

Pupils' Voice Survey: Your mental health and wellbeing (Year 10)

1.

Thank you for taking time to help with this survey 😊. It will take you up to 25 minutes to complete the survey. The survey closes on **Friday 20 December 2024**.

Background and Purpose

The Public Health Team at Swindon Borough Council created this survey to understand how you are feeling and how you can be better supported both at school and outside of school. Good mental health and emotional wellbeing helps us feel calm and comfort ourselves when we're upset. We can cope with changes, fears and uncertainties in daily life and we can find it easier to make and keep good relationships with other people.

Survey questions and responses

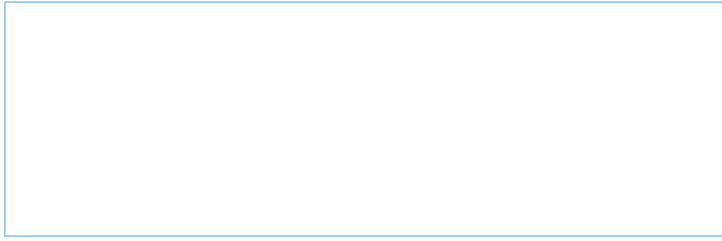
You will be asked questions around your mental health and wellbeing, friendships and relationships, how you are finding school and activities outside of school. Some of the questions might be challenging to answer and all the questions are voluntary. Your responses are anonymous, which means that your answers to any questions cannot and will not be linked back to you. The survey report will not identify those who took part. Please answer truthfully. If you don't understand something, please ask your teacher or teaching assistant. You can read more about how the data from this survey is used, stored and kept confidential on the privacy statement [here](#).

Support

If you are affected by any of the issues that you've discussed here please talk to a trusted adult such as your parent, school nurse, teacher or a member of staff at school. The following support is also available to you:

- [Childline](#): online counselling, phone line, instant messaging, message boards and online information and advice. The helpline is open all the time: 0800 1111.
- [BeUSwindon group and 1:1 support](#)
- [Every Mind Matters](#): resources and ideas about how we can lift our mood or ease our anxiety.
- [Sandbox online support](#): online hub with a wide range of free resources to help with a range of challenges such as anxiety, relationships, transitions in life, and much more!
Join their LiveStreams where therapists game and answer your questions about mental health.
Speak to Kai (The Sandbox's Mental Health Champion) on LiveChat to find out what support could help you best.
- [Young Minds website](#): information to support you to understand more about how you're feeling, get information about a mental health condition or find support.
- If you are a young person struggling to cope, [Shout](#) can provide 24/7 text support. For help, text SHOUT to 85258.
We have listed some additional organisations that can support you at the end of the survey.

3. If you indicated that you feel worried or sad, in your own words, what worried you or made you sad?

A large, empty rectangular box with a thin blue border, intended for the user to write their response to the question above.

3. 2. Friendships and relationships

The following statements/questions are designed to help us understand what kind of support might be helpful in schools. There is no judgement, and we really encourage you to try to be as honest as possible.

4. Below are some statements about friendships and relationships. Thinking about **this term, how often, if at all, have you...**

	Never	Not often	Sometimes	Often	Always	Don't know/Not sure
cared about other peoples' feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shared with others (for example food, games, pens, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lost your temper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
felt alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chosen to help others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been able to keep friendships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
felt worried, upset or hurt by an argument or the end of a friendship or relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
felt safe outside of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please describe your relationships with...

	Very bad	Mostly bad	Okay	Mostly good	Very good	Don't know/Not sure
your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other children and young people at school (not including your brothers, sisters, friends or relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your parent(s) or carer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What are the things that worry or upset you the most in your friendships and relationships with other children and young people?

7. How would you describe your relationships with other children living with you such as brothers and sisters?

- Very bad
- Mostly bad
- Okay
- Mostly good
- Very good
- Don't know/Not sure/ No other children live with me

8. Are you in a romantic or sexual relationship?

- Yes
- No
- Don't know/Not sure

4. 2. Friendships and relationships

9. If you are in a romantic or sexual relationship, how would you describe your relationship(s)?

- Very bad
- Mostly bad
- Okay
- Mostly good
- Very good
- Don't know/Not sure

10. If you are in a romantic or sexual relationship, do you feel respected and safe?

- Yes
- No
- Don't know/Not sure

You may feel affected by some of the information you have shared with us. If so, please reach out to a member of staff at school, your school nurse, [Fear Free](#) or [Childline](#).

5. 3. Sleep

The following questions are to help us to understand more about the quality of your sleep.

11. What time do you normally

Go to bed when you are at school the next day?

Get up on a school day?

12. How often, if at all, do you

	Never	Not often (once or twice ever in my life)	Sometimes (monthly)	Often (at least once a week)	Always (every night or almost every night)	Don't know/Not sure
wake up multiple times during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
worry about something that you cannot sleep at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you play any online or electronic games after bedtime?

- Never (even though I play online or electronic games)
- Not often (once or twice ever in my life)
- Sometimes (monthly)
- Often (at least once a week)
- Always (every night or almost every night)
- Don't know/Not sure/I don't play online or electronic games

14. Do you use a mobile phone after bedtime?

- Never (even though I own a mobile phone)
- Not often (once or twice ever in my life)
- Sometimes (monthly)
- Often (at least once a week)
- Always (every night or almost every night)
- Don't know/Not sure/I don't have a phone

6. 4. Your mental wellbeing at school

The following questions are to help us to understand how we can improve things for you and your peers at school.

15. How happy have you felt **this term** at school?

- Unhappy most of the time
- Quite unhappy
- Neither happy nor unhappy
- Quite happy
- Happy most of the time
- Don't know/Not sure

16. What have you enjoyed most about school **this term**?

17.

Good mental health and emotional wellbeing helps us feel calm and comfort ourselves when we're upset. We can cope with changes, fears and uncertainties in daily life and can find it easier to keep good relationships with other people. How much help and support do you feel that you get at school for your mental health and wellbeing?

- No help at all
- Not enough help
- Just about enough help
- All the help I need
- All of the time
- Don't know/Not sure

7. 5. Bullying

The next question is about bullying.

Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, outside of school, at home or via mobile phones or online (for example email, social networks and instant messenger). It can hurt people both physically and emotionally. It is usually repeated. Please answer as honestly as you can.

If you are experiencing bullying and would like support, please speak to a member of staff at your school, another trusted adult and you can also reach out to [Childline](#).

21. Have you been bullied this term?

Yes

No

Don't know/Not sure

8. 5. Bullying

22. If you have been bullied this term, in what way did it happen? Please select **all that apply.**

- Physical (someone hurting you)
- Verbal (calling you names, spreading rumours or being unkind to you in another way)
- Cyberbullying through mobile phones or online (for example email, social networks and instant messenger)
- Being excluded (leaving you out on purpose)
- Don't know/Not sure

23. How well do you think your school deals with bullying?

- Very badly
- Not very well
- Okay
- Quite well
- Extremely well
- Don't know/Not sure

9. 5. Bullying

24. Have you bullied anyone at school **this term**?

Yes

No

Don't know/Not sure

10. 6. Self-harm

Self-harm is when somebody deliberately damages or injures their body.

25. Have you ever deliberately self-harmed (for example scratched, cut, burnt, bruised, bitten yourself, pulled your nails, punched a wall, eaten too much or too little, etc)?

Yes

No

Don't know/Not sure

11. 6. Self-harm

26. Do you still self-harm?

Yes

No

Don't know/Not sure

12. 6. Self-harm

27. How often do you self-harm?

- Less than once a month
- Most weeks
- Most days
- Once or more a day
- Don't know/Not sure

13. 7. Outside of School

The following questions are about how things feel for you outside of school so that we can understand how better to support you.

28. How often, if at all, do you see or hear arguments between parents/carers or other adults in your house?

- Once or more a day
- Most days
- Most weeks
- Less than once a month
- Never
- Don't know/Not sure

14. 8. Getting help outside of school

29. Have you ever used a mental health service (for example a helpline, online support or speaking to someone in person)? Please select **all that apply:**

- Yes this term
- Yes in the last year
- Yes but more than a year ago
- No
- Don't know/Not sure

15. 8. Getting help outside of school

30. If you have not used a mental health service, have you ever felt that you could have benefited from using one?

Yes

No

Don't know/Not sure

16. 8. Getting help outside of school

31. Which mental health services have you used? (Please select **all** that apply)

- Telephone helpline (for example, [Childline](#), NHS 111, Mind)
- NHS or Government internet websites (for example [Every Mind Matters](#))
- [Sandbox online support](#)
- Speaking to someone at [BeUSwindon](#)/TAMHS
- Websites run by other charities (for example [Young Minds](#) or Mind)
- Online sources such as online chat, blogs, social media or other online communities or groups
- Text chat mental health support (for example [SHOUT Textline](#))
- Groups in your community, such as youth groups, or peer support groups
- Other (please specify):

32. How helpful did you find the mental health service(s) you used?

- Not at all
- Only a little
- Neither helpful or unhelpful
- Quite a lot
- A lot
- Don't know/Not sure

17. 8. Getting help outside of school

33. What days/times would it be useful to access a mental health service? Please select **all that apply:**

- School hours
- After school hours
- Weekends
- Don't know/Not sure

34. How would you like to access mental health services? Please select **all that apply:**

- See someone in person
- See someone online
- Speak on the telephone
- By instant messenger
- By text message
- By email
- Don't know/Not sure

35. Is there anything else that could be offered to you and other children and young people to support you around your mental health and wellbeing? If so, please put your ideas in the box below.

- Yes
- No
- Don't know/Not sure

Ideas box:

18. 9. Eating and Body Image

The following questions are about how you feel about your body and eating.

36. Do you...

	Never	Not often	Sometimes	Often	Always	Don't know/Not sure
worry about your weight or how you look?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
worry about eating (for example what to eat, where to eat, how much to eat)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The charity BEAT supports people who have or are worried they have an eating disorder, as well as others affected, such as friends and family members. You can visit their [website](#) for more information.

19. 10. Social Media

The following questions will help us understand more about your relationship with social media and messaging platforms or sites.

37. Do you use social media and messaging platforms or sites (for example WhatsApp, Twitter/X, BeReal, Discord, Messenger, Facebook, Instagram, Snapchat, Tiktok, etc.)?

Yes

No

Don't know/Not sure

20. 10. Social Media

38. To what extent do you agree or disagree with the following statements?

	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Don't know/Not sure
The number of likes, comments or shares I get on social media affects my mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, I spend more time on social media than I mean to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe using social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media affects my sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel pressured into using social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are worried about your safety online, you can get support, information and advice about what to do and how to get help from the charity ChildLine [here](#)

21. 11. Activities

The following questions are about how you spend your time.

39. Thinking of a regular week, how often, if at all, do you...

	Never	1 day (or about once per week)	2-4 days per week	5-7 days per week (or about once a day)	Don't know/Not sure
exercise indoors or outdoors (for example, walk, run, dance, swim, cycle)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
enjoy time outdoors in green space (for example in a park, a garden or at the coast or in the countryside)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take part in any groups, clubs or organisations outside of school time (for example, an after-school club, a sports club, a choir, or volunteering)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
play video games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eat a meal together with family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spend time with the rest of the family (for example watching films or TV together, having a conversation, or doing an activity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
worry about your own or your family's money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
worry about having enough to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have one or more drinks containing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke one or more cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use an e-cigarette or vaping device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use cannabis or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gamble money online?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. If you indicated that you smoke, vape, use cannabis or other drugs please let us know why:

22. 12. Anything else

41. Would you like to tell us anything else about how you have been feeling **this term**?

23. 13. More about you

42. Which school do you attend?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Abbey Park School | <input type="checkbox"/> Churchward School | <input type="checkbox"/> Crowdys Hill School | <input type="checkbox"/> EOTAS Swindon (Fernbrook College, Riverside College, The Adolescent Unit, the Oakfield Project or Great Western Hospital) |
| <input type="checkbox"/> Great Western Academy | <input type="checkbox"/> Highworth Warneford School | <input type="checkbox"/> Kingsdown School | <input type="checkbox"/> Lawn Manor Academy |
| <input type="checkbox"/> Lydiard Park Academy | <input type="checkbox"/> Nova Hreod Academy | <input type="checkbox"/> St Joseph's Catholic College | <input type="checkbox"/> St Luke's Academy |
| <input type="checkbox"/> Swindon Academy | <input type="checkbox"/> The Commonweal School | <input type="checkbox"/> The Deanery CE Academy School | <input type="checkbox"/> The Dorcan Academy |
| <input type="checkbox"/> The Ridgeway School | <input type="checkbox"/> Uplands School | <input type="checkbox"/> University Technical College (UTC) | |

24. 13. More about you

Your answers to the following questions will help us understand if certain issues are affecting some children more than others and will give us a better idea of how to help you and your peers. Thank you for answering them. We would like to remind you that these questions are voluntary and will not be linked back to you.

43. What is your gender?

- Man/boy
- Woman/girl
- Non-binary
- Still questioning
- Other
- Don't know/Prefer not to say

44. Do you identify as transgender? (Transgender is a term used to describe people whose gender is not the same as the sex they were registered at birth)

- Yes
- No
- Still questioning
- Don't know/Prefer not to say

45. Which of the following best describes your sexual orientation?

- Straight / Heterosexual
- Gay or Lesbian
- Bisexual
- Don't know/ Prefer not to say
- Other (please describe your sexual orientation to the best of your ability):

46. What is your ethnic group (please chose one option that best describes your ethnic group or background)?

- Asian or Asian British** (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background)
- Black, African, Black British or Caribbean** (African, Caribbean, Any other Black / African / Caribbean background)
- Mixed or multiple ethnic groups** (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or multiple ethnic background)
- White** (English / Welsh / Scottish / Northern Irish or British, Irish, Gypsy or Irish Traveller, Roma, Any other White background)
- Other ethnic group** (Arab, Any other ethnic group)
- Prefer not to say**

47. Do you consider yourself as... (please tick all that apply):

- having a long-term condition** (this asthma, epilepsy, diabetes, a heart condition and/or other conditions) **or disability** (for example ADHD, autism and/or other conditions) **that you receive additional support for at school?**
- being a young carer?** That is, do you help look after a relative or sibling with a disability, illness, mental health condition, or drug or alcohol problem?
- being eligible for free school meals?**
- having a social worker or your family having a social worker?**
- having lived, or currently living in foster care, residential care, or with family members or family friends who are not your parent?**
- None of the above?
- Don't know/Prefer not to say.

25. Thank you

Thank you so much for taking the time to complete this survey. If you are affected by any of the issues that you've discussed here please talk to a trusted adult such as your parent, school nurse or teacher. The following support is also available to you:

- [Childline](#): online counselling, phone line, instant messaging, message boards and online information and advice. The helpline is open all the time: 0800 1111.
- [BeUSwindon](#) group and 1:1 support
- [Every Mind Matters](#): resources and ideas about how we can lift our mood or ease our anxiety.
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- [Young Minds website](#): Information to support you to understand more about how you're feeling, get information about a mental health condition or find support. If you are a young person struggling to cope, Shout can provide 24/7 text support. For help, text SHOUT to 85258.
- [Wiltshire Treehouse](#): Telephone support and peer groups where you can meet other people around your age coping with bereavement (someone you know dying).
- [Cruise](#): phone support for anyone coping with bereavement (someone you know dying)
- [Hopeline](#) 247 is open all of the time and can listen to and support young people around thoughts of suicide. They also want to provide you with a safe space to talk through anything happening in your life that could be impacting on your or anyone else's ability to stay safe.
Call: 0800 068 4141 or text 88247.