reaction, and we called an ambulance. When they did not answer we called my consultant.”*

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<sup>4</sup> Healthwatch England (2020), Covid-19: “What people are telling us about their care”, London: Healthwatch England.

## **Key learning**

### **Virtual vs face-to-face support**

It is important that in the future, physical health services ranging from GPs to specialist support all provide continuity of care, especially to disabled young people. Some young patients may be accepting of virtual appointments by default, but it cannot be assumed that all young people will be able to access virtual appointments and the value of choice should be recognised.

### **Increase GP capacity**

Our data indicates the varied role that GPs have in supporting the public and bridging gaps at a time of crisis in the community, providing continuity of care.

## Accessing Medication During Lockdown

As part of this survey, we asked young people if they were taking any regular medication during lockdown. Out of the 346 young people who completed the survey, 18% needed medication for **physical** and/or **mental** health reasons.

We asked those who needed medication how easy it was to get during lockdown (please refer to page 17 on this report for examples).

Most young people did not encounter any issue (53 people), within this group however was a desire for regular medication to be provided in **larger quantities**. Although this may not be possible due to shortages, in some cases fewer prescriptions could lower the workload of healthcare professionals. For those who experienced difficulties three reported problems with medications that their GPs were unable to prescribe:

*“The pills were of an incorrect amount and it was very difficult to find out how to repeat prescription”*

*“Being able to pick up larger amounts”*

*“Being able to get more in a prescription”*



The use of digital options to request repeat prescriptions has become the norm during lockdown. Despite these digital options, some young people highlighted a need for **better accessibility for ordering prescriptions**:

*“CAHMS to answer their calls and emails”*

*“Easier ways of communication”*

*“An app or online service (that actually works) for repeat prescriptions”*

*“Easily being able to pick up prescriptions”*

*“Not having to call the doctors every time I need more”*

## Key Learning

### Cross Service Collaboration

There is a need for services, such as CAMHS and others who prescribe medicines, to facilitate better access to medication during lockdowns, especially when young patients have multiple needs, through cross-service collaboration. Where safe, prescribing more medication each time or reminding patients to request their repeat prescriptions will help some patients, and possibly increase services capacity.

## Accessing information about COVID-19

Whilst many younger people have access to the internet, the “digital divide” and social inequalities may affect young people’s access to information.

Our survey found that **95%** of the young participants had no difficulties accessing information, while a smaller percentage found it difficult or very difficult.

Accessing information on what’s happening among society and on how to get help when young people need it, is important to them. At the start of lockdown, Young Minds explained that this helps young people understand their surroundings, feel in control of their own lives and follow the guidelines safely. The young people at YOL! shared that peers typically accessed information from social media, the news and other friends. However, we wanted to know what would make it easier for them to access the right information and keep safe, without being over-exposed to negative inputs that can make young people’s wellbeing worse.

Overall, 85 young people provided their opinion on this. 53 felt that nothing more should be done to access information; 50 *“think it is really accessible”*, 3 said the overwhelming amount of news was becoming *“annoying”* or *“getting to their head”*.

*“I just look on my news, I have it streamlined for Covid19, so it easy, plus I watch the briefings.”*

*“I can find it online, on my school’s website or from my father who is a NHS worker.”*

Young people felt there is a need to enable everyone to access information. 4 respondents pointed to the need of creating digital opportunities for those who have no wi-fi or electronic devices.

**59%** asked for clearer reporting in terms of language and the presentation of data so that it is more accessible to young people. Clarity of information appears to be important to young people, where 13 highlighted the harm that *“fake, unproven theories”* or unreliable sources can have. Further 12 participants suggested that evidence based information was lacking, and 25 young people felt that the Government hadn’t been transparent enough while managing the lockdown.

The variety and abundance of information may also be confusing to young people and some suggestions were made to overcome this issue. It is notable how young people recognise the role schools could have:

*“Maybe if the school sent links to the websites regarding my education instead of being sent it by friends or looking myself for the information I need.”*

*“If there were more kid friendly web sites cos they are all for adults so i dont always understand what they mean.”*

*“Regular school updates on what they know.”*

## **Key Learning**

### **Improve information provision**

All agencies that are providing services to young people should signpost to a consistent platform of reliable, clear and easy to read information which would be beneficial for young people.

## Conclusions

346 young people in Kingston and Richmond took part in Youth Out Loud!'s survey and responded to questions about their mental & physical health and about accessing healthcare services & information.

Overall, the majority of young people reported improved or stable mental health during lockdown. Worse mental health was seen among 15 and 17 year olds, and among more females than males; with the most common reasons being not seeing friends and loved ones, increase in school stressors and "*time to think*". A decrease in pressure from school and more time to reflect contributed to improved mental health, especially in 13, 14 and 16 year olds. Many young people reported using the creative arts to maintain good mental health.

The majority of young people who could access the help they needed rated their mental and physical health more positively. It is therefore important to keep support services open and easily accessible to young people to prevent declines in both physical and mental health.

Physical exercise was a key factor in maintaining good physical health; most of those who didn't or couldn't pursue it reported worse or much worse physical health.

It is clear that young people's resilience is a major contributing factor that helps individuals bounce back at times of adversity. Resilience is dependent on the environment and context within which a young person lives. However, many young people can develop this resilience if supported appropriately. The role of schools and the whole school approach is key to helping young people adapt to adverse situations, including improving their ability to access lay or professional psychological support, exercise, creative activities or networking opportunities, virtually and in the community. These must be inclusive to prevent mental and physical illness from worsening, and higher level interventions being required.

Almost half the young people that participated in the survey found physical healthcare to be neither worse nor better than pre-lockdown. However, the majority of young people with health conditions and/or disabilities said that the service they received was worse. Pharmacies and Orthodontists seemed to be the easier ones to reach out to, while GPs provided continuity of care when other services ceased their support. Good services were fast, reliable and safe to obtain, but improvements are needed for young people's accessibility to their medication. Suggestions include cross-service collaboration, increased amounts of medication in the prescription and repeat prescriptions reminders.

Finally, online support and information provision is easy to reach for 95% of the young people we spoke to. However, young people felt that young people's service providers could support them to identify age-suitable resources within the abundant information available, while accessing clearer and evidence-based resources. Youth Out Loud! will work with local providers to ensure its website is up to date with those.

## Key Learning

### 1. Tailoring services and support provided, dependent upon the individual's needs.

Professionals must take into consideration external circumstances and lifestyle changes in relation to the young person's age. Professionals should always seek feedback from the individual as to how events are affecting them and what they need to maintain good mental health. A collaborative and tailored support system should be established with the young person with the flexibility to adapt and evolve as situations and perspectives change.

### 2. Virtual vs face-to-face support

Young people seem optimistic about approaching or being approached virtually by mental or physical health services. Some may benefit equally or more as if they were to meet a professional in person. Virtual support may make some young people feel more comfortable receiving help if they live far from the visit/therapy setting and they are unable to travel, or they simply wish to save time. However, virtual support does not represent a viable option to many young people due to lack of privacy in the home, accessibility issues or practical challenges when not face-to-face (due to a lack of diagnostic tools and challenges building rapport). Options should be offered and discussed with each individual. A back up plan should be discussed with patients in case further waves of Coronavirus impose local or national lockdowns, or if they are considering virtual support by default.

### 3. Improving young people's wellbeing: resilience and the whole school approach

Young people should be supported to develop the resilience that is needed to adapt to adverse situations, finding the strength and motivation to pursue activities that are meaningful and supportive to their mental and physical health. We believe that the whole school approach would promote and support young people to better develop and maintain healthy behaviours or skills aimed at reaching those goals.

### 4. Increase GP capacity

It is important that in the future, physical health services ranging from GPs to specialist support will provide continuity of care, especially to disabled young people. Building GPs capacity will increase the likelihood of services' resilience, ability to bridge service gaps at time of crisis in the community and provide continuity of care.

### 5. Cross Service Collaboration

There is a need for services, such as CAMHS and others who prescribe medicines, to facilitate better access to medication during lockdowns, especially when young patients have multiple needs, through cross-service collaboration. Where safe, prescribing more medication each time or reminding patients to request their repeat prescriptions will help some patients and possibly increase services capacity.

### 6. Improve information provision

We recommend all agencies working directly with young people to provide a reliable, clear and easy to read source of information.

# Appendix

## Survey Questions

**1: How is your mental health compared to before lockdown?**

1 - Much Better / 2 - Better / 3 - Neither Better nor Worse / 4 - Worse / 5 - Much Worse

**2: Why is this?**

.....

**3: What are you doing to support your mental health? (Please provide links to online resources where possible, so that we can share them with others)**

.....

**4: How is your physical health compared to before lockdown?**

1 - Much Better / 2 - Better / 3 - Neither Better nor Worse / 4 - Worse / 5 - Much Worse

**5: Why is this?**

.....

**6: What are you doing to support your physical health? (Please provide links to online resources where possible, so that we can share them with others)**

.....

**7: How easy or difficult has it been to access the support you need to maintain good mental health during lockdown?**

1 - Very easy / 2 - Easy / 3 - Neither Easy nor Difficult / 4 - Difficult / 5 - Very difficult

**8: Is there anything you need to help you maintain good mental health?**

.....

**9: Have you needed NHS or social care since the lockdown has started? (e.g. GP, A&E, Pharmacy, physio, speech therapist, optician, dentist etc).**

Yes / No

**10: What support did you need?**

.....

**11: How easy or difficult was it to get the help you needed?**

1 - Very easy / 2 - Easy / 3 - Neither Easy nor Difficult / 4 - Difficult / 5 - Very difficult

**12: Was the service that you received better or worse than usual?**

1 - Much Better / 2 - Better / 3 - Neither Better nor Worse / 4 - Worse / 5 - Much Worse

**13: Please tell us what the service was like. How was it the same as, or different to normal? What was good, what could have been better?**

.....

**14: Do you need any regular medication?**

Yes / No

**15: How easy or difficult has it been for you to get medication during lockdown?**

Very easy / Very difficult

**16: What would help you to access medication more easily?**

.....

**17: How easy or difficult has it been to access information about Covid-19 and how to keep safe?**

1 - Very easy / 2 - Easy / 3 - Neither Easy nor Difficult / 4 - Difficult / 5 - Very difficult

**18: What would make this easier for you?**

.....

**19: Age**

**20: Gender**

Female / Male / Non Binary / Transgender / Prefer not to say / Other:

## 21: Ethnicity

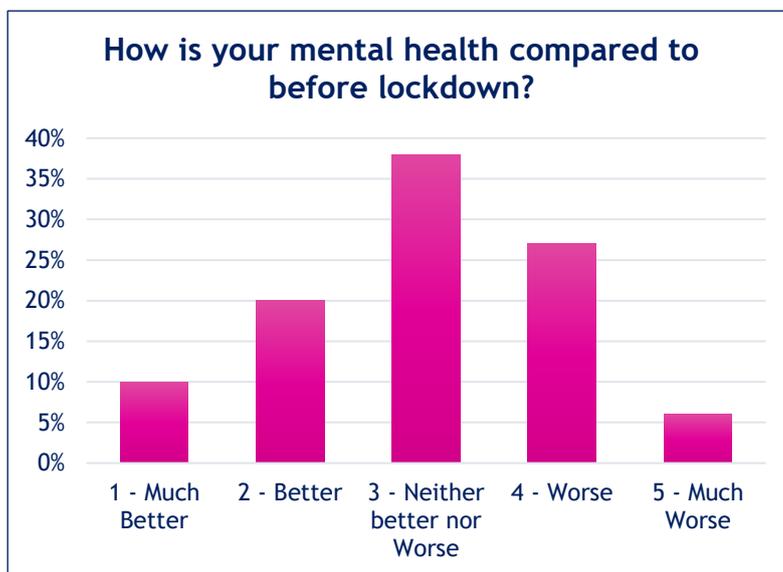
White British / Any other White background / Gypsy or Irish Traveller / Asian British / Indian / Pakistani / Bangladeshi / Any other Asian background / Arab / Black British / Black Caribbean / African / Any other mixed/multiple ethnic backgrounds / Prefer not to say / Other:

## 22: Health and Disability

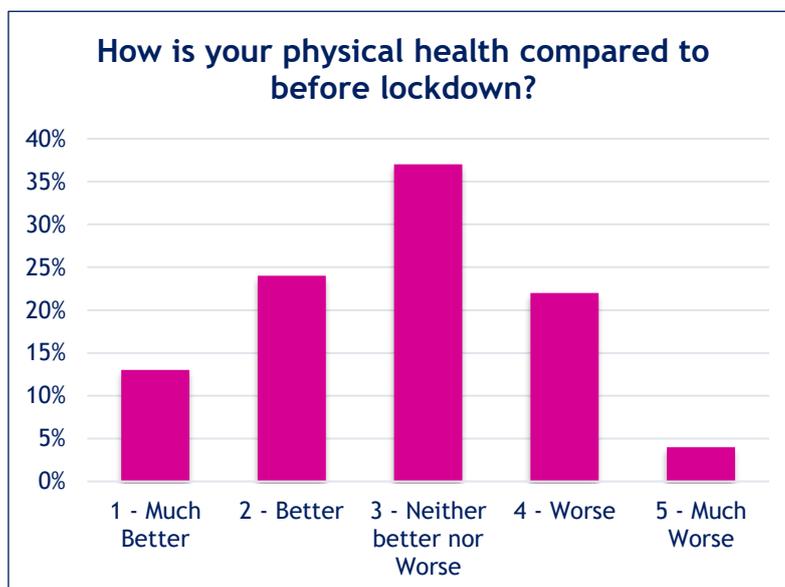
No health conditions or disabilities / Mental health condition / Cognitive impairment (e.g. memory) / Physical impairment / Long-term condition / Learning disability / Sensory impairment / Prefer not to say / Other:

## Basic Quantitative Data Statistics Infographics

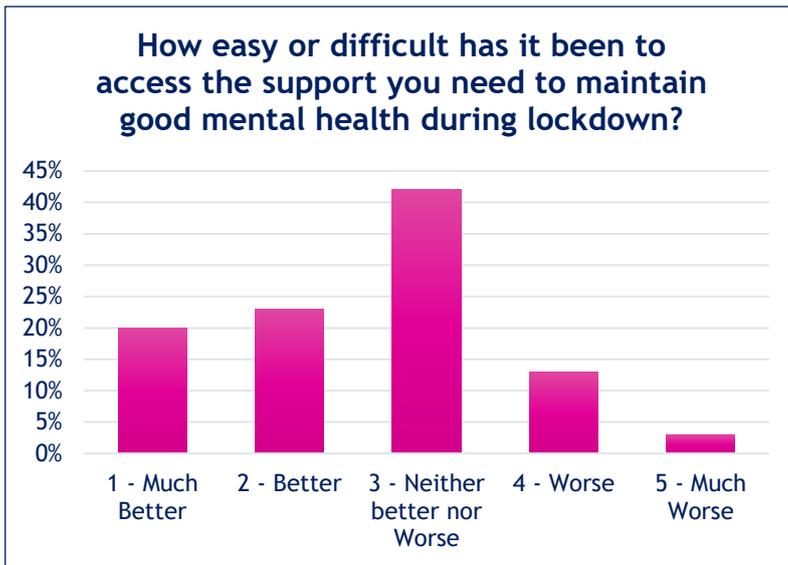
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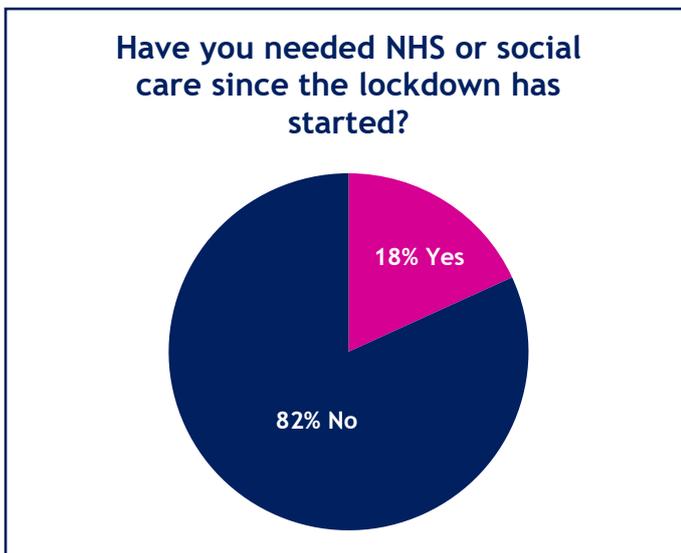
4:



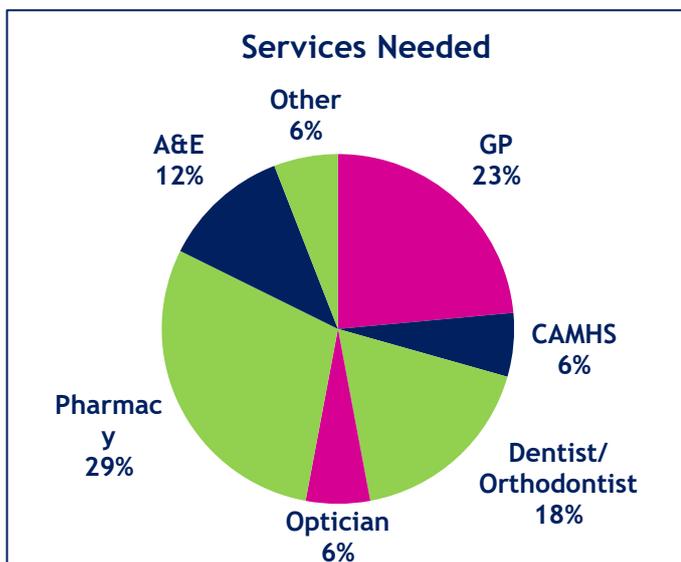
7:



9:



10:



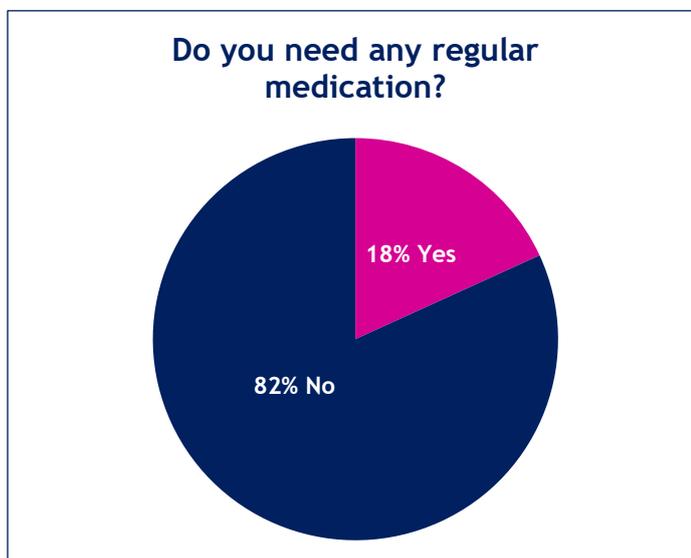
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12:



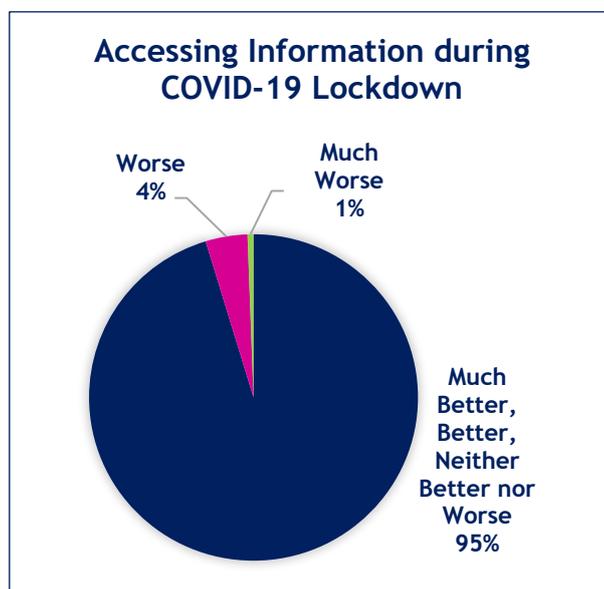
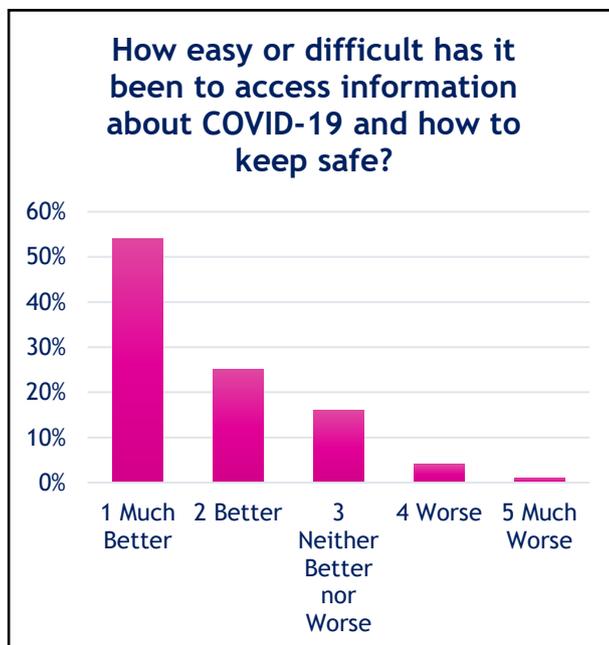
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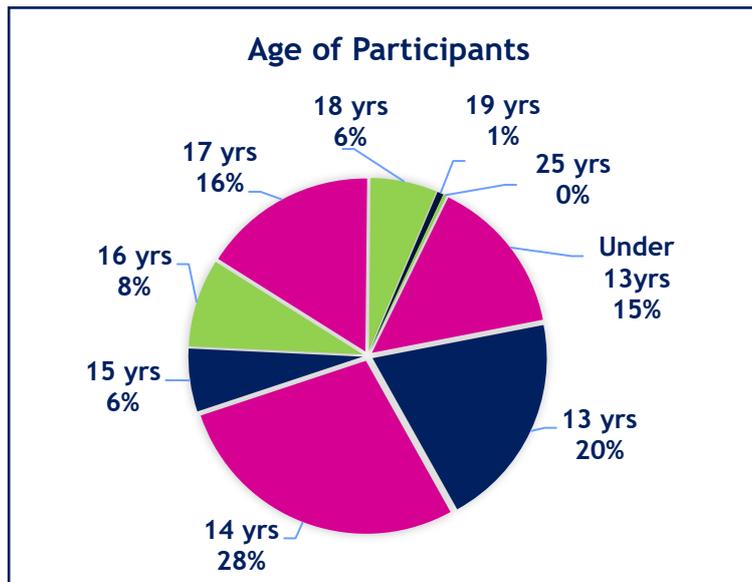
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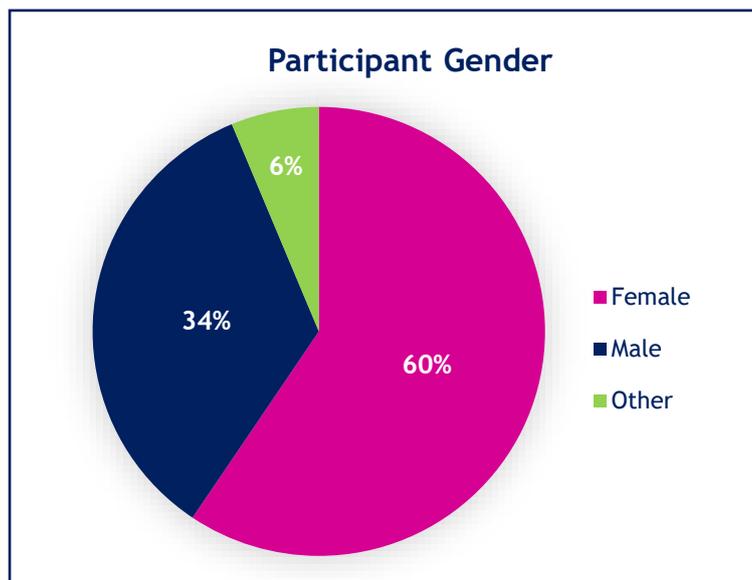
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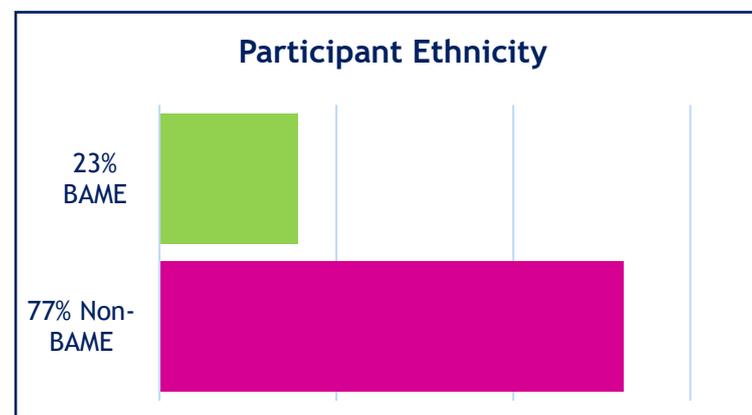
19:



20:



21:



22:

