



Mental Health and Wellbeing in Schools

Sep 2024

During the academic year 2023-24, **BiB: Age of Wonder** surveyed nearly 9,000 young people in years 8-10 at 27 secondary schools across Bradford.

Below is a summary of statistics from headline measures of mental health and wellbeing aiming to highlight current trends in the Bradford district.

While we report more than 8,907 respondents in total, not all respondents will have completed all questions. Note, only years 8 and 10 answered questions on Anxiety and Depression. The total responses per measure are reported as “n” in the figures below. This is based on pre-release data for 2023-24.

- **A significant proportion of Bradford teenagers still report clinical threshold levels of anxiety, depression, and eating disorders, with many also reporting self-harm.**
- **There has been little to no change in these outcomes since last year’s report.**
- **Older, Non-Asian, girls on free school meals still most likely to report problems**

The **BiB: Age of Wonder** survey included clinical measures of Depression, Anxiety, and Eating Disorders.

Where a “clinical” outcome is given, this is not a diagnosis, rather a score at the level we would expect to see in a clinical population.

These graphs show the percentage of participants that meet the clinical threshold, compared to the most recent age-matched survey available that used the same measures. We also asked about Self-Harm.

| | | Age of Wonder (N = 8,907) |
|-----------------------------|---------------------|------------------------------|
| Sex, n (%) | Female | 4,663 (52.4) |
| | Male | 4,244 (47.6) |
| Academic Year, n (%) | Year 8 | 3,139 (35.2) |
| | Year 9 | 3,181 (35.7) |
| | Year 10 | 2,587 (29.0) |
| Ethnicity, n (%) | Asian/Asian British | 4,297 (48.2) |
| | Other | 1,022 (11.5) |
| | White | 3,569 (40.1) |
| | Unknown | 19(0.2) |
| FSM, n (%) | No | 6,363 (71.4) |
| | Yes | 2,544 (28.6) |
| SEND status, n (%) | E (EHC plan) | 128 (1.4) |
| | K (support) | 1,128 (12.7) |
| | N (none) | 7,281 (81.7) |
| | Unknown | 370 (4.2) |

Anxiety

Answers to questions about anxiety symptoms are categorised at 3 levels

■ Normal ■ Borderline ■ Clinical



BiB: Age of Wonder, 2023-24

Eating Disorder

Answers to questions about eating disorders are categorised at 2 levels

■ Normal ■ Possible disorder



BiB: Age of Wonder, 2023-24

Depression

Answers to questions about depression symptoms are categorised at 3 levels

■ Normal ■ Borderline ■ Clinical

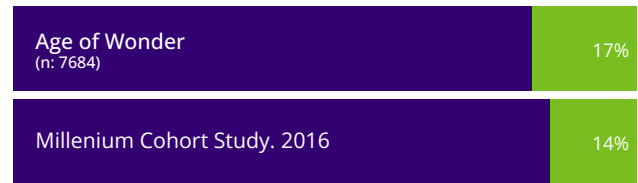


BiB: Age of Wonder, 2023-24

Self Harm

In the past year, have you hurt yourself on purpose in any way?

■ No ■ Yes



BiB: Age of Wonder, 2023-24

Across these four areas, Bradford's teenagers track at, or slightly above, levels reported nationally.

Eating disorders and self-harm appear to be areas of concern in particular. These numbers have shown little-no change compared to last year's **BiB: Age of Wonder** data, though further analysis is required to account for differences in the sample demographics to establish this as fact. The same demographic trends are also observed.

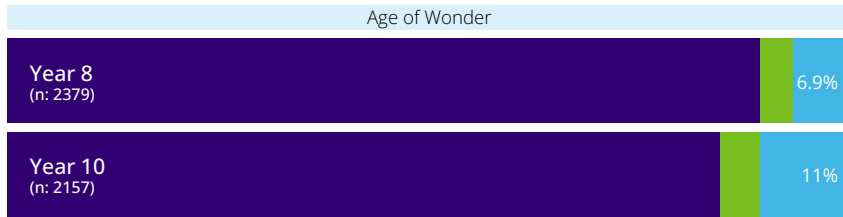
To highlight at-risk groups, we compare different years, sex, and ethnicities. We also compare last year's data with this year's. While only anxiety is shown below, similar trends were found on the other mental health outcomes.



Anxiety

Answers to questions about anxiety symptoms are categorised at 3 levels

Normal Borderline Clinical



BiB: Age of Wonder, 2023-24

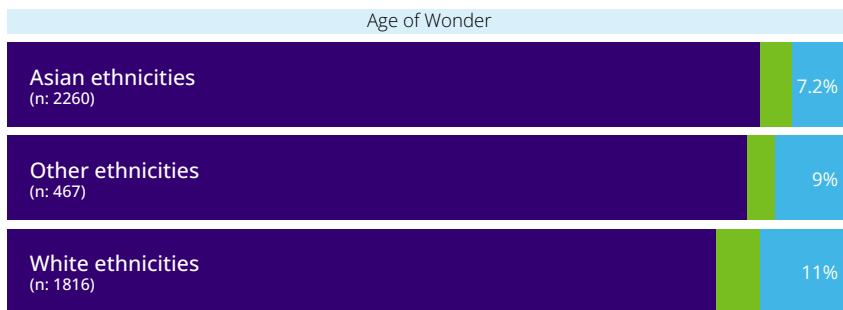
Levels of anxiety increased with year group

Year 10 (11%) was **nearly twice as likely** to meet clinical thresholds than year 8 (6.9%).

Anxiety

Answers to questions about anxiety symptoms are categorised at 3 levels

Normal Borderline Clinical



BiB: Age of Wonder, 2023-24

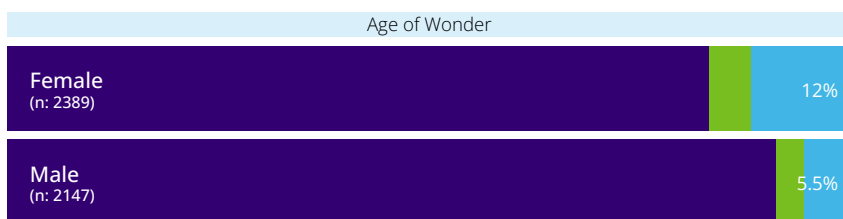
Ethnic differences

White ethnicities were **more than 1.5 times as likely** to report anxiety than those that were Asian.

Anxiety

Answers to questions about anxiety symptoms are categorised at 3 levels

Normal Borderline Clinical



BiB: Age of Wonder, 2023-24

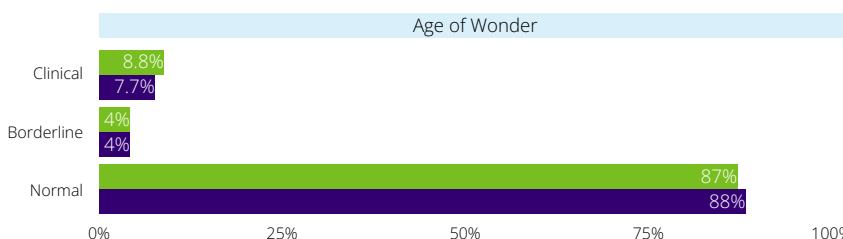
Gender differences

Twice the proportion of girls (10%) met the clinical threshold for anxiety as boys (5%). This is commonly reported throughout studies internationally.

Anxiety

Answers to questions about anxiety symptoms are categorised at 3 levels

2022-23 2023-24



Yearly trends

Only small differences were observed year on year. These may be within margin for error.

BiB: Age of Wonder Teenage Stories: reflections on mental health

BiB: Age of Wonder Teenage Stories is the qualitative longitudinal element of **BiB: Age of Wonder**. This part of the project seeks to collect data on adolescents' experiences of growing up in Bradford through interviews, focus groups, and creative methods.

At the project's inception, participants identified mental health as a priority topic. This report is based on interviews with 11 young people (8 females, 3 males) aged 13-15 from which two key themes emerged.

Theme 1: Personal Experiences

Participants were asked about their personal experiences of mental health, and the experiences of their friends and family.

In terms of their overall understanding of mental health, almost all participants mentioned the relationship between physical and mental health.

Most participants spoke more openly about others' experiences of mental health than their own, with one sharing *"I've had friends that are depressed and that are like quite sad at times, so it does affect your mental health sometimes just seeing everyone so sad and you're just like **'why can't I help them?'** and you*

just like kind of start blaming yourself sometimes". (Female, aged 14).

One participant described their own mental health as *"kind of all over the place, it's like a rollercoaster, one moment I'm really happy, and I'm feeling enlightened, and like all of a sudden I'm a monk now, at peace with everything, and then like the next day, why do I have to be here, why does this have to my life?"* (F, aged 13).

Bullying was identified as an influence on both personal mental health and that of their peers: *"Being bullied most of my life takes a bit of a toll"* (Male, aged 15); *"The worst part of it, the fact that you can literally be made fun of now for literally anything, like you could like say one thing and that's it, you're just bullied for the rest of your life"* (F, aged 14); *"He's not like a stereotypical boy...so he gets bullied quite a lot"*. (F, aged 13).

Fear of standing out and being bullied as a result appears to be strong for the adolescent interviewees.



"Every young person needs a community, someone that they can relate to, someone they can look up to, someone who they could trust"

“The best help people can get at the minute is from their friends”



Theme 2: Support in School

Interviews touched on if and how mental health is spoken about and supported in school.

Most participants mentioned that mental health is discussed at school during sessions such as PSHE (physical, social, health and economic education) in form time or assemblies.

However, these conversations tend to “disappear” (F, 15) or are covered very “briefly” (F, 14) as part of the curriculum.

In terms of structure, these sessions seem to entail “a PowerPoint and then there might be like discussion stuff but no-one wants to discuss anything because it’s kind of uncomfortable” (M, 14) with one participant mentioning “school barely does anything on mental health” (M, 15).

Regarding in-school interventions, nearly all participants mentioned that their school has a support centre or a member of staff to talk to.

However, one participant mentioned that visiting one of these support centres at school can make it “worse for you overall [...] you’re going to get a lot more people annoying you” (M, 15).

Overall, participants felt that schools were providing them with “a basic understanding” (F, 13) of mental health which they would like to be built upon more regularly and for school to be more proactive in its delivery of mental health interventions.

Theme 2a: Culture of Conversation

Conversations around mental health varied across participants.

Whilst some “talk to each other about our emotions a lot” (F, 13), others felt it was “not something that I’d want to share with anyone” as it may “change the way they think about me” (F, 15).

One female participant noted that boys may be less likely to share their feelings except when “they’re angry at someone”.

Social support was viewed as crucial for adolescents - “the best help people can get at the minute is from their friends” (M, 15). Similarly, family was deemed “really important for mental health [...] because every young person needs a community, someone that they can relate to, someone they can look up to, someone who they could trust” (F, 15).